



MediExpress
China Medical Card

醫療快線
中國保證卡





MediExpress China Medical Card

Your medical passport to China

Zurich is pleased to present the MediExpress China Medical Card for frequent cross-border travellers. By holding the China Medical Card, you can stay in any hospitals in China with our guaranteed hospital admission and prompt treatment in the unfortunate event of accident or sickness. With **over 270 appointed hospitals**, you can simply be discharged from the hospital without making any cash payment as Zurich will directly settle the medical expenses for you up to the maximum insured amount chosen. If you stay in any other non-appointed hospitals in China, with our prior approval, we will provide guaranteed deposit for hospital admission up to the maximum insured amount chosen to give you prompt treatment without any delay.

Benefits table

| Medical cover | Maximum benefits per disability (HK\$) | |
|---|--|--------------|
| | Standard plan | Premier plan |
| Medical expenses incurred due to sickness or accidental injury occurred in China, including out-patient & in-patient medical expenses, such as room & board, surgery, doctor's fees, etc. | | |
| Sickness cover: out-patient consultation in hospital subject to HK\$200 per visit per day, maximum 10 visits per year | 350,000 | 500,000 |
| Accident cover: sub-limit for out-patient consultation in hospital is not applicable | | |
| Medical expenses including follow-up medical treatment within 90 days after return to Hong Kong | 75,000 | 125,000 |

| Emergency medical evacuation | Maximum benefits per disability (HK\$) | |
|---|--|--------------|
| | Standard plan | Premier plan |
| Call Zurich 24-hour emergency assistance hotline for the following emergency help in the event of serious sickness or injury: <ul style="list-style-type: none"> Transport of the patient back to Hong Kong or to the nearest suitable place for treatment Transport of mortal remains or ashes back to Hong Kong | Unlimited cover | |
| Child escort | | |
| On death, serious sickness or injury of the insured person, the unattended accompanying child (aged below 17 years) will be brought home and the transportation cost (on economy class basis) of a single trip back to Hong Kong is covered | 10,000 | 15,000 |
| Compassionate visit | | |
| On serious sickness or injury of the insured person who is confined in the hospital for over 3 consecutive days, the en-route transportation and accommodation expenses of a family member or a friend for visiting the insured person will be covered. Subject to a maximum of HK\$1,000 per day for accommodation expenses, maximum 5 days per disability | 10,000 | 15,000 |
| Compassionate transfer | | |
| Upon discharge of the insured person from the appointed hospital, we will arrange an ambulance to transfer him/her directly from the hospital to the railway station, ferry harbour or airport | 150 | 150 |
| Personal liability cover | | |
| Cover personal liability of the insured person to third party's bodily injury and property damage as a result of an accident | 1,000,000 | 2,000,000 |

7-day claims processing guaranteed

In-patient medical expenses:

If you are admitted to one of the appointed hospitals, you are not required to submit your claims. Zurich will settle the bill with the hospital directly.

Other claims:

Zurich will settle your claims within 7 working days once we have received all the required documents. Simply follow this simple claims procedure:

- Inform Zurich after the incident by phone, fax or mail as soon as possible.
- Complete and return the claim form along with all necessary documents to Zurich.

Notes:

1. Persons aged between 18 and 70 years are eligible for application and the maximum renewal age is up to aged 75 years.
2. The proposer and the insured person must have a valid HKID card.
3. Maximum duration for every single trip is 120 days. No limit for frequency of travel within one year.
4. Special support service is arrangement services only; the insured person shall bear the related cost.
5. Minimum premium per insured person is HK\$200.

Major exclusions of this policy:

Accidents caused by war, injury or illness existing before travelling, injury or illness caused by childbirth, alcoholism or abuse of drugs, or travel against the advice of medical practitioner or the purpose of obtaining medical treatment.

This leaflet is only a summary and does not constitute any part of the contract. For full terms and conditions and exclusions, please refer to the policy document itself. Zurich Insurance Company Limited reserves the right of final approval.

About Zurich

Zurich Insurance Group (Hong Kong) is part of Zurich Financial Services Group, the world's largest Swiss insurance-based financial services provider¹ and a Fortune Global 500 company². The Group achieved business operating profit of over HK\$40 billion in 2008³. Our financial strength is built on a prudent and focused business strategy. We are rated "AA-" by Standard & Poor's⁴. In Hong Kong we offer a full range of general insurance solutions for individuals as well as companies.

