

YAS CARE INSURANCE POLICY

In consideration of the payment of premium and subject to the definitions, exclusions, limitations, provisions and terms contained herein, endorsed hereon, or attached hereto, We, Assicurazioni Generali S.p.A., Hong Kong Branch hereby insure and promise to pay indemnity for loss to the extent herein provided.

All periods of insurance shall begin at 12:00a.m., standard time, at the place where the Policy was issued or the time when the Policy was issued, whichever is later, and end in accordance with "General Provisions", Clause 4 - Termination of Coverage of this Policy.

DEFINITIONS

"Accident" means sudden and unforeseen event which happens unexpectedly and causes Injury.

"Accidental Damage" means the damage to the Insured Item due to either:

- (a) an unforeseen event which causes physical damage to the Insured Item, or
- (b) deliberate damage caused to the Insured Item by a third party ("Malicious Damage").

"Acquired Immune Deficiency Syndrome" or **"AIDS"** shall have the meanings assigned to it by the World Health Organisation including Opportunistic Infection, Malignant Neoplasm, Human Immune Deficiency Virus (HIV), Encephalopathy (Dementia), HIV Wasting Syndrome or any disease or Illness in the presence of a sero-positive test for HIV.

"Authorised Service Center" means the repairer or service center or service provider authorised by the Insured Item's manufacturer.

"Chinese Medicine Treatments" means any treatment rendered by Chinese medical practitioner who is legally registered as a Chinese medical practitioner under the Chinese Medicine Ordinance (Cap 549, Laws of Hong Kong), but excluding a Chinese medical practitioner who is the Insured Person or Immediate Family Member of the Insured Person.

"Civil War" means an internecine war, or a war carried on between or among opposing citizens of the same country or nations.

"Company" means Assicurazioni Generali S.p.A., Hong Kong Branch, issuing this Policy.

"Insured Item" means the product purchased by the Insured Person as brand new from YOHO ("YOHO Hong Kong Co., Ltd.") and its unique serial code is stated in the Policy Schedule or subsequently endorsed hereon.

"Hospital" means an establishment which meets all the following requirements:

1. holds a license as a hospital (if licensing is required in the state or governmental jurisdiction);
2. operates primarily for the reception, care and treatment of sick, ailing or injured persons as in-patients;
3. provides 24-hour a day nursing service by registered or graduated nurses;
4. has a staff of one (1) or more licensed Registered Medical Practitioner(s) available at all times;
5. provides organized facilities for diagnosis and major surgical facilities; and
6. is not primarily a clinic, nursing, rest or convalescent home or similar establishment and is not, other than incidentally, a place for alcoholics or drug addicts.

"Immediate Family Member" means the Insured Person's spouse, parent, parent-in-law, grandparent, son, daughter, son-in-law, daughter-in-law, brother, sister, grandchild or legal guardian.

"Injury" means bodily injury which is solely caused by an Accident and independently of any other cause.

"Insured Person" means the person(s) insured and named in the Policy Schedule or subsequently endorsed hereon.

"Malignant Neoplasm" includes but not be limited to Kaposi's sarcoma, central nervous system lymphoma and/or other malignancies now known or which may become known as immediate causes of death, an illness, or disability, in the presence of Acquired Immune Deficiency Syndrome.

"Money" means cash, stored value cards (such as Octopus cards) and electronic money which is exchanged electronically over a technical device such as a computer or mobile phone, currency notes, coins, cheques, postal orders, bankers drafts, travellers cheques, travel tickets, saving certificates, stamps, gift tokens, telephone cards and the like.

"Opportunistic Infection" includes but not be limited to pneumocystis carinii pneumonia, organism of chronic enteritis, virus and/or disseminated fungi infection.

"Policy" means this Policy and any other documents referred to in Clause 1 of "General Conditions" herein.

"Policyholder" means an institution or a person is an applicant of the Policy named in the Policy Schedule as Policyholder, is responsible for the payment of premium for this Policy and has completed an application form incorporating premium deduction authority to the Company's satisfaction.

