

VAU Personal Accident and Sickness Insurance Scheme

Product Disclosure Statement and Policy Wording

14 January 2026

Provided by Point Insurance

Next Gen Accident & Sickness

1300 362 766

pointinsurance.com.au

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SCHEME OVERVIEW & IMPORTANT DETAILS

Your union, Victorian Ambulance Union (VAU), has established an insurance scheme to provide cover to scheme members in the event that they suffer a serious injury or illness and are unable to work for an extended period.

The insurance cover is underwritten by Chubb Insurance Australia Limited (Chubb). This document is designed to explain how the scheme works and the specific policy terms and conditions that determine what You are covered for. It is very important that You read the whole document and are comfortable that You understand all of this information before You decide to join or leave the plan. You should note that if You leave the plan and decide to re-join at a later date Your cover may be subject to restrictions that do not apply to You now.

This Product Disclosure Statement (PDS) has been prepared by Chubb as an information document for current and prospective members of the VAU Personal Accident & Sickness Insurance Scheme. This information is of a general nature. It does not take into account any person's individual circumstances, and You should always consider Your individual needs and seek professional advice where appropriate, before You enter into any kind of insurance contract. This PDS is available on the BankVic website.

Please seek independent financial advice relating to the tax implications of this product.

Who is this product for?

To understand who this product has been designed for, and to determine if the cover is likely to be consistent with Your needs, objectives and financial situation, You can review the Target Market Determination (TMD) document which is available on the BankVic website, or You can request a copy by calling us on 1300 362 766.

KEY PROVIDERS FOR THE SCHEME

Below are the details of the related bodies involved in putting the insurance program together with their roles explained and their contact details.

About Police Financial Service Limited (trading as BankVic)

Police Financial Services Limited (ABN 33 087 651 661 | AFSL 240293) is the coordinator of the Scheme. BankVic does not act for Point Underwriting Agency or the Insurer.

BankVic can be contacted as follows:

Post: Level 8, 505 Little Collins Street, Melbourne 3000.

Telephone: 13 63 73

About Victorian Ambulance Union Inc (VAU)

The Victorian Ambulance Union Inc (ABN 40 971 818 419) (VAU) has arranged this insurance with BankVic for the benefit of its members. VAU may decide to change insurers where they believe it is in the best interest of their members however this will not affect in force policies. VAU does not act for Point Underwriting Agency or the Insurer.

VAU can be contacted in writing at:

PO BOX 400 North Melbourne 3051

About the Issuer Point Underwriting Agency

Point Underwriting Agency Pty Ltd (ABN 53 605 479 070 | AFSL 477471) (Point Underwriting Agency) is a niche market underwriter specialising in Personal Accident and Sickness 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. Point is responsible for client administration, claims management, and the collection and disbursement of premiums. We pride ourselves on offering tailored insurance products backed by Our people and professional service.

Point Underwriting can be contacted as follows:

Post: PO Box 744, Manly NSW 1655

Telephone: 1300 362 766

Facsimile: (02) 9913 8078

Email: enquiries@pointinsurance.com.au

About the Insurer Chubb

Chubb Insurance Australia Limited (ABN 23 001 642 020, AFSL 239687) (Chubb) 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 can be contacted as follows:

Post: Grosvenor Place, Level 38, 225 George Street

Sydney NSW 2000

Telephone: +61 2 9335 3200

Website: www.chubb.com/au

IMPORTANT INFORMATION

Important documents

Your insurance Policy documentation consists of:

1. **this Policy booklet** which sets out details of what is and what is not covered by this Policy;
2. **the Policy Schedule** that We provide with details of:
 - Who is insured;
 - Cover(s) selected;
 - Period of Insurance;
 - Respective sums insured and/or limits of liability;
 - Excess Period and other important information.

You should ensure that You read these documents carefully and keep them in a safe place. If You have any questions regarding the Policy or Policy Schedule, please contact Point Underwriting Agency.

This combined Policy Wording and PDS was prepared on 14 January 2026.

About this Booklet

This booklet contains 2 sections: Part A is a Product Disclosure Statement (PDS) which sets out important information about Your Policy. The information contained in the PDS is designed to assist You in making an informed choice about Your insurance needs. It gives You a summary of the significant features and benefits of this product. It also contains information about how the Premium is calculated, Our dispute

resolution process, the cooling off period, and other relevant information relating to this product.

Part B is the Policy, which sets out all the terms, conditions and exclusions applicable to this insurance. It is important that You read both Part A and Part B of this booklet carefully before applying for this insurance so that You understand the cover provided and its terms, conditions and exclusions.

Any statement in this PDS attributed to a person is done so with the consent of that person, with that consent not having been withdrawn as at the date of this PDS.

Cancelling the Policy

If You cancel this Policy within the cooling off period, We will refund any premium You have paid, less any government levies, taxes or duties that We cannot recover. Even after the cooling off period You can cancel Your insurance at any time by letting Us know in writing. Provided no claim has been paid or accepted by Us as being covered under the Policy, We will refund any unused portion of Your paid Premium less any commissions, taxes and charges that We are unable to recover. Point Underwriting Agency will usually retain the commission on the Policy. 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. We can cancel Your insurance to the extent permitted by law, for example if You do not comply with the Policy terms and conditions, if You fail to pay Your premium, if You make a fraudulent claim or if You did not comply with Your duty of disclosure or misrepresented information when You entered into this insurance contract. If We cancel Your Policy, We will send You a cancellation letter.

