

CHUBB®
安達人壽



First Guardian Triple Protection Plan

Navigate Life's Uncertainties with Ease -
One Affordable Plan, Three Insurance Solutions

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One Affordable Plan, Three Insurance Solutions.

Life is full of unexpected twists and turns. You should be ready for anything with our First Guardian Triple Protection Plan. Affordable coverage for accidents, critical illnesses, and life insurance needs is all in one complete package. Our plan offers protection for accidental hospitalization, outpatient treatment, 3 Major Illnesses (Cancer, Heart Attack, and Stroke), Minor Illnesses like Carcinoma-In-Situ or Stage Ta of Specific Organs as well as Death Benefit.

With 3 different benefit levels, conversion option, and a policy that's renewable up to age 100, you can trust us to have you covered for the uncertainties come your way.



Easy application with simplified underwriting within minutes

Simply answer 3 health questions and complete the simplified application online.



Ample protection coverage of accidental medical expenses

- **Accidental Hospitalization Benefit¹**

Expenses shall be covered in relation to day-surgery at a hospital or clinic, or admission into a hospital as a result of an Injury, and the benefit limit can be up to HK\$50,000 for each Accident and during each policy year (irrespective of number of Accidents) based on the plan level.
- **Extended Outpatient Benefit²**

If the Insured receives (i) out-patient treatment for a ligament tear, tendon rupture, bone fracture, or dislocation, (ii) emergency outpatient treatment from the out-patient department of a private/public hospital, or (iii) emergency dental treatment as a result of an Injury, we will pay the Extended Outpatient Benefit of up to HK\$10,000 for each Accident and during each policy year (irrespective of number of Accidents) based on the plan level.



Essential critical illness benefit

- Major Illness Benefit³

A Major Illness Benefit of up to 100% of the Sum Assured will be payable if the Insured is diagnosed with any one of the covered Major Illnesses: (i) Cancer, (ii) Heart Attack and (iii) Stroke.

- Minor Illness Benefit

A Minor Illness Benefit of 25% of the Sum Assured will be payable if the Insured is diagnosed with any one of the covered Minor Illnesses: (i) Carcinoma-In-Situ or Stage Ta of Specific Organs⁴ and (ii) Early Stage Malignancy provided that no Major Illness Benefit has been paid or becomes payable under the Policy. The Death Benefit and Major Illness Benefit will be reduced by any Minor Illness Benefit that is paid or becomes payable.



Life protection to safeguard your family

In the unfortunate event of the Insured passing away, a Death Benefit of up to 100% of the Sum Assured will be payable, provided that no Major Illness Benefit has been paid or becomes payable under the Policy, to ensure financial security for your loved ones.



Renewal without answering further health questions.

You may renew the Policy at the end of each policy year up to the age of 100 of the Insured upon payment of premium, even if the health condition of the Insured changes.



Option to convert to a new protection plan⁵

Your insurance protection needs may change when you enter the next stage of life. Starting from the 10th Policy Anniversary, this plan allows you to convert your plan to a designated participating whole life insurance plan or participating critical illness protection insurance plan ("New Policy") without re-underwriting, provided that no Minor Illness Benefit and/or Major Illness Benefit have been paid or become payable under this Policy.



Benefit levels are at your own

We offer 3 different benefit levels to cater for your specific needs.

*The "Company", "we", "our", or "us" herein refers to Chubb Life Insurance Hong Kong Limited.



Benefits Schedule

Sum Assured (HK\$)		Plan 1 500,000	Plan 2 750,000	Plan 3 1,000,000
Coverage	% of Sum Assured	Benefit Amount (HK\$)		
Death Benefit	100%	500,000	750,000	1,000,000
Major Illness Benefit	100%	500,000	750,000	1,000,000
Minor Illness Benefit	25%	125,000	187,500	250,000
Accidental Hospitalization Benefit Max. for each Accident and during each policy year (irrespective of number of Accidents)	5%	25,000	37,500	50,000
Extended Outpatient Benefit Max. for each Accident and during each policy year (irrespective of number of Accidents)	1%	5,000	7,500	10,000
Conversion option	N/A	✓	✓	✓