“**Policy Schedule**” means the attachment to this Policy entitled “Policy Schedule” as may be amended by the Company from time to time.

“**Pre-existing Condition**” means any condition for which the Insured Person received from or were recommended by a Registered Medical Practitioner within a twelve (12) months period prior to the effective date of this Policy, any medical treatment, diagnosis, consultation or prescribed drugs leading to a claim under this Policy; or any Symptom which existed prior to the effective date of this Policy leading to a claim under this Policy. For the foregoing purpose, “Symptom” means a sign or an indication of disorder or disease experienced by an individual. Such pre-existing conditions shall be covered provided that the Insured Person(s) has been insured under this Policy for twelve (12) consecutive months.

“**Registered Medical Practitioner**” means any person qualified by degree in western medicine and legally authorized by the government with jurisdiction in the geographical area of his or her practice to render medical and regular services, but excluding a Registered Medical Practitioner who is the Insured Person, or an Immediate Family Member of the Insured Person.

“**Theft**” means loss of a personal property caused by the taking of such personal property without the Insured Person's consent.

“**War**” means war (declared or undeclared) or any warlike activities, including the use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.

THE BENEFITS - You are being insured with the following Benefit if it appears in your Policy Schedule

A) ACCIDENTAL MEDICAL EXPENSES

This Benefit is only valid for your Policy if this Benefit appears in the Policy Schedule.

The Company shall reimburse the actual medical expenses incurred by the Insured Person within four (4) months after the happening of an Injury during the Period of Insurance and not exceeding the limit of benefits stated in the Policy Schedule and as a result of an Injury and paid by an Insured Person or on behalf of an Insured Person to a Registered Medical Practitioner, physician, surgeon, nurse, Chinese medical practitioner, Hospital and/or ambulance (excluding helicopter and any aircraft) service for medical, surgical, X-ray, Hospital or nursing treatment including the cost of medical supplies and ambulance (excluding helicopter and any aircraft) hire, but excluding the cost of dental treatment unless such treatment is necessarily incurred to sound and natural teeth and is caused by an Accident. Provided that in the event of an Insured Person becoming entitled to a refund of all or part of such expenses from any other source, the Company will only be liable for the excess of the amount recoverable from such other source.

For reimbursement related to medical expenses paid to Chinese medical practitioner, it is subject to a deductible as stated in the Policy Schedule.

EXCLUSIONS

The Company will not pay under Benefit A of this Policy for accidental medical expenses as a result of and/or in connection with any or more of the following:

1. While the Insured Person is serving on full time active duty in any disciplinary forces, armed force, naval, military or air force service or operations, any flying service;
2. flying or taking part in any other aerial activities except whilst traveling as a passenger in, boarding or alighting from a licensed aircraft and not as pilot or aircrew nor for the purpose of any trade or technical operation in or on the aircraft;
3. suicide, attempted suicide or intentional self-inflicted injury while sane or insane;
4. childbirth, miscarriage, abortion, birth control, infertilization or pregnancy notwithstanding that such event may have been accelerated or induced by injury;
5. Acquired Immune Deficiency Syndrome (AIDS), any disease or Injury commencing in the presence of a sero-positive test for HIV and any related disease(s), venereal or sexually transmitted diseases;
6. psychosis, sleep disturbance disorder, mental or nervous disorders, treatment of alcoholism, or drug abuse or any other complications arising there from or from any drug accident;
7. the influence of alcohol or any non-prescribed drug;
8. any Pre-existing Condition;
9. cosmetic, plastic or any elective surgery, congenital disease or anomalies;
10. dental care or surgery unless necessitated by an Accident (excluding denture and related expenses) to sound and natural teeth;
11. any kind of disease; or any loss caused by an Injury which is a consequence of any kind of disease;
12. engaging in sports or games in a professional capacity or where You would or could earn income or remuneration from engaging in such sport, racing of any kind (except on foot) or mountaineering;
13. testing of any kind of conveyance; engaging in offshore activities like commercial diving, oil rigging, mining or aerial photography;
14. fitting of glasses for eye refraction, or hearing aids; corrective aids and treatment of refractive errors unless necessitated by Injury caused by an Accident;
15. any additional cost of single or private room accommodation at a Hospital, charges in respect of special or private nursing, non-medical personal services such as radio, telephone and the like; procurement or use of special braces, appliances or equipments; or
16. general or health check-up, convalescence, custodial or rest cure, vaccination and immunization injections, tests not incident to treatment or diagnosis of an actual disability or any treatment which is not medically necessary.