¹ Measured by a composite ranking for sales, profits, assets and market value, source: The Forbes Global 2000, April 2009

² In terms of revenue, source: Fortune Global 500, July 2009

³ Zurich Annual Report 2008

⁴ As of 4th December 2009

Zurich Insurance Company Limited

(a company incorporated in Switzerland)

24-27/F, One Island East,

18 Westlands Road, Island East, Hong Kong

Telephone: (852) 2968 2288

Fax: (852) 2968 0639

<http://www.zurich.com.hk>



CMC001/01/2010

| Personal accident cover (Worldwide or China) | Maximum benefits (HK\$) | |
|---|-------------------------|--------------|
| | Standard plan | Premier plan |
| Accidental death | 350,000 | 500,000 |
| Permanent total disablement, loss/loss of use of limb(s) or loss of sight of eye(s) as a result of an accident occurring within 12 months | 350,000 | 500,000 |
| Burns benefits | 100,000 | 100,000 |

Group discount

| No. of insured persons | Premium discount |
|------------------------|------------------|
| 5-10 | 5% |
| 11-20 | 10% |
| >21 | 15% |

Special support service

Call Zurich 24-hour emergency assistance hotline for the following free arrangement and referral services*:

- Arrange booking of air, railway and ferry tickets
- Arrange telegraphic transfer of emergency cash
- 24-hour free medical, interpretation and legal services referral

*These are referral services only; the insured person shall bear the related cost.

Premium table (HK\$)

| | Standard plan | | Premier plan | |
|---|---------------|--------------|--------------|--------------|
| | 1-year cover | 2-year cover | 1-year cover | 2-year cover |
| With personal accident cover (Worldwide) | | | | |
| Non-manual work | 688 | 1,070 | 999 | 1,598 |
| Others [^] | 998 | 1,578 | 1,388 | 2,220 |
| With personal accident cover (China) | | | | |
| Non-manual work | 538 | 830 | 699 | 1,118 |
| Others [^] | 638 | 990 | 888 | 1,420 |

[^] This policy does not cover any of the following occupations or job duties: engaging in offshore activities like commercial diving, oil rigging, mining or aerial photography; handling of explosives including but not limited to explosive worker or demolition worker, entertainer, performing as an actor/actress, stunt man, fisherman, tour guide or tour escort; naval, military or airforce service or operations or armed force services of any country or international authority; loading or unloading objects on ships, being stevedore; aircrew, ship crew, aerial worker; racing driver, truck driver; jockey; underground and underwater worker; construction site worker; worker at height including but not limited to scaffolding worker; acrobat, circus trainer, wild animal trainer, detective, war correspondent and fireman.



「醫療快線 中國保證卡」

全國通行

蘇黎世特別為經常穿梭中港兩地的人士，推出「醫療快線中國保證卡」計劃。一旦遇到意外或患病，只要持有「醫療快線中國保證卡」，您便能夠入住國內任何一間醫院，並獲得我們提供的醫院保證金及即時治療。於**超過270間的指定醫院**，只要出示「醫療快線中國保證卡」，便保證可即時入院治理，而且由蘇黎世直接支付醫療費用，以所選擇的最高保障額為上限，毋須受保人付款。如入住其他非指定醫院，只要事前獲得本公司同意，「醫療快線中國保證卡」亦能夠為您提供入院保證金，以所選擇的最高保障額為上限，讓您盡快入院接受治療。

保障範圍一覽表

| 醫療保障 | 每宗傷疾 最高保障額 (港幣/元) | |
|---|----------------------|---------|
| | 標準計劃 | 優選計劃 |
| 在國內因疾病或意外受傷所需的醫療費用，包括門診及住院醫療費，例如住院病房、手術、醫生等費用 | | |
| 疾病保障： 醫院門診部費用每日每次上限為港幣200元，全年上限為10次 | 350,000 | 500,000 |
| 意外保障： 醫院門診部費用不設上限 | | |
| 醫療保障已包括返港後90日內繼續接受治療的費用 | 75,000 | 125,000 |

| 緊急醫療運送 | 每宗傷疾 最高保障額 (港幣/元) | |
|--|----------------------|-----------|
| | 標準計劃 | 優選計劃 |
| 如受保人病重或嚴重受傷，可致電蘇黎世24小時緊急支援熱線，即可獲得以下支援： <ul style="list-style-type: none"> 接載受傷者或病人返回香港或至適當地點醫治 如遇事身故，將遺體或骨灰運返香港 | 不設上限 | |
| 子女護送 | | |
| 如受保人在國內死亡、病重或嚴重受傷，其17歲以下而無人照顧的同行子女可獲護送返港，而回港之單程交通費用（經濟客位）可獲賠償 | 10,000 | 15,000 |
| 親屬探望 | | |
| 如受保人在國內因病重或嚴重受傷而連續住院超過3日，可安排一名親友前往照料，保障包括來回交通及住宿費用，而住宿費用最高賠償額為每日港幣1,000元，每次上限為5日 | 10,000 | 15,000 |
| 接載出院 | | |
| 當受保人離開指定醫院時，可獲救護車由醫院接載往火車站、碼頭或機場 | 150 | 150 |
| 法律責任賠償 | | |
| 代為賠償因意外導致他人身體損傷或財物損失而需要負上的法律責任 | 1,000,000 | 2,000,000 |

