

Personal Accident Insurance

Product Disclosure Statement



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About our Personal Accident Insurance

About Zurich

The insurer of this product is Zurich Australian Insurance Limited (ZAIL), ABN 13 000 296 640, AFS Licence Number 232507. In this document, ZAIL may also be expressed as 'Zurich', 'we', 'us' or 'our'.

ZAIL is part of the Zurich Insurance Group, a leading multi-line insurer that serves its customers in global and local markets. Zurich provides a wide range of general insurance and life insurance products and services in more than 210 countries and territories. Zurich's customers include individuals, small businesses, and mid-sized and large companies, including multinational corporation.

This Product Disclosure Statement (PDS) is an important document. You should read it carefully before making a decision to purchase this product.

This PDS will help you to:

- decide whether this product will meet your needs; and
- compare this product with other products you may be considering.

The information contained in this PDS is general information only. It is important you read your policy to ensure you have the cover you need.

How to apply for this insurance

Throughout this document when we are referring to your insurance broker or adviser, we simply refer to them as your intermediary.

If you are interested in buying this product or have any inquiries about it, you should contact your intermediary who should be able to provide you with all the information and assistance you require.

If you are not satisfied with the information provided by your intermediary, you can contact us at the address or telephone number shown on the back cover of this document. However, we are only able to provide factual information or general advice about the product. We do not give advice on whether the product is appropriate for your personal objectives, needs or financial situation.

Our Personal Accident Insurance

Zurich Personal Accident Insurance allows you to tailor the cover for your requirements. Cover can be arranged by you (referred to as the *insured*) to cover yourself or some other person (referred to as the *insured person*).

The policy operates 24 hours a day, seven (7) days a week, anywhere in the world. The options can be summarised as follows:

Accidental Death – Part A

This provides cover for accidental death only as a result of an *accident* occurring anywhere in the world. The cover is subject to specific exclusions, which are set out in the policy. It is also limited by a maximum *sum insured* that you choose. Your *sum insured* is documented in your *schedule* that we will give you.

For a summary of additional benefits available to you, see 'Benefits of cover available' on page 8.

Personal Accident – Part B

This provides cover for:

- a *capital benefits* payment for an *accident* causing the injuries listed in Table A on page 16;
- total or partial disablement following an *accident*. We pay *weekly benefits*, which are limited to the maximum number of weeks that you select. You can choose from 26, 52 or 104 weeks, but the maximum amount that we will pay for a claim under *weekly benefits* is your total *sum insured* less any *capital benefits* paid.

For a summary of additional benefits available to you, see 'Benefits of cover available' on page 8.

Our contract with you

Your policy is a contract of insurance between you and Zurich and contains all the details of the cover that we provide.

Your policy is made up of:

- the policy wording which begins at page 9 of this document. It tells you what is covered, sets out the claims procedure, exclusions and other terms and conditions of cover;
- the information you provide to us when applying for insurance cover;
- your most current policy *schedule* issued by us. The *schedule* is a separate document unique to you, which shows the insurance details relevant to you. It includes any changes, exclusions, terms and conditions made to suit your individual circumstances and may amend the policy; and
- any other written change otherwise advised by us in writing (such as an *endorsement* or a supplementary PDS). These written changes vary or modify the above documents.

Please note, only those Parts shown as covered in your *schedule* are insured.

This document is also the PDS for any offer of renewal we may make, unless we tell you otherwise. Please keep your policy in a safe place.

We reserve the right to change the terms of this product where permitted to do so by law.

Words with special meaning

We italicise terms in this PDS, to show that words are abbreviations or have a particular defined meaning. You should refer to the Definitions in this document to obtain the full meaning of such terms.

Significant issues to consider

Insurance contracts contain policy exclusions, policy terms and conditions and policy limits and sub-limits that you should be aware of when deciding to purchase our product. These things may affect the amount of the payment that we will make to you if you have a claim.

We may express some policy terms, policy limits or sub-limits as being either a dollar amount or a percentage of your *sum insured* shown in your *schedule* or some other amount, factor or item specified in the relevant clause of your policy.

You should be aware of the following matters in considering whether this product is suitable for your needs.