B) ACCIDENTAL DAMAGE TO THE INSURED ITEM

This Benefit is only valid for your Policy if this Benefit appears in the Policy Schedule.

The Company will, subject to the Terms of this Policy, pay for the cost of repair or replacement of the Insured Item owned by the Insured Person during the Period of Insurance and is damaged due to an Accident, up to the Amount of Benefit stated in the Policy Schedule and subject to the deductible as stated in the Policy Schedule. The cost of repair or replacement of the Insured Item in a condition equal to but not better than the condition when new on condition that such repair or replacement must be carried out.

In case of damage to any article or articles which are a part of a set, the measure of damage to such article or articles will be the rateable proportion of the total value of the set, and in no event shall such loss be construed to mean total loss of the set.

Once any claim under this Benefit becomes payable, this Benefit will then be terminated.

EXCLUSIONS

The Company will not pay under Benefit B of this Policy for any damage to the Insured Item as a result of and/or in connection with any or more of the following:

1. application of insurance is after seven (7) days from the date of purchase of the Insured Item;
2. any new parts not purchased together with the original Insured Item at YOHO;
3. during delivery arranged by YOHO or Insured Item's suppliers/vendors;
4. under warehouse service provided by YOHO or Insured Item's suppliers/vendors;
5. damage more specifically insured by any other insurance policies or damage falls under the warranty provided by the trader or the manufacturer; or by the warranty provided by the seller or the manufacturer;
6. an Insured Item of mobile phone or tablet;
7. failure to use or maintain the Insured Item in accordance with manufacturer's instructions;
8. faulty or defective design, materials or workmanship or latent defect and defects in operation;
9. infidelity or dishonesty;
10. mechanical breakdown;
11. wear and tear and wet or dry rot;
12. corrosion, rust, gradual deterioration, settlement or shrinkage, frost, atmospheric or climatic conditions of a gradually operating nature;
13. cleaning, repairing, restoring or maintenance;
14. marring, scratching, denting or any cosmetic change that do not affect the functionality of the Insured Item;
15. artificially generated electrical current;
16. not accidental in nature;
17. software-related or cyber-attack;
18. repairs not made by Authorised Service Center; or
19. by the order of any government, police officer or customs official.

C) THEFT OF THE INSURED ITEM

This Benefit is only valid for your Policy if this Benefit appears in the Policy Schedule.

The Company will, subject to the Terms of this Policy, pay for the cost of replacement of the Insured Item being owned by the Insured Person as a result of Theft occurring during the Period of Insurance and up to the Amount of Benefit stated in the Policy Schedule and subject to the deductible as stated in the Policy Schedule. The cost of replacement of the Insured Product shall be in a condition equal to but not better than the condition when new on condition that such replacement must be carried out.

The Company will not pay for the loss if such loss is not reported to the local police authority within twenty-four (24) hours of the loss.

In case of loss of any article or articles which are a part of a set, the measure of loss of such article or articles will be the rateable proportion of the total value of the set, and in no event shall such loss be construed to mean total loss of the set.

Once any claim under this Benefit becomes payable, this Benefit will then be terminated.

EXCLUSIONS

The Company will not pay under Benefit C of this Policy for any Theft of the Insured Item as a result of and/or in connection with any or more of the following:

1. application of insurance is after seven (7) days from the date of purchase of the Insured Item;
2. any new parts not purchased together with the original Product at YOHO;
3. during delivery arranged by YOHO or Insured Item's suppliers/vendors;
4. under warehouse service provided by YOHO or Insured Item's suppliers/vendors;
5. loss from Theft more specifically insured by any other insurance policies or damage falls under the warranty provided by the trader or the manufacturer;
6. Theft or attempted Theft by the Insured Person's immediate family member;
7. Theft or attempted Theft by a person to whom the Insured Item is entrusted with by the Insured Person;
8. doors or windows of the Insured Person's home is unlocked;
9. left unattended; or
10. by deception.

