

- > Voluntary Workers Group Personal Accident Insurance
- > Product Disclosure Statement & Policy Wording



INTRODUCTION

This Product Disclosure Statement is an important legal document that contains details of this Voluntary Workers Group Personal Accident Insurance Policy. Before deciding to buy insurance from Us, the Policyholder must read this PDS thoroughly and keep it, together with the Schedule and Policy Wording, in a safe place.

What is a Product Disclosure Statement?

The Corporations Act 2001 (Cth) requires that any 'retail client' must receive a 'Product Disclosure Statement' (PDS) prepared by the Insurer which contains certain information that is designed to assist retail clients in deciding whether to buy the relevant cover.

This Product Disclosure Statement (PDS) is designed to provide the Policyholder with the necessary information regarding the features of this product in order that they can make an informed choice about purchasing this product.

The PDS / Policy Wording contains information about the type of cover(s) available, our terms and conditions, benefits and risks and making a claim.

Consideration should be given to the contents of this booklet and the terms and conditions that We offer. Cover only begins when We have agreed to accept the insurance and a policy Schedule has been issued.

This PDS and Policy Wording, and the policy Schedule We issue are the policy documents and form the legal contract with Us. Please keep them together in a safe place. The Policyholder must ensure that a copy of this PDS is made available to each Insured Person.

Please do not hesitate to contact Your Insurance Adviser if You have any questions about this policy booklet or Your Insurance cover.

This combined Policy Wording and PDS was prepared on 4 December 2025.

About Point Underwriting Agency

Point Underwriting Agency Pty Ltd AFSL 477471 (Point) is a niche market underwriter specializing in niche insurance products. We pride ourselves on offering tailored insurance products backed by Our people and professional service. Point Underwriting Agency acts as agent of the Insurer under a binding authority.

About the Insurers

Chubb Insurance Australia Limited (Chubb) (ABN 23 001 642 020, AFSL 239687) is a world leader in insurance. Chubb, via acquisitions by its predecessor companies, has been present in Australia for 100 years. Its operation in Australia (Chubb Insurance Australia Limited) provides specialised and customised coverages including Business Package, Marine, Property, Liability, Energy, Professional Indemnity, Directors & Officers, Financial Lines, Utilities as well as Accident & Health, to a broad client base, including many of the country's largest companies. Chubb also serves successful individuals with substantial assets to insure and consumers purchasing travel insurance.

More information can be found at www.chubb.com/au

Chubb issues Your insurance Policy and is responsible for the content of this booklet.

Chubb's contact details are:

Grosvenor Place

Level 38, 225 George Street

Sydney NSW 2000

> Phone: +61 2 9335 3200

> Website: www.chubb.com/au

Applicable Sections Clause

Not all Sections of this PDS and Policy Wording document will apply to You. The precise coverage afforded is subject to the terms and conditions outlined in the PDS, Schedule, Schedule of Sums Insured, Policy Wording and any Endorsements, as issued by Us.

Our agreement with the Policyholder

This policy is a legal contract between the Policyholder and Us. The Policyholder pays Us the premium, and We insure You against loss as set out in this policy, in respect of Injury first manifesting itself during the Period of Insurance shown on the Schedule or any renewal period.

Your policy period is the Period of Insurance as shown on the Schedule.

Policy Features and Benefits

- Accident cover during Voluntary Work to cover Income Earners.
- Payment of a Total Disability Weekly Benefit to the Earnings that You have lost or the Weekly Benefit shown in the Schedule, whichever is the lesser.
- Payment of a Partial Disability Weekly Benefit calculated at the difference between the Insured Person's pre-disability salary and current salary derived from their reduced employment capacity.
- Payment of an agreed Lump Sum Capital Benefit for Accidental Death and certain defined Injuries.
- Our policies are available to people between the ages of 16-75 or as otherwise stated in Your Policy Schedule.
- Weekly Benefits are payable for a maximum period as stated in Your Policy Schedule.

Additional Benefits

- Non-Medicare Medical Expenses
- Funeral Expenses

Significant Risks

Incorrect Product or Cover: The Policyholder should ensure that the Sums Insured are sufficient to cover the Insured Person's Accidental Death, Permanent Disablement and loss of Weekly Income. For example: if the Policyholder decides to cover Weekly Benefits and they select a benefit that is less than the Insured Person's Weekly Income, We will only pay up to the benefit amount stated in the Policy Schedule.

Pre-Existing Conditions: This insurance may not pay a benefit to You for any Injury for which You have received treatment, or advice for treatment or have been prescribed medication or have consulted a Medical Practitioner or other health professional, prior to the Period of Insurance stated in the Schedule. Should You be replacing insurance that You currently have with another insurer, please note that current injuries or illnesses covered under Your present insurance policy may not be covered under this replacement policy. This will depend on the specific pre-existing clause in the Policy Wording.

Reduced Payments: We will reduce Our payments to You by any Weekly Benefits that You are entitled to receive from Workers Compensation or other statutory or legislative benefits.