More about First Guardian Triple Protection Plan

Basic Information

Product Nature	Combo Protection insurance plan		
Product Type	Basic plan		
Policy Term and Premium Payment Term	Up to Age 100 of the Insured		
Issue Age of the Insured	Age 0 (15 days) - 60		
Premium Payment Mode	Monthly/ annual		
Premium Structure	<p>While this Policy is in force and upon the end of every policy year, you may renew the Policy without providing evidence of insurability by paying the Premium at the end of every policy year, provided that the Company is still offering this First Guardian Triple Protection Plan. At renewal, the Premium will be adjusted based on the attained Age of the Insured according to our applicable rate.</p> <p>*Note: Premiums are not guaranteed. You should refer to the Premium Table for the current scale of Premium. Please also refer to the “Key Product Risks – Premium Adjustment” under the “Important Information” section in this product brochure for Premium adjustment factors.</p> <p>The Premium shown on the Premium Table is not guaranteed. We reserve the right to revise or adjust the Premium according to our applicable rate upon each Policy Anniversary.</p>		
Currency	HK Dollars		
Sum Assured	Plan 1 HK\$500,000	Plan 2 HK\$750,000	Plan 3 HK\$1,000,000

Remarks

1. During the lifetime of the Insured and while the Policy is in force, you can claim Accidental Hospitalization Benefit if the Insured, as a result of an Injury and upon the recommendation of a Registered Medical Practitioner, is under Confinement; or undergoes any Day-Surgery. We will reimburse the Reasonable and Customary charges and expenses actually incurred within 12 months from the date of Accident. Accidental Hospitalization Benefit is subject to the restriction in the choice of ward class stated in the Policy provisions. The aggregate amount of all Accidental Hospitalization Benefit and Extended Outpatient Benefit paid or payable for each Accident and during each policy year (irrespective of number of Accidents) shall not exceed 5% of the Sum Assured. The aggregate amount of all Accidental Hospitalization Benefit and Extended Outpatient Benefit paid or payable under this Policy shall not exceed 100% of the Sum Assured.
 2. During the lifetime of the Insured and while the Policy is in force, you can claim Extended Outpatient Benefit if the Insured, as a result of an Injury and upon the recommendation of a Registered Medical Practitioner,
 - a) undergoes any out-patient treatment for ligament tear or tendon rupture, bone fracture, or dislocation (please refer to the Policy provisions for details of the covered sites and bones as well as exclusions), provided that such charges and expenses are incurred within 12 months from the date of Accident;
 - b) sustains an Injury and is treated on out-patient basis in the out-patient department of a Hospital within 24 hours of the Accident; or
 - c) undergoes emergency dental treatment of sound natural teeth (including consultation, staunch bleeding, tooth extraction, root canals and x-ray) that arises solely and independently from an Accident, provided that such treatment is provided within 31 days from the date of Accident and in a legally registered dental clinic or Hospital.
 3. The Policy will forthwith be terminated on the date of initial diagnosis of the relevant Major Illness for which the Major Illness Benefit has been paid or becomes payable. For the avoidance of doubt, you must continue to pay the Premium of the Basic Plan until the claim is approved by us. Following our approval, any surplus of Premium paid for the period after the date of initial diagnosis of the relevant Major Illness will be refunded to you without any interest. The aggregate amount of all Minor Illness Benefit and/or Major Illness Benefit payable under this Policy shall not exceed 100% of the Sum Assured.
 4. "Specific Organs" means breast, cervix uteri, colon and rectum, corpus uteri, fallopian tube, liver, lung, nasopharynx, penis, stomach and esophagus, testicles, urinary bladder and tract, and vagina or vulva.
 5. The following are the impacts of converting this Policy to a New Policy:
 - a) The Insured of this Policy and the New Policy should be the same. You will be the owner of the New Policy.
- The aggregate amount of all Extended Outpatient Benefit paid or payable for each Accident and during each policy year (irrespective of number of Accidents) shall not exceed 1% of the Sum Assured. The aggregate amount of all Accidental Hospitalization Benefit and Extended Outpatient Benefit paid or payable for each Accident and during each policy year (irrespective of number of Accidents) shall not exceed 5% of the Sum Assured. The aggregate amount of all Accidental Hospitalization Benefit and Extended Outpatient Benefit paid or payable under this Policy shall not exceed 100% of the Sum Assured. Benefit payable for Extended Outpatient Benefit is limited to a maximum of 1 visit per day. We will reimburse the Reasonable and Customary charges actually incurred excluding expenses incurred for bone-setting and acupuncture treatment.