Excesses can apply

For each of the available Parts, an *excess* may apply. An *excess* is not an additional fee charged by us at the time of making a claim. Rather, it is the uninsured first portion of a loss for which you are otherwise covered, ie. the amount that you must contribute towards each claim.

For the purpose of this policy, an *excess* is expressed in a number of days and not a dollar amount. The standard *excess* period is seven (7) days (or a longer period if you choose this, in return for a reduced *premium*) after consulting a doctor before any benefit is payable. There is no entitlement to any benefit for the period of time before consulting a doctor.

The time you will be required to wait will appear on your *schedule*.

Exclusions

This policy contains exclusions, some of which are common in insurance policies and some may be less common, and as such may be unexpected. Your policy excludes or limits cover in the following circumstances, we may not pay for death, injury, sickness or disability arising from:

- any *illness*;
- any pre-existing medical condition, sickness or disease;
- the *insured person* being in an aircraft unless they are a passenger.

An example of a less common exclusion is found on page 11 which excludes cover for death, injury or disability arising from or caused by nuclear fission or nuclear fusion. Please refer to page 11 for the details of this exclusion.

The above are some of the events that are not covered by this policy. Before making a decision about whether to purchase this policy, you should read the full details of all relevant exclusions, which are contained in the policy. Please refer to the Exclusions that apply to all Parts on page 11 to ascertain if the cover is adequate for your requirements.

General Terms and Conditions

General Terms and Conditions applicable to all Parts set out your obligations with which you need to comply. Please refer to page 10. You should read the policy wording and make yourself aware of all the terms and conditions that apply. If you do not meet them, we may be able to decline or reduce the claim payment or cancel your policy.

If you receive a Workers Compensation weekly payment or common law damages for income loss from your employer for the same injury, the amount of the *weekly benefit* payment you receive from us will be reduced by the amount of the Workers Compensation payment or common law damages.

Make sure you have the cover you need

You should discuss with your intermediary the appropriate amounts and risks for which you need to be insured. If you do not adequately insure for the relevant risks you may have to bear any uninsured losses yourself.

You should also advise your intermediary to notify us as soon as possible, when your circumstances change which are relevant to your policy. For instance, if you change your occupation. If you do not tell your intermediary of these changes, in the event of you suffering an injury your *weekly benefits* may not be adequate to cover your loss, or you may not even have any cover under your policy.

Duty of Disclosure

Before you enter into an insurance contract, you have a duty of disclosure under the Insurance Contracts Act 1984 (Cth).

If we ask you questions that are relevant to our decision to insure you and on what terms, you must tell us anything that you know and that a reasonable person in the circumstances would include in answering the questions.

You have this duty until we agree to insure you.

If you do not tell us something

If you do not tell us anything you are required to tell us, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

Cooling-off period

After you apply for a Zurich product and you have received the policy document, you have 21 days to check that the policy meets your needs. Within this time, you may cancel the policy and receive a full refund of any *premium* paid, unless you have:

- made a claim or become entitled to make a claim under your policy; or
- exercised any right or power you have in respect of your policy or the policy has ended.

Your request will need to be forwarded to us via your intermediary or to the address shown on the back cover of this document.

You can cancel your policy at any time after the cooling-off period. Please refer to 'Cancellation' under General Terms and Conditions applicable to all Parts on page 10.

How we calculate your premium

The amount of your *premium* is determined by taking a number of different matters into account. You can seek a quote at any time.

It is important for you to know in particular that the *premium* varies depending on the information we receive from you about the risk to be covered by us. The higher the risk is, the higher the *premium* will be. Based on our experience and expertise as an insurer, we decide what factors increase our risk and how they should impact on the *premium*. Each insurer can do this differently.

In this product the factors including the following are taken into consideration:

- your occupation;
- type of cover taken (e.g. Death only, Personal Accident);
- Benefit Limits chosen;
- any additional excess you nominate to pay or wait above our basic excess. This means that when you purchase a policy you may elect to take a higher excess in the event of a claim, which will reduce the cost of your *premium*. If you are interested in this, you should ask your intermediary to supply you with quotes based on differing amounts of *excesses*.

Your intermediary can arrange for you to be provided with a quote for a *premium*. You will need to give your relevant personal details to your intermediary at this time to enable us to calculate your *premium*.

