




point
INSURANCE

Group Sports Injury

Product Disclosure Statement & Policy Wording

 1300 362 766

 [pointinsurance.com.au](https://www.pointinsurance.com.au)

POINT-GPA03-PDS-0526

PRODUCT DISCLOSURE STATEMENT

This Product Disclosure Statement (PDS) sets out important information about the Policy. The information contained in the PDS is designed to assist the Policyholder in making an informed choice about purchasing this insurance. It gives the Policyholder a summary of the significant features, benefits and risks of this product. It also contains information about how the Premium is calculated, Our dispute resolution system, the cooling off period, and other relevant information relating to this product.

Any general advice in this PDS has been prepared without taking into account the Policyholder's objectives, financial situation or insurance requirements. Before purchasing this product, the Policyholder must read this PDS, together with the Schedule and Policy wording to decide whether this product is appropriate for their objectives, financial situation and needs.

Important documents

This PDS and Policy Wording, and the 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. 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 Schedule has been issued.

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

This combined Policy Wording and PDS was prepared on 4th May 2026.

About Point Underwriting Agency

Point Underwriting Agency Pty Ltd ABN 53 605 479 070 AFSL 477471 (Point) is a niche market underwriter specialising 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.

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 Our website at <https://www.pointinsurance.com.au/insurance-disclosure-documents/> or You can request a copy by calling us on 1300 362 766 or (02) 9970 7378.

About the Insurer

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

How cover is provided under this insurance

In deciding to accept this insurance and in setting the terms and premium, We have relied on the information the Policyholder has given Us.

The Policyholder must take care when answering any questions We ask by ensuring that all information provided is accurate and complete.

This insurance is entered into with the Policyholder and provides cover in relation to Insured Persons.

Access to this insurance is provided to Insured Persons solely by reason of the statutory operation of section 48 of the Insurance Contracts Act 1984 (Cth). Insured Persons are not contracting Insureds (e.g. they cannot cancel or vary the Policy – only the Policyholder can do this) and do not enter into any agreement with Us as their right is only provided by reason of the above section of the Insurance Contracts Act.

Neither We nor the Policyholder hold anything in trust or for the benefit of such Insured Persons under this Policy.

Where this Policy covers Insured Persons, the Policyholder:

- does not act as Our agent,
- acts independently from Us in entering into this insurance to provide cover to Insured Persons,
- does not hold an Australian Financial Services Licence; and
- is not authorised to provide any recommendations or opinions about the insurance or other financial service to an Insured Person.

What are Insured Persons covered for?

The following is only a summary of some of the significant features and benefits of this insurance.

This policy provides the Insured Person with coverage for Capital Benefits and Weekly benefits for Income earners in the Table of Events under Section A or B, in each case where a specific Event directly results from an Injury to the Insured Person during the Policy Period and within the Scope of Cover as shown on the Schedule. Additional Benefits may also be available following such Injury.

Coverage and the extent of benefits available are subject to the full terms and conditions of this policy wording and the Policyholder paying or agreeing to pay the required premium. All activities must be authorised by the Policyholder and the Policyholder's officials.

Please read the Policy Wording, along with the Schedule and any Endorsements, in full, to understand the extent of Your coverage under this Policy.

When does cover begin and end?

Cover begins

For the Policyholder, this Policy begins at 4pm on the start date of the Policy Period as shown on the Schedule, subject to Our receipt of the first payment of premium.

For Insured Persons, access to cover begins when the Insured Person meets the eligibility criteria agreed with the Policyholder as set out on the Schedule under the description of Insured Persons or any other document issued by Us.

When does cover begin and end? (continued)

Cover ends (Insured Persons)

The Insured Person's access to cover ends immediately at the earliest of the following events:

- on the date that the Policyholder requests that such Insured Person no longer be covered under this Policy as an Insured Person;
- on the date that such person no longer meets the criteria of an Insured Person as set out in the Schedule or any other document issued by Us or
- 4pm on the end date of the Policy Period as shown in the Schedule;
- the date this Policy is cancelled by the Policyholder (see Condition 6 Cancellation Rights).
- Where We cancel the Policy, the Insured Person's access to cover ends upon the expiry of Our cancellation notice period specified in Condition 6, or otherwise following Our cancellation of the Policy in accordance with Condition 5 if instalment premium remains unpaid.

Exclusions from cover apply

Cover is not provided under this Policy in certain circumstances, for instance, if an exclusion applies. The exclusions are explained in the Exclusions Section of the Policy Wording, and, in some cases, in the Schedule or an endorsement issued by Us.

Below is a summary of some of the exclusions in this Policy:

- Losses arising from Pre-Existing Conditions;
- Losses arising from participation or training in Professional Sports;
- Losses arising from sickness, disease or illness of any description;
- Air travel unless as a passenger in any properly licensed fixed-wing aircraft owned or operated by a recognised airline operating over an established air route to published schedules;

- 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.

This policy contains other exclusions which can be found in the "Exclusions" Section of the Policy Wording. The policy is also subject to maximum sums insured and Waiting Periods may apply. Please refer to the PDS & Policy Wording and Schedule for further details.

Waiting period

If You make a claim under the Policy, a Waiting Period may apply. The applicable Waiting Period is specified in the Schedule.