GENERAL EXCLUSIONS

The Company will not pay under any section of this Policy for loss or liability caused by or resulting from any or more of the following:

1. War, invasion, act of foreign enemy, hostilities, or any warlike operations (whether war be declared or not), Civil War, revolution, rebellion, insurrection, military or usurped power direct participation in a riot, strike, civil commotion;
2. ionising, radiation or contamination by radioactivity from any nuclear fuel, from any nuclear waste, from the combustion of nuclear fuel or from any nuclear weapons material; or
3. violation or attempted violation of the law or resistance to arrest.

CONDITIONS FOR MAKING A CLAIM

To file a claim with us, you have to provide the following:

- Provide time and location of the Accident or Theft taken place with details.
- Submit claim application via YAS Microinsurance App within 30 days of the Accident or Theft.
Benefit A: Hospital bills/ discharge slip/ medical bills with details showing diagnosis and any medical report to support our claims assessment.
Benefit B: Photos of the extent of damage of the damaged item, repair quotation or receipt from the Authorised Service Center, or replacement receipt of the damaged item.
Benefit C: Local police report (either physical or e-report) and replacement receipt of the stolen Insured Item.
- Any other documents/ information/ self-declaration in support of the claim, to the satisfaction of the Company.

GENERAL PROVISIONS

1. ENTIRE CONTRACT

The Policy, Policy Schedule, proposal form/ application, riders, amendments and attachments (if any) constitute the entire contract of insurance. No alteration in the terms of this Policy and any attachments shall be valid unless endorsed hereon and signed by an officer or duly authorized attorney of the Company for this purpose appointed.

2. AGE LIMIT

The insurance under this Policy shall only cover age from eighteen (18) to seventy (70) years old for Benefit A and at or over eighteen (18) years old for Benefits B and C.

3. MISSTATEMENT OF FACTS

If any relevant facts pertaining to any person to whom insurance under this Policy relates shall be found to have been incorrectly reported to the Company, and if such misstatement affects the existence or the amount of insurance, the true facts shall be used in determining whether insurance is in force under the terms of this Policy and in what amount.

4. TERMINATION OF COVERAGE

- (a) This Policy will be terminated:
- when premium is not paid when due;
 - when all the Benefits are terminated or with zero Amount of Benefit; or
 - when there is any fraud, misstatement, non-disclosure or concealment in respect of this Policy or any claim hereunder shall render this Policy null and void immediately. All the premiums paid and claims under this Policy shall be forfeited;
- (b) The Company may cancel this Policy by giving seven (7) days notice to the Policyholder by registered letter sent to his last known address; and the Company making to the Policyholder a return of premium proportionate to the unexpired part of the Period of Insurance. This Policy may be canceled at any time by the Policyholder on seven (7) days notice to the Company and in such event the Policyholder shall not be entitled to any return of all or part of premium.

5. STATUS CHANGE

The Insured Person must take full responsibility to inform the Company forthwith of any change in respect of the information provided in the application for this Policy, otherwise the Company reserves the right to refuse or invalidate all claims under this Policy.

6. TIME OF NOTICE OF CLAIM

Completed claim information and supporting document(s) must be given to the Company as soon as reasonably possible. If possible, claim should be submitted to the Company within thirty (30) days after occurrence of any event likely to give rise to a claim under this Policy.

7. PROOF OF LOSS

All certificates information and evidence required by the Company shall be furnished at the expense of the Insured Person and shall be in such form and of such nature as the Company may prescribe.

8. TIME FOR FILING PROOF OF LOSS

Affirmative proof of loss must be furnished to the Company at its said office within ninety (90) days after the date of relevant loss.