Another important thing to know is that your *premium* also includes amounts that take into account our obligation to pay any relevant compulsory government charges, taxes or levies (e.g. Stamp Duty, GST and Fire Services Levy) in relation to your policy. These amounts will be set out separately on your *schedule* as part of the total *premium* payable.

How and when you pay your premium and what happens if you don't pay?

Premiums are charged and are payable on an annual basis. Your intermediary can also tell you what other methods are available to make your *premium* payments.

Your intermediary should send you an offer of renewal of your insurance once a *year*, before your current *period of insurance* expires. If you do not pay your *premium* when due, your policy may lapse after 30 days and you will not be covered. You may be able to reinstate your policy after it lapses, but you must submit an application to us, which is subject to our reassessment of your personal circumstances at the time of application.

How to make a claim

If you need to make a claim, please refer to Claims Procedures on page 12. If you have any queries, please contact your intermediary as soon as possible, or call us on 132 687.

General Insurance Code of Practice

We are signatories to the General Insurance Code of Practice (the Code) and support the Code.

The objectives of the Code are:

- to commit us to high standards of service;
- to promote better, more informed relations between us and *you*;
- to maintain and promote trust and confidence in the general insurance industry;
- to provide fair and effective mechanisms for the resolution of complaints and disputes *you* make about us; and
- to promote continuous improvement of the general insurance industry through education and training.

Further information about the Code and *your* rights under it is available at www.codeofpractice.com.au or by contacting us.

Privacy

Zurich is bound by the Privacy Act 1988 (Cth). We collect, disclose and handle information, and in some cases personal or sensitive (eg health) information, about you ('your details') to assess applications, administer policies, contact you, enhance our products and services and manage claims ('Purposes'). If you do not provide your information, we may not be able to do those things. By providing us, our representatives or your intermediary with information, you consent to us using, disclosing to third parties and collecting from third parties your details for the Purposes.

We may disclose your details, including your sensitive information, to relevant third parties including your intermediary, affiliates of Zurich Insurance Group Ltd, other insurers and reinsurers, our banking gateway providers and credit card transactions processors, our service providers, our business partners, health practitioners, your employer, parties affected by claims, government bodies, regulators, law enforcement bodies and as required by law, within Australia and overseas.

We may obtain your details from relevant third parties, including those listed above. Before giving us information about another person, please give them a copy of this document. Laws authorising or requiring us to collect information include the Insurance Contracts Act 1984 (Cth), Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth), Corporations Act 2001 (Cth), Autonomous Sanctions Act 2011 (Cth), A New Tax System (Goods and Services Tax) Act 1999 (Cth) and other financial services, crime prevention, trade sanctions and tax laws.

Zurich's Privacy Policy, available at www.zurich.com.au or by telephoning us on 132 687, provides further information and lists service providers, business partners and countries in which recipients of your details are likely to be located. It also sets out how we handle complaints and how you can access or correct your details or make a complaint.

Complaints and Disputes Resolution process

If you have a complaint about an insurance product we have issued or the service you have received from us, please contact your intermediary to initiate your complaint with us. If you are unable to contact your intermediary, you can contact us directly on 132 687. We will acknowledge receipt of your complaint within 24 hours or as soon as practicable.

If you are not satisfied with our initial response, you may access our internal dispute resolution process. Please refer to the general insurance fact sheet available on our website for details of our internal dispute resolution process.

We expect that our internal dispute resolution process will deal fairly and promptly with your complaint, however, you may take your complaint to the Australian Financial Complaints Authority (AFCA) at any time.

AFCA is an independent external dispute resolution scheme. We are a member of this scheme and we agree to be bound by its determinations about a dispute. AFCA provides fair and independent financial services complaint resolution that is free to you.

Their contact details are:

Website: www.afca.org.au

Email: info@afca.org.au

Freecall: 1800 931 678

In writing to: The Australian Financial Complaints Authority, GPO Box 3, Melbourne, Victoria 3001.

If your complaint or dispute falls outside the AFCA Rules, you can seek independent legal advice or access any other external dispute resolution options that may be available to you.

