Contents

About our Group Personal Accident and Sickness Insurance

About Zurich .......................................................................................................................... 2
How to apply for this insurance ......................................................................................... 2
Our Group Personal Accident and Sickness Insurance ....................................................... 2
Our contract with you ......................................................................................................... 2
Significant issues to consider .............................................................................................. 3
Duty of Disclosure ................................................................................................................ 3
Cooling-off period ................................................................................................................ 4
How we calculate your premium ........................................................................................ 4
Taxation .................................................................................................................................. 5
How to make a claim ............................................................................................................ 5
Privacy ................................................................................................................................... 5
General Insurance Code of Practice .................................................................................... 6
Financial Claims Scheme ..................................................................................................... 6
Complaints and Disputes Resolution process ...................................................................... 6
Updating this PDS ................................................................................................................ 6
Headings ............................................................................................................................... 6
Benefits of Cover Available .................................................................................................. 7

Group Personal Accident and Sickness Insurance – Policy Wording

Our Agreement ..................................................................................................................... 8
Definitions ............................................................................................................................. 8
Personal Accident and Sickness ........................................................................................ 10
Additional Benefits .............................................................................................................. 16
General Exclusions Applicable to All Sections .................................................................. 18
Claims Procedures .............................................................................................................. 19
General Terms and Conditions Applicable to All Sections ............................................... 20
About our Group Personal Accident and Sickness Insurance

About Zurich
The insurer of this product is Zurich Australian Insurance Limited (ZAIL), ABN 13 000 296 640, AFS Licence Number 232507, a subsidiary of Zurich Financial Services Australia Limited (ZFSA). In this document, ZAIL may also be expressed as ‘Zurich’, ‘we’, ‘us’ or ‘our’.

ZFSA provides wealth protection and wealth creation solutions, offering general insurance for commercial customers, and life risk, investments and superannuation solutions for corporates and personal customers. Zurich’s solutions and services are primarily accessible through insurance brokers, financial advisers and other intermediaries.

ZFSA is part of the worldwide Zurich Financial Services Group, an insurance-based financial services provider with a global network of subsidiaries and offices in North America and Europe as well as in Asia Pacific, Latin America and other markets. Founded in 1872, the Group is headquartered in Zurich, Switzerland. It employs approximately 60,000 people serving customers in more than 170 countries.

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

This Product Disclosure Statement (PDS) is an important document about this product and includes the policy wording which starts on page 8. 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 Group Personal Accident and Sickness Insurance
Zurich Group Personal Accident and Sickness 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(s) (referred to as the insured person(s)).

The policy operates 24 hours a day, seven days a week, anywhere in the world.

For a summary of additional benefits available to you, see ‘Benefits of cover available’ on page 7.

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 8 of this document. It tells you what is covered, sets out the claims procedure, exclusions and other terms and conditions of cover;
• the proposal, which is 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 Sections 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.
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 or this document. You should be aware of the following matters in considering whether this product is suitable for your needs.

Excesses can apply

An excess may apply to claims made under each of these Sections. 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, i.e. the amount that you must contribute towards each claim.

We are able to provide options to quote higher or lower excess alternatives in certain circumstances, which will either decrease or increase your premium, depending upon the options requested.

The excess applicable to your policy is specified in the schedule. There are also other excesses which are specified in the policy wording.

Exclusions

This policy contains a number of exclusions, some of which are common in insurance policies of this type. For example, we may not pay for death, injury, sickness or disability arising from:

- engagement in active service in any armed force for any nation;
- radioactivity or the use, existence or the escape of nuclear fuel, material or waste; or
- any deliberate, illegal or criminal acts inflicted by or on behalf of an insured person, or any other person acting with their consent or at their direction.

Some of the exclusions may be less common, and as such may be unexpected. For example, this policy excludes cover for death, injury or sickness arising from engagement in any professional sport. Please refer to page 18 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 contain in the policy wording starting on page 8 of this document.

Some may not be relevant to you however you should make yourself aware of all the exclusions that apply to all cover sections. Please refer to the General Exclusions Applicable to All Sections on page 18 and any additional exclusions specific to each type of cover.

Terms and Conditions

General Terms and Conditions Applicable to All Sections set out your general obligations with which you need to comply. Please refer to page 20. Other terms and conditions relevant to each type of cover also apply and are explained when describing the type of cover. 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.

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.

Duty of Disclosure

Before you enter into this contract of insurance with us, the Insurance Contract Act 1984 requires you to tell us everything which you know, or could be reasonably expected to know, is relevant to our decision whether to accept the risk of the insurance and, if so, on what terms. The duty of disclosure is different depending on whether it is a new policy or not.

New Business

Where you are entering into this policy for the first time (that is, it is new business and is not being renewed, varied, extended or reinstated) you must tell us everything you know, or could be reasonably expected to know, in answer to the specific questions we ask.
When answering our questions you must be honest.

- **Who needs to tell us**
  It is important that you understand that you are answering our questions in this way for yourself and anyone else whom you want to be covered by the policy.

- **If you do not tell us**
  If you do not answer our questions in this way, we may reduce or refuse to pay a claim, or cancel the policy. If you answer our questions fraudulently, we may refuse to pay a claim and treat the policy as never being in force.

**Renewals, variations, extensions and reinstatements**

Once your policy is entered into and is no longer new business then your duty of disclosure to us changes. You are required before you renew, vary, extend or reinstate your policy, to tell us everything you know, or could be reasonably expected to know, which is relevant to our decision whether to renew, vary, extend or reinstate the contract of insurance and, if so, on what terms.