General exclusions applicable to all sections of this policy

This insurance Policy is designed to provide coverage for You in the event of something happening which has been insured against. However, in certain circumstances, this policy will not provide any insurance cover to You. For example, We do not pay a benefit in the following circumstances:

- suicide or attempted suicide or intentional self injury.
- driving a motor vehicle whilst having a percentage of alcohol in Your breath or blood in excess of that permitted by law.

For full details of all relevant policy exclusions, where cover does not apply, You should read the Policy Wording and make yourself aware of all the exclusions that apply to this insurance.

Excess and/or Excess Periods

If You make a claim for weekly benefits under the Policy, an Excess Period may apply. Otherwise, an excess will be deducted from a claim only when specified in the Schedule.

Duty Not to Misrepresent

This insurance is a consumer insurance contract under the Insurance Contracts Act 1984 (Cth).

Before We agree to insure You (including when We issue You with the insurance for the first time or agree to renew, extend, vary, reinstate or replace it), You have a duty to take reasonable care not to make a misrepresentation to Us.

A misrepresentation includes a statement that is in any way false, misleading, dishonest or which does not fairly reflect the truth. We will not treat something as a misrepresentation merely because You failed to answer a question or gave an obviously incomplete or irrelevant answer to a question.

When answering Our questions You need to take reasonable care to make sure Your answers are true, honest, up to date and complete in all respects.

If another person is answering for You, We'll treat their answers as Yours. In such a case You should check the questions have been answered correctly on Your behalf by them.

Subject to applicable law, a breach of the duty by one insured affects all insureds in these ways. If You do not take reasonable care not to make a misrepresentation, or if You are careless in Your answers or recklessly or deliberately make a misrepresentation, We may, acting reasonably and subject to applicable law, reject or not fully pay Your claim or cancel Your insurance or if the misrepresentation was fraudulent, treat it as if it never existed.

However, we will not do this if We would have entered into the contract, for the same premium and on the same terms and conditions, even if the failure had not occurred. Whether or not You have taken reasonable care not to make a misrepresentation is to be determined by Us acting reasonably, with regard to all relevant circumstances.

We must also take account of any particular characteristics or circumstances about You that We were aware of, or ought reasonably to have been aware of. If any question or guidance provided is not clear or you need additional assistance, you can contact us.

Cooling off period

The Policyholder may return this policy to Us within 14 days of the date We enter into it provided that no right or power under the policy has been exercised (eg. no claim has been made).

Where the Policyholder returns it within the above 14-day period, We will cancel the policy and issue a full refund of premium and charges (except where Govt regulations prohibit the return of charges). Please note the Policyholder still has cancellation rights that can be used after this period expires.

Keeping Us up to date

You must notify Us as soon as reasonably practicable if You become aware that You are suffering from any Injury or medical condition which is likely to affect Your ability to work. If You do not do so, to the extent permitted by law, We may reduce or refuse to pay a claim.

Cost of the Policy and paying for Insurance

The cost of the policy is made up of the premium plus any applicable government taxes.

What happens if the Policyholder does not pay the cost of Your policy?

You cannot claim under this policy if at the time the Injury occurred, any instalment of premium remained unpaid for 14 days or more. We may cancel this policy by giving notice if any instalment of premium has remained unpaid for 1 month or more. Other than in the above circumstances We may deduct from any claim paid or payable, any unpaid premium or instalment of premium.

Cancelling Your policy

The Policyholder may cancel the policy at any time by notifying Us in writing. If cancelled and provided no claim has been paid, We will refund the premium for the policy less any amount which covers the period for which cover was provided. However, We will not refund the premium if a claim has been paid or accepted by Us as being covered under the policy.

We may cancel this policy by giving three (3) working days' notice in writing to the Policyholder at their address on our file for any reason available to Us at law.

Upon cancellation of the policy by Us, We will refund the premium for the unexpired Period of Insurance.

What makes up Your insurance contract

When We accept the Policyholder's application, or the existing policy is renewed or amended, the insurance contract is made up of the following documents.

The policy wording in the section of this document; and the current Policy Schedule, Schedule of Sums Insured, Policy Wording and Endorsements.

You cannot give Your rights away

You cannot give anyone else an interest in this policy without Our written consent.

The law that applies to this policy

Any disputes arising from this policy will be determined by the courts, and in accordance with the laws, of the state or territory of Australia where this policy is issued.

Important Information

Any general advice in this PDS has been prepared without taking account of the objectives, financial situation or insurance requirements of the Policyholder or Insured Person. Before purchasing this product, consider whether this product is appropriate to your objectives, financial situation and needs.

Updating our Product Disclosure Statement

We may update the information contained in Our PDS when necessary. A paper copy of any updated information is available to You at no cost by calling Us. We will issue the Policyholder with a new PDS or a supplementary PDS, where the update is to rectify a misleading or deceptive statement or an omission, which is materially adverse from the point of view of a reasonable person deciding whether to obtain this insurance.

The Dispute Resolution Process

Internal Dispute Resolution

If You have any concerns or wish to make a complaint in relation to this policy, Our services or Your insurance claim, please contact Point Underwriting Agency (Point) who will manage Your complaint on Our behalf.