Financial Claims Scheme

Zurich is an insurance company authorised under the Insurance Act 1973 (Cth) to carry on general insurance business in Australia. As such, we are subject to prudential requirements and standards, regulated by the Australian Prudential Regulation Authority (APRA).

This policy may be a protected policy under the Federal Government's Financial Claims Scheme (FCS), which is administered by APRA.

The FCS may apply in the event that a general insurance company becomes insolvent. If the FCS applies, a person who is entitled to make a claim under this insurance policy may be entitled to a payment under the FCS. Access to the FCS is subject to eligibility criteria.

Further information about the FCS can be obtained at www.fcs.gov.au

Headings

Headings have been included for ease of reference, but do not form part of the policy.

Updating this PDS

The information in this PDS is up to date at the time it is prepared. Certain information in this PDS may change from time to time. If the updated information is not materially adverse from the point of view of a reasonable person deciding whether or not to purchase this product, we will update this information on our website at www.zurich.com.au. A paper copy of the updated information will be available free of charge upon request, by contacting your intermediary or us by using our contact details on the back cover of this PDS. Please note that we may choose to issue a new or supplementary PDS in other circumstances.

Benefits of cover available

The following is a summary only of the major benefits available under the policy. Please refer to each Section for full details of coverage and applicable terms and conditions.

Types of covers available	Benefits of cover available	Page no
Part A – Accidental Death	We will pay the <i>sum insured</i> for accidental death to the estate of an <i>insured person</i> who dies anywhere in the world	13
Part B – Personal Accident	Following an <i>accident</i> causing injury to an <i>insured person</i> , we will pay a <i>weekly benefit</i> payment and where applicable a <i>capital benefit</i> payment	13
Optional Limitation of Cover – Part B		
Outside Working Hours only	Reduces cover from the standard 24 hour protection	13
Extensions of Cover – All Parts		
Accommodation expenses	As a result of an <i>accident</i> and the <i>insured person</i> requires to be an in-patient of a hospital, and that hospital is more than 150 kilometres from the <i>insured person's</i> home we will pay up to a maximum of \$5,000 in any one <i>period of insurance</i> for reasonable accommodation costs incurred by the spouse and children	14
Disappearance	If the <i>insured person</i> is travelling in a conveyance that disappears, sinks or is wrecked and the body has not been found within one <i>year</i> , it will be presumed that the <i>insured person</i> suffered injury by <i>accident</i> causing death	14
Exposure	If during the <i>period of insurance</i> an <i>insured person</i> is exposed to the elements as a result of an <i>accident</i> and within twelve (12) months of that <i>accident</i> they suffer from either a <i>capital benefit</i> or <i>weekly benefit</i> as a direct result of that exposure, they will be deemed covered for the purpose of this policy from the date of that <i>accident</i>	14
Funeral expenses	\$10,000 for funeral expenses where the death of an <i>insured person</i> is covered by this policy	14
Indexation of weekly benefit	the <i>weekly benefit</i> will be increased during each period of such total disablement or partial disablement as the case may be at 6 monthly intervals from the date of the first payment, by the lesser of 3% or the Australian Consumer Price Index	14
Modification expenses	Up to a maximum of \$10,000 for the <i>insured person</i> modifying their home, motor vehicle or relocating the <i>insured person</i> to a suitable home after a 100% <i>capital benefit</i> is payable (other than death)	14
Overseas medical expenses	Up to a maximum of \$5,000 for medical, emergency dental treatment, surgical and nursing fees, ambulance, hospital and nursing home charges incurred in countries which are not part of the Australian Government Reciprocal Health Care Agreement following an <i>accident</i> occurring overseas	14
Rehabilitation	If the <i>insured person</i> suffers total disablement for a period in excess of 26 consecutive weeks as a result of an <i>accident</i> , we will pay from the 27th week of such total disablement a rehabilitation benefit equal to 50% of the <i>weekly benefit sum insured</i> specified in the <i>schedule</i>	15
Tables of Benefits		
Table A – Capital Benefits	Table A – shows the percentage of the total <i>sum insured</i> payable in respect to an injury which is covered by this policy	16
Table B – Weekly Benefits Accident	Table B – shows the disability percentage payable in respect to ‘Total disablement’ and ‘Partial disablement’	17

Personal Accident Insurance – Policy Wording

Subject to the terms and conditions contained in this policy, and after you have paid or agreed to pay us the *premium*, we will insure you against an *accident* or any liability incurred as described, occurring anywhere in the world during the *period of insurance*.

