

SCHEDULE

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INSURER ZURICH INSURANCE COMPANY LTD

Policy Class	GROUP PERSONAL ACCIDENT
Policy No.	ZZG0002624ZC (AGT)
The Insured	THE BOYS' BRIGADE, HK LTD
Postal Address	G/F BLCOK A LOK MAN SUN CHUEN TO KWA WAN KOWLOON
Other Interested Party/ Hire Purchase/ Mortgagee	NOT APPLICABLE
Business/ Occupation (And No Other For The Purpose of This Insurance)	AS PER INSURED EVENT
Period of Insurance	FROM 01/11/2012 TO 31/10/2013 (BOTH DATES INCLUSIVE)
Interest Insured	AS PER DETAILS IN CONTINUATION SCHEDULE AND/OR POLICY
<p>東茂保險代理（國際）有限公司 Regional Insurance Management (International) Limited Tel: 2861 3122 Fax: 3016 9813 本公司為此保單的代理人，如有任何保單查詢、更改、遇事或索償，請與我們的職員聯絡。</p>	<p>SIGNED FOR THE INSURERS</p> <p>ZURICH INSURANCE COMPANY LTD AUTHORISED SIGNATURE</p>
Source	REGIONAL INS MANAGEMENT (INT'L) LTD (AGTSAGS)
Date of Proposal	25/09/2009
Date Policy Signed	13/11/2012

ELIGIBLE PERSONS : AGAINST ANY ACCIDENTAL LOSS SUSTAINED FOR 2,800 UNNAMED INSURED PERSONS WHILE PARTICIPATING IN &/OR ATTENDING THE INSURED EVENTS ORGANIZED / SUPERVISED/ ARRANGED BY THE INSURED IN HONG KONG.

OPERATIVE PERIOD OF INSURANCE : COVERAGE SHALL COMMENCE WHEN THE INSURED PERSON ARRIVES AT THE APPOINTED MEETING POINT FOR THE PURPOSE OF COMMENCEMENT OF A GROUP TOUR ARRANGED BY THE INSURED; AND CEASE AT THE TIME WHEN HE/SHE RETURNS TO ANY HONG KONG IMMIGRATION OFFICE UPON COMPLETION OF THE GROUP TOUR ARRANGED BY THE INSURED OR WHEN HE/SHE DISPERSES FROM SUCH TOUR, WHICHEVER IS EARLIER.

INSURED EVENT : SCOUTING & SOCIAL SERVICES ACTIVITIES IN HONG KONG ONLY (MAX.200 MEMBERS IN 1 ACTIVITY)

RISK OF LOCATION : ANYWHERE WITHIN HKSAR

AGE LIMIT : 3-65

COMPENSATION TABLE : SCALE I

MINIMUM & DEPOSIT PREMIUM : HKD22,400

TABLE OF BENEFITS/SUM INSURED (HKD) PER INSURED PERSON

BENEFIT LEVEL	ACCIDENTAL DEATH AND DISABLEMENT	ACCIDENTAL MEDICAL EXPENSES (PER ACCIDENT LIMIT)	WEEKLY BENEFIT FOR TEMPORARY TOTAL DISABLEMENT (PER WEEK LIMIT)	DAILY HOSPITAL INCOME (PER DAY LIMIT)
A	200,000	2,500	NOT COVERED	NOT COVERED

ADDITIONAL CLAUSES AND WARRANTIES

ACCIDENTAL MEDICAL EXPENSES BENEFIT RIDER

ACCIDENTAL MEDICAL EXPENSES

THIS BENEFIT IS ONLY APPLICABLE IF IT IS SHOWN AS BEING OPERATIVE IN THE SCHEDULE.