**You do not need to tell us**

- You do not need to tell us about any matter:
  - that diminishes our risk;
  - that is of common knowledge;
  - that we know or should know as an insurer; or
  - that we tell you we do not need to know.

**If you do not tell us**

If you do not comply with your duty of disclosure we may reduce or refuse to pay a claim or cancel your policy. If your non-disclosure is fraudulent we may treat this policy as never being in force.

**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 premiums 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 in writing and 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 Sections on page 20.

**How we calculate your premium**

The premium amount that you must pay for your insurance cover is set out in your policy schedule. 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 that are taken into consideration include the following:

- the business of the insured;
- the occupation of insured persons;
- benefit limits chosen; and
- the excess amount you elect.

This means that when you purchase a policy you may elect to take a larger excess amount 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 excess amounts.

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 the 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 and GST) 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?

Your premiums are charged and are payable on a yearly 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 and the circumstances of all persons to be insured at the time of application.

Taxation

The following taxation information is a guide only and is based on the current law and its interpretation. Your individual circumstances will be important to and may affect the tax treatment of any premiums you pay or benefits you receive. You should consult your tax adviser regarding your individual circumstances.

Income Tax

Generally, if you are entitled to receive weekly benefits, the premium you pay may be tax deductible. Premiums may also be tax deductible if you have taken out your policy for a revenue purpose.

Generally, if you receive weekly benefits, these benefits may be assessable to you and subject to tax at your marginal income tax rate. However, lump sum amounts that you receive are generally not taxable.

This information is a guide only, and is based on current taxation laws, their continuation and their interpretation. For information about your individual circumstances, contact your tax adviser.

Goods and Services Tax

Generally, you will not be required to pay Goods and Services Tax (GST) on any benefits you receive under your policy. However, you must advise us if you are entitled to claim an input tax credit in relation to any GST payable on your premium and the extent of that entitlement. If you do not provide this information to us, you may be liable to pay an amount of GST on benefits you receive.

If you are registered for GST, any payment we make for funeral expenses, modification expenses or accommodation expenses will be reduced by the amount of any input tax credit you or another person are entitled to for those expenses.

How to make a claim

If you need to make a claim against this policy, please refer to Claims Procedures on page 19.

If you have any queries, please contact your intermediary as soon as possible, or call us on 132 687.

Privacy

The National Privacy Principles, under the Privacy Act 1988, regulate the way in which private sector organisations like Zurich can collect, use, store and disclose your personal information.

We collect personal information about you and insured persons in order to assess your request for insurance and to administer the policy. You can elect not to provide us with this personal information, however we may then not be able to process your application for insurance, we may not be able to process your claim or you may breach your Duty of Disclosure.

In some circumstances, we may disclose your personal information or personal information about insured persons (other than sensitive information such as health information) to a third party such as your intermediary, our service providers and our business partners in order to provide you with these services. A list of service providers and business partners that we may disclose this personal information to and for further information on our Privacy Policy, please refer to the Privacy link on our homepage – www.zurich.com.au

By providing us with your personal information and the personal information of insured persons, you consent to us disclosing this personal information for these purposes and you declare that you have the consent of insured persons to disclose their personal information to us and third parties in this manner.

In most cases, at your request, we will give you access to the personal information we hold about you. In some circumstances we may charge a fee for giving you access, which will vary but will be based on our costs.

If you would like to find out more, you can contact us by telephone on 132 687 or email at Privacy.Officer@zurich.com.au or in writing to:

The Privacy Officer
Zurich Australian Insurance Limited
PO Box 677
North Sydney NSW 2059
General Insurance Code of Practice

As a member of the Insurance Council of Australia Limited, we subscribe to the General Insurance Code of Practice.

The purpose of the Code is to raise the standards of practice and service in the general insurance industry.

The Code aims to:

- constantly improve claims handling in an efficient, honest and fair manner;
- build and maintain community faith and trust in the financial integrity of the insurance industry; and
- provide helpful community information and education about general insurance.

Financial Claims Scheme

Zurich is an insurance company authorised under the Insurance Act 1973 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 from the APRA website at http://www.apra.gov.au and the APRA hotline on 1300 13 10 60.

Complaints and Disputes Resolution process

If you have a complaint about an insurance product we have issued or service you have received from us, please contact your intermediary to initiate the complaint with us. If you are unable to contact your intermediary, you can contact us directly on 132 687.

We will respond to your complaint within 15 working days.

If you are not satisfied with our response, you may have the matter reviewed through our internal dispute resolution process, which is free of charge.

If you are not satisfied with the outcome of the dispute resolution process and would like to take the complaint further, you may refer the matter to the Financial Ombudsman Service (FOS), an independent and external dispute resolution scheme.

The FOS is free of charge to you but can only be accessed after you have gone through our internal disputes resolution process. FOS contact details are:

The Financial Ombudsman Service
Post: GPO Box 3, Melbourne, Victoria 3001
Freecall: 1300 78 08 08
Website: www.fos.org.au
Email: info@fos.org.au

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.