Excess

An Excess may apply to claims made in relation to certain coverage provided under the Policy. Please refer to the Policy Wording for further details on where this applies.

Renewal Terms

We will write to the Policyholder at least 14 days before the 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 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.

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 (e.g. no claim has been made).

When the Policyholder returns it within the above 14 day period, We will cancel the Policy and give the Policyholder a full refund of premiums paid. Please note that the Policyholder still has cancellation rights that can be used after this period expires.

Premium

All cover is subject to the payment of Premium and the terms, conditions and exclusions of this Policy.

When calculating the Premium for the Policy, We take into account a range of factors including the cover the Policyholder wants, the applicable limits and excesses and any relevant insurance history. The Premium also includes amounts that take into account Our obligation to pay any relevant compulsory government charges or taxes (e.g. stamp duty) in relation to the Policy. These amounts will be set out separately in the Schedule as part of the total Premium payable.

Premium paid by instalments

If the Policyholder's premium for this Policy is to be paid by instalment and an instalment remains unpaid for one month or more from the due date, We may cancel this Policy in accordance with the Insurance Contracts Act 1984 (Cth). We will not pay any claim relating to an Injury that first occurs 14 days or more after any instalment of premium remains unpaid. We may deduct from any compensation paid or payable, any unpaid Premium or instalment of Premium.

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.

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.

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.

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

POLICY WORDING

Preamble

This Policy sets out the terms of insurance provided by Us. The Policyholder and Insured Persons should read this Policy Wording and the Schedule carefully so that they are aware of the terms, exclusions and conditions and, if they are not in accordance with their understanding of the cover arranged, the Policyholder should contact their intermediary to raise any queries.

Definitions

Where certain words or phrases are used in this Policy Wording or Schedule, they are defined as follows:

Accident means a sudden, unexpected, specific event which occurs at an identifiable time and place during the Policy Period which was unforeseen or unintended by You, and which results in any of the Events specified in the Policy, within twelve (12) calendar months from the date of its occurrence, but does not include any Pre-Existing Condition, or a sickness.

Accidental Death means death occurring as a result of Injury.

Age Limit means the minimum and maximum ages as shown on the Schedule, where benefits shall not be payable if the Insured Person's age at the date of Injury is outside these specified age limits.

Benefit Period means the maximum period as shown on the Schedule during which We will pay for any one claim. The Benefit Period shall commence after the Waiting Period has elapsed.

Dependent Child means an Insured Person who is under nineteen (19) years of age or under twenty-five (25) years of age while they are a Student and are primarily dependent upon their parent or guardian for maintenance and support.

Domestic Duties means the Insured Person's usual and ordinary domestic duties undertaken by the person as a homemaker and could include child-minding and home help services. Child-minding

services must be carried out by a professional carer and home help services must be carried out by a recognised home help agency.

Events means the insured events described in the Table of Events as set out in this Policy.

Excess means the amount the Insured Person must firstly contribute toward any claim.

Fingers or Toes means the digits of a Hand or Foot.

Foot means the entire foot below the ankle.

Hand means the entire hand below the wrist.

Income means the average of an Insured Person's weekly income net of business expenses but before personal deductions and income tax, and exclusive of overtime payments, bonuses, commissions or allowances, earned from personal exertion in their usual business, profession, occupation or employment for the number of weeks so engaged during the twelve (12) month period immediately preceding Injury resulting in any of the Events covered by this Policy.

Injury means bodily injury (including Accidental Death) resulting solely from an Accident which occurs during the Policy Period 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:

1. any consequences of any condition which is ordinarily described as being a sickness or disease;
2. aggravation of any condition which pre-existed the date of the Accident;
3. any other Pre-Existing Condition;
4. any degenerative condition irrespective of when the degeneration commenced or when and to what extent the degeneration progressed;
5. any Event caused as a result of heatstroke and/or caused directly or indirectly by or attributable to any sickness or disease, or repetitive strain injury or any gradual process of wear and tear, or any cardiac or pulmonary or cerebrovascular incident(s), notwithstanding that such incident(s) may have been caused by or induced by or accelerated by Injury.

Insured Person means any person(s) specified as Insured Persons in the Schedule, nominated by the Policyholder for insurance cover under this Policy and for whom a premium has been paid and accepted by Us.

Limb means an arm at or above the wrist or a leg at or above the ankle.

Medical Aids means equipment such as crutches, bandages, traction equipment, walker boots, heat packs etc. that are recommended in the treatment of an Injury by a Medical Practitioner, and which are not excluded under General Exclusion 13.

Medical Practitioner means a person who is duly qualified and legally registered (including a general practitioner, physician, or specialist) to practice medicine in Australia, who is not the Insured Person, the Insured Person's spouse, or a member of the Insured Person's family or their business associate.

Non-Medicare Medical Expenses means reasonable expenses that are not covered by the Medicare Benefits Scheme (MBS) and are:

1. incurred within twelve (12) months of sustaining an Injury; and
2. paid for by You for Medical Practitioner, physician, surgeon, nurse, physiotherapist, chiropractor, osteopath, hospital and/or ambulance services for the following treatments:
 - Medical
 - Surgical
 - X-ray
 - Chiropractic
 - Osteopathic
 - Physiotherapy
 - Hospital
 - Nursing Treatment

Non-