IN THE EVENT THAT THE INSURED PERSON SUSTAINS INJURY AS A RESULT OF A COVERED ACCIDENT, WE SHALL REIMBURSE THE INSURED PERSON, SUBJECT TO THE DEDUCTIBLE IF ANY, THE ACTUAL ACCIDENTAL MEDICAL EXPENSES WHICH HAVE ALREADY BEEN PAID TO A DULY QUALIFIED AND REGISTERED MEDICAL PRACTITIONER, NURSE AND/OR HOSPITAL. SUCH MEDICAL EXPENSES INCLUDE SURGICAL EXPENSES, X-RAY EXPENSES, HOSPITAL CHARGES, NURSING TREATMENT EXPENSES AND /OR AMBULANCE HIRE EXPENSES; BUT EXCLUDING THE COST OF DENTAL TREATMENT UNLESS SUCH COST IS NECESSARILY INCURRED DUE TO THE NECESSARY DENTAL TREATMENT FOR THE SOUND AND NATURAL TEETH OF THE INSURED PERSON AND IS CAUSED BY AN ACCIDENT.

FOLLOW-UP ACCIDENTAL MEDICAL EXPENSES

THIS BENEFIT SHALL ALSO EXTEND TO COVER THE INSURED PERSON AGAINST ANY

ACTUAL ACCIDENTAL MEDICAL EXPENSES PAID TO A DULY QUALIFIED AND REGISTERED MEDICAL PRACTITIONER, NURSE AND/OR HOSPITAL FOR THE CONTINUATION OF MEDICAL ATTENTION SOUGHT FOR THE ABOVE INJURY WITHIN NINETY (90) DAYS FROM THE DATE OF THE ACCIDENT. SUCH MEDICAL EXPENSES INCLUDE SURGICAL EXPENSES, X-RAY EXPENSES, HOSPITAL CHARGES, NURSING TREATMENT EXPENSES AND /OR AMBULANCE HIRE EXPENSES; BUT EXCLUDING THE COST OF DENTAL TREATMENT UNLESS SUCH COST IS NECESSARILY INCURRED DUE TO THE NECESSARY DENTAL TREATMENT FOR THE SOUND AND NATURAL TEETH OF THE INSURED PERSON AND IS CAUSED BY THE ABOVE INJURY.

IN ANY EVENT, THE TOTAL AMOUNT PAYABLE UNDER ACCIDENTAL MEDICAL EXPENSES SHALL NOT EXCEED 100% OF THE SUM INSURED AS STATED IN THE SCHEDULE.

IF ALL OR PART OF THE ACCIDENTAL MEDICAL EXPENSES IS RECOVERABLE FROM ANY OTHER SOURCE, WE WILL ONLY BE LIABLE FOR THE SHORTFALL OF THE ACCIDENTAL MEDICAL EXPENSES WHICH IS NOT RECOVERABLE FROM SUCH OTHER SOURCE.

EXTENSION FOR CHINESE BONESETTERS AND ACUPUNCTURISTS (A) (A46.1)

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IT IS HEREBY DECLARED AND AGREED THAT THE ACCIDENTAL MEDICAL EXPENSES SHALL EXTEND TO COVER THE INSURED PERSON THE ACTUAL MEDICAL EXPENSES PAID TO CHINESE BONESETTERS OR ACUPUNCTURISTS AS A RESULT OF A COVERED ACCIDENT SUBJECT TO HKD150 PER VISIT PER DAY, HKD- - PER ACCIDENT AND AND UP TO A MAXIMUM OF HKD2,000 PER POLICY. THIS EXTENSION SHALL ALSO APPLY TO THE FOLLOW-UP ACCIDENTAL MEDICAL EXPENSES.

MEMORANDUM I

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NOTWITHSTANDING ANYTHING CONTAINED HEREIN TO THE CONTRARY, THIS POLICY DOES NOT COVER DEATH, INJURY, LOSS OR DISABLEMENT SUSTAINED WHILST ENGAGED IN MURDER & ASSAULT/BRAWL/STUNT WORK/EXPLOSIVE WORK/AERIAL WORK/ LEISURE TIME/ COMMERCIAL ACTIVITIES OTHER THAN THE INSURED EVENT/ INFLUENCE OF ALCOHOL OR NARCOTICS/RIOT AND CIVIL COMMOTION.

MEMORANDUM II

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IT IS HEREBY NOTED AND AGREED THAT THE INSURED EVENT SHOULD BE GUIDED BY AT LEAST ONE PROFESSIONAL INSTRUCTOR AND THE INSURED PERSON SHOULD USE THE SAFETY MEASURES WHILE PARTICIPATING THE INSURED EVENT.