Headings

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

<table>
<thead>
<tr>
<th>Types of Covers Available</th>
<th>Benefits of Cover Available</th>
<th>Page No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Accident and Sickness</td>
<td><strong>Accidental Death and Capital Benefits</strong>&lt;br&gt;Benefits payable in the event that the <em>insured person</em> suffers accidental death or injury as a result of an <em>accident</em></td>
<td>10</td>
</tr>
<tr>
<td></td>
<td><strong>Weekly Injury Benefits</strong>&lt;br&gt;Weekly benefits payable in the event an <em>insured person</em> suffers temporary total disablement or temporary partial disablement, as a result of an <em>injury</em></td>
<td>11</td>
</tr>
<tr>
<td></td>
<td><strong>Weekly Sickness Benefits</strong>&lt;br&gt;Weekly benefits payable in the event an <em>insured person</em> suffers temporary total disablement or temporary partial disablement, as a result of <em>sickness</em> during the <em>period of insurance</em></td>
<td>11</td>
</tr>
<tr>
<td></td>
<td><strong>Injury Resulting in Surgery</strong>&lt;br&gt;Benefits payable where the <em>insured person</em> suffers <em>injury</em> and requires a specified surgical procedure</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td><strong>Sickness Resulting in Surgery</strong>&lt;br&gt;Benefits payable where the <em>insured person</em> suffers <em>sickness</em> and requires a specified surgical procedure</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td><strong>Injury Resulting in Fractured Bones</strong>&lt;br&gt;Benefits payable where the <em>insured person</em> suffers <em>injury</em> resulting in fractured bones</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td><strong>Injury Resulting in Loss of Teeth or Dental Procedures</strong>&lt;br&gt;Benefits payable where the <em>insured person</em> suffers an <em>injury</em> resulting in loss of teeth or requiring full or partial capping of teeth</td>
<td>12</td>
</tr>
</tbody>
</table>
Group Personal Accident and Sickness Insurance – Policy Wording

Our Agreement
Subject to the terms and conditions contained in this policy, we will cover insured persons against the events described in the cover sections of this policy, but only if:

(a) you have paid or agreed to pay the premium set out in your schedule; and

(b) the type of cover is specified in your schedule as applying to that insured person.

Definitions
The following definitions will apply to these words when used in this document. Words expressed in the singular or plural have corresponding meanings.

Accident
accident means a single event that is:

(a) caused by violent, external and visible means (independently of any other cause);

(b) which results in injury that is both unexpected and undesired by an insured person;

(c) which occurs during the period of insurance; and

(d) which occurs during the scope of cover.

Civil war
civil war means a state of armed conflict between different parties belonging to the same country using military like force to achieve economic, geographic, nationalistic, political, racial, religious or other ends.

Dependent children
dependent children means the insured person’s unmarried children who are under the age of:

(a) 19 years; or

(b) 25 years and a full time student at an accredited institute of higher learning,

and who are primarily dependent on the insured person for their maintenance and support. Dependent children also include an insured person’s unmarried child of any age who is physically or mentally incapable of self-support and living permanently with the insured person.

Excess
excess means the amount you must firstly contribute toward any claim. The excess amount relevant to your cover is specified in the schedule.

Injury
injury means loss of life or bodily injury resulting from an accident occurring during the period of insurance. Injury does not include sickness arising out of an accident.

Insured
insured means the insured specified in the schedule as the Insured; i.e. the policyholder of this policy.

Insured person
insured person means any person shown in the schedule as an Insured Person and/or as nominated by the insured and agreed to by us for eligibility under this policy from time to time with respect to whom premium has been paid or agreed to be paid.

Medical practitioner
medical practitioner means a person qualified and registered to practice medicine. Medical practitioner does not include the insured person, an insured person’s relative or your director or employee.

Period of insurance
period of insurance means the dates over which your insurance cover under this policy is valid, as specified in the schedule.

Policy
policy means the contract of insurance between Zurich and the insured and contains all the details of the cover that we provide. The policy consists of the documents described under “Our contract with you” on page 2.

Pre-existing Condition
pre-existing condition means any injury or any illness, disease or syndrome:

(a) which the insured person was aware of (whether diagnosed or not);

(b) which the insured person has sought treatment or advice; or

(c) for which the insured person had symptoms that a reasonable person in the circumstances would have sought treatment or advice,

prior to them being covered under the policy.

Professional sport
professional sport means any sport in which an insured person receives financial reward, sponsorship or gain as a result of their participation.
Schedule
schedule means the most current policy schedule issued by us to you. It includes any changes, conditions and exclusions made to suit your individual circumstances and may amend the policy wording.

Scope of cover
scope of cover means the operative time during which cover applies with respect to insured persons, as set out in the schedule.

Sickness
sickness means any illness, disease or syndrome which is not a pre-existing condition, suffered by the insured person for which they first become aware of symptoms after the commencement of the period of insurance.

Spouse or partner
spouse or partner means a person who is married to the insured person or a partner of an insured person who has been co-habiting with the insured person for a period of at least three continuous months.

Sum insured
sum insured means the amount for which you are insured, as specified in your schedule.

War
war means a state of armed conflict between different nations, states or armed groups using military force to achieve economic, geographic, nationalistic, political, racial, religious or other ends.

You / Your
you/your means the insured.
Personal Accident and Sickness

Cover

1. Personal Accident
When Parts A, B, D, F and/or G of Personal Accident and Sickness are specified in the schedule, we will pay the corresponding amounts shown in the Table of Benefits below, in the event that an insured person suffers injury as a direct result of an accident and where the injury occurs:
(a) during the scope of cover; or
(b) within 12 months of the accident; and
(c) only as a direct result of the accident (and not as a consequence of any other cause).

2. Sickness
When Parts C and/or E of Personal Accident and Sickness are specified in the schedule, we will pay the corresponding amounts shown in the Table of Benefits below, in the event an insured person suffers sickness, where the sickness occurs within the period of insurance.

Limit of Liability
Our total liability for all claims arising under this cover section – Personal Accident and Sickness, which arise out of any one event or series of related events, will not exceed the amount specified in the schedule.