Renewing Your insurance

At least fourteen (14) days before Your insurance expires, We will advise You whether We intend to renew Your insurance or not, and if so, on what terms. You are not obliged to renew Your insurance with Us.

Your cooling off period continues to apply on each renewal. Each renewal is a separate contract and not an extension of the prior contract.

KEY FEATURES OF THE SCHEME

PREMIUM RATE: Your premium is charged as a percentage of Your Gross Salary rate based on Your age and includes the Stamp Duty and all other charges.

These rates are as follows:

Age	Rate
16 - 40	1.49%
41 - 70	2.04%
71 - 75	2.42%
Over 75	On referral

For example: a 45-year-old Insured Person with an annual salary of \$100,000 is charged 2.04% or \$2,040 annual premium. This is approximately \$78.46 per fortnight.

Your premium will be updated annually and the new premium will be applied to Your first pay run from January each year. In some cases, Your premium update may be applied at a later date depending on Your payroll department.

Tailored Group Policy Benefits

Benefit	Description
14 day Excess Period	Benefits begin from the 15th day of disablement
Up to 90% of Income	Receive up to 90% of Gross Salary
104 Week Benefit Period	Maximum benefit period is 104 weeks (2 years)
Scope of Cover	24 hour / 7 days a week cover
Age up to 75 years	Cover available for members up to and including 75 years of age, with over 75 years on referral to the Insurer
Workers Compensation Top Up included	Difference between Workers Compensation Benefit and Your Weekly Bodily Injury or Weekly Sickness Benefit
Funeral Benefit (Accidental Death Only)	Up to \$10,000

Accidental Dental Cover	Up to \$5,000
Chauffeur Services	Up to \$3,000
Unexpired Membership Benefit	Up to \$2,500

PREMIUM WAIVER: When You are on claim and receiving benefits, You are not required to pay any premiums.

WORLDWIDE COVER: Your policy covers You worldwide, 24 hours per day.

However, if You are on claim You must return to Australia within three (3) months of becoming disabled and remain in Australia under the care of a Medical Practitioner for benefits to be payable.

BENEFITS OFFSETS: If You are entitled to receive an income replacement payment from either a superannuation fund, other insurance policy or a social security payment, Your VAU scheme benefit will be reduced by the amount of that entitlement.

COVER WHILST ON LEAVE WITHOUT PAY: If You are going on a period of leave without pay You may continue Your insurance cover by informing Point Underwriting Agency before You start that period of leave. You also need to arrange to pay Your premium for the period on leave. The maximum period that You can arrange the extension of cover is twelve (12) months.

If You do suffer a Bodily Injury or Sickness while on leave without pay, Your benefits will not start to be payable until the time when You would have normally returned to work and would have been earning an income.

REHABILITATION BENEFIT: To assist You to return to work, We will reimburse the cost of Your participation in a return-to-work program, up to \$10,000, but only if the expenses are incurred while a Weekly Bodily Injury or Sickness Benefit is payable whilst You are Totally Disabled.

RECURRENT DISABLEMENT: If You have been on claim, then return to work, but find You need more time off because of the same Bodily Injury or Sickness, if this is within six (6) months of when You went back to work, there is no need to serve another Excess Period, as it is considered as a continuation of Your earlier claim.

HIV/HEPATITIS B & C INFECTION BENEFIT: If You are infected during working hours with an incident or exposure to any of the following conditions, Human Immunodeficiency Virus (HIV) or any variation or develops Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC), including Hepatitis B & C, We will pay You \$30,000. The infection must be as a result of an at work incident or occurrence. Any of the above conditions pre-dating the inception date of this policy may be deemed a pre-existing condition.

PART A | PRODUCT DISCLOSURE STATEMENT (PDS)

What is the Product Disclosure Statement (PDS)?

This PDS provides general information only. It does not take into account any person's individual circumstances, and You should always consider your individual needs and seek professional advice where appropriate, before You enter into any kind of insurance contract. It should be read in conjunction with the attached Policy wording and any endorsements attaching to it. The PDS and Policy wording contain important information that You should read carefully before deciding to take out any insurance cover.

Do not hesitate to contact Point Underwriting Agency should You wish to comment on any aspect of Your Policy.

All documentation and correspondence will be in plain English. If You or an Insured Person has any disability that makes communication difficult, please tell Us and We will be pleased to help. You can find a copy of this PDS on the BankVic website.

Policy Terms and Conditions

The Policy is Our legal contract with You and the Policy wording contains the terms, conditions and exclusions relating to the insurance cover. The PDS and the Policy, which includes the Policy Schedule, are important documents, so please check them carefully for the coverage they provide and retain them safely for future reference.

This insurance requires You or an Insured Person to provide documentary evidence to Us where a claim is made (e.g. medical certificates, financial documentation).

Should You require any further information about this product, please contact Point Underwriting Agency.

Updating the PDS

We may need to update this PDS from time to time if certain changes occur, where required and permitted by law. We will issue You with a new PDS or a Supplementary PDS or other compliant document to update the relevant information except in limited cases. Where the information is not something that would be materially adverse from the point of view of a reasonable person considering whether to buy this insurance, We may issue You with notice of this information in other forms or keep an internal record of such changes (You can get a paper copy free of charge by calling Us).