MEMORANDUM III

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IT IS HEREBY NOTED AND AGREED THAT ANY PARTICIPANTS AGED BELOW 10, AT LEAST ONE ADULT (AGED OVER 18 OR ABOVE) MUST ATTEND IN THE ACTIVITY.

MEMORANDUM IV

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IT IS HEREBY NOTED AND AGREED THAT FOR ANY ACTIVITIES WITH THE NUMBER OF PARTICIPANT EXCEED 200, ADDITIONAL PREMIUM WILL BE CHARGED TO THE INSURED.

MEMORANDUM V

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IT IS HEREBY NOTED AND AGREED THAT COVER 2 - EMERGENCY ASSISTANCE UNDER THIS POLICY IS DEEMED TO BE DELETED.

DETAILS OF INSURED PERSON :-

ITEM NO.	CATEGORY	BENEFIT LEVEL	NO. OF INSURED PERSON
1	PARTICIPANT	A	2800

OCCURRENCE LIMIT : HKD 5,000,000

CONVEYANCE LIMIT : HKD 5,000,000

GEOGRAPHICAL LIMIT : HONG KONG

Compensation Table (Scale I)

<u>Events</u>	<u>Percentage of Sum Insured</u>
1. Death	100%
2. Permanent Total Disablement.	100%
3. Permanent and Incurable Paralysis of all Limbs	100%
4. Permanent Total Loss of Sight of both Eyes	100%
5. Permanent Total Loss of Sight of one Eye	100%
6. Loss of or the Permanent Total Loss of use of two Limbs	100%
7. Loss of or the Permanent Total Loss of use of one Limb	100%
8. Loss of Speech and Hearing	100%
9. Permanent and Incurable Insanity	100%
10. Permanent Total Loss of Hearing in	
(a) both Ears	75%
(b) one Ear	15%

- i. Benefit shall not be payable for more than one of the Events 1-10 in respect of the same Injury. Should more than one of the Events occur from the same Injury, the Insurers will only be liable for the greatest one.
- ii. In respect of any benefit paid or for which payment has admitted under Event 1 to 9, the Insurers will not be further liable during the Period of Insurance in respect of the same Insured Person for injury sustained thereafter.

DEFINITIONS

Certain words in this policy have specific meanings. These meanings are given below. To help you identify these words in this policy, we have printed them in italics throughout.