Table of Benefits

Part A – Accidental Death and Capital Benefits
Cover under this section applies only if Part A is specified in the schedule.

For items 1 to 19: the benefit payable is an amount calculated by applying the benefit percentage to the Capital Benefit Sum Insured shown in the schedule.

<table>
<thead>
<tr>
<th>Injury Type</th>
<th>Benefit Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Accidental Death</td>
<td>100%</td>
</tr>
<tr>
<td>2. Permanent Total Disablement</td>
<td>100%</td>
</tr>
<tr>
<td>3. Permanent paraplegia, quadriplegia or incurable paralysis of all limbs</td>
<td>100%</td>
</tr>
<tr>
<td>4. Permanent and total loss of sight in one or both eyes</td>
<td>100%</td>
</tr>
<tr>
<td>5. Permanent and total loss of use of one or both limbs</td>
<td>100%</td>
</tr>
<tr>
<td>6. Permanent and incurable insanity</td>
<td>100%</td>
</tr>
<tr>
<td>7. Permanent total loss of hearing:</td>
<td></td>
</tr>
<tr>
<td>(a) in both ears</td>
<td>100%</td>
</tr>
<tr>
<td>(b) in one ear</td>
<td>100%</td>
</tr>
<tr>
<td>8. Permanent and total loss of the lens of:</td>
<td></td>
</tr>
<tr>
<td>(a) both eyes</td>
<td>80%</td>
</tr>
<tr>
<td>(b) one eye</td>
<td>60%</td>
</tr>
<tr>
<td>9. Permanent and total loss of four fingers and the thumb of either hand</td>
<td>75%</td>
</tr>
<tr>
<td>10. Permanent disfigurement from third degree burns to:</td>
<td></td>
</tr>
<tr>
<td>(a) 20% of the surface area of the head and neck</td>
<td>60%</td>
</tr>
<tr>
<td>(b) 40% of the surface area of the remainder of the body</td>
<td>40%</td>
</tr>
<tr>
<td>11. Permanent and total loss of use of four fingers of either hand</td>
<td>50%</td>
</tr>
<tr>
<td>12. Permanent and total loss of use of one thumb (both joints)</td>
<td>30%</td>
</tr>
<tr>
<td>13. Permanent and total loss of use of one thumb (one joint)</td>
<td>15%</td>
</tr>
<tr>
<td>14. Permanent and total loss of use of one finger:</td>
<td></td>
</tr>
<tr>
<td>(a) all three joints</td>
<td>15%</td>
</tr>
<tr>
<td>(b) two joints</td>
<td>10%</td>
</tr>
<tr>
<td>(c) one joint</td>
<td>5%</td>
</tr>
<tr>
<td>15. Permanent and total loss of use of all toes of either foot</td>
<td>15%</td>
</tr>
<tr>
<td>16. Permanent and total loss of use of toes (per toe):</td>
<td></td>
</tr>
<tr>
<td>(a) both joints of the great toe</td>
<td>5%</td>
</tr>
<tr>
<td>(b) one joint of the great toe</td>
<td>3%</td>
</tr>
<tr>
<td>(c) all joints of any toe other than the great toe</td>
<td>1%</td>
</tr>
<tr>
<td>17. Fractured leg or patella with established non-union</td>
<td>10%</td>
</tr>
<tr>
<td>18. Shortening of the leg by at least 5cm</td>
<td>7.5%</td>
</tr>
<tr>
<td>19. Permanent disablement not otherwise provided for above through Injury Types 2-18 inclusive</td>
<td></td>
</tr>
</tbody>
</table>

Such percentage of the capital benefit sum insured which corresponds to the percentage reduction in whole bodily function as certified by no less than three medical practitioners, one of whom will be the insured person’s treating medical practitioner and the remaining two will be appointed by us. In the event of a disagreement between the three medical practitioners, the percentage payable will be the average of the three opinions. The maximum amount we will pay is 75% of the capital benefit sum insured.
Part B – Weekly Injury
Cover under this section applies only if Part B is specified in the schedule. For the two items below, the benefit payable is calculated as described below.

20. Temporary Total Disablement as a result of injury
After the excess period, while the insured person suffers temporary total disablement, we will pay an amount up to the weekly benefit amount shown on the schedule against Part B – Weekly Injury, but not exceeding the salary of the insured person.

21. Temporary Partial Disablement as a result of injury
After the excess period, while the insured person suffers temporary partial disablement, we will pay an amount up to the weekly benefit amount shown on the schedule against Part B – Weekly Injury less any amount of current earnings as a result of the insured person working in a reduced capacity provided the combined amount does not exceed the salary of the insured person. Should the insured person be able to return to work in a reduced capacity, yet elect not to do so then the benefit payable shall be deemed to be 25% of the amount payable for Temporary Total Disablement.

Part C – Weekly Sickness
Cover under this section applies only if Part C is specified in the schedule. For the two items below, the benefit payable is calculated as described below.

22. Temporary Total Disablement as a result of sickness
After the excess period, while the insured person suffers temporary total disablement, we will pay an amount up to the weekly benefit amount shown on the schedule against Part C – Weekly Sickness, but not exceeding the salary of the insured person.

23. Temporary Partial Disablement as a result of sickness
After the excess period, while the insured person suffers temporary partial disablement, we will pay an amount up to the weekly benefit amount shown on the schedule against Part C – Weekly Sickness less any amount of current earnings as a result of the insured person working in a reduced capacity provided the combined amount does not exceed the salary of the insured person. Should the insured person be able to return to work in a reduced capacity, yet elect not to do so then the benefit payable shall be deemed to be 25% of the amount payable for Temporary Total Disablement.