Point Underwriting Agency

- > Email: enquiries@pointinsurance.com.au
- > Phone: 1300 362 766 or (02) 9970-7378
- > Post: P.O. Box 744, Manly NSW 1655

Point will acknowledge receipt of Your complaint within one (1) business day of receiving it from You, or as soon as practicable. Following acknowledgement, Point will provide You with the name and relevant contact details of the person who will be assigned to liaise with You regarding Your complaint.

Point will consider Your complaint and keep You informed of the progress of Your complaint at least every ten (10) business days, unless resolved sooner.

Point will always provide a written response if You request it or if Your complaint is about a declined claim, the value of a claim, or about financial hardship. Point may not provide a written response without Your request if:

- Point resolved Your complaint to Your satisfaction within five (5) business days of receipt.
- Point gave You an explanation or apology or both, and Point can take no further action to reasonably address Your complaint.

You can request the information Point relied on when deciding Your complaint. To the extent allowed under law, Point will provide You the information within ten (10) business days of Your request.

A final decision will be provided to You within 30 calendar days of the date on which You first made the complaint.

External dispute resolution process

You may refer Your complaint to the Australian Financial Complaints Authority (AFCA) at any time, and if Your complaint is not resolved to Your satisfaction within 30 calendar days of the date on which You first made the complaint.

AFCA can be contacted as follows:

Australian Financial Complaints Authority (AFCA)

- > Email: info@afca.org.au
- > Phone: 1800 931 678
- > Post: GPO Box 3, Melbourne VIC 3001
- > Website: www.afca.org.au

Your complaint must be referred to AFCA within 2 years of the final decision. Determinations made by AFCA are binding on Us.

General Insurance Code of Practice

Point Underwriting Agency and Chubb are bound to the General Insurance Code of Practice. The objectives of this Code are to:

1. Commit Us to high standards of service;
2. Promote better, more informed relations between Us and You;
3. Maintain and promote trust and confidence in the general insurance industry;
4. Provide fair and effective mechanisms for the resolution of complaints and disputes between Us and You; and
5. Promote continuous improvement of the general insurance industry through education and training.

As part of Our obligations under Parts 9 and 10 of the Code, Chubb has a Customers Experiencing Vulnerability & Family Violence Policy (Part 9) and a Financial Hardship Policy (Part 10).

You can obtain a copy of the Code from the Insurance Council of Australia website [insurancecouncil.com.au](https://www.insurancecouncil.com.au) or by phoning (02) 9253 5100, or by visiting [pointinsurance.com.au](https://www.pointinsurance.com.au). The Code is monitored and enforced by the Code Governance Committee.

Privacy Notice

How we protect your privacy

Both We and Point Underwriting Agency are bound by the Australian Privacy Principles (APPs) under the Privacy Act 1988 (Cth) and comply with that Act. We are committed to ensuring that all Our business dealings comply with the APPs and acknowledge the importance of keeping personal details for individuals confidential and secure.

Point Underwriting Agency collects Your personal information (which may include sensitive information) at various points including, but not limited to, when You apply for an insurance policy with Us or when You lodge a claim in relation to an insurance policy you hold with Us.

Point Underwriting Agency may disclose Your personal information, including health and sensitive information, to Us to enable Us to assess Your claim and, if the claim is accepted, for administration of the claim and for planning, product development and research purposes including customer surveys.

If you do not provide this information, we may be unable to deliver the services you require.

In some circumstances, in order to provide Our services to You, We may disclose your personal information to other Chubb Group entities or third-party service providers located outside Australia, including in Singapore, the UK, the USA, and the Philippines. These entities and their locations may change from time to time. Please contact Our Privacy Officer if you would like a full list of the countries in which these third parties are located.

You can access a copy of Our privacy policy on our website at <https://www.chubb.com/au-en/footer/privacy.html>.

If You would like to seek access to, or correct Your personal information, please contact Our Privacy Officer.

Privacy Officer

> Email aulegal.privacy@chubb.com
> Phone + 61 2 9335 3200

If You are not satisfied with Our organisation, services, Our response to Your enquiry, or You have any concerns about Our treatment of Your Personal Information or You believe there has been a breach of Our Privacy Policy, or You are not satisfied with any aspect of Your relationship with Chubb and wish to make a complaint, please contact Our Complaints and Customer Resolution Service:

Complaints and Customer Resolution Service

Chubb Insurance Australia Limited
GPO Box 4065
Sydney NSW 2001
> Phone: +61 2 9335 3200
> Fax: +61 2 9335 3411
> Email: complaints.AU@chubb.com

For more information, please read Our Complaints and Customer Resolution policy on our website at <https://www.chubb.com/au-en/customer-service/complaints-customer-resolution.html>

You can access a copy of Point Underwriting Agency's privacy policy here at <https://pointinsurance.com.au/privacy-policy/>. If You would like to seek access to, or correct Your personal information, please contact Point Underwriting Agency.

Point Underwriting Agency

> Email: enquiries@pointinsurance.com.au
> Phone: 1300 362 766 or (02) 9970-7378

Claims Procedures

1. Notification of Claim

Any event which may give rise to a claim under this policy, must be reported to Us in writing as soon as reasonably practicable after the date of the occurrence of the event.

2. Claim Forms

When You report such an event, We will issue You with a claim form which You and Your legally registered Medical Practitioner must fully complete and return to Us. In the event of an ongoing claim We will periodically provide You with Progress Claim Forms, which You and Your legally registered Medical Practitioner must fully complete and return to Us on an ongoing basis.