9. MEDICAL EXAMINATION AND TREATMENT

The Insured Person shall as soon as possible after the occurrence of any Injury, obtain and follow the advice of a Registered Medical Practitioner and the Company shall not be liable for any consequences arising by reason of the Insured Person's failure to obtain or follow such advice and use such appliances or remedies as may be prescribed.

10. PAYMENT OF INDEMNITIES

All indemnities provided in this Policy will be paid immediately after the receipt of due proof.

11. TO WHOM INDEMNITIES PAYABLE

All indemnities of this Policy are payable to the Insured Person.

12. LIMITATION OF TIME FOR BRINGING SUIT

No action at law or in equity shall be brought to recover on this Policy prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this Policy. No such action shall be brought after the expiration of two (2) years after the time written proof of loss is required to be furnished.

13. ASSIGNMENT

No notice of assignment of interest under this Policy shall be binding upon the Company. The Company does not assume any responsibility for the validity of an assignment. No provisions of the Company's charter, constitution or by-laws shall be used in defence of any claim arising under this Policy, unless such provision is incorporated in full in this Policy.

14. COMPLIANCE WITH POLICY PROVISIONS

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

15. RENEWAL

This Policy will be renewed from the anniversary date with the consent of the Company by payment of premium in advance at the Company's premium rate in force at the time of renewal. However, the Company reserves the rights to make adjustment on the premium rates, benefits, terms and conditions of this Policy or not invite renewal at the Company's sole discretion.

16. REINSTATEMENT OF POLICY

If this Policy lapses due to non-payment of premiums, it may be reinstated with the Company's approval. Benefits will not, however, be payable for any event likely to give rise to a claim under this Policy which occurs while the Policy has lapsed and Pre-existing Condition should re-apply as if the Policy commenced on such reinstatement date.

17. SANCTION CLAUSE

The Company shall not be deemed to provide cover and shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose the Company to any sanction, prohibition, or restriction, under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or United States of America or any other country, state or territory which has jurisdiction in the matter.

18. TERRITORIAL EXCLUSION CLAUSE

The Company shall not indemnify the Insured/policyholder for any liability: (i) in respect of any judgment, award, payment, legal costs and expenses or settlement delivered, made or incurred where legal actions are brought in a court of law within countries which operate under the laws of <Fully Embargoed and Comprehensive Sanctioned Countries/ Territories>, or any order made anywhere in the world to enforce such judgment, award, payment, legal costs and expenses or settlement either in whole or in part; (ii) incurred by the government of <Fully Embargoed and Comprehensive Sanctioned Countries/ Territories> or resulting from activities that involve or benefit the government of <Fully Embargoed and Comprehensive Sanctioned Countries/ Territories>, or where the payment of such indemnity by the Insurer will benefit the government of <Fully Embargoed and Comprehensive Sanctioned Countries/ Territories>; (iii) in respect of any settlement agreed or incurred outside of a court of law, prior to any legal actions being brought, by, or to the benefit of, persons or entities resident in <Fully Embargoed and Comprehensive Sanctioned Countries/ Territories>; Entities shall include any parent company, direct or indirect holding company owned or controlled by the government of <Fully Embargoed and Comprehensive Sanctioned Countries/ Territories>, persons or entities resident in <Fully Embargoed and Comprehensive Sanctioned Countries/ Territories>.

For the purposes of this territorial exclusion clause, the Insured/policyholder hereby acknowledges and agrees that Fully Embargoed and Comprehensive Sanctioned Countries/Territories shall be listed under Generali Corporate website at <https://www.general.com.hk/EN_US/sanctioned_countries>, with such list to be updated from time to time, and incorporated into the policy.

19. CONTRACTS (RIGHTS OF THIRD PARTIES) ORDINANCE

Any person or entity who is not a party to this Policy shall have no rights under the Contracts (Right of Third Parties) Ordinance (Cap 623 of the Laws of Hong Kong) to enforce any terms of this Policy.

20. JURISDICTION

This Policy shall be governed and construed in accordance with the laws of Hong Kong Special Administrative Region. Any dispute under this Policy shall be settled by the courts of Hong Kong Special Administrative Region.