- b) Cooling off does not apply to the New Policy.
 - c) The time period under the suicide exclusion and the incontestability clauses in the New Policy will start from the Date of Issue of this Policy, the date of last reinstatement of this Policy or the date of last reinstatement of the New Policy, whichever is the latest.
 - d) In respect of Minor Illnesses and Major Illnesses covered under this Policy, the waiting period for claiming the same under the New Policy will start from the Date of Issue of this Policy or the date of last reinstatement of this Policy or the date of last reinstatement of the New Policy, whichever is the latest.
 - e) This Policy will be terminated upon conversion and the conversion is irrevocable upon taking effect.
6. "Accident(al)" means an unforeseeable and external event or incident which was the direct and sole cause of the Injury.
 7. "Injury" means a bodily damage (with or without a visible wound) caused solely and directly by an Accident and independently of any other causes.
 8. The Minor Illness Benefit, Major Illness Benefit, Accidental Hospitalization Benefit and/or Extended Outpatient Benefit (where applicable) will be paid to you if you are alive at the time of receipt of the claim. If you are the Insured and if you are not alive at the time when the claim is received by us, we will pay the Minor Illness Benefit, Major Illness Benefit, Accidental Hospitalization Benefit and/or Extended Outpatient Benefit (where applicable) to the Beneficiary(ies) after the claim has been approved.
 9. Each Insured can be covered under one in-force First Guardian Triple Protection Plan per lifetime only.
 10. Payment of the Major Illness Benefit, Minor Illness Benefit, Accidental Hospitalization Benefit, Extended Outpatient Benefit and Death Benefit is subject to the Company's receipt of notice and proof of claim. Please refer to "Claims" under the "Important Information" section in this product brochure for more details.
 11. Sum Assured and Premiums for First Guardian Triple Protection Plan will not be changed as a result of payment of any Minor Illness Benefit, Accidental Hospitalization Benefit and/or Extended Outpatient Benefit (if applicable).
 12. Cover for Major Illness Benefit and Minor Illness Benefit will take effect after the Waiting Period. Please also refer to the "Waiting Period" under the "Important Information" section in this product brochure for the definition of Waiting Period.
 13. Please note that we will deduct any outstanding indebtedness (including outstanding Premium) together with accrued interest before making any benefit payment under the Policy.
 14. If the Insured changes occupation or job duties or is engaged in an additional occupation, we must be notified in writing within 1 month for re-underwriting. In the event we assess the new or additional occupation not to be insurable, Accidental Hospitalization Benefit and Extended Outpatient Benefit will be terminated from the date of such change or additional occupation. We will issue an endorsement to you and we reserve the right to add any exclusions.
 15. In this product brochure, "Age" refers to the Insured's age at the nearest birthday unless otherwise specified. "You" or "your" refers to the Owner of the Policy.

Important Information

This product brochure is for general reference only and is not part of the Policy. Please refer to the Policy provisions for the definitions of capitalised terms. This product brochure provides an overview of the key features of this product and should be read along with other materials which cover additional information about this product. Such materials include, but not limited to, Policy provisions that contain exact terms and conditions, benefit illustrations (if any) and other Policy documents and other relevant marketing materials, which are all available upon request. You might also consider seeking independent professional advice if needed.

First Guardian Triple Protection Plan is designed for individuals looking for long-term financial planning to meet their needs for financial protection against adversities and preparation for healthcare needs.

Key Product Risks

The following information helps you better understand the key product risks associated with this product that you may need to pay attention before application.

- **Premium Payment Term**
You should only apply for this product if you intend to pay the Premium for the whole of the Premium payment term. Should you cease paying Premiums early, your Policy may be terminated and you may lose your insurance coverage and the Premiums paid.
- **Premium Adjustment**
The Company reserves the right to review and adjust the Premium according to our applicable rate of this product based on our expectation and experience of a series of factors including but not limited to investment returns, claims, Policy surrenders and expenses. The Company will give prior written notice of any adjustment in the Premium according to our applicable rate.
- **Credit Risk**
This product is issued and underwritten by the Company. Your Policy is therefore subject to the credit risk of the Company. If the Company is unable to satisfy the financial obligation of the Policy, you may lose your insurance coverage and the Premiums paid.
- **Inflation Risk**
Please note that the cost of living in the future is likely to be higher than it is today due to inflation. Hence, the insurance coverage planned today may not be sufficient to meet your future needs.