SUMMARY OF COVER

The following is only a summary of some of the significant features, benefits and risks of this insurance. Please read this PDS and the Policy carefully before You apply for this insurance to make sure that You understand the cover provided and its terms, conditions and exclusions.

VAU Personal Accident & Sickness Insurance is a Group Policy designed for Victorian Ambulance Union Incorporated Members only affiliated with the VAU. The Policy provides benefits for:-

A. Accident

- Accidental Death
- Capital Benefit(s) Cover
- Permanent Total Disablement
- Temporary Total Disablement
- Temporary Partial Disablement
- Broken Bone Benefit

B. Sickness

- Temporary Total Disablement
- Temporary Partial Disablement

PAYMENTS

The Policy provides for three different types of payments:

- Lump Sum Benefits – Refer to *Table of Benefits*
- Weekly Benefits - these apply to Temporary Total Disablement and Temporary Partial Disablement by Bodily Injury or Sickness
- Broken Bone Benefit - refer to *Table of Benefits*

EXCLUSIONS

This Policy does not cover all possible risks in life. The Policy contains exclusions to ensure that premiums remain affordable, but this also means that We will not pay claims arising from certain causes. All of these are fully described in the Policy but can be summarised as:

- War
- Terrorism
- Radioactivity
- Nuclear/Chemical/Biological Terrorism
- Certain excluded activities
- Air Travel (other than as a passenger)
- Professional Sport
- Suicide
- Intentional Self-Injury
- Criminal Acts
- Alcohol or Drugs
- Pregnancy & Childbirth
- Pre-Existing Conditions

CONDITIONS

The Policy contains conditions which limit or exclude the cover available in certain circumstances. The conditions are fully explained in the Policy but can be summarised as:

- Aggravation by Pre-Existing Conditions;
- Other Insurance.

LIMITATIONS

The Policy contains provisions that limit the maximum amount(s) payable in the event of Bodily Injury or Sickness.

Additionally, You can only claim for the consequences of a Bodily Injury or Sickness if an Insured Event occurs within 12 months from the date of the Bodily Injury or Sickness.

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.

Our rights to refuse or reduce a claim

Where permitted by law, We may refuse to pay or reduce the amount We pay under a claim if You do not comply with the Policy conditions, if You do not comply with Your Duty of Disclosure or if You make, or attempt to make, a fraudulent claim.

Waiver of rights of subrogation

The Policy provides that You must not, without Our prior written consent (such consent not to be unreasonably withheld or delayed), enter into any contract or agreement which excludes, limits or prejudices a right of recovery which You may have in respect of any claim covered under the Policy. Further, You must not do anything or fail to do anything which excludes, limits or prejudices Our rights of subrogation.





COOLING-OFF PERIOD

If You decide for any reason that this Policy is not for You and You have not made a claim, You may cancel this Policy within 21 days of it starting (this also applies to each renewal). Simply notify Point Underwriting Agency within 21 days of the start date of the Policy.

Provided that You have not and will not make a claim, We will return to You the entire Premium.

MAKING A CLAIM

We must be given notice as soon as reasonably practicable of any Bodily Injury or Sickness which causes or may cause disablement and You must as early as possible place Yourself under the care of a Medical Practitioner.

We must be given notice as soon as reasonably practicable in the event of Your death resulting or alleged to result from an Accident.

You must ensure that all medical records, notes, and correspondence referring to the subject of a claim or a related Pre Existing Condition shall be made available on request to any

Medical Practitioner appointed by or on behalf of Us and that such Medical Practitioner(s) shall, for the purpose of reviewing the claim, be allowed from time to time to examine You where We consider necessary, provided the frequency is not unreasonable in the circumstances.

For weekly Benefits, ongoing medical certifications will be required. You are required to meet the cost of these medical certifications.

Completed medical certificates should be completed and sent to Point as soon as is practically possible.

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.

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

Telephone: 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 thirty (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 thirty (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

Telephone: 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 www.insurancecouncil.com.au or by phoning (02) 9253 5100, or by visiting our website www.pointinsurance.com.au. The Code is monitored and enforced by the Code Governance Committee.

PART B | THE POLICY

This Policy consists of this section B Policy wording and the Policy Schedule that We give You.

Please read this Policy carefully and satisfy Yourself that it provides the cover You require. If You want more information about this Policy, please contact Point Underwriting Agency. The Policy and the Policy Schedule should be kept in a safe place for future reference.

Point Underwriting Agency issues this product on behalf of the Insurer and has arranged this Policy for You. If You have any questions about Your cover, or You wish to contact Point Underwriting Agency, please contact Point Underwriting Agency for assistance.

Law and Jurisdiction

The laws of Victoria will apply and the Courts of Australia will have jurisdiction over all matters which may arise under the Policy.

Definitions

Apart from in the various headings, some words in the Policy have specific meanings attached to them, such as “You” and “Us”. When reading the Policy please make sure that You refer to the various definitions to ensure that You understand what is being said.

PERSONAL ACCIDENT & SICKNESS INSURANCE POLICY

In consideration of the payment of the Premium and in reliance upon the contents of the Application Form and any other information submitted by or on Your behalf, We will pay You the applicable Benefit in accordance with the terms and conditions of this Policy.

