

HONG KONG BAPTIST UNIVERSITY YEAR OF 2024/2025

GROUP PERSONAL ACCIDENT INSURANCE SUMMARY FOR STUDENT

GENERAL INFORMATION

Policyholder:	Hong Kong Baptist University ("HKBU")
Insurer:	Zurich Insurance Company Ltd.
Policy No.:	ZZG00004678ZC
Period of Insurance:	From 1 July 2024 to 30 June 2025 (both dates inclusive)
Insured Person:	Student of Hong Kong Baptist University
Age Limit:	From 16 to 75 years old
Scope of Cover:	<p>This Policy covers Insured Person against Death, Permanent Disablement and Medical Expenses as a result of bodily injury solely & directly from ACCIDENT while attending or participating in an Insured Activity during the Period of Insurance.</p> <p>Accident means a sudden, unforeseen, unexpectedly, unintended, unusual and identifiable event happening by chance.</p> <p>Insured Activity means activity approved, organized, arranged, approved or sponsored by Hong Kong Baptist University &/or by HKBU recognised student associations.</p>
Duration of Cover:	Coverage shall commence when the Insured Person leaves his/her place of residence directly to the appointed meeting place, or three (3) hours before the appointed meeting time for the purpose of participating in the Insured Activity , whichever is later; and cease when the Insured Person arrives at his/her place of residence or three (3) hours after the end of the Insured Activity, whichever is earlier.
Territorial of Cover:	Anywhere in the World

TABLE OF INSURED BENEFITS

Insured Benefit	General Description	Maximum Amount
1) Accidental Death &/or Permanent Disablement	<ul style="list-style-type: none"> Accidental bodily injury which causes to Death or Permanent Disablement within 12 consecutive months from the date of Accident occurred. Benefit payable according to the Compensation Table of the Policy. 	HK\$200,000
2) Accidental Medical Expenses (Accident happens IN Hong Kong)	<ul style="list-style-type: none"> For Accident happened WITHIN territorial of Hong Kong, covers reasonable and necessary medical expenses by authorised registered medical organisation and medical practitioner within 12 consecutive months from the date of the Accident. Inclusive medical expenses payable for Chinese bone-setter, acupuncturist &/or Chiropractor within Hong Kong subject to sublimit of HK\$300 per visit per day and HK\$3,000 per injury Policy Excess of HK\$100 per Accident 	HK\$10,000
3) Accidental Medical Expenses (Accident happens OUTSIDE Hong Kong)	<ul style="list-style-type: none"> For Accident happened OUTSIDE territorial of Hong Kong, covers reasonable and necessary medical expenses by local authorised registered medical organisation and medical practitioner within 12 consecutive months from the date of the Accident. Inclusive medical expenses payable for Chinese bone-setter, acupuncturist &/or Chiropractor within Hong Kong subject to sublimit of HK\$300 per visit per day and HK\$3,000 per injury Policy Excess of HK\$100 per Accident 	HK\$25,000
4) Major Burn	<ul style="list-style-type: none"> For 2nd or 3rd degree burns of body surface arising from an Accident. Benefit payable according to the Compensation Table of the Policy. 	HK\$100,000
5) Emergency Medical Evacuation &/or Repatriation Services	<ul style="list-style-type: none"> In the event of the Insured Person is travelling outside Hong Kong for a trip of not exceed 90 days and sustained serious bodily injury by Accident, covers the actual cost of emergency medical transportation or evacuation or repatriation of the Insured Person or the mortal remain back to Hong Kong. Contact Zurich 24 Hours Emergency Assistance Hotline : (852) 2886 3977 (Caller to Pay) Service Provider: Inter Partner Assistance Hong Kong <p>Note: If any required services or services incurred to the Insured Person are not within Policy coverage, the Insured Person shall reimburse all expenses incurred to Zurich Emergency Assistance Services after returning to Hong Kong</p>	Actual Cost

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MAJOR EXCLUSIONS:

This Policy does not cover death, disablement, injury, loss, cost or expense resulting from or in connection with the following:-

1. War, invasion, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power, or direct participation in strike, riot or civil commotion;
2. any illegal or unlawful act by an insured person;
3. naval, military or airforce services or operations while actively engaged in war;
4. engaging in a sport in a professional capacity or where the insured person would or could earn income or remuneration from engaging in such sport;
5. any pre-existing physical weakness, defect or disease or any injury sustained prior to the effective date of any individual insured person's cover under the policy, congenital and heredity condition, suicide or intentional self-inflicted injury;
6. sane or insane; mental disorder, disease, pregnancy, childbirth, miscarriage, abortion, bacterium, venereal disease;
7. air travel other than as a passenger on a regular scheduled airline or licensed or private chartered aircraft.

The above Major Exclusions is summary only; detailed Exclusions for each insured benefit please refers to standard insurance policy.

Note: By the regulation of China, if Insured Person is Chinese citizen whilst staying within mainland China, this Policy will not provide cover; unless Insured Person is holding Hong Kong Identity Card or Student Visa or passport of any countries other than China.

MAKING A CLAIM:

Within 30 days of any occurrence which may give rise to a claim, claimant must submit completed Personal Accident Insurance Claim Form and Claims Documentations to Finance Office, Hong Kong Baptist University for processing.

1. **Compulsory Claim Documentation**

- Personal Accident Insurance Claim Form: Original Claim Form with full detailed description of Accident, including date, time, place, claim items and claims amount etc
- Insured Person Proof: Copy of valid Hong Kong Baptist University Student Identity Card
- Proof of Insured Activity: Original Letter issued by Hong Kong Baptist University certifying the Nature, Date and Place of the Insured Activity and the Reason of Injury

2. **Supporting Claim Documentations** if appropriate, must be submitted for claim application:-

- a) Death Benefit
 - Copy of Death Certificate / Medical Report / Coroner's Report / Presumed death proclaimed by court (disappearance case)
 - Certified True Copy of the Letters of Administration / Grant of Probate
 - Copy of relationship proof to the Insured Person e.g. birth certificate, marriage certificate
 - Copy of Police Report
- b) Permanent Disablement benefit
 - Copy of Medical Report or Certificate issued by registered medical practitioner certifying the severity of injury and percentage of disablement
 - Copy of Police Report
- c) Medical Expenses / Burn Benefit
 - Original Doctor medical report or medical certificate or medical bills (specify name of patient, diagnosis, date of consultation, type of bodily injury, type of treatment received and consultation fees)
 - Original Hospital bill with itemized list of fees and expenses
 - Copy of Sick-leaves certificates issued by registered medical practitioner
 - Copy of Medical Report certify the degree of burn

The application of claim will be paid in full when the claimant has fully recovered from the injury and no follow up treatment is needed.

IMPORTANT NOTES

1. Personal Accident Insurance Claim Form is available at the website <http://fohome.hkbu.edu.hk/for-students.html>.
2. The insurance company may request further additional information/documentation, if necessary. The submission of incomplete claim form or insufficient information or supporting documents may delay the processing or result in denial of your claim.
3. Claim Form and all Claim Documentations must be verified and counter signed by Finance Office, otherwise the claim will be invalid.
4. Information given herein is for descriptive purpose only. All terms, conditions & exceptions are subject to the original standard Group Personal Accident Insurance Policy issued by Zurich Insurance Company Ltd.
5. Should you have any questions, please call the Finance Office at 3411-7683.

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