Definitions

The following definitions shall apply to these words when used in your policy.

Accident

accident means a single event that results in bodily injury that is both unexpected and undesired by an *insured person*, provided that this shall not include any event that results in sickness or disease.

Capital benefit

capital benefit means the amount specified in the *schedule* as the Capital Benefits.

Complete fracture

complete fracture means a fracture in which the bone is broken completely across and no connection is left between the pieces.

Endorsement

endorsement means an individual document that we give you that attaches to and forms part of your policy. This document varies the terms and conditions of your policy.

Excess

excess means the waiting period expressed in days before we make a payment. The amount of the relevant excess is shown in your *schedule* or in this policy document.

Illness

illness means any sickness or disease, which first becomes apparent during the *period of insurance*.

Insured

insured means you, your or any person named as the Insured in your *schedule*.

Insured person

insured person means any person shown in the *schedule* as an Insured Person.

Insured person's occupation

insured person's occupation means the *insured person's* usual business or occupation immediately prior to an *accident*.

Period of insurance

period of insurance means the dates over which your insurance cover is valid, as shown in your *schedule*, subject to the policy terms and conditions.

Premium

premium means the amount(s) shown in your *schedule* that you have to pay for the cover we provide which is inclusive of all charges. These charges are stamp duty, GST and any additional government charges.

Schedule

schedule means the most current policy schedule issued by us. This is a separate document unique to you, which shows the insurance details personal to you. It includes any changes, conditions and exclusions made to suit your individual circumstances and may amend the policy document.

Simple fracture

simple fracture means a fracture in which there is a basic and uncomplicated break in the bone and which in the opinion of a doctor requires minimal and uncomplicated medical treatment.

Sum insured

sum insured means the amount for which you are insured, as shown in your *schedule* or stated within the policy document.

Weekly benefits

weekly benefits mean the amount specified in the *schedule* as Weekly Benefits.

Year

year means a period of 365 consecutive days or 366 consecutive days in a leap year.

Limitations of Cover

The cover provided by your policy is limited by the Limitations of Cover shown in the relevant Parts and the Exclusions that apply to all Parts.

General Terms and Conditions

These general terms and conditions apply to your policy:

1. Alteration of risk

You must tell us as soon as possible if circumstances occur, or if changes or alterations are intended or made which increase the risk of loss, damage, injury, *illness* or liability.

2. Cancellation

(a) You may cancel this policy at any time by notifying us.

(b) We may cancel this policy by notifying you in writing, if you are in breach of any of the terms or conditions, or for any other reason available at law.

Notice of cancellation has the effect of cancelling this policy at 4.00pm on the 30th business day, after the day on which notice was sent to you.

(c) (i) After cancellation by you, we will be entitled to retain:

- (1) the pro rata *premium* for the period during which the policy has been in force; and
- (2) any tax or duty paid or owing for which we are unable to obtain a refund.

(ii) After cancellation by us, you will be entitled to a refund on a pro rata basis in relation to the unexpired *period of insurance*.

You will not receive a refund if you have made a claim or you become entitled to make a claim under the policy which is greater than 65% of the premium paid.

3. Fraudulent claims

If you or any party covered by your policy makes a claim or arranges for some other party to make a claim that is in any way false, dishonest or fraudulent, then payment of the claim may be refused.

4. Medical examination

We shall be entitled at our expense to have any *insured person* medically examined or in the event of death, a post mortem examination carried out. We will give the *insured person* or their legal representative reasonable notice of the medical examination.

5. Notifications

All notices and communications to us must be made or confirmed by you and sent to the office where your policy was issued or your intermediary.

6. Other insurance and contribution

When you make a claim on your policy you must also supply us with details of all other policies that may also pay or partially pay that claim.

7. Precautions

You must take all reasonable care to prevent or minimise loss, damage, injury, *illness* or liability, including your compliance with any law, by-law, ordinance or regulation that concerns the safety of persons or property.