INSURING CLAUSES

If You suffer a Bodily Injury or Sickness during the Period of Insurance that directly results in an Insured Event listed in the Table of Benefits below, We will pay You or Your executors or administrators (if any) the applicable benefit shown in the Table of Benefits once We have accepted Your claim.

The Insured Event must occur within twelve (12) months of the date of the Bodily Injury or the date of the first manifestation of the Sickness.

TABLE OF BENEFITS

The Benefits specified in the table below are subject to any applicable Excess Period.

INSURED EVENTS Bodily Injury resulting directly in	BENEFITS Being the Sum Insured or a percentage thereof
Insured Person with Dependants	\$200,000 (Sum Insured)
Insured Person without Dependants	\$150,000 (Sum Insured)
1. Accidental Death	100%
2. Permanent Total Disablement	100%
3. Permanent and incurable paralysis of all Limbs	100%
4. Permanent Total Loss of two Limbs	100%
5. Permanent Total Loss of one Limb	100%
6. Permanent Total Loss of sight in both eyes	100%
7. Permanent Total Loss of sight in one eye	100%
8. Permanent Total Loss of the lens of the eye	60%
9. Permanent Total Loss of hearing in: a) both ears b) one ear	a) 80% b) 20%
10. Third degree burns and or resultant disfigurement which covers more than 40% of the entire external body	50%
11. Permanent Total Loss of use of four fingers and thumb of either hand	80%
12. Permanent Total Loss of use of four fingers of either hand	50%

13. Permanent Total Loss of use of the thumb of either hand: a) both joints b) one joint	a) 30% b) 15%
14. Permanent Total Loss of use of one finger of either hand: a) three joints b) two joints c) one joint	a) 10% b) 7.5% 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%

INSURED EVENTS Bodily Injury resulting directly in	BENEFITS Being the Sum Insured or a percentage thereof
16. Fractured leg or patella with established non-union	10%
17. Shortening of leg by at least 5cm	7.5%
18. Permanent partial disablement not otherwise provided for under Insured Events 8-17 inclusive	Such percentage of the Sum Insured as certified by Your treating Medical Practitioner which corresponds to the percentage reduction in whole bodily function, but not more than 75%, and being in Our opinion not inconsistent with the compensation provided under Insured Events 8-17 inclusive. This benefit is only payable if the Insured Person is 70 years of age or younger.

<p>19. Broken bone Benefit:</p> <p>a) neck or spine</p> <p>b) hip, pelvis</p> <p>c) skull, shoulder blade</p> <p>d) collar bone, upper leg</p> <p>e) upper arm, kneecap, forearm, elbow</p> <p>f) lower leg, jaw, wrist, cheek, ankle, hand, foot</p> <p>g) ribs</p> <p>h) finger, thumb, toe</p>	<p>a) \$5,000</p> <p>b) \$500</p> <p>c) \$200</p> <p>d) \$200</p> <p>e) \$150</p> <p>f) \$100</p> <p>g) \$50</p> <p>h) \$50</p>
<p>20. Temporary Total Disablement caused directly and solely by Bodily Injury</p>	<p>During such disablement, the weekly Bodily Injury Benefit as specified in the Schedule or 90% of Your Gross Salary, whichever is the lesser.</p>
<p>21. Temporary Partial Disablement caused directly and solely by Bodily Injury</p>	<p>If You return to work in a reduced capacity, the amount payable shall be the difference between Insured Event 20 and amount received from employment in a reduced capacity.</p> <p>If You do not return to work, the amount payable shall be 25% of the Insured Event 20.</p>
<p>INSURED EVENTS</p> <p>Sickness resulting directly in</p>	<p>BENEFITS</p> <p>Being the Sum Insured or a percentage thereof</p>
<p>22. Temporary Total Disablement caused directly and solely by Sickness</p>	<p>During such disablement, the weekly Sickness Benefit as specified in the Schedule or 90% of Your Gross Salary, whichever is the lesser.</p>

<p>23. Temporary Partial Disablement caused directly and solely by Sickness</p>	<p>If You return to work in a reduced capacity, the amount payable shall be the difference between Insured Event 22 and amount received from employment in a reduced capacity.</p> <p>If You do not return to work, the amount payable shall be 25% of the Insured Event 22.</p>
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DEFINITIONS

The words below have a special meaning for the purposes of this Policy:

1. **Accident** means a sudden, unexpected, specific event which occurs at an identifiable time and place which is unforeseen or unintended by You which results in an Insured Event within twelve (12) calendar months.
2. **Accidental Death** means death occurring as a result of Bodily Injury.
3. **Application Form** means the application form submitted to Us by You or on Your behalf.
4. **Air Travel** means being in or on or boarding an aircraft for the purpose of flying in that aircraft. It also means getting off the aircraft following a flight.
5. **Benefit** means the compensation that You are entitled to under this Policy for an Insured Event.
6. **Benefit Period** means the period as specified in the Schedule commencing on the first day that a Benefit begins to accrue and excludes the Waiting Period.
7. **Bodily Injury** means identifiable physical injury which occurs during the Period of Insurance and:
 - a) is caused by an Accident; and
 - b) solely and independently of any other cause (except Sickness directly resulting from, or medical or surgical treatment rendered necessary by such injury); and
 - c) is not a Pre-Existing Condition; and
 - d) is not an aggravation of a condition which existed before the start of the Period of Insurance; and
 - e) is not a degenerative condition.
8. **Close Relative** means Parent, Spouse/Partner, child, brother, sister, brother-in-law, sister-in-law, daughter in-law, son-in-law, half-brother,

half-sister, fiancé, niece, nephew, uncle, aunt, stepchild, grandparent or grandchild.