Personal Information Collection Statement

- a) From time to time, it is necessary for you to supply Generali Life (Hong Kong) Limited/ Assicurazioni Generali S.p.A. Hong Kong Branch (where applicable) (the "Company") with data about yourself(ves), policyholder(s), life insured(s), beneficiary(ies), claimant(s), and/ or other relevant individuals (the "Personal Data") in connection with the provision of insurance and/ or related products and services to you, the processing of claims under insurance policies issued and/ or arranged by the Company, and/ or the processing of any or all other requests, enquiries and complaints from you.
- b) Provision of the Personal Data to the Company by you is voluntary. However, failure to supply the Personal Data may result in the Company being unable to provide insurance and/ or related products and services to you, process claims under insurance policies issued and/ or arranged by the Company, and/ or process any or all other requests, enquiries, or complaints from you.
- c) The purposes for which the Personal Data may be used are as follows:
- processing your insurance application, arranging and executing insurance contract, and managing your account with the Company;
 - customer services and other related activities;
 - conducting data matching procedures;
 - designing insurance and/ or related products and services for customers' use;
 - marketing insurance and/ or other related products and services of the Company and/ or its parent company and group companies (hereinafter referred to as the "Group Entities");
 - direct marketing of insurance and/ or other related products and services subject to your prior prescribed consent (if any), and you can exercise the right of opt-out by notifying the Company at any time;
 - statistical or actuarial research of the Company, its Group Entities, insurance industry associations or federations, governments and/ or regulatory entities;
 - complying with the requirements under any laws, rules, regulations, codes, guidelines, court orders, compliance policies and procedures, and any other relevant requirements which the Company and/ or its Group Entities are expected to comply with, including, without limitation, performing due diligence on customers and making disclosures of the relevant information; and
 - fulfilling any other purposes directly relating to (i) to (viii) above.
- d) The Personal Data held by the Company shall be kept confidential, but the Company may provide the Personal Data to the following parties (whether within or outside the Hong Kong Special Administrative Region) for the purposes set out in paragraph (c) above, without prior notification to you and/ or any other relevant individuals to whom the Personal Data is related:
- intermediaries, claims service providers, coinsurers, reinsurers, banks and credit-card companies, health and medical organizations, business partners, and/ or any other relevant parties, as appropriate, who provide administrative, telecommunication, computer, payment, marketing, investigation, advisory and/ or other services to the Company in connection with the operation of its business;
 - relevant insurance industry associations or federations, and/ or members of such industry associations or federations;
 - overseas locations, as appropriate, of the Company and/ or its Group Entities;
 - persons to whom the Company and/ or its Group Entities are under an obligation to make disclosure under the requirements as mentioned in (c) (viii);
 - any court, government or regulatory entity (including, without limitation, tax authority, insurance authority, etc.) under any laws binding on the Company and/ or its Group Entities;
 - lawful successors or assigns of the Company; and
 - persons who owe a duty of confidentiality to the Company and/ or its Group Entities.
- e) The Company may verify any or all of the Personal Data by using information collected and released or transferred by relevant insurance industry associations or federations, and/ or members of such industry associations or federations.
- f) In accordance with the Personal Data (Privacy) Ordinance:
- any individual has the right to:
 - check whether the Company holds data about him/ her and, if so, obtain a copy of such data;
 - require the Company to correct any data relating to him/ her that is inaccurate; and
 - ascertain the Company's policies and practices in relation to data and to be informed of the kind of data held by the Company; and
 - the Company has the right to charge a reasonable fee for the processing of any data access request.
- g) The person to whom requests for access to data and/ or correction of data and/ or for information regarding policies and practices and kinds of data held are to be addressed as follows:
- Personal Data Protection Officer,
 - Generali Life (Hong Kong) Limited/ Assicurazioni Generali S.p.A. Hong Kong Branch (where applicable)
 - 21/F, Cityplaza One
1111 King's Road
Taikoo Shing
Hong Kong