Part D – Injury Resulting in Surgery
If an insured person suffers an injury requiring a surgical procedure listed below, and:

(a) the surgery is carried out within 12 months of the date of the injury; and
(b) the surgery is undertaken outside of Australia,
we will pay the corresponding benefit shown below as a percentage of the amount shown on the schedule against Part D – Injury Resulting in Surgery or $20,000, whichever is the lesser:

24. Craniotomy ...............................................................100%
25. Amputation of a limb...................................................100%
26. Fracture of a limb requiring open reduction ...............50%
27. Dislocation of a joint requiring open reduction ..........25%
28. Any other surgical procedure carried out under a general anaesthetic ...........................................5%

Part E – Sickness Resulting in Surgery
If an insured person suffers sickness during the period of insurance requiring a surgical procedure listed below, and:

(a) the surgery is carried out within 12 months of the date the insured person first becomes aware of the sickness; and
(b) the surgery is undertaken outside of Australia,
we will pay the corresponding benefit shown below as a percentage of the amount shown on the schedule against Part E – Sickness Resulting in Surgery or $20,000, whichever is the lesser:

29. Open heart surgical procedure ..................................100%
30. Brain surgery ...........................................................100%
31. Abdominal surgery carried out under general anaesthetic ....................................................50%
32. Any other surgical procedure carried out under a general anaesthetic ...................................5%
Part F – Injury Resulting In Fractured Bones

If an insured person suffers an injury, resulting directly in the fracture of bones which occur within 12 months of the date of the injury, we will pay the corresponding benefit shown below as a percentage of the amount shown on the schedule against Part F – Injury Resulting in Fractured Bones or $3,000, whichever is the lesser:

33. Neck, skull or spine (complete fracture) ..................... 100%
34. Hip ................................................................. 75%
35. Jaw, pelvis, leg, ankle or knee (other fracture) .......... 50%
36. Cheekbone, shoulder or hairline fracture of skull or spine ................................................................. 30%
37. Arm, elbow, wrist or ribs (other fracture) ............... 25%
38. Jaw, pelvis, leg, ankle or knee (simple fracture) ...... 20%
39. Nose or collar bone ............................................. 20%
40. Arm, elbow, wrist or ribs (simple fracture) .......... 10%
41. Finger, Thumb, Foot, Hand or Toe ......................... 7.5%

In the case of an established non-union of any of the above fractures, we will pay an additional benefit of 5% of the amount shown on the schedule against Part F – Injury Resulting in Fractured Bones or $3,000, whichever is the lesser.

The maximum benefit payable for any one injury resulting in fractured bones will be the amount shown on the schedule against Part F – Injury Resulting in Fractured Bones or $3,000, whichever is the lesser.

Part G – Injury Resulting In Loss of Teeth Or Dental Procedures

If an insured person suffers an injury, resulting in the loss of teeth or requiring dental procedures within 12 months of the date of the accident causing injury as described below, we will pay the corresponding benefit shown below as a percentage of the amount shown on the schedule against Part G – Injury Resulting in Loss of Teeth or Dental Procedures or $1,000, whichever is the lesser.

42. Loss of teeth or full capping of teeth, per tooth .... 100%
43. Partial capping of teeth, per tooth ...................... 50%

The maximum benefit payable for any one injury resulting in loss of teeth or requiring dental procedures will be the amount shown on the schedule against Part G – Injury Resulting In Loss of Teeth or Dental Procedures or $1,000, whichever is the lesser, limited to $250 per tooth.

Definitions

The following definitions shall apply to these words:

Accidental death
accidental death means the death of an insured person as a result of an accident.

Capital benefit
capital benefit means the Capital Benefits Sum Insured amount specified in the schedule.

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

Excess period
excess period means the waiting period expressed in days, before we make a payment. The period of days relevant to your excess period is specified under Excess Period in the schedule.

Hairline fracture
hairline fracture means mere cracks in the bone.

Limb
limb means the entire arm (being between the shoulder and wrist) or leg (being between the hip and the ankle).

Other fracture
other fracture means any fracture other than a simple fracture.

Permanent
permanent means lasting for 12 consecutive months and at the expiry of that time being beyond hope of improvement.

Permanent total disablement
permanent total disablement means temporary total disablement that has lasted for 12 consecutive months and at the expiry of that time is certified by a medical practitioner as:
(a) being beyond hope of improvement; and
(b) entirely preventing the insured person forever from engaging in any occupation, business, profession or employment for which the insured person is reasonably qualified by education, training or experience.
Salary

Salary means:

(a) in the case of a salaried insured person, the average gross weekly income earned from personal exertion before personal deductions and income tax, but excluding bonuses, commissions, overtime payments and other allowances;

(b) in regards to a T.E.C. (i.e. total employment cost) or salary packaged insured person, the average gross weekly value of the income package earned from personal exertion (including, but not limited to wages and/or salary, motor vehicle and/or travelling allowances, club subscriptions and fees, housing loan or rental subsidy, clothing or meal allowances), before personal deductions and income tax, but excluding bonuses, commissions, overtime payments and other allowances; or

(c) with respect to a self-employed insured person, the average gross weekly gross income earned from personal exertion after the deduction of all business expenses necessarily incurred in earning that income, and in each case, derived during the six calendar months (or over such shorter period as they have been employed or self-employed) immediately preceeding the injury or sickness giving rise to a claim under this policy.

Tooth or Teeth

Tooth or teeth means a sound and natural permanent tooth but does not include first or milk teeth, dentures, implants and dental fillings.