9. **Country of Residence** means the country of which the Insured Person is a permanent resident (e.g. in relation to which they hold a multiple entry visa or permit which gives the Insured Person resident rights in such country).
10. **Dependants** means any person who is primarily dependent upon You for financial maintenance and support and includes:
 - a) Your spouse or defacto who has continuously lived with You for at least three (3) calendar months prior to an event giving rise to a claim; and
 - b) Your unmarried dependants under nineteen (19) years of age.
11. **Dependent Child(ren)** means an Insured Persons and their Spouse/Partners dependent child(ren) (including step or legally adopted child(ren)) as long as they are under nineteen (19) years of age or under twenty-five (25) years of age while they are full-time students at an accredited institution of higher learning and in either case, are primarily dependent upon the Insured Person for maintenance and support. Dependent Children also means an Insured Persons children of any age who are permanently living with the Insured Person and are mentally or physically incapable of self-support.
12. **Domestic Duties** means the usual and ordinary domestic duties undertaken by someone as a homemaker and could include child-minding and home help services. Child-minding and home help services must be carried out by persons other than the Insured Persons Close Relatives or persons permanently living with the Insured Person and must be certified by a Medical Practitioner as being necessary or at least likely to be substantially beneficial for the recovery of the Insured Person.
13. **Excess Period** means the period (of consecutive days) stated in the Policy Schedule during which no Benefits are payable for a Bodily Injury or Sickness, commencing from the day medical treatment is sought from a Medical Practitioner on or after You are Totally Disabled as a result of such Bodily Injury or Sickness.
14. **Gross Salary** means:
 - a) in the case of an employee, Your weekly pre-tax income, including commission, bonuses, overtime payments and any allowances, averaged during the period of twelve (12) months immediately preceding the commencement of the disability or over such shorter period as You have been employed; or
 - b) in the case of a self-employed person, Your weekly pre-tax income derived from personal exertion, after deduction of all expenses incurred in connection with the

derivation of that income, averaged over the period of twelve (12) months immediately preceding the commencement of the disability or over such shorter period as You have been self-employed.

15. **Insured, Insured Person, You and Your** means the person named as the Insured Person in the Schedule.
16. **Insured Event(s)** means the insured events described in the Table of Benefits.
17. **Limb** means a hand at or above the wrist or of a foot at or above the ankle.
18. **Medical Aids** means equipment such as crutches, bandages, traction equipment, walker boots, heat packs etc. that are recommended in the treatment of a Bodily Injury by a Medical Practitioner and which are not excluded under General Exclusion 12.
19. **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.
20. **Parent** means parent, parent-in-law, step-parent or such person who was the Insured Persons primary care giver (including jointly with another person) as a child.
21. **Period of Insurance** means the period shown in the Schedule as the Period of Insurance, unless terminated earlier.
22. **Permanent** means having lasted, or where the medical evidence shows that it will last, twelve (12) consecutive months from the date of the Bodily Injury and at expiry of that period, in the opinion of a Medical Practitioner beyond hope of improvement.
23. **Permanent Total Disablement** means disablement which entirely prevents You from attending to any business or occupation of any and every kind and which lasts twelve months (12) and at the expiry of that period is beyond hope of improvement.
24. **Permanent Total Loss** means the full and permanent loss of the use of the part of Your body referred to in Insured Events 4-15.
25. **Policy** means this product disclosure statement, this Part B Policy wording, any endorsements, the Schedule, the Application Form and any other documents that We issue to You and advise You that they form part of the Policy.
26. **Pre-Existing Condition** means any injury or any illness, disease or condition that existed prior to the commencement of the Period of Insurance, of which You were aware before the Period of Insurance, or which a reasonable person in Your circumstances could have been expected to have been aware, or for which You have received or sought medical attention or treatment or for which You have undergone testing prior to the commencement of the Period of Insurance.

27. **Premium** means the amount stated as the premium in the Schedule.
28. **Professional Sport** means any sport for which an Insured Person receives a fee, allowance, sponsorship or monetary reward as a result of their participation, which in totality accounts for more than fifteen percent (15%) of their annual income from all sources.
29. **Point Underwriting Agency** means Point Underwriting Agency Pty Ltd ABN 53 605 479 070 AFSL 477471.
30. **Schedule** means the current schedule to this Policy issued by Point Underwriting Agency.
31. **Sickness** means an illness, sickness or disease where symptoms first manifest during the Period of Insurance and occasions Your disablement within twelve (12) months of the date of the Sickness. It does not mean a Pre-Existing Condition.
32. **Spouse/Partner** means an Insured Persons husband or wife and includes a de-facto and/or life partner with whom an Insured Person has continuously lived for a period of three (3) months or more at the time of loss.
33. **Table of Benefits** means the table of benefits listed after the Insuring Clause.
34. **Temporary Partial Disablement** 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.
35. **Temporary Total Disablement / Totally Disabled** means that in the opinion of a Medical Practitioner, You are temporarily unable to perform Your usual employment, business or occupation activities, or any other occupational or employment activities for which You have the experience, skills, or education and while You are under the regular care of and acting in accordance with the instructions or advice of a Medical Practitioner.
36. **Under the Influence:** in relation to a person, means that the person is under the influence of alcohol or a drug to the extent that the person's capacity to exercise proper care and skill is impaired.
37. **We, Us, Our and Insurer** means Chubb Insurance Australia Limited (ABN 23 001 642 020 AFSL: 239687).