<i>Accident or Accidental</i>	a sudden and unforeseen event that happens unexpectedly and causes bodily injury to the <i>insured person</i> .
<i>Basic Monthly Salary / Salary</i>	the <i>insured person's</i> monthly gross basic earned income in the month immediately before the month in which there is his/her injury which causes his/her disablement within the meaning of this policy, excluding bonuses, commission, overtime payments and any other allowances or perquisites.
<i>Civil War Confinement</i>	an internecine war, or a war carried on between or among opposing citizens of the same country or nation. the <i>insured person</i> is admitted to a <i>hospital</i> for medical treatment due to his/her injury for a minimum period of 6 hours upon the recommendation of a <i>medical practitioner</i> and continuously stays in the <i>hospital</i> prior to his/her discharge. <i>Hospital</i> confinement will be evidenced by the daily room and board charge by the <i>hospital</i> .
<i>Conveyance</i>	any vehicle, craft, or aircraft which carries goods or passengers on land, in water, at air or at space.
<i>Conveyance Limit</i>	the maximum limit of indemnity for which we will be liable under this policy for all losses arising out of any one conveyance. In the event the said limit of liability for any one conveyance is insufficient to pay the full amount of liability for each <i>insured person</i> , then the amount payable for each <i>insured person</i> shall be in the proportion that the limit of liability for any one conveyance bears to the total amount of insurance that would have been payable except for such limit of liability. However, in the event of a claim hereunder, the said limit shall be automatically reinstated.
<i>Fractured Leg or Patella with Established Non-Union</i>	a complete break into two pieces; the broken leg does not mend properly and function normally, and this condition will last for the remainder of the <i>insured person's</i> life.
<i>Hong Kong Hospital</i>	the Hong Kong Special Administrative Region of the People's of Republic of China. an establishment which meets all the following requirements: <ul style="list-style-type: none">• holds a licence as a hospital (if licensing is required in the state or governmental jurisdiction);• operates primarily for the reception, care and treatment of sick, ailing or injured persons as in-patients;• provides 24 hours a day nursing service by registered or graduated nurses;• has a staff of one or more licensed physician(s) available at all times;• provides organized facilities for diagnosis and major surgical facilities; and• is not primarily a clinic, nursing, rest or convalescent home or similar establishment, a place for alcoholics or drug addicts.
<i>Insured Person(s)</i>	those people as specified in the <i>schedule</i> as eligible persons.
<i>Injury</i>	bodily injury to the <i>insured person</i> during the period of insurance and is caused by an <i>accident</i> , solely and independently of any other cause.
<i>Key Staff</i>	person in a company with an equivalent grade or title to chief executive officer, president, managing director or others as agreed by us.
<i>Loss of Fingers or Toes</i>	complete severance through or above the metacarpophalangeal joints or metatarsophalangeal joints.
<i>Loss of Hearing</i>	permanent irrecoverable loss of hearing where:- if a dB = hearing loss at 500 Hertz if b dB = hearing loss at 1000 Hertz if c dB = hearing loss at 2000 Hertz if d dB = hearing loss at 4000 Hertz $1/6 (a+2b+2c+d)$ is above 80dB
<i>Loss of Limb</i>	loss by physical separation at or above the wrist or ankle joint.
<i>Loss of Sight of Eyes</i>	the entire and permanent irrecoverable loss of sight.
<i>Loss of Speech</i>	the disability in articulating any three of the four sounds which contribute to the speech such as the Labial sounds, the Alveololabial sounds, the Palatal sounds and the Velar sounds or total loss of vocal cord or damage of speech centre in the brain resulting in Aphasia.
<i>Loss of Use</i>	total functional disablement and is treated like the total <i>loss of limb</i> or total loss of organ.
<i>Medical Practitioner</i>	a person who is other than the <i>insured person</i> or a member of the <i>insured person's</i> immediate family, and is qualified by degree in western medicine and legally authorized by the government with jurisdiction in the geographical area of his/her practice to render medical and surgical services.
<i>Occurrence Limit</i>	the maximum limit of indemnity for which we will be liable under this policy to compensate for all losses arising out of any one <i>accident</i> . In the event the said limit of liability is insufficient to pay the full amount of liability for each <i>insured person</i> , then the amount payable for each <i>insured person</i> shall be in the proportion that the limit of liability for any one <i>accident</i> bears to the total amount of insurance that would have been payable except for such limit of liability. However, in the event of a claim hereunder, the said limit shall be automatically reinstated.
<i>Permanent</i>	lasting twelve (12) consecutive months from the date of the <i>accident</i> and at the expiry of that period being beyond hope of improvement.
<i>Permanent Total Disablement</i>	when as the result of <i>injury</i> and commencing within twelve (12) consecutive months of the date of the <i>accident</i> the <i>insured person</i> is totally and permanently disabled and prevented from engaging in each and every occupation or employment for compensation or profit for which he/she is reasonably qualified by reason of his education, training or experience, or if he/she has no business or occupation from attending to any duties which would normally be carried out by him/her in his/her daily life, we will pay, provided such disability has continued for a period of twelve (12) consecutive months the principal sum insured less any other amount paid or payable under this policy as the result of the same <i>accident</i> . The disability must be total, continuous and <i>permanent</i> at the end of the period.
<i>Schedule</i>	the schedule attached to and incorporated in this policy of insurance.
<i>Terrorism</i>	an act of terrorism includes any act, preparation or threat of action of any person or group(s) of persons whether acting alone or on behalf of or in connection with any organisation(s) or government(s) de jure or de facto committed for political, religious, ideological, or similar purposes including the intention to influence any government de jure or de facto of any nation or any political division thereof and/or to intimidate the public or any section of the public of any nation and which <ul style="list-style-type: none">• involves violence against one or more persons; or

- involves damage to property; or
- endangers life other than that of the person committing the action; or
- creates a risk to the health or safety of the public or a section of the public; or
- is designed to interfere with or disrupt an electronic system.