Usual occupation

Usual occupation means the occupation predominantly performed by the insured person in the 12 months prior to the injury or sickness causing disability.

Extension of Cover

1. Exposure

If an insured person is exposed to the elements as a result of an accident and within 12 months of the accident suffers:

(a) from any of the Injury Types in the Table of Benefits listed above; or

(b) temporary total disablement or temporary partial disablement as a direct result of that exposure,

the insured person’s injury will be deemed to have occurred on the date of the accident.

2. Disappearance

If, during the period of insurance and within the scope of cover relevant to the insured person, an insured person disappears following the disappearance, sinking or wrecking of a conveyance in which they were travelling, and their body has not been found within 12 months after the date of that disappearance, they will be deemed to have died as a result of an injury at the time of the disappearance, sinking or wrecking of the conveyance.

If the Accidental Death benefit under the Table of Benefits is payable because of a disappearance, we will only pay if the legal representatives of the insured person’s estate give us a signed undertaking that these amounts will be repaid to us, if it is later found that the insured person did not die or did not die as a result of an injury.

3. Escalation of claim benefit

After payment of a benefit for temporary total disablement or temporary partial disablement continuously for 12 months and again after each subsequent period of 12 months during which a benefit is paid, the benefit will be increased by the greater of:

(a) 5%; or

(b) the average percentage increase of the Australian Consumer Price Index (CPI) for the prior four quarters as published by the Australian Bureau of Statistics.
4. Rehabilitation expenses
Where we pay temporary total disablement or temporary partial disablement benefits, we will also reimburse expenses incurred for tuition or advice for the insured person from a licensed vocational school, provided such tuition or advice is undertaken with our prior written agreement and the agreement of the insured person’s medical practitioner. However, we will not cover expenses that can be covered by Medicare or a private health insurer. Payments under this provision will be limited to the actual costs incurred not exceeding $500 per month and will be payable for a maximum of six months in total.

5. Guaranteed payment
If an insured person sustains an injury or suffers a sickness for which temporary total disablement benefits are payable, we will immediately pay 12 weeks benefits provided that proper medical evidence is provided from a medical practitioner certifying that the total period of temporary total disablement will be a minimum of 26 continuous weeks.

Conditions
1. The amount of any benefit payable for temporary total disablement will be reduced by the amount of any periodic compensation benefits payable under any Workers’ Compensation or Accident Compensation Scheme and the amount of any sick pay received or disability entitlement so that the total amount of any such benefit or entitlement and benefits payable under this policy shall not exceed the percentage of salary stated in the schedule and/or the actual salary of the insured person.
2. If as a result of injury or sickness, benefits become payable for temporary total disablement or temporary partial disablement and while this policy is in force, the insured person suffers a recurrence of temporary total disablement or temporary partial disablement from the same or a related cause or causes, the subsequent period of disablement will be deemed a continuation of the prior period unless, between such periods, the insured person has worked on a full-time basis for at least six consecutive months, in which case the subsequent period of disablement shall be deemed to have resulted from a new injury or sickness and a new excess period will be applied.
3. All benefits for temporary total disablement and temporary partial disablement, with the exception of cover provided under 5. ‘Guaranteed Payment’ above, will be payable monthly in arrears.
4. Benefits for temporary total disablement and temporary partial disablement for a period of less than one week will be paid for at the rate of one-fifth of the weekly benefit for each day during which disablement continues.
5. All benefits under this cover section will be payable to you or such person or persons and in such proportions as you nominate to us.
6. If as a result of injury, the insured person is entitled to temporary total disablement or temporary partial disablement benefits and subsequently becomes entitled to a benefit under Injury Types 2 or 3 under the Table of Benefits, all benefits payable for temporary total disablement and temporary partial disablement will cease from the date of such entitlement.
7. The benefit payable in respect of an insured person under 18 years of age for Injury Type 1 (Accidental Death) under the Table of Benefits will be $25,000 and $250,000 with respect to Injury Types 2-19 unless otherwise agreed in writing by us.
8. The benefit payable in respect of an insured person aged between 65 years and 75 years for Injury Type 1 (Accidental Death) under the Table of Benefits will be $25,000 and $100,000 with respect to Injury Types 3-19 unless otherwise agreed in writing by us.
9. In the event that the Capital Benefit Sum Insured as shown on the schedule is linked to the insured person’s salary, and the insured person is not in receipt of a salary or wage, the benefit payable will be limited to 50% of the maximum Capital Benefit Sum Insured as shown on the schedule against their respective category of insured person.
Exclusions

In addition to the General Exclusions Applying to All Sections on page 18 benefits will not be payable:

1. to the same insured person for more than one of Injury Types 1 to 19 in the Benefits Table, in respect of the same injury;

2. unless otherwise stated in the schedule, for temporary total disablement and/or temporary partial disablement in excess of a total aggregate period of 156 weeks in respect of any one injury and/or sickness, except for insured persons aged above 65 years where the total aggregate period is limited to a maximum of 52 weeks;

3. for temporary total disablement and/or temporary partial disablement during the excess period stated in the schedule, calculated from the commencement date of the injury or sickness;

4. for temporary total disablement and/or temporary partial disablement in an amount which exceeds the percentage of salary stated in the schedule and/or the actual salary of the insured person;

5. unless the insured person, as soon as possible after the injury or first becoming aware of any sickness that is likely to give rise to a claim under this policy, obtains and follows proper medical advice from a medical practitioner;

6. for more than one occurrence of temporary total disablement and/or temporary partial disablement that occur at the same period of time;

7. for more than one of the surgical benefits described in Part D – Injury Resulting in Surgery in respect of any one injury;

8. for more than one of the surgical benefits described in Part E – Sickness Resulting in Surgery in respect of any one sickness;

9. with respect to permanent total disablement, temporary total disablement or temporary partial disablement with respect of an insured person over the age of 70 years; or

10. for temporary total disablement or temporary partial disablement with respect to any sickness which is wholly or partly attributable to childbirth or pregnancy except for unexpected medical complications or emergencies arising there from.
Additional Benefits

1. Independent financial advice
   If an insured person sustains an injury for which benefits are payable under Part A – Accidental Death and Capital Benefits, for any of Injury Types 1-9 under the Table of Benefits, we will, in addition to payment of the benefit, and at your request, pay for professional financial advice in respect of the payment of the benefit.