EXCLUSIONS

We will not pay any Benefits with respect to any Insured Event, Bodily Injury or Sickness directly or indirectly arising out of or resulting from or contributed to by:

1. **War:** War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, or military or usurped power.
2. **Terrorism:** Any act of terrorism, or any action taken in controlling, preventing, suppressing or in any way relating to an act of terrorism.
3. **Radioactivity:** Radioactive contamination, nuclear reaction, nuclear radiation.
4. **Nuclear/Chemical/Biological Terrorism:** Any act of terrorism involving the use or release, or the threat thereof, of any nuclear weapon or device or chemical or biological agent.

For the purpose of this exclusion and Exclusion 2, an act of terrorism means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or ethnic purposes or reasons including the intention to influence any government or to put the public, or any section of the public, in fear.

5. **Excluded Activities:** You engaging in or taking part in military service (including but not limited to naval or air force service or operations).
6. **Air Travel:** Flying or other aerial activity unless as a passenger in a properly licensed aircraft being operated by a licensed commercial air carrier or owned and operated by a commercial operator.
7. **Professional Sport** Participation in or training for any Professional Sport.
8. **Suicide/Intentional Self Injury/Insanity: Suicide** or attempted suicide, intentional self-injury, or being in a state of insanity.
9. **Criminal Acts/Alcohol/Drugs**
 - (a) any criminal or illegal act committed by You;
 - (b) being Under the Influence of alcohol;
 - (c) being Under the Influence of drugs (unless prescribed by a Medical Practitioner);
 - (d) alcoholism or illicit drug use.
10. **Pregnancy/Childbirth:** Pregnancy or childbirth. Pregnancy is not considered as an insured event however if You suffer a pregnancy related health problem that stops You working earlier than would normally be the case, You may be entitled to a benefit.
11. **Pre-Existing Condition:** No benefit will be payable for a Pre-Existing Condition.

12. **Legislative Exclusion:** 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.

LUMP SUM BENEFITS / LIMITATIONS

If as a result of Bodily Injury, You suffer any of the Insured Events 1-19, We will pay the Benefit set out in the Table of Benefits.

Benefits will not be payable for more than one of the Insured Events 1-19 arising out of the same Bodily Injury. In that event, the highest Benefit applicable will be payable.

Time Limitations

We will only pay You Benefits for Insured Events if:-

- a) under Item 1, Accidental Death occurs within twelve (12) months of the date of the Bodily Injury;
- b) under Items 4 to 7, the Insured Event occurs within twelve (12) months of the date of the Bodily Injury;
- c) under Items 2 and 3, You become totally disabled within twelve (12) months of the date of the Bodily Injury and such disablement lasts for twelve (12) months.

Disappearance Clause

We will presume that You have died from a Bodily Injury and pay any Lump Sum Benefit You are entitled to upon Accidental Death if:

- a) transport on which You are traveling disappears, sinks, or is wrecked during this policy; and
- b) Your body is not found within twelve (12) months from the date of that Accident; and
- c) Your presumed death is not excluded.

CONDITIONS

- 1. Aggravation by Pre-Existing Condition** If the consequences of an Accident are made worse because of any condition or physical disability which You had before the Accident occurred, the amount of any compensation We will pay in respect of the consequences of the Accident shall be the amount which We reasonably consider would have been payable if such consequences had not been made worse.
- 2. Recurrence Clause** When We have paid a weekly Benefit amount, the Insured Person suffers a recurrence of Temporary Total Disablement or Temporary Partial Disablement from the same Bodily Injury or Sickness, 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 or Sickness and You must apply for a new claim subject to all terms and conditions of the policy.
- 3. Change of Occupation** Cover is provided under this Policy on the condition that You continue in Your occupation as shown on Your Policy Schedule and remain as an employee of Ambulance Victoria (AV) and member of the VAU. Coverage will cease if You are no longer employed by AV or are not a VAU member. We shall not pay any claims where You have changed occupation and not informed Us of such change
- 4. Notice of Claim** We must be given notice as soon as reasonably practicable of any Accident or Sickness which causes or may cause disablement within the meaning of this Policy, and You must as soon as possible place Yourself under the care of a Medical Practitioner.

We must be given notice as soon as reasonably practicable in the event of Your death resulting or alleged to result from an Accident.

Written notice shall be given to:

Point Underwriting Agency Pty Ltd

PO Box 744, Manly NSW 1655

Email: enquiries@pointinsurance.com.au

Web: www.pointinsurance.com.au

Phone: 1300 362 766

Fax: 02 9913 8078

You must ensure that all medical records, notes, and correspondence referring to the subject of a claim or a related Pre-Existing Condition shall be made available on request to any Medical Practitioner appointed by or on behalf of Us and that such Medical Practitioner(s) shall, for the purpose of reviewing the claim, be allowed as often as We or they feel is necessary to examine You.

- 5. Subrogation** Where We have paid a claim under this Policy, We become entitled to any rights You may have against any party in relation to that claim. You must assist Us (including giving evidence at any civil trial)

and provide such information (including signed statements) as We reasonably require to exercise such rights.