8. Proper law and Jurisdiction

The construction, interpretation and meaning of the provisions of this policy will be determined in accordance with the laws of the State or Territory of Australia in which the policy was issued.

In the event of any dispute arising under this policy, including but not limited to its construction, interpretation, validity or performance, the parties to the policy submit to the exclusive jurisdiction of the courts of Australia.

A reference to any statute, regulation or subordinate legislation includes any amendment, replacement, successor or equivalent to or of that statute, regulation or subordinate legislation.

9. Sanctions regulation

Notwithstanding any other terms or conditions under this policy, Zurich shall not be deemed to provide coverage and will not make any payments nor provide any service or benefit to you or any other party to the extent that such cover, payment, service, benefit and/or any business or activity of yours would violate any applicable trade or economic sanctions, law or regulation.

Exclusions that apply to all Parts

These exclusions apply to all parts of this policy.

We will not pay an *insured person* or their estate any benefits if death, injury or disability arises from or is caused by:

1. any injury deliberately inflicted by or on behalf of the *insured person*;
2. the *insured person* taking poisonous substances or drugs, unless these are taken or administered on medical advice;
3. the *insured person* driving a motor vehicle whilst having a percentage of alcohol in their breath or blood in excess of that permitted by law;
4. the *insured person* being in an aircraft, unless they are a passenger;
5. the *insured person* training or engaging in a sport from which they derive an income;
6. any pre-existing medical condition, sickness or disease;
7. any sexually transmitted or transmissible disease;
8. any *illness*;
9. war, hostilities whether war is declared or not, acts of foreign enemies, rebellion, revolution, civil war, invasion, insurrection or the use of military or usurped power;
10. any order of any Government, Public or Local Authority involving the confiscation, nationalisation, requisition, damage or destruction of any property unless such destruction was undertaken to reduce the spread of fire;
11. radioactivity or any radioactive substances; or
12. nuclear fission or nuclear fusion;
13. where our payment would result in our contravening the Health Insurance Act 1973 (Cth), the Private Health Insurance Act 2007 (Cth), the Private Health Insurance (Health Insurance Business) Rules as updated from time to time, or the National Health Act (Cth); or
14. which are covered by Medicare, or by any workers compensation legislation, transport accident legislation, government sponsored fund, plan, medical benefit scheme or any other insurance policy required to be effected by or under law.

Claims Procedures

1. In the event of a claim

Following an *accident* causing injury or disability to an *insured person*, the *insured person* must:

- (a) obtain and follow medical advice from a qualified medical practitioner; and
- (b) obtain a certificate from a qualified medical practitioner confirming the nature and extent of the injury or disability.

2. How to make a Claim

To make a claim under your policy, you must:

- (a) tell us what happened. You can contact us on 132 687 or contact your intermediary, as soon as practicable;
- (b) complete our claim form and send it to us promptly if we request it; and
- (c) provide any other information or help which we may request to support your claim.

After you have made a claim under your policy, we have the sole right to act in your name and on your behalf to negotiate or settle any claim. If we do this, it will be at our expense.

You must give us all the help and information we need to pursue these claims.

3. Reporting period

You must provide us with notice of any occurrence likely to give rise to a claim within 30 days or soon as reasonably practicable after the date of the occurrence.

4. After your claim is accepted

After we have paid a claim under your policy, either in total or in part, we have the right to take over any legal right of recovery which you have. If we do this, it will be for our benefit and at our expense (if you have been fully reimbursed). You must provide full cooperation.

5. Payments in respect of Goods and Services tax

When we make a payment to you or on your behalf, under your policy for the acquisition of goods, services or other supply, we will reduce the amount of the payment by the amount of any input tax credit that you are, or will be, or would have been entitled to under A New Tax System (Goods and Services Tax) Act 1999 (Cth), in relation to that acquisition, whether or not that acquisition is actually made.

When we make a payment to you or on your behalf, under your policy as compensation instead of payment for the acquisition of goods, services or other supply, we will reduce the amount of the payment by the amount of any input tax credit that you are, or will be, or would have been entitled to under A New Tax System (Goods and Services Tax) Act 1999 (Cth) had the payment been applied to acquire such goods, services or supply.