   Such advice will be provided by an independent financial advisor who is not a relative of the insured person and who is authorised and regulated by the Australian Securities and Investments Commission to provide such financial advice. The maximum amount we will pay is $5,000.

2. Dependent child assistance
   • Education fund supplement
     If, an insured person suffers an accidental death and is survived by dependent children, we will pay to the insured person’s estate $5,000 for each surviving dependent child subject to a maximum benefit amount of $15,000 with respect to any one family.

   • Orphaned benefit
     If, an insured person and their spouse or partner suffer an accidental death resulting from the same event and they are survived by dependent children, we will pay to the insured person’s estate, in addition to any benefit payable under Education fund supplement, $10,000 for each surviving dependent child subject to a maximum benefit amount of $30,000 with respect to any one family.

3. Partner retraining benefit
   If, an insured person suffers accidental death or permanent total disablement, we will pay, at your request, up to $10,000 towards the actual costs incurred for the training or retraining of the insured person’s spouse or partner:

   (a) for the purpose of obtaining gainful employment;
   (b) to improve their employment prospects; or
   (c) to enable them to improve the quality of care they can provide to the insured person,
   provided that:
   (d) the spouse or partner is aged under 65 years at the commencement of such training;
   (e) the training is provided by a recognised institution with qualified skills to provide such training, and
   (f) all such expenses are incurred within 24 months from the date the insured person suffered the injury for which the claim depends.

4. Unexpired membership benefit
   If, an insured person suffers an injury which results in benefits being payable for:
   (a) a capital benefit of 100% (other than for accidental death); or
   (b) temporary total disablement or temporary partial disablement for which a medical practitioner certifies will continue for a minimum period of 26 weeks, and in either case, is certified by a medical practitioner as preventing the insured person from continuing participation in any sport for which they have paid a membership, association or registration fee, we will pay the insured person a pro-rata refund of such fees paid for the current season up to an aggregate amount of $500.

5. Home and/or motor vehicle modification benefit
   If, an insured person suffers an injury which results in a capital benefit of 100% being payable (other than for accidental death), we will also pay up to $10,000 for costs necessarily incurred to modify the insured person’s home and/or motor vehicle, or costs associated with relocating the insured person to a suitable home provided that the modifications and/or relocation are certified to be necessary by a medical practitioner.

6. Miscarriage/premature child birth benefit
   If, an insured person sustains an injury which results in:
   (a) them suffering a miscarriage; or
   (b) having to undergo a premature (that is less than 26 weeks gestation) child birth,
   we will pay the insured person a lump sum benefit of $2,500.

7. Funeral
   In the event that an insured person suffers an accidental death, we will reimburse expenses up to a maximum of $10,000 for the insured person’s funeral, burial or cremation costs (excluding funeral and interment costs) incurred in transporting the insured person’s body or ashes and personal effects back to a place nominated by the legal representative of the insured person’s estate.
8. Accommodation and transport expenses
If an insured person sustains an injury and is admitted as an in-patient of a hospital, which is more than 100 kilometres from the insured person’s normal place of residence, we will pay reasonable accommodation and transport expenses incurred by their spouse or partner and/or dependant children to travel to or remain with the insured person, up to a maximum of $3,000.

9. Chauffeur benefit
If an insured person suffers an injury or sickness for which temporary partial disablement benefits are payable, we will reimburse you up to $200 per week for reasonable costs incurred for the hire of a suitable chauffeured vehicle or taxi to transport the insured person directly to and from their normal place of residence and normal place of work for a maximum period of 26 weeks, provided that proper medical evidence is provided by a medical practitioner certifying that the insured person is unable to operate a motor vehicle or travel on other available modes of public transport.

10. Corporate image protection
If:
   (a) an insured person;
   (b) a group of insured persons; or
   (c) any persons visiting your business premises (who for the purpose of this additional benefit only are considered to be insured persons),
suffer an injury, and in our opinion this is likely to result in a valid claim for payment of benefits for:
   (d) Accidental Death; or
   (e) Permanent Total Disablement,
we will reimburse you for reasonable costs (other than your own internal costs) incurred for the engagement of image and/or public relations consultants; and/or costs associated with the release of information through the media. Costs must be incurred within 15 days of, and directly in connection with, such injury, to protect and/or positively promote your business and corporate image.

The maximum amount we will pay is $15,000 with respect to any one event and is subject to you giving us a signed undertaking that any amount paid to you will be repaid to us, if it is later found that a valid claim did not or will not eventuate.

11. Recruitment expense benefits
• Temporary replacement employee
If an insured person sustains an injury for which temporary total disablement benefits are payable, we will reimburse you up to $2,500 for reasonable costs (other than your own internal costs) incurred for recruitment of a temporary employee to continue the tasks of the injured insured person, provided that:
   (a) proper medical evidence is provided by a medical practitioner certifying that the total period of temporary total disablement will be a minimum of 26 continuous weeks; and
   (b) the costs are incurred within 30 days from the first day of temporary total disablement.