3. Proof of Loss

Where We request further proof of loss in addition to the completed claim forms (eg, medical records, financial records, employment records, etc.) the proof of loss must be provided to Us within 30 days of the proof being requested or as soon as reasonably practicable, together with copies of all relevant documentation.

The Policyholder or the Insured Person shall, at Your or their expense, provide Us with all such certificates, information and other evidence as We may require from time to time.

4. Physical Examinations & Vocational Assessments

We may require the Insured Person to undergo a medical examination or examinations by a legally registered Medical Practitioner of Our choice in the event of a claim. We may require the Insured Person to undergo a vocational assessment by a qualified assessor in the event of a claim.

5. Claim Investigation

In the event of a claim We may investigate the claim as We deem necessary and require both the Policyholder and the Insured Person to cooperate fully with such an investigation, which may include an interview with the Policyholder, the Insured Person or both the Policyholder and the Insured Person. To the extent permitted by law, a failure by the Policyholder or the Insured Person to fully cooperate with such an investigation may result in denial of the claim, the cancellation of the policy, or both.

6. Payment of the Claim

Payment of indemnity resulting from the Accidental Death of the Insured Person will be made to the Estate of the deceased Insured Person.

Unless otherwise specified in a particular coverage section, all other indemnities shall be payable to the Insured Person.

VOLUNTARY WORKERS ACCIDENT POLICY WORDING

Definitions

The words below have a special meaning for the purposes of this policy.

Accident Only Cover where this is shown in the Schedule You will not be entitled to benefits resulting from a Sickness.

Accident means a sudden, unexpected, specific event which occurs at an identifiable time and place which was unforeseen or unintended by You.

Accidental Death means death which occurs as a result of an Injury.

Aggregate Limit of Liability means the maximum amount We will pay for any one event involving more than one Insured Person. The aggregate limit of liability is shown in the Schedule. If this amount is not enough to pay all claims in full, then We will reduce each Insured Person's benefit proportionally.

Direct Travel means travel between Your place of residence and Your place of Voluntary Work.

Earnings

(i) If You are self-employed or a working director: Your gross annual income from Your personal exertion after allowing for costs and expenses incurred in deriving that income for the twelve (12) months prior to Injury (or any shorter period that You have been engaged in Your occupation) divided by 52.

(ii) If You are an employee: Your weekly pre-tax pay exclusive of overtime payments, bonuses, commission or allowances averaged over the twelve (12) months prior to Injury (or over any shorter period that You have been continuously employed).

Excess Period means the period of consecutive days commencing with the first day of Temporary Total Disablement for which medical treatment was sought in respect of an Injury and for which no benefit is payable.

Injury means bodily Injury (including death) resulting directly from an Accident which is not a sickness and which occurs during the Period of Insurance and this includes any condition resulting from exposure to the elements as a result of such bodily Injury, other than as excluded by the Exclusions section of this policy. Injury does not include:

- a) Any consequences of an Injury which are ordinarily described as being a disease;
- b) an aggravation of a pre-existing Injury;
- c) any other pre-existing condition;
- d) any degenerative condition.

Insured Person means such person or persons as defined in the Policy Schedule with respect to whom premium has been paid. They are a person that is legally entitled to claim under the Policy by reason of the relevant provisions of the Insurance Contracts Act and on no other basis. An Insured Person is not a contracting insured under the Policy with Us. Our agreement is entered into with the Policyholder.

Medical Practitioner means a person who is duly qualified and legally registered to practice medicine in Australia and who is not an Insured, their relative or their employee.

Non-Scheduled Flights means travel in an aircraft whose flights are not conducted in accordance with fixed flying schedules, over specific air routes, to and from fixed terminals.

Occupation means Your usual occupation, business, trade or profession.

Paraplegia means Permanent total paralysis of both legs.

Period of Insurance means the period shown in the Schedule as the Period of Insurance, unless terminated earlier.

Permanent means continuing for twelve (12) consecutive months and at expiry of that period being beyond hope of improvement.

Physical Severance occurs to a hand or foot at or above the wrist or ankle, to an arm or leg at or above the elbow or knee and to a finger or toe at or above the third joint from its extremity.

Policyholder means the named company or organisation listed as the Policyholder in the Schedule with whom We enter into the Policy. They are the contracting insured.

Schedule means the policy schedule, policy certificate, endorsement certificate or any renewal certificate.

Temporary Partial Disablement/Partially Disabled means that, in the opinion of a Medical Practitioner, You are temporarily unable to perform a substantial part of Your usual employment, business or occupation activities while You are under the regular care of and acting in accordance with the instructions or advice of a Medical Practitioner. Partially Disabled shall have the same meaning.

Temporary Total Disablement/Totally Disabled means that in the opinion of a Medical Practitioner, You are temporarily unable to perform Your usual Occupation, profession or business or from such Occupation, profession or business which You are qualified to perform based on Your education, training or experience and while You are under the regular care of and acting in accordance with the instructions or advice of a Medical Practitioner. Totally Disabled shall have the same meaning.