人身意外保障 (全球或中國) 最高保障額 (港幣/元)

| | 標準計劃 | 優選計劃 |
|----------------------------------|---------|---------|
| 因意外導致死亡 | 350,000 | 500,000 |
| 因意外導致在12個月內永久傷殘、喪失肢體、肢體失去功用或失去視力 | 350,000 | 500,000 |
| 燒傷保障 | 100,000 | 100,000 |

團體折扣

| 受保人數 | 保費折扣 |
|-------|------|
| 5-10 | 5% |
| 11-20 | 10% |
| >21 | 15% |

額外支援服務

只需致電蘇黎世24小時緊急支援熱線，便會免費為您安排或轉介以下額外服務*：

- 為您預訂前往國內的任何飛機、火車或船票
- 安排緊急現金匯款，以應付急時之需
- 24小時免費醫療、傳譯員及律師轉介

*只屬轉介服務，受保人需承擔有關費用。

保費表 (港幣/元)

| | 標準計劃 | | 優選計劃 | |
|---------------------|------|-------|-------|-------|
| | 一年保障 | 兩年保障 | 一年保障 | 兩年保障 |
| 附人身意外保障 (全球) | | | | |
| 文職人員 | 688 | 1,070 | 999 | 1,598 |
| 其他 [^] | 998 | 1,578 | 1,388 | 2,220 |
| 附人身意外保障 (中國) | | | | |
| 文職人員 | 538 | 830 | 699 | 1,118 |
| 其他 [^] | 638 | 990 | 888 | 1,420 |

[^] 本保單不承保以下職業或工作性質：離岸活動如商業潛水、油田鑽探、探礦或空中攝影、處理爆炸品包括但不限於拆卸工人或爆炸品操作員、娛樂事業工作者、演員、特技人員、漁夫、導遊或領隊、從事或參與任何國家或國際機構的海陸空服務或行動或機械工作者、在碼頭倉庫工作、在船上起卸貨物、航空服務員、船員、空中工作人員、競賽駕駛員、貨櫃車司機、騎師、於地下或水底工作人員、建築地盤工人、高空工作者包括但不限於搭棚工人、雜技員、馬戲班訓練員、馴獸師、偵探、戰地記者及消防員。

七天特快賠償承諾

住院費用：

若受保人入住**指定醫院**，受保人毋須提交任何索償資料，蘇黎世會直接與該等醫院處理醫療費用。

其他費用：

若所需文件齊備，蘇黎世可在七個工作天內辦妥賠償事宜。而申報賠償只需以下簡單步驟：

- 事發後盡快以電話、傳真或郵遞通知蘇黎世有關情況。
- 填妥賠償申請表格連同一切所需文件寄回蘇黎世。

注意事項：

1. 凡18至70歲人士皆可投保，續保更高達75歲。
2. 投保人及受保人須持有有效之香港居民身份證。
3. 每次旅程最長120日，全年旅程次數不限。
4. 額外支援服務只屬轉介服務，受保人需承擔有關費用。
5. 每名受保人之最低保費為港幣200元。

主要不承保事項：

因戰爭引發的意外、或旅遊前已患之傷病、或因分娩、酗酒及濫用藥物導致的傷病、或有違醫生動勸以及純粹以治療為目的之行程。

本宣傳資料只供參考之用，並不構成保險合約的一部份，有關此項保障計劃的內容細則及不承保事項將詳列於保單之內，蘇黎世保險有限公司保留最終批核權。

關於蘇黎世

蘇黎世保險集團(香港)是蘇黎世金融服務集團轄下之機構，蘇黎世金融服務集團歷史悠久，乃全球最大的瑞士保險金融服務集團¹及財富雜誌《Fortune》全球500大企業²。2008年業務經營盈利超過400億港元³。集團的財務實力建基於穩健及專注的業務發展策略，財務實力更獲標準普爾給予“AA-”評級⁴。蘇黎世保險集團(香港)致力為個人及各大公司團體客戶提供全面一般保險方案。