You must not, without Our prior written consent (such consent not to be unreasonably withheld or delayed), enter into any contract or agreement which excludes, limits or prejudices a right of recovery which You may have in respect of any claim covered under this Policy. Further, You must not do anything or fail to do anything which excludes, limits or prejudices Our rights of subrogation

6. **Claim Limitation** Weekly Benefit payments are only payable whilst the Insured Person remains a resident in Australia. Weekly Benefits will cease immediately if the claimant leaves Australia (unless an Australian Resident departing temporarily or as agreed by Us).
7. **Sanctions Limitation** 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 Insurance Australia Limited is a subsidiary of a US company and Chubb Limited, a NYSE listed company. Consequently, Chubb Insurance Australia Limited 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.

8. **Claim Offset** The Weekly Benefits payable for Insured Events 20-23 will be reduced by the amount of any other weekly benefit You receive or are entitled to receive under any statutory workers' compensation or transport accident compensation scheme or legislation or any insurance policy specifically covering the same risk, so that the Benefits payable under this Policy will be the amount by which the Benefit payable under this Policy exceeds the other benefits to which You are entitled.
9. **Weekly Benefits** All weekly Benefits paid in relation to items 20-23 of the Table of Benefits will be paid fortnightly in arrears.
10. **Other Insurance** In the event of a claim, You must advise Us as of any other insurance that You may have covering the same risk.
11. **Insurance Contracts Act 1984** This Policy is governed by and We will act in accordance with the Insurance Contracts Act 1984 (Cth).
12. **Fraud** Subject to the provisions of the Insurance Contracts Act, if You make a claim knowing the same to be false or fraudulent, as regards amount or otherwise, We may refuse payment of the claim.
13. **Maximum Amount We Will Pay** The total amount We will pay under this Policy for any one or more claims shall not exceed in total the largest amount payable for any one Insured Event.

14. Due Diligence You will exercise due diligence in doing all things to avoid or reduce any loss under this Policy.

ADDITIONAL BENEFITS

Funeral Benefit

In the event an Insured Person suffers Accidental Death through Injury that is covered by this Policy, We will also pay for reasonable reimbursement of Funeral Expenses up to \$10,000.

Accidental Dental Cover

If during the Period of Insurance and whilst the person is an Insured Person and within the Scope of Cover, the Insured Person suffers a Bodily Injury to Teeth which results in one of the Insured Events below within twelve (12) months of the date of the Bodily Injury, We will pay up to \$250 per Tooth in accordance with the applicable benefit in the Table below.

This Accidental Dental Cover is subject to an overall maximum limit of \$5,000 in any Period of Insurance.

INSURED EVENTS	BENEFITS
Bodily Injury resulting directly in	Being a percentage of \$250 per Tooth
24. Loss of Teeth or full capping of Teeth	100%
25. Partial capping of Teeth	50%

For the purpose of this Accidental Dental Cover, ‘Tooth’ means a sound and natural tooth but does not include first or milk teeth, dentures, implants and dental fillings. Teeth shall have the same corresponding meaning.

Chauffeur Services

If We pay You a weekly benefit under this Policy, We will also reimburse for Your reasonable costs incurred for a chauffeur or taxi service, up to a maximum of \$3,000, to and from Your home and usual place of work if You are certified by a registered Medical Practitioner as being unable to drive a vehicle or travel on public transport but are fit to return to work.

Unexpired Membership Benefit

If during the Period of Insurance and whilst the person is an Insured Person and within the Scope of Cover, the Insured Person sustains a Bodily Injury which results in a benefit being payable under:

- a) Events 2 to 7; or
- b) Events 20 and/or 22 for which a Medical Practitioner certifies in writing will reasonably likely continue for a minimum period of

twenty-six (26) weeks or the period for which the Insured Person has pre-paid a membership, association or registration fee (whichever is the greater);

and, as a result, a Medical Practitioner certifies that the Insured Person is prevented from continuing their participation in any sport or gym activity for the entire remaining period that they have pre-paid a membership, association or registration fee, We will pay the Insured Person a refund of such pre-paid, unused and nonrefundable fees for the current season or membership period, up to \$2,500.

This payment is calculated from the date the Medical Practitioner certifies that the Insured Person is prevented from participating and ends at the end of the current season or membership period which has been pre-paid.

This benefit is not payable if:

- a) the Insured Person has been certified by a Medical Practitioner as being prevented from participating only for a portion of the entire pre-paid period; and/or
- b) a refund, credit note or voucher has been received or been offered for the unused pre-paid fees.

Dependent Child Supplement

If during the Period of Insurance and whilst the person is a Insured Person and within the Scope of Cover, the Insured Person suffers a Bodily Injury resulting in Accidental Death which results in a valid claim being accepted by Us for Insured Event 1 - Accidental Death and is survived by a Dependent Child(ren), We will pay the Insured Persons estate a lump sum benefit for each surviving Dependent Child.

The benefit payable is \$10,000 per Dependent Child up to a maximum benefit of \$30,000 with respect to any one (1) family.

Orphaned Benefit

If during the Period of Insurance and whilst the person is an Insured Person and within the Scope of Cover, the Insured Person and their Spouse/Partner both suffer an Accidental Death as a result of the same Accident and they are survived by a Dependent Child(ren), We will pay to the Insured Persons estate, in addition to any benefit payable under Dependent Child Supplement, a lump sum benefit for each surviving Dependent Child.