Total Loss means the Physical Severance or Permanent loss of the full effective use of the part of the body referred to in the Capital Benefits List.

Treatment includes the period for which a course of medication was prescribed by a registered Medical Practitioner or health professional, whether the Insured Person complied with this advice or not.

Quadriplegia means Permanent total paralysis of both legs and both arms.

Voluntary Work means unpaid voluntary work performed by You and includes any necessary Direct Travel.

We/Our/Us/Insurer means Chubb Insurance Australia Limited (ABN 23 001 642 020 AFSL: 239687).

You/Your means the Insured Person named in the Schedule.

Part 1 – WEEKLY INJURY BENEFITS

Total Disability for Income Earners

We will pay You a Temporary Total Disablement Weekly Benefit in accordance with the amount shown in the Schedule, if, because of Injury during Voluntary Work You are entirely prevented from working in Your Occupation or from such Occupation, profession or business which You are qualified to perform based on Your education, training or experience within twelve (12) months of the Injury, We will pay You the Earnings that You have lost or the Weekly Benefit shown in the Schedule, whichever is the lesser, to the maximum period shown in the Schedule as the benefit period.

But We will not pay any Weekly Benefit:

- (i) during the Excess Period which is shown in the Schedule.
- (ii) in respect of any Injury if, whilst You are receiving Weekly Benefits, You commence any paid Occupation.
- (iii) for more than one Injury at any one time.
- (iv) which is more than the percentage of the amount of Your Earnings specified in the Schedule for that period.

Any successive period of disablement resulting from the same Injury will be considered as one period of disablement. Note the "Recurrence Clause" under the heading "Part 7 – General Provisions".

Partial Disability for Income Earners

This benefit is payable following Temporary Total Disability as defined for Income Earners only.

We will pay You a Temporary Partial Disablement Weekly Benefit calculated at the difference between the Insured Person's pre-disability salary and current salary derived from their reduced employment capacity, whether employment is offered and performed or not if:

- a) You have been Totally Disabled because of an Injury (not by sickness) and paid Weekly Benefits for that disablement under this policy; and
- b) You cease to be Totally Disabled but remain Partially Disabled, meaning You are able to do some work in Your Occupation but cannot perform most of Your duties.

To qualify for this continuing Weekly Benefit Your Temporary Partial Disablement must arise solely and as a direct result from the same accidental Injury as the Temporary Total Disablement which preceded it and for which You received a Weekly Benefit under this policy.

If an employer does not offer partial duties to the Insured Person, no Temporary Partial Disablement Weekly Benefit is payable, nor is any Temporary Total Disablement Benefit payable.

The maximum period We will pay a Temporary Total Disablement and/or Temporary Partial Disablement Benefit is up to the maximum period shown in the Schedule as the Benefit Period.

Part 2 – CAPITAL BENEFITS

Accidental Death

In the event of Your Accidental Death within twelve (12) months of Injury, We will pay Your Estate a percentage of the Accidental Death Benefit shown in the Schedule.

Capital Benefits

If Injury results in any of the conditions listed in the 'Capital Benefits List' within twelve (12) months of Injury, We will pay the amount shown as a percentage of the Capital Benefit shown in the Schedule.

Please note:

1. The Benefit payable in the case of Accidental Death will be reduced by any Capital Benefit paid for the same Injury.
2. If You suffer more than one Injury or both Injury and Accidental Death as a result of the same Accident, We will pay You the highest Capital Benefit that You qualify to receive for any one of the Injuries (or Accidental Death if You die as a result of the Injury) but not both.
3. We will not pay any Capital Benefit for more than one condition at any one time.
4. You can only claim one Capital Benefit for any one condition.
5. The maximum amount We will pay for any one event involving more than one Insured Person is the aggregate limit of liability shown in the Schedule. If this amount is not enough to pay all claims in full, then We will reduce each Insured Person's benefit proportionately.

Capital Benefits List

The Capital Benefit amount in the third column is shown as a percentage of the Capital Benefit amount set out in the Schedule.

NO	ACCIDENTAL DEATH OR INJURY	BENEFIT
Injury resulting directly in:		
1	Accidental Death	100%
2	Paraplegia	100%
3	Quadriplegia	100%
4	Permanent Total Loss of sight on one or both eyes	100%
5	Permanent Total Loss of use of one or more limbs	100%
6	Permanent insanity	100%
7	Permanent Total Loss of hearing in both ears	75%
8	Permanent Total Loss of hearing in one ear	15%
9	Permanent Total Loss of lens of one eye	50%
10	Third degree burns and/or resultant disfigurement received from fire or chemical reaction which extends to cover more than 40% of the external body	50%
11	Permanent Total Loss of the use of four fingers and the thumb of either hand	70%
12	Permanent Total Loss of the use of four fingers of either hand	40%
13	Permanent Total Loss of the use of one thumb of either hand a) Both joints b) One joint	a) 30% b) 15%

NO	ACCIDENTAL DEATH OR INJURY	BENEFIT
14	Permanent Total Loss of the use of each finger of either hand a) three joints b) two joints c) one joint	a) 10% b) 7% c) 5%
15	Permanent Total Loss of use of toes of either foot a) all one foot b) great - both joints c) great - one joint d) other than great each toe	a) 15% b) 5% c) 3% d) 1%
16	Fractured leg or Patella (knee cap) with established non union (meaning the bones fail to join properly)	10%
17	Shortening of leg by at least 5cm	7%

PART 3 – Non-Medicare Medical Expenses

We will pay a non-Medicare expense benefit in accordance with the Compensation Table shown below, in respect of an Insured Person if the payable condition shown occurs during the Period of Insurance and as a result of Injury during Voluntary Work.