¹ 以銷售額、盈利、資產及市值聯合計算。資料來源：2009年4月福布斯雜誌《Forbes》全球2000大企業排行榜

² 以收益計算。資料來源：2009年7月財富雜誌全球500大企業排行榜

³ 2008年度蘇黎世年報

⁴ 截至2009年12月4日

蘇黎世保險有限公司

(於瑞士註冊成立之公司)

香港港島東華蘭路18號港島東中心24-27樓

電話：(852) 2968 2288

傳真：(852) 2968 0639

http://www.zurich.com.hk



「醫療快線中國保證卡」投保表格 MediExpress China Medical Card Enrolment Form

查詢電話 Enquiry no.: (852) 2903 9391 傳真 Fax: (852) 2968 0639
請以英文正楷大寫填報 Please complete in BLOCK LETTERS.
請✓適用方格及* 刪去不適用者 Please tick the appropriate box and * delete whichever is inappropriate.

投保人資料 Proposer's information

姓名須與回鄉證相同 Name must be same as re-entry permit

個人客戶
Individual client

先生/太太/女士* 姓名
Mr./ Mrs./ Ms.* Name

工作性質
Nature of duties

電郵地址
E-mail address

公司客戶
Corporate client

公司名稱
Name of company

業務性質
Nature of business

通訊地址
Correspondence address

室/單位* 樓 座 大廈
Flat/ Rm.* Floor Block Building

屋苑名稱/街名及門牌/地段*
Estate name/ Street no. & name/ Lot no.*

地區
District

香港/九龍/新界*
HK/ KLN/ NT*

日間聯絡電話
Day time tel. no.

流動電話號碼
Mobile phone no.

晚間聯絡電話
Night time tel. no.

保障年期
Period of insurance cover

一年保障
1-year cover 兩年保障
2-year cover

保障生效日期
Effective date of insurance cover

日 月 年
D M Y

| 受保人 Insured persons | | 與投保人關係 Relationship with proposer | 香港身份證/護照號碼* HKID card/ Passport no.* | 回鄉證號碼 Re-entry permit no. | 性別 Sex | 出生日期 (日/月/年) Date of birth (dd/mm/yy) | 職業 Occupation | 計劃 Plan (P1/P2/S1/S2)* | 保費 (港幣/元) Premium (HK\$) |
|---------------------|-----------------|--------------------------------------|---|------------------------------|-----------|--|------------------|---------------------------|-----------------------------|
| 姓 Surname | 名 First name | | | | | | | | |
| 1. | | 投保人 Proposer | | | | | | | |
| 2. | | | | | | | | | |
| 3. | | | | | | | | | |

保障計劃代碼: P1: 優選計劃附人身意外保障 (全球) / P2: 優選計劃附人身意外保障 (中國)
S1: 標準計劃附人身意外保障 (全球) / S2: 標準計劃附人身意外保障 (中國)
註: 如空間不足, 請另加紙詳述。
Plan code: P1: Premier plan with personal accident cover (Worldwide) / P2: Premier plan with personal accident cover (China)
S1: Standard plan with personal accident cover (Worldwide) / S2: Standard plan with personal accident cover (China)
Note: If the space provided is insufficient, please give details on a separate sheet.

| |
|--|
| 保費總額 Total premium |
| 扣減團體折扣(如適用) Less amount of group discount (if applicable) |
| 應付保費總額 Total premium payable |

個人資料 Personal history

閣下及閣下之家庭成員均須詳細回答下列問題。All questions must be answered in full and apply to all members of the family to be covered.

受保人是否有任何身體殘障或缺陷或正接受醫藥治療或正感染任何疾病?
Have the insured person(s) ever had any physical disability or deformity or been receiving any medical treatment or suffering from any disease? 是 Yes 否 No

在過去五年內, 受保人是否曾入住醫院或療養院接受手術、觀察或治療?
Have the insured person(s) ever been in a hospital or sanitarium for surgery, observation or treatment within the last five years? 是 Yes 否 No

如答「是」者, 請連同姓名詳細說明如下。
If "Yes" to any of the questions above, please give details with name(s) below.

保費支付辦法 Premium payment

以右列方法繳付 Paid by: 支票 Cheque* 信用卡 Credit card**

* (劃線支票抬頭請寫「蘇黎世保險有限公司」。Crossed cheque payable to "Zurich Insurance Company Limited".)

** (請填寫信用卡付款指示 Please fill in credit card details and sign below.)

本人授權蘇黎世保險有限公司從本人下述之信用卡賬戶支取「醫療快線中國保證卡」計劃之首年/兩年保費*, 及其後每年之保費。

I hereby authorize Zurich Insurance Company Limited to charge my credit card account below for the MediExpress China Medical Card initial annual premium/ 2 years' premium* and subsequent annual payments.