6. Progress payments

If we have agreed that a claim is covered by your policy, we will make reasonable progress payments.

Cover

Part A – Accidental Death

This Part A – Accidental Death only forms part of your policy when Accidental Death Only is shown in the *schedule* and is limited to the *period of insurance* indicated.

We will pay the *sum insured* for accidental death shown in the *schedule* to the estate of an *insured person* who dies anywhere in the world.

Provided that the death of the *insured person* results from an *accident* and:

1. is not contributed to by any cause that is not covered by Part A;
2. the *accident* happens during the *period of insurance*; and
3. death happens within a *year* of the *accident*.

Part B – Personal Accident

This Part B – Personal Accident only forms part of your policy when Personal Accident is shown in the *schedule* and is limited to the *period of insurance* indicated.

Following an *accident* causing injury to an *insured person*, we will pay to that *insured person* or their estate the amount indicated in the Table of Benefits.

Provided that the injury:

1. is not contributed to by any cause that is not covered by Part B;
2. happens during the *period of insurance*;
3. becomes apparent within a *year* of the *accident*; and
4. is of a type shown in the Table of Benefits, or causes a disability shown in the Table of Benefits.

Limitations of Cover – Part B

1. Excess

We will not pay any *weekly benefits* for the *excess* period shown in the *schedule*.

2. Benefits limits

- (a) *Capital benefit* payments are limited to one payment for injury or disability arising from any one *accident*; and
- (b) *Weekly benefit* payments are limited to the Benefit Period shown in the *schedule* for any one *accident*.

3. Maximum amount payable

The maximum amount payable under Part B, during the *period of insurance*, for all injury or disability that occurs shall not exceed the *capital benefit sum insured*.

Optional Limitation of Cover – Part B

Outside Working Hours only

If Outside Working Hours only is shown in the *schedule*, then we will not pay for any injury or disability when an *insured person* is entitled to receive compensation for or benefits under any legislation that deals with the injury, disablement or *illness* of workers or employees.

Extensions of Cover applicable to all Parts

In addition to the *sum insured*:

1. Accommodation expenses

If the *insured person* reasonably needs to be admitted as an in-patient of a hospital, which is more than 150 kilometres from the *insured person's* home, we will pay accommodation costs incurred for his or her spouse and children up to a maximum amount of \$5,000 in total during any one *period of insurance*.

2. Disappearance

If the *insured person* is travelling in a conveyance that disappears, sinks or is wrecked and the body of the *insured person* has not been found within one *year* that from date, it will be presumed that the *insured person* suffered injury by *accident* causing death at the time of such disappearance, sinking or wrecking, provided that the circumstance do not fall within any exclusion contained within this policy.

However, if the *insured person* is later found alive, you must repay any *sum insured* or benefit paid to you.

3. Exposure

If during the *period of insurance* an *insured person* is exposed to the elements as a result of an *accident* and within twelve (12) months of that *accident* they suffer from either a *capital benefit* or *weekly benefit* as a direct result of that exposure, they will be deemed covered for the purpose of this policy from the date of that *accident*.

4. Funeral expenses

We will pay \$10,000 for funeral expenses where the death of an *insured person* is covered by this policy.

5. Indexation of Weekly Benefit

When a *weekly benefit* is specified in the *schedule* is payable, the *weekly benefit* will be increased during each period of such total disablement or partial disablement as the case may be at 6 monthly intervals from the date of the first payment, provided that the period of disablement is uninterrupted and has continued for a period in excess of 6 calendar months.

The increase will be the lesser of:

- (a) 3%; or
- (b) the average percentage increase of the Australian Consumer Price Index (weighted average of eight capital cities) (CPI) for the prior four quarters as published by the Australian Bureau of Statistics.

If the Consumer Price Index movement is negative, there will be no increase to the *weekly benefit*.

6. Modification expenses

Where a *capital benefit* of 100% is payable (other than for death), we will pay for the costs necessarily incurred by the *insured person* in modifying their home, motor vehicle or relocating the *insured person* to a suitable home to a maximum amount of \$10,000.