We will not pay:

Any non-Medicare expense claim arising directly or indirectly out of any Exclusion listed in Part 5 of the policy.

INJURY RESULTING IN: PAYABLE CONDITION	WHAT WE WILL PAY: COMPENSATION
Medical Expenses	The percentage of medical expenses as shown in the Schedule, less the excess shown in the Schedule.

Medical Expenses means expenses incurred with twelve (12) months of You sustaining Injury that are for treatment certified necessary by a legally Medical Practitioner to a Private Hospital, physiotherapist, nurse or similar provider of medical services including the cost of medical supplies but excluding dentures, and is caused by Injury.

Medical Expenses does not include any or part of any expenses for which a Medicare Benefit is paid or is payable including the balance of monies due or payable by You after deduction of any Medicare Benefit or rebate from the actual expenses incurred (commonly known as the “Medicare Gap”). Provided that We shall not be liable to make any refund in respect of:

- (i) any expense recoverable by You from any other source except for the excess of the amount recoverable from such source;
- (ii) any expenses to which the National Health Act 1953 (as amended) or any of the regulations that may apply thereunder or thereafter.

PART 4 – Funeral Expenses

In the event an Insured Person suffers Accidental Death through Injury (Event 1) We will pay a reimbursement of Funeral Expenses up to \$5,000 in addition to any other compensation payable under this policy.

PART 5 – Exclusions

This Policy does not cover claims arising directly or indirectly from:

1. Notwithstanding any provision to the contrary within this insurance, or any endorsement thereto, it is agreed that this insurance excludes any loss or expense of whatsoever nature directly or indirectly caused by, or resulting from, or in connection with any of the following regardless of any other cause or event contributing concurrently or in any other sequence to the loss;
 - a. War, hostilities or warlike operations (whether war be declared or not),
 - b. Invasion,
 - c. Act of an enemy foreign to the nationality of the insured person or the country in, or over, which the act occurs,
 - d. Civil war,
 - e. Riot,
 - f. Rebellion,
 - g. Insurrection,
 - h. Revolution,
 - i. Overthrow of the legally constituted government,
 - j. Civil commotion assuming the proportions of, or amounting to, an uprising,
 - k. Military or usurped power,
 - l. Explosions of war weapons,
 - m. Utilisation of Nuclear, Chemical or Biological weapons of mass destruction howsoever these may be distributed or combined,
 - n. Release of weapons of mass destruction that do not involve an explosive sequence,
 - o. Murder or Assault subsequently proved beyond reasonable doubt to have been the act of agents of a foreign state to the nationality of the insured person whether war be declared with that State or not,
 - p. Terrorist activity.

For the purpose of this exclusion terrorist activity means an act, or acts, of any person, or groups(s) of persons, committed for political, religious, ideological or similar purposes with the intention to influence any government and/or to put the public, or any section of the public, in fear. Terrorist activity can include, but not be limited to, the use of force or violence and/ or the threat thereof. Furthermore, the perpetrators of terrorist activity can either be acting alone, or on behalf of, or in, connection with any organization (s) or government(s).

Utilisation of Nuclear weapons of mass destruction means the use of any explosive nuclear weapon or device or the emission, discharge, dispersal, release or escape of fissile material emitting a level of radioactivity capable of causing incapacitating disablement or death amongst people or animals.

Utilisation of Chemical weapons of mass destruction means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing incapacitating disablement or death amongst people or animals.

Utilisation of Biological weapons of mass destruction means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which are capable of causing incapacitating disablement or death amongst people or animals.

Also excluded hereon is any loss or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, or suppressing any, or all, of (a) to (p) above.

In the event any portion of this exclusion is found to be invalid or unenforceable, the remainder shall remain in full force and effect.

2. Illness;

3. Expenses incurred for which a Medicare benefit is payable;

4. Driving a motor vehicle whilst having a percentage of alcohol in Your breath or blood in excess of that permitted by law;

5. Professional sporting activities, which includes participation in, or training for, any such activity;

6. Engaging in Air Travel except as a passenger in a properly licenced multi-engined aircraft being operated by a licensed commercial air carrier or owned and operated by a commercial concern;

7. Suicide or attempted suicide or intentional self-injury;

8. Driving or riding on motor cycles or motor scooters other than as a means of transport to and/or from Your normal place of residence and Your place of Voluntary Work;

9. The use, existence or escape of nuclear weapons material or ionising radiation, or contamination by radioactivity from any nuclear fuel or other nuclear substance;

10. Deliberate exposure to exceptional danger (except in an attempt to save human life), or the Insured Person's own criminal act, or the Insured Person being under the influence of alcohol or drugs (other than drugs prescribed by a registered Medical Practitioner and taken in accordance with the registered Medical Practitioner's instructions);

11. Childbirth or pregnancy;

12. Any Pre-Existing Injury of which You were aware or for which You have received Treatment, have been prescribed medication or have consulted a Medical Practitioner or other health professional prior to the commencement date of cover.