War

a contest by force between two or more nations, carried on for any purpose; or armed conflict of sovereign powers; or declared or undeclared and open hostilities; or the state of nations among whom there is i) an interruption of peaceful relations and ii) a general contention by force, both authorized by the sovereign.

*We, Us, Our
You or Your*

Zurich Insurance Company Limited
the policyholder stated in the *schedule*

COVER

1. Accidental Death and Disablement

If during the period of insurance, the *insured person* sustains *injury*, as a result of a covered *accident* which solely and independently of any other cause shall within twelve (12) consecutive months result in death or disablement as provided in the Compensation Table attached herein, *we* will according to such Compensation Table to compensate the *insured person* or the *insured person's* legal personal representatives the respective percentage of the sum insured as stated in the *schedule*.

Disappearance Clause:

If the body of the *insured person* has not been found within one (1) year after the date of the disappearance due to sinking or wrecking of the aircraft or other *conveyance* either on the ground or at sea in which the *insured person* was travelling at the time of the *accident* and under such circumstances as would otherwise be covered hereunder, it will be presumed that the *insured person* suffered death resulting from *injury* caused by an *accident* covered by this policy at the time of such disappearance, sinking or wrecking.

2. Emergency Assistance

We will pay the following benefits in the event of the *insured person* sustained *injury* whilst the *insured person* was travelling outside *Hong Kong* for a trip not exceeding ninety (90) days:

- i. The actual cost of transportation, medical services and medical supplies necessarily and unavoidably incurred as a result of an emergency medical evacuation or repatriation of the *insured person*. The timing, means of transportation and the final destination of evacuation will be decided by *us* and will be based entirely upon his/her medical necessity.
- ii. The reasonable and unavoidable expenses for transporting the *insured person's* mortal remains from the place of his/her death to *Hong Kong*, or the cost of local burial at the place of his/her death as approved by *us*.
- iii. A guarantee of medical expenses incurred during the *insured person's* hospitalization up to a limit of HKD39,000 in respect of any one *insured person*. Such medical expenses are to be borne by the *insured person* unless otherwise covered by this policy.
- iv. The cost of one companion round-trip economy class ticket for a relative or friend of the *insured person*, if the *insured person* sustains serious sickness or *injury* and is confined in a *hospital* as a resident in-patient for over 3 consecutive days outside *Hong Kong*, provided that prior approval has been granted by *us*.
- v. Twenty-four hour telephone hotline information and referral services including:
 - ♦ Pre-trip information assistance
 - ♦ Embassy referral
 - ♦ Medical service provider referral
 - ♦ Lost passport assistance
 - ♦ Lost luggage assistance
 - ♦ Interpreter referral
 - ♦ Legal referral
 - ♦ Telephone medical advice
 - ♦ Monitoring of medical condition when hospitalized

ZURICH INSURANCE EMERGENCY ASSISTANCE is rendered by service provider which is nominated by Zurich Insurance Company Limited.

Zurich Insurance Emergency Hotline : (852) 2886 3977

Special Provisions for this Section

No service will be provided or paid under this Section:

- i. when the *insured person* is located in areas which represent *war* risks or political conditions such as to make the provision of services under this section impossible or reasonably impracticable;
- ii. for emergency medical evacuation or repatriation or repatriation of the *insured person's* mortal remains or other cost not approved in writing

in advance by *us* and/or not arranged by *us*. This exclusion shall not apply to emergency medical evacuation from remote or primitive areas where *we* cannot be contacted in advance and delay might reasonably be expected to result in death or extreme prejudice to the *insured person's* prospect;

- iii. when the *insured person* is residing or travelling outside *Hong Kong* contrary to the advice of a *medical practitioner*;
- iv. when the *insured person* is residing or travelling outside *Hong Kong* for the purpose of obtaining medical treatment or for rest and recuperation following any prior *injury* or sickness.

3. Key Staff Recruitment Expenses

If the *insured person* who is the key person of a company sustains *injury* as a result of a covered *accident* which results in death and *permanent total disablement*, *we* will reimburse the *key staff* recruitment cost to *you* up to the amount stated in the *schedule* during the period of insurance.