The benefit payable is \$10,000 per Dependent Child up to a maximum benefit of \$30,000 with respect to any one (1) family.

Partner Retraining Benefit

If during the Period of Insurance and whilst the person is an Insured Person and within the Scope of Cover, the Insured Person suffers a Bodily Injury which results in a valid claim being accepted by Us under Insured Event 1, 2 or 3, We will pay, up to \$10,000.

This amount will be used towards the actual costs incurred for the training or retraining of the Insured Persons Spouse/Partner:

- a) for the purpose of obtaining gainful employment; or
- 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 always that:

- a) the training is provided by a registered training organisation (or similar entity) with qualified skills to provide such training; and
- b) all such expenses are incurred within twenty-four (24) months from the date the Insured Person suffered the Bodily Injury for which the claim depends, unless otherwise agreed by Us.

Out of Pocket Expenses

If during the Period of Insurance and whilst the person is an Insured Person and within the Scope of Cover, the Insured Person sustains a Bodily Injury which directly results in additional expenses for Medical Aids, local transportation (other than in an ambulance) for the purpose of seeking medical treatment, and other non medical expenses such as clothing and non-medical equipment, We will pay the actual and reasonable costs incurred up to the maximum amount of \$2,500.

However, this is provided that those costs are not insured elsewhere under this Policy, or an expense to which is covered in part of whole by Medicare or covered by:

- a) any workers compensation legislation;
- b) any transport accident legislation;
- c) any government sponsored fund, plan or medical benefit scheme; or
- d) any other insurance policy required to be effected by or under law;

but only to the extent to which the loss, damage, liability, event, Bodily Injury or sickness is in fact covered by one or more of these schemes. We will cover loss, damage or expense in excess of such other scheme or policy provided that the Insured Person has pursued a claim against that scheme or policy to final resolution, subject to the terms, conditions, exclusions and limits of this Policy.

Modification Expenses

If during the Period of Insurance and whilst the person is an Insured Person and within the Scope of Cover, the Insured Person sustains a Bodily Injury which results in a benefit being payable under Insured Events 2 or 3, We will reimburse the Insured Person up to the amount of \$20,000 for actual costs incurred to:

- a) modify the Insured Persons home and/or vehicle, or
- b) relocate the Insured Person to a more suitable home,

provided that evidence is presented from a Medical Practitioner certifying the modification and/or relocation is medically necessary or is at least likely to be substantially beneficial in managing the Insured Persons condition.

Independent Financial Advice

If during the Period of Insurance and whilst the person is an Insured Person and within the Scope of Cover, the Insured Person sustains a Bodily Injury which results in a benefit being payable under Insured Events 1 to 7, We will, in addition to payment of the benefit, and at the request of the Insured Person or representatives of the Insured Persons estate, pay for professional financial advice in respect of the payment of the benefit for Insured Events 1 to 7.

However, such advice must be provided by an independent financial advisor who is not a Close 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 benefit payable for any one (1) event is \$7,500.

Emergency Home Help

If during the Period of Insurance and whilst the person is an Insured Person and within the Scope of Cover, the Insured Person suffers from a Bodily Injury which results in a Medical Practitioner certifying that the Insured Person is temporarily unable to carry out their usual Domestic Duties, We will pay for the cost of reasonably and necessarily incurred additional Domestic Duties expenses as a result of that Bodily Injury as a payment of \$500 per week up to a maximum of 26 weeks.

Bed Care

If during the Period of Insurance and whilst the person is an Insured Person and within the Scope of Cover, the Insured Person is confined to bed outside Australia and/or Country of Residence, as a result of a Bodily Injury, for a period in excess of forty-eight (48) hours, and the Insured Person presents Us with a written opinion of a Medical Practitioner that verifies that the Bodily Injury caused the Insured Person to be confined to bed, We will pay the Insured Person the sum of \$250 per week up to a maximum of 26 weeks.

If the bed confinement continues for a period of less than one (1) week, or for only part of any subsequent week, We will pay the Bed Care Benefit at the rate of one-seventh (1/7th) of the weekly amount for each day during which bed confinement continues, subject to the maximum number of 26 weeks.

Accommodation and Transport Expenses

If during the Period of Insurance and whilst the person is an Insured Person and within the Scope of Cover, the Insured Person sustains a Bodily Injury and is admitted as an in-patient of a hospital, which is more than 100 kilometres from the Insured Persons normal place of residence, We will pay the actual and reasonable transport and/or accommodation expenses incurred by their Spouse/Partner and/or Dependent Children to travel to or remain with the Insured Person, up to the amount of \$5,000.

OTHER IMPORTANT MATTERS

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 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

Facsimile: +61 2 9335 3411

Email: complaints.AU@chubb.com

For more information, please read Our Complaints and Customer Resolution policy on Our website at 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 www.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

Telephone: 1300 362 766 or 02 9970 7378

How to make a claim

When you sustain an injury or a sickness 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.

Then obtain a Claim Form from Point Underwriting Agency which you can get either by;

Downloading from their website www.pointinsurance.com.au

Calling 1300 362 766 (toll free) or (02) 9970 7378

Or emailing claims@pointinsurance.com.au

Complete all questions on the claim form as required and have your treating doctor 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
Fax (02) 9913 8078
or claims@pointinsurance.com.au

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