Termination

This Policy and its coverage will be terminated automatically on the occurrence of the earliest of the following:

- lapse of the Policy;

- the Benefit Expiry Date, i.e. the Policy Anniversary of the Basic Plan on which the Age of the Insured is 100;
- the aggregate amount paid or payable under Minor Illness Benefit reaches 100% of the Sum Assured;
- the date of initial diagnosis of the Major Illness for which the Major Illness Benefit has been paid or becomes payable
- the Insured's death;
- successful conversion to the New Policy; or
- our receipt of your written request for cancellation of the Policy.

You may cancel the Policy by submitting the form prescribed by us. You may contact our Customer Service Center at +852 2894 9833 to get a copy of the form.

Key Exclusions

We will not provide Accidental Hospitalization Benefit/Extended Outpatient Benefit if Injury of the Insured occurs from, or is caused, either directly or indirectly, voluntarily or involuntarily, by or as a consequence of any of the following:

- attempted suicide or intentionally self-inflicted injury while sane or insane;
- being under the influence of drugs, alcohol or narcotics not prescribed by a Registered Medical Practitioner;
- poison or asphyxiation from inhaling of gas or fumes other than in a fire;
- declared or undeclared war, invasion, acts of foreign enemies, civil commotion, revolution, military service, insurrection or usurped power or any warlike operations, terrorism or terroristic activities;
- actual or attempted violation of the law, resistance to arrest;
- any physical defect or infirmity which existed prior to the Accident;
- Pre-existing Condition unless the Pre-existing Condition of the Insured has been declared to us prior to Date of Issue and we have agreed to cover such Pre-existing Condition;
- pregnancy or childbirth, miscarriage or abortion notwithstanding that such event may have been accelerated or induced by Injury;
- ptomaine or any bacterial infection;
- flying or attempting to fly in, or using or attempting to use, an aerial device of any description, other than while the Insured is a fare-paying passenger (not as an operator or crew member) in or on, boarding or alighting from a certified passenger aircraft operated by a regularly scheduled commercial airline;
- engaging in or taking part in Professional Sports or any hazardous pursuits such as diving or riding in any kind of race; underwater activities

- involving the use of breathing apparatus; martial arts; mountaineering; parachuting; bungee-jumping;
- xii. the radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or Accident arising from such nature;
 - xiii. cosmetic or plastic surgery or any elective surgery;
 - xiv. psychiatric condition, including but not confined to psychosis, neurosis, anxiety, anorexia nervosa, schizophrenia, behavioral disorder; or
 - xv. prostheses, corrective devices and medical appliances which are not surgically required.

No benefits will be payable if the Minor Illness / Major Illness is a direct or indirect consequence of any of the following:

- i. attempted suicide or intentionally self-inflicted injury while sane or insane;
- ii. declared or undeclared war, invasion, acts of foreign enemies, civil commotion, revolution, military service, insurrection or usurped power or any warlike operations, terrorism or terroristic activities;
- iii. the presence of the Acquired Immune Deficiency Syndrome (AIDS) virus (except where such virus is due to medical misadventure or AIDS/HIV due to blood transfusion or AIDS/HIV due to occupational Accident);
- iv. Pre-existing Condition unless the Pre-existing Condition of the Insured has been declared to us prior to Date of Issue and we have agreed to cover such Pre-existing Condition;
- v. Congenital Condition;
- vi. being under the influence of drugs, alcohol or narcotics not prescribed by a Registered Medical Practitioner;
- vii. any premalignant tumours, polyps or carcinoma-in-situ of any organ (except Carcinoma-In-Situ or Stage Ta of Specific Organs as defined in the Policy provisions); or
- viii. any condition or illness which existed or was existing or the cause or signs or symptoms of which existed or was existing within the Waiting Period.

Suicide Exclusion

If the Insured commits suicide, while sane or insane, within 1 year of the Date of Issue or the date of last reinstatement of the Policy, whichever is later, the insurance coverage will end and we will refund the total amount of Premiums you paid without any interest, less any amount paid to you by the Company under the Policy.