• Permanent replacement employee
If an insured person suffers an injury, and in our opinion this is likely to result in a valid claim for payment of benefits for:
   (a) Accidental Death; or
   (b) Permanent Total Disablement,
we will reimburse you up to $5,000 for reasonable costs (other than your own internal costs) incurred for recruitment of a replacement employee, provided the costs are incurred within the first 60 days from the date the insured person suffers the injury.

The maximum amount we will pay is $25,000 with respect to any one event and is subject to you giving us a signed undertaking that any amount paid to you will be repaid to us, if it is later found that a valid claim did not or will not eventuate.
General Exclusions Applicable to All Sections

We will not pay any benefits where death, injury, sickness, disability or liability arises from or is caused directly or indirectly from:

1. suicide, attempted suicide, or deliberately self-inflicted injury or sickness;
2. any deliberate, illegal or criminal acts committed by or on behalf of the insured person, or any other person acting with their consent or at their direction;
3. being in an aircraft or aerial device, unless as a passenger;
4. training for or participating in a professional sport;
5. radioactivity, or the use, existence or escape of any nuclear fuel, nuclear material or nuclear waste;
6. the dispersal, application or release of pathogenic or poisonous biological or chemical materials; or
7. engagement in active service in any armed force for any nation.
8. war, civil war, invasion, insurrection, revolution, use of military power or usurpation of government or military power in Australia or an insured person’s country of residence, or any of the following countries: Afghanistan, Chechnya, Iraq, North Korea or Somalia.
9. any stress related or psychiatric related condition, including but not limited to, depression, post-traumatic stress disorder, neurosis, psychosis, mental or emotional stress or anxiety, physical fatigue, mental disease or associated disorders.
10. any pre-existing condition.
11. infection or complications from Human Immunodeficiency Virus (HIV) or any variance including Acquired Immune Deficiency Syndrome (AIDS) and AIDS Related Complex (ARC).
Claims Procedures

1. In the event of a claim
   In the event of a claim, you must:
   (a) tell us what happened immediately. 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.

Where an accident causing injury, sickness or disability to an insured person occurs, the insured person must:
   (d) obtain and follow medical advice, including undertaking treatment, as prescribed from a medical practitioner; and
   (e) obtain a certificate from a medical practitioner confirming the nature and extent of the injury, sickness or disability.

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.

2. Reporting period
   You must provide us with written 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.

3. 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.

4. 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, 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 had the payment been applied to acquire such goods, services or supply.

5. Progress payments
   If we have agreed that a claim is covered by your policy we will make reasonable progress payments.
General Terms and Conditions Applicable to Sections

The following general terms and conditions apply to your policy:

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

2. **Medical examination or post mortem**
   We will 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.

3. **Cancellation**
   (a) You may cancel this policy at any time by notifying us in writing.

   Notice of cancellation has the effect of cancelling this policy at 4.00pm on the day we receive your written notice or such later date you request.

   (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) one and a half times 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.

4. **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.

5. **Other insurance and contribution**
   When you make a claim on your policy you must also supply us with written details of all other insurance policies that may also pay or partially pay that claim.

6. **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, sickness or liability.

7. **Notifications**
   All notices and communications to us must be made or confirmed in writing by you and sent to our office where your policy was issued. Other forms of communication will not be acted upon by us until confirmed in writing by you.

8. **Proper law and jurisdiction**
   (a) The construction, interpretation and meaning of the provisions of this policy will be determined in accordance with Australian law.

   (b) In the event of any dispute arising under this policy, including but not limited to its construction and/or validity and/or performance and/or interpretation, you will submit to the exclusive jurisdiction of any competent court in the Commonwealth of Australia.

9. **Subrogation**
   You and all insured persons will at any time, at our request and expense, permit all reasonable steps required to enforce any rights to which we would be entitled, including but not limited to any necessary steps required to prosecute a person or group responsible for any unauthorised acts against an insured person.
10. **Currency**

All amounts under this policy are expressed and payable in Australian currency.

Except as otherwise provided, if a judgment is rendered, settlement is denominated or another element of loss under this policy is stated in a currency other than Australian dollars, payment under this policy will be made in Australian dollars at the cash rate of exchange for the purchase of Australian dollars in accordance with the Reserve Bank of Australia on the date the final judgment is reached, the amount of the settlement is agreed upon or the other element of loss is due, respectively.

11. **Renewal**

This policy may be renewed with our consent provided you pay or agree to pay the required renewal premium.

12. **Renewal Rewardz**

If you renew your policy with us, and your policy has a claims free status, we will automatically apply the respective base premium rate discount, in accordance with the below renewalRewardz Table, to your base premium rate for that renewal year.

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<th>renewalRewardz Table</th>
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<td>Renewal year</td>
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<td>Each renewal year thereafter (maximum to be carried forward)</td>
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**Conditions**

(a) You are only entitled to the renewalRewardz base premium rate discount whilst your policy retains a claims free status.

(b) In the event that a claim is made against your policy all eligibility to the renewalRewardz base premium rate discount is null and void.

(c) The discount entitlement will only be applied to the current base premium rate applicable at the time of renewal.

**Definitions**

**Claims free status**

claims free status means there has been no claims made against your policy for any period of insurance whilst your policy has been underwritten by us.

**Base premium rate**

base premium rate means the original base premium rate we determine and apply to the risks of this type and is not your expiring premium.
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