

The Outward Bound Trust of HK Ltd &/or Outward Bound Hong Kong for their respective rights & Interests



GROUP PERSONAL ACCIDENT INSURANCE SUMMARY OF BENEFITS

This summary sets out the details of Group Personal Accident Insurance Policy No. ZZG0005381ZC for The Outward Bound Trust of HK Ltd & Outward Bound Hong Kong for their respective rights & interests effected with Zurich Insurance Company Ltd. The final interpretation of any specific provisions or its applicability is subject to the terms and conditions of the Policy issued by Zurich Insurance Company Limited.

Policyholder: The Outward Bound Trust of HK Ltd &/or Outward Bound Hong Kong for their respective rights & Interests

Period of Insurance: 1 January 2019 to 31 December 2019

Eligibility: All participants between 07 – 65 are eligible to join the plan when participating a course.

SCHEDULE OF BENEFITS

Benefits Items	Sum Insured Amount (HK\$)
A. Accidental Death	\$500,000
B. Permanent Total or Partial Disablement	
C. Accidental Medical Expenses (optional)	\$20,000

BENEFITS COVERAGE

A-B. Accident Death, Permanent Total or Partial Disablement

Covers the Insured Person injured by Accident anywhere in the world 24-hour a day, solely and independently of any other cause which shall within twelve (12) consecutive months result in accident death or permanent disablement. We will pay the Insured Person in respect of the following Events according to the percentage of Compensation Table:

Events	COMPENSATION TABLE	Percentage of Sum Insured
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%
	(a) Right Hand	
	(b) Left Hand	
	(c) One Foot	
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%
11.	Loss of Speech	50%
12.	Permanent Total Loss of the Lens of one Eye	50%
13.	Loss of or the Permanent Total Loss of use of four Fingers and Thumb of	
	(a) Right Hand	70%
	(b) Left Hand	50%
14.	Loss of or the Permanent Total Loss of use of four Fingers of	
	(a) Right Hand	40%
	(b) Left Hand	30%
15.	Loss of or the Permanent Total Loss of use of one Thumb	
	(a) both Right Joints	30%
	(b) one Right Joint	15%
	(c) both Left Joints	20%
	(d) one Left Joint	10%
16.	Loss of or the Permanent Total Loss of use of Fingers	
	(a) three Right Joints	15%
	(b) two Right Joints	10%
	(c) one Right Joint	7.5%
	(d) three Left Joints	10%
	(e) two Left Joints	7.5%
	(f) one Left Joint	5%
17.	Loss of or the Permanent Total Loss of use of Toes	
	(a) all - one Foot	20%
	(b) great - both Joints	7.5%
	(c) great - Joint	5%
18.	Fractured Leg or Patella with established non-union	15%
19.	Shortening of Leg by at least 5cm	10%
20.	Permanent Disability not otherwise provided for under Events 10 to 19 inclusive, such percentage of the sum insured as the Company shall in its absolute discretion determine and being in its opinion not inconsistent with the compensation provided under Events 10 to 19 inclusive.	

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C. Accidental Hospital Cash

A daily hospitalization allowance of HK\$500 up to the limit stated in the Schedule of Benefits will be payable if in the event of the Insured Person being confined to a hospital as a registered in-patient for treatment of a bodily injury. The Company will pay the allowance only if the period of hospitalization is longer than twenty-four (24) hours.

D. Temporary Total or Partial Disablement Benefit.

In the event an insured person sustains bodily injury as a result of a covered accident which solely and independently of any other cause shall within 12 consecutive months result in temporary total disablement or temporary partial disablement, we shall pay the insured person a weekly benefit for each full 7 consecutive days period of such disablement but not exceeding 52 weeks. For temporary partial disablement, the weekly benefit limits to 25% of the sum insured of temporary total disablement.

E. Funeral Expenses

Reimbursement of funeral expenses following the Accidental Death of the Insured Person

F. Education Fund

Benefit payable for the children of the Insured Person as an education subsidy following his/her Accidental Death.

MAIN EXCLUSIONS

Any pre-existing conditions, congenital and heredity condition, suicide or intentional self-inflicted injury, insanity, mental disorder, any condition resulting from venereal disease, war, direct participation in strike, riot, civil commotion, service in military and disciplinary forces, professional sports, illegal acts or air travel except as a fare-paying passenger on a regular scheduled airline or licensed or private chartered aircraft.

This is not a complete list of exclusions. Please read your policy or certificate of insurance carefully for a full listing of exclusions.

CLAIMS PROCEDURE

Written notice of injury must be submitted to the insurance company within 30 days after the date of accident causing such injury or disability. In the event of accidental death, written notice must be submitted immediately. Failure to provide the written notice within the period may invalidate the claim.

Upon receipt of such notice, the insurance company will furnish the claim form to the claimant. Claimant shall submit the completed form and reports within 30 days after receipt of such notice.

Please note that Hospital and Physician Reports should give details of the nature of the injury, date of disability, extend of permanent disablement suffered, police report (if applicable). In case of death, death certificate and autopsy report should be submitted.

Any questions pertaining to the scheme should be referred to the Human Resources Department.

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