持卡人姓名
Cardholder's name

持卡人香港身份證號碼
Cardholder's HKID card no.

與投保人關係
Relationship with proposer

信用卡號碼
Credit card no.

信用卡有效期至
Credit card expiry date

月 年
M Y

VISA

MasterCard

American Express

Diners Club International

持卡人簽名
Cardholder's signature

日期
Date

聲明 Declaration

- 本人/吾等現投保蘇黎世「醫療快線中國保證卡」(「此計劃」), 謹此聲明本投保表格所列全部資料乃就本人/吾等所知一切確實填報, 上述受保人出外旅遊並不會延誤或妨礙其醫療目的。本人/吾等現時身體健康, 並無任何殘障或畸形。本人聲明本人已獲得受保人授予全權, 簽署本投保表格, 並提供任何個人資料作評核本投保申請之用。本人/吾等明白本投保表格及聲明將構成本人/吾等與蘇黎世保險有限公司(「貴公司」)之間的合約依據。
- 本人/吾等同意在收到貴公司書面通知的十四天內, 付清對所有保障範圍以外的醫療費用或所有超出所定限額的醫療費用。如欠款未能在限額內付清, 本人/吾等將被禁止一切旅遊服務, 同時須將「醫療快線中國保證卡」歸還貴公司, 並須對所有欠款向貴公司承責。如遺失保證卡, 本人/吾等須於四十八小時內向貴公司報失及繳納港幣 100 元作補領費用。
- 本人/吾等明白貴公司有權向本人/吾等之醫生索取有關病歷資料。本人/吾等亦同意提供任何進一步與此計劃保單有關之資料並自付所需費用。
- 本人/吾等明白蘇黎世金銀服務無待貴公司所委任的服務機構首先獲本人/吾等的費用批准, 方可作出安排。
- 本人/吾等明白貴公司收集或持有本人的個人資料, 不論以任何方式獲取, 均可供貴公司使用或向在香港境內或境外之任何人士或機構披露供以下用途: (1) 評核此項申請, (2) 辦理直接付款交匯票或信用卡付款, (3) 提供貴公司及有關機構的推廣資料, 及 (4) 處理保險的索償或有關之分析。
- 本人/吾等明白本人/吾等可向貴公司之個人資料私隱主任要求查閱及/或更改由貴公司持有有關本人/吾等的個人資料, 地址為香港港島華蘭路 18 號海島中心 24-27 樓。

- I/we hereby apply for Zurich MediExpress China Medical Card ("this Plan") and declare that to the best of my/our knowledge and belief the information given on this enrolment form is true and complete in every respect, and that no person listed hereon is travelling against the advice of any medical practitioner or for the purpose of obtaining medical treatment. I/we are now in good health and free from mental deficiency and physical impairment or deformity. I declare that I have full and complete authority from the insured to sign the application and disclose any personal information being requested to assess the insurance. I/we agree that this enrolment form and declaration shall form the basis of the contract between Zurich Insurance Company Limited ("the Company") and me/us.
- I/we hereby agree and undertake to settle any medical expenses that is not payable or not covered by this insurance or any amount in excess of the insurance limit within 14 days after written notification from the Company. The credit facility will be suspended if I/we fail to reimburse the Company within the above specified time. Upon suspension, I/we have to return all the China Medical Card(s) to the Company and will remain liable to the Company for any outstanding payment in arrears. In the event of card loss, I/we should advise the Company within 48 hours and pay HK\$100 for each replacement card.
- I/we authorize the Company to obtain medical information from my/our medical practitioner(s) and I/we agree to supply additional information relevant to the policy of this Plan at my/our own expense.
- I/we understand that the arrangement for emergency cash transfer is subject to the service provider nominated by the Company first securing payment from me/us.
- I/we understand that all the personal information collected or held by the Company, however obtained, may be used by or disclosed to any individual or organization within or outside Hong Kong for the following purposes: (1) to assess and service this application, (2) to process the direct debit authorization or credit card payment, (3) to provide marketing material of the Company or its associated companies and (4) to conduct insurance claims or analysis.
- I/we understand that I/we may contact the Company's Personal Data Privacy Officer at 24-27/F, One Island East, 18 Westlands Road, Island East, Hong Kong for any request to access to and/or correct my/our personal information held by the Company.

此保險申請須待貴公司覆核, 接納投保費及繳納保費後才能生效。
This insurance application will not be in force until it has been accepted by the Company and the premium has been paid.

投保人簽署
Signature of proposer

日期
Date

特許保險代理/經紀
Authorized agent/broker



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