Medically Necessary and Reasonable and Customary

Benefits under First Guardian Triple Protection Plan are payable only if the treatments, medical procedures or medical services received by the Insured are Medically Necessary and the charges and expenses are reasonable and customary.

“Medically Necessary” means a medical service which is:

- consistent with the diagnosis and customary western medical treatment for the condition;
- in accordance with standards of good medical practice;
- not for the convenience of the Insured or the Registered Medical Practitioner;
- for which the charges are fair and reasonable for such Injury, and Medically Necessary shall be construed accordingly; and
- not experimental in nature.

“Reasonable and Customary” means, in relation to a charge for medical service, such level which does not exceed the general range of charges being charged by the relevant service providers in the locality where the charge is incurred for similar treatment, services or supplies to individuals with similar conditions, e.g. of the same sex and similar Age, for a similar disability, as determined by the Company. The Reasonable and Customary charges shall not in any event exceed the actual charges incurred.

Waiting Period

Waiting period means the first 60 days from the Date of Issue of the Policy or the date of last reinstatement of the Policy or the date of issue of the latest endorsement, whichever is the latest. We will not pay any benefit(s) if the Insured (i) experiences symptom(s) or sign(s) for (even if the Insured has not consulted a Registered Medical Practitioner), or (ii) receives treatment, medication or investigation for, or (iii) is diagnosed with, any covered illness(es) within the Waiting Period of the Policy. No Waiting Period is required for Accidental Hospitalization Benefit and Extended Outpatient Benefit.

Claims

We must be notified in writing within 20 days from the date of injury or within 60 days from the date of the initial diagnosis of the covered illness(es) or within 180 days from the date of death of the Insured. Failure to do so may invalidate a claim unless it can be shown that in the circumstances it was not reasonably possible to give such notice and that notice was given as soon as was reasonably possible. Admission of any claim will be subject to such proof as we may reasonably require being given to us within 180 days from the date of the Injury or the date of the initial diagnosis of the covered illness(es) or the date of death of the Insured.

The claimant should submit a claim to us in the form prescribed by us and shall at his/her own expense provide to us all necessary information, documents, medical evidence as we may from time to time require in connection with the claim. You may contact our Customer Service Center at +852 2894 9833 to get a copy of the form, or you can download it from our Company website at life.chubb.com/hk.

Disclosure

In the event of material misrepresentation or non-disclosure, we will contest the policy and refund to you the total Premiums paid to us without interest less any amount which has been paid to you under the policy.

In the event of fraudulent misrepresentation or fraudulent non-disclosure, we will contest the policy and all the monies paid to us under the policy will be forfeited.

Cooling-off Period

If you are not satisfied with your policy, you have the right to cancel it by submitting a signed notice and return the policy document (if any) to Chubb Life Insurance Hong Kong Limited at 35/F Chubb Tower, Windsor House, 311 Gloucester Road, Causeway Bay, Hong Kong within a period of 21 calendar days immediately following either the day of delivery of the policy or a notice informing you or your nominated representative about the availability of the policy and the expiry date of the cooling-off period, whichever is earlier. If the last day of the 21-calendar day period is not a working day, the cooling-off period shall include the next working day. Upon such cancellation of the policy, we will refund the total amount of premiums you paid without any interest, less any amount paid to you by the Company under the policy, in the original currency paid by you subject to any fluctuation of exchange rate upon cancellation, provided that the amount refunded will not exceed the total amount you paid in the original currency under the policy.

Collection of Premium Levy by Insurance Authority

The Insurance Authority started collecting levy on insurance premiums from policyowners for policies issued in Hong Kong since January 1, 2018. For details of the levy and its collection arrangement, please visit our Company website at life.chubb.com/hk or contact our Customer Service Center at +852 2894 9833. In the event that we refund your premiums, whether in full or in part, e.g. upon cancellation of your policy during the cooling-off period, the proportionate levy paid by you will also be refunded accordingly. °

Contact Us

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This product brochure is intended as a general reference and does not form part of the policy. Please refer to the policy documents for the exact terms and conditions. It is intended to be distributed in Hong Kong only and shall not be construed as an offer to sell or solicitation to buy or provision of any of our products outside Hong Kong.

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