7. Overseas medical expenses

We will pay up to \$5,000 for medical, emergency dental treatment, surgical and nursing fees, ambulance, hospital and nursing home charges incurred as a direct result of injury to an *insured person* following an *accident*, in those countries where benefit or cover is not provided by the Australian Government Reciprocal Health Care Agreement or any hospital or medical benefit fund.

8. Rehabilitation

If the *insured person* suffers total disablement for a period in excess of 26 consecutive weeks as a result of an *accident* we will pay from the 27th week of such total disablement a rehabilitation benefit equal to 50% of the *weekly benefit sum insured* specified in the *schedule*.

However, only:

- (a) if the *insured person* actively and fully participates in a rehabilitation program that is recognised and sponsored by any Federal or State Government or, if the program is not so recognised and sponsored, one that is first approved by us in writing;
- (b) if there is continuing entitlement for *the insured person* to receive *weekly benefits*;
- (c) for the remainder of the period of total disablement or 52 Weeks, which ever is the lesser; and
- (d) if the *insured person* is not entitled to recover the costs of such rehabilitation by virtue of any government allowance, benefit or assistance, or any other form of insurance or workers' compensation.

Any such payment will be made to the approved rehabilitation centre.

Table of Benefits

Table A

Capital Benefits

Following an *accident* causing injury or disability to an *insured person*, we will pay an amount calculated by applying the benefit percentage to the *capital benefit sum insured* shown in the *schedule* for Items 1 to 17 and \$5,000 maximum *sum insured* for Items 18 and 19 as follows:

Benefit	Percentage
1. Death.....	100%
2. Total and irrecoverable loss of sight in both eyes	100%
3. Total and permanent loss of use of both hands or both feet.....	100%
4. Permanent quadriplegia, paraplegia or incurable paralysis of all limbs	100%
5. Total and permanent loss of hearing or speech	100%
6. Total and permanent disablement after 6 continuous months and unlikely ever again to obtain gainful employment for which you are reasonably qualified by education, training or experience	100%
7. Total and permanent loss of use of one arm or one leg	100%
8. Total and permanent loss of use of one hand.....	100%
9. Total and permanent loss of four fingers and thumb of either hand	80%
10. Total and permanent loss of use of one thumb or part of a thumb	30%
11. Total and permanent loss of use of any finger or part of any finger other than a thumb	15%
12. Total and permanent loss of use of one foot or the lower part of one leg below the knee.....	80%
13. Total and permanent loss of use of:	
(a) all toes on one foot.....	30%
(b) one toe or part thereof.....	10%
14. Total and permanent loss of sight in one eye.....	90%
15. Irrecoverable total loss of the lens in:	
(a) both eyes.....	80%
(b) one eye	60%
16. Total and permanent deafness of one ear.....	50%
17. Permanent disfigurement from burns to:	
(a) 100 percent of the surface area of the head and neck.....	60%
(b) 100 percent of the surface area of the remainder of the body	30%
18. Loss of at any sound natural teeth, including capped or crown teeth – per tooth	5%
19. Fractured bones to:	
(a) Neck, skull or spine – <i>complete fracture</i>	100%
(b) Hip	75%
(c) Jaw, pelvis, leg, ankle or knee – <i>complete fracture</i>	50%
(d) Cheekbone, shoulder or hairline fracture of skull or spine	30%
(e) Arm, elbow, wrist or ribs – <i>complete fracture</i>	25%
(f) Jaw, pelvis, leg, ankle or knee – <i>simple fracture</i>	20%

(g) Nose or collar bone	20%
(h) Arm, elbow, wrist or ribs – <i>simple fracture</i>	10%
(i) Finger, thumb, foot, hand or toe.....	8%

Table B

Weekly Benefits – Accident

Following an *accident* causing injury to an *insured person* that results in a disability described below, we will pay each week of such disability an amount calculated by applying the benefit percentage for that disability to the *weekly benefit sum insured* for *accident* shown in the *schedule* as follows:

Benefit	Percentage
1. Total disablement from carrying out the principal duties of the <i>insured person’s occupation</i> required to generate their income and not working in any other similar occupation for which the <i>insured person</i> is reasonably qualified by education, training or experience.....	100%
2. Partial disablement from carrying out all the normal duties of the <i>insured person’s occupation</i>	25%

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