13. No Benefit shall be payable where providing such payment would result in Us contravening the Private Health Insurance Act 2007 (Cth), the Health Insurance Act 1973 (Cth), the National Health Act 1953 (Cth) or any applicable legislation;

14. The Insured Person is outside the age limit as stated in the Schedule or by Endorsement;

15. Death, or bodily Injury which would not have arisen but for the existence of Asbestos;

16. Death or bodily Injury sustained while:

a. Engaged in demolition or construction work that would ordinarily require a qualified trade professional to complete;

b. Using power equipment, unless it is proven by You that any Voluntary Worker so injured had the necessary skills for, and had conservable practical experience, in such activity;

17.

a. Loss or destruction of or any damage to any property whatsoever or any loss or expense whatsoever resulting or arising there from or any consequential loss;

b. Any legal liability of whatsoever nature directly or indirectly caused by or contributed to by or arising from;

- (i) ionizing radiations or contaminations by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel
- (ii) the radioactive toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.

PART 6 – Claims

- Notice must be given to Us as soon as reasonably practicable of any Accident which causes or may cause disablement of the Insured Person. Notice must be given to Us as soon as reasonably practicable in the event of the death of the Insured Person resulting from an Accident.
- If You or Your legal representative want to make a claim You or they must complete Our claim form and attach to it receipts for any expenses being claimed.
- You must get proper medical advice from a Medical Practitioner as soon as possible after sustaining Injury and provide Us (at Your own expense) with any medical and other certificates and evidence required by Us that is reasonably required to assess Your claim.
- You must give Us details of any other insurance covering the same Injury.
- You must undergo any medical examination We may reasonably require to assess the claim; and which We will arrange at our Own expense.
- You must continue to be a resident of Australia.
- You must provide Us such evidence as We reasonably require, including in respect of Your state of health, level of disability and medical history, otherwise this may affect Our assessment of Your claim. If We are prejudiced as a result of non-compliance with this condition, where permitted by the Insurance Contracts Act 1984 (Cth) We may be entitled to reduce our liability to pay a claim to the extent of the prejudice or refuse to pay a claim.
- The Policyholder and the Insured Person must give Us written notice as soon as possible of every claim, writ, summons or proceedings, including any prosecution or inquest, and all information in regard to matters which may lead to cover under this policy.
- As soon as an event that can justify a claim occurs, the Insured Person must take reasonable steps to minimise the loss or damage.
- In the event of a claim You must advise Us of any other insurance You and the Insured Person have covering the same risk. If You or the Insured Person can claim from anyone else and We have already paid for the claim, You must render all reasonable assistance to Us including but not limited to the proper lodgement of a claim in order that We may obtain a rateable recovery from any other Insurer.
- We have the sole right to make admissions. We may refuse to protect the Insured Person if You or the Insured Person admits fault, makes any offer of payment or defends a claim in court without Our consent (such consent not to be unreasonably withheld or delayed).
- We will be entitled to conduct in Your name or the Insured Person's name the defence or settlement of any claim or to prosecute in the Policyholder's or the Insured Person's name.
- We will pay benefits to You or to the Insured Person unless You instruct Us to do otherwise.

PART 7 – General Provisions

Aggregate Limit of Liability

a) Except as stated below under (b), Our total liability for all claims arising under this Policy during any one Period of Insurance shall not exceed the amount set out in the Schedule for Aggregate Limit of Liability.

b) Our total liability for claims arising under this Policy during any one Period of Insurance relating directly to a Non-Scheduled Flight shall not exceed the amount set out in the Schedule as the Aggregate Limit of Liability for Non-Scheduled Flight.

In the event that claims are made under this Policy which exceed the above Aggregate Limit of Liability, We shall reduce the payments made with respect to each Insured Person in such manner as We may determine acting reasonably, but having regard to the amount of the Aggregate Limit of Liability, remaining at the time that it is reasonable that We become aware that the Aggregate Limit of Liability may be exceeded and having regard also to such circumstances of which We are reasonably aware, with respect to the amounts otherwise payable to Insured Persons under this Policy. Any determination as to the amount payable in these circumstances shall be made at Our entire discretion acting reasonably and shall not be the subject of any challenge of any kind.

Injury

We will reduce Our payment by any Weekly Benefits You are entitled to receive, and where allowed by law will reclaim any Weekly Benefit paid under another insurance policy, or any other income which forms part of a past economic loss award, any salary, wage or other payment including sick leave receivable from any Employer or Principal and/or under any statutory workers' compensation or transport accident scheme, or private health insurance.

If You are entitled to both a Weekly Benefit and a Capital Benefit (other than for Accidental Death) for the same Injury, We will pay You whichever Benefit We calculate is the higher, but not both.

To work out which Benefit is higher, We compare;

- a. the value of the Capital Benefit, with
- b. the amount of the following:
 - Weekly Benefit times the lesser of:
 - The period that You are likely to be Totally Disabled by the Injury; and the maximum Benefit Period set out in the Schedule.