GENERAL EXCLUSIONS

This policy does not cover death, disablement, *injury*, loss, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any of the following:

1. *War*, invasion, act of foreign enemy, 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. (i) any act of *terrorism* regardless of any other cause of event contributing concurrently or in any other sequence to the loss;
(ii) any action in controlling, preventing, suppressing, retaliating against or responding to any such act of *terrorism*.
In any action, suit or other proceedings where *we* allege that by reason of the provisions of this condition any loss or damage is not covered by this insurance the burden of proving that such loss or damage is covered shall be upon the *insured person*;
3. participating in criminal acts;
4. engaging in duty with any armed force of any country or international authority;
5. 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;
6. prolonged or complicated by any pre-existing physical weakness defect or disease or by any *injury* sustained prior to that in respect of which a claim is made hereunder;
7. suicide, attempted suicide, intentional self-injury, insanity, any kind of sickness or disease, or whilst under the influence of alcohol or drugs;
8. childbirth, pregnancy or miscarriage, notwithstanding that such *injury* may have been accelerated or induced by an *accident*;
9. any venereal disease or HIV-related sickness including AIDS and/or any mutant derivatives or variations thereof however caused or however named;
10. any air travel except as a passenger in a properly licensed private and/or commercial aircraft;
11. any expenses, consequential loss, legal liability or loss of or damage to any property directly or indirectly arising from:
 - ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel;
 - the radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component.

CONDITIONS

1. For named policy: *you* should declare to *us* by written notice regarding the actual number of the *insured persons* together with their full names, date of birth, position/ occupation, *basic monthly salary/ salary payrolls/ amount insured/ plan selected and passport/ other identification document number* before this policy being effected.
2. For un-named policy : although no individual name declaration is required, *we* reserve the right to verify the list of the *insured persons* in the book of record kept by *you* in case of any losses occur.
3. All claims must be verified by *us*.

GENERAL PROVISIONS

1. Entire Contract

This policy including the *schedule*, endorsements, attachments and amendments, if any, will constitute the entire contract between the parties. No agent or other person has the authority to change or waive any provision of this policy. No changes in this policy shall be valid unless approved by *our* officer and evidenced by endorsement of amendment.

2. Age limit

Unless specifically mentioned in the *schedule* to the contrary, the insurance afforded under this policy shall only apply to the *insured persons* aged sixteen (16) years to sixty-five (65) years, both inclusive.

3. Notice of Claim

Written notice of claim must be given to *us* within thirty (30) days after the date of the *accident* causing the *injury*. In the event of the *accidental* death of the *insured person*, immediate notice thereof must be given to *us*.

4. Proof of Loss

Written proof of loss must be furnished to *us* within thirty (30) days from the receipt of the claim form provided by *us*. Failure to furnish such proof within the time required shall not invalidate any claim if it was not reasonably practicable to give proof within such time, provided that such proof is furnished as soon as reasonably practicable, and in no event later than one hundred and eighty (180) days from the time such proof is otherwise required. All certificates information and evidence in such form and of such nature and within such time as *we* may reasonably require shall be furnished without expense to *us*.

In case of insanity, proof from two independent *medical practitioners* should be submitted to *us* to certify the *insured person* is insane.

5. Medical Examination

We will be entitled in the case of non-fatal *injury* to call for examination by a medical referee appointed by *us* whenever required by *us* and in the event of death of the *insured person* to have a post-mortem examination at *our* expense.

6. Payment of Claim

Indemnity for the death of the *insured person* is payable to the estate of the *insured person*. All other indemnities are payable to the *insured person*.

7. Change of Occupation

If the *insured person* shall engage in any occupation in which a greater risk may be incurred than in the occupation as stated in the *schedule* without first notifying *us* and obtaining *our* written agreement to the amendment of this policy (subject to the payment of additional premium as *we* may require as the consideration for such agreement), then no claim shall be payable in respect of any *injury* arising out of or in the course of such occupation.

If the *insured person* changes his/her occupation to a less hazardous than that stated in the *schedule*, *we* will reduce the premium rate accordingly upon receipt of proof of such change of occupation, and will return the excess pro-rata unearned premium from the date of change of occupation or from this policy anniversary date immediately preceding receipt of such proof, whichever is the earlier.