If We decide to pay You the Capital Benefit:

- a. We will stop paying You the Weekly Benefit;
- b. We will not deduct from the Capital Benefit any amount We have paid You as the Weekly Benefit.

You cannot ask Us to delay paying You a Capital Benefit because You want to continue to receive Weekly Benefits. We will pay a Capital Benefit as soon as We believe You qualify to receive it.

If We decide to keep paying the Weekly Benefit We will not pay the Capital Benefit.

If We are paying You a Weekly Benefit and You die from the same Injury We stop paying the Weekly Benefit and only pay the Capital Benefit for Accidental Death.

Recurrence Clause

When We have paid a Weekly Benefit amount and the Insured Person suffers a recurrence of Temporary Total Disablement or Temporary Partial Disablement from the same bodily Injury, any subsequent period of disablement will be deemed and considered by Us as a continuation of the prior period for any further Weekly Benefit amount. If the Insured Person has held full time work for at least (6) consecutive months, the subsequent period of disablement will be deemed to have resulted from a new Bodily Injury and a new Excess Period will apply.

Subrogation

In the event of any payment under this Policy, We shall be subrogated to all rights of You and the Insured Person to recovery against any person or entity and You and the Insured Person execute and deliver any instruments and papers and do whatever else is necessary to enable Us to secure such rights. Neither You nor the Insured Person shall take action after any loss which will prejudice Our rights to subrogation.

Other insurance

In the event of a claim You must advise Us as to any other insurance You may have covering the same risk.

Breach of Provisions

If You are in breach of any of the provisions of this Policy, to the extent permitted by the Insurance Contracts Act 1984 (Cth), We may decline to pay a claim or reduce the amount we pay towards a claim.

Fraud

If You, or anyone acting on Your behalf, make a claim knowing it to be false or fraudulent in amount or in any other respect, We will not pay the false or fraudulent claim and We may cancel this policy.

Expiry of Your Policy

Your Policy expires at 4pm on the date shown on Your Schedule.

Renewal Terms

We will write to the Policyholder at least 14 days before Your Policy expires to confirm the date and time the Policy expires. When We write to the Policyholder We may offer a new policy on the same terms or on different terms or We may refuse to renew the policy. We will offer You a new policy by sending a renewal notice to the Policyholder identifying the new premium and any other changes to the terms of this policy. The Policyholder can accept by paying the new premium or giving Us notice of acceptance.

Who can cancel this Policy

- a. The Policyholder may cancel the policy at any time by notifying Us in writing. The cancellation will take effect from the date of the Policyholder's written cancellation or at 12.01am Australian Eastern Standard Time on the date We receive the written cancellation, whichever is the earlier. Provided no claim has been paid or accepted by Us as being covered under the Policy, We will refund any unused portion of the paid premium less any commissions, taxes and charges that We are unable to recover. If the Policy is cancelled and We have either paid a claim or accepted a claim as being covered under the Policy, there will be no refund of Premium.
- b. We may cancel this policy by giving three working days' notice in writing to You at Your address on our file for any reason available to Us at law.

Upon cancellation of the policy by Us, We will refund the premium for the unexpired Period of Insurance.

Alterations to this Policy

Alterations to the terms, clauses and/or conditions of this policy are not valid unless agreed by Us in writing.

Condition

If the consequences of an Accident shall be aggravated by any condition or physical disability of the Insured Person which existed before the Accident occurred, the amount of any compensation payable under this Insurance in respect of the consequences of the Accident shall be the amount which it is reasonably considered would have been payable if such consequences had not been so aggravated.

When We pay the Weekly Benefit

We pay the Weekly Benefit fortnightly in arrears following the end of each fortnight calculated at 1/7th of the Weekly Benefit for each day that You are entitled to receive it in that fortnight.

Sanction Limitation and Exclusion Clause

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from providing insurance, including, but not limited to, the payment of claims. All other terms and conditions of the policy remain unchanged.

Chubb is a subsidiary of a US company and Chubb Limited, a NYSE listed company. Consequently, Chubb is subject to certain US laws and regulations [in addition to EU, UN and national sanctions restrictions] which may prohibit it from providing cover or paying claims to certain individuals or entities or insuring certain types of activities related to certain countries such as but not limited to Iran, Syria, North Korea, North Sudan, Crimea and Cuba.

Other Policy Conditions

A reference to legislation statutory order, section, subsidiary instrument or part in this document includes a reference to any replacement or reenacting or amending or equivalent legislation, statutory order, section, subsidiary instrument or part. All other terms, conditions and exclusions remain unchanged.



> How to make a claim

When You sustain an Injury which prevents You from attending Your place of work, You must as soon as possible seek and follow medical advice from a qualified Medical Practitioner.

As soon as possible contact Point Underwriting Agency direct on: 1300 362 766 and obtain a claim form.

Complete all questions on the claim form as required and have the doctor who first attended to You complete the medical certificate.

Forward the completed claim form including all medical certificates/reports to:

Point Underwriting Agency Pty Ltd
PO Box 744
Manly NSW 1655

point
INSURANCE

ABN: 53 605 479 070 AFSL: 477471