8. Misstatement or Fraud

Any false statement made by *you* or the *insured person*, or concerning any claim shall result in *our* right to repudiate liability under this policy.

9. Legal Action

No legal action shall be brought to recover under this policy prior to the expiration of sixty (60) days after written proof of claim has been filed in accordance with the requirements of this policy, nor shall such action be brought at all unless commenced within two (2) years from the expiration of the time within which proof of claim is required.

10. Governing Law and Jurisdiction

This policy shall be governed by and interpreted in accordance with the laws of *Hong Kong* and subject to the exclusive jurisdiction of *Hong Kong* Courts.

11. Subrogation

We have the right to proceed at *our* own expense in the name of the *insured person* against third parties who may be responsible for an occurrence giving rise to a claim under this policy.

12. Arbitration

All differences arising out of this policy shall be determined by arbitrator in accordance with the Arbitration Ordinance, Chapter 341, Laws of *Hong Kong* as amended from time to time. If the parties fail to agree upon the choice of the arbitrator, then the choice shall be referred to the Chairperson of the *Hong Kong* International Arbitration Centre. It is expressly stipulated that it shall be a condition precedent to any right of action or suit under this policy that an arbitration award shall be first obtained. If *we* shall disclaim liability to the *insured person* for any claim hereunder and such claim shall not within twelve (12) calendar months from the date of such disclaimer have been referred to arbitrator under the provisions herein contained, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

13. Cancellation

We or *you* may cancel this policy by giving thirty-one (31) days' notice of cancellation by written notice delivered to the other party, or mailed to his last known address. In the event this policy is cancelled by *us*, *we* will return the pro-rata unearned portion of any premium actually paid to *you*. In the event this policy is cancelled by *you*, the earned premium shall be computed in accordance with the charges indicated below, but in no event less than *our* customary minimum premiums below:

Covered Period	Charges of Premium
2 months (minimum)	40%
3 months	50%
4 months	60%
5 months	70%
6 months	75%
Over 6 months	100%

14. Addition or Deletion of Insured Person

For named policy:

Non-simplified administration is adopted, *you* should provide the *insured person's* personal details, including but not limited to the *insured person's* full name, date of birth, position/ occupation, *basic monthly salary* or plan selected, passport/ ID no., as at the beginning and end of the period of insurance. Any addition or deletion of the *insured person* or change the amount insured made after the issuance of this policy should be declared to *us*. All subsequent premium adjustment(s) shall be made immediately on pro-rata daily basis.

For un-named policy:

Simplified administration is adopted; *you* should provide the *insured person's* personal details, including but not limited to the *insured person's* full name, date of birth, position/ occupation, *basic monthly salary* or plan selected, passport/ ID no., as at the beginning and end of the period of insurance. No declaration of *your* recruitment or dismissal of the *insured person* or the *insured person's* resignation or *salary* increment is required during any policy year. Any addition or deletion of the *insured person* or change of amount insured made after the issuance of any policy year, all subsequent premium adjustment(s) shall be made at this policy anniversary date based on the following formula:

A: Annual premium charged at the inception date of any policy year.

B: Actual premium due and payable at the last date of the policy year in the above A, if there is subsequent renewal of this policy, or if this policy lapses at or before subsequent renewal, the actual premium due and payable at the end of this policy.

Adjustment premium = $(A + B) / 2 - A$

15. Grace Period

A grace period of thirty-one (31) days from the premium due date will be allowed for payment of each premium after the first payment, during which period this policy will remain in force.

16. Reinstatement of Policy

If default be made in the payment of the agreed premium for this policy, the subsequent acceptance of a premium by *us* or by any of its duly authorized representative shall reinstate this policy, but only to cover loss resulting from *injury* thereafter sustained.

17. Renewal

This policy may be renewed with *our* consent from time to time by payment of the premium in advance at *our* premium rate in force at the time of renewal. However, *we* may reserve the right to decline the renewal, or amend premium rates, benefits, terms and conditions of this policy at the end of any period of insurance.

18. Compliance with Policy Provisions

Failure to comply with any of the provisions contained in this policy shall invalidate all claims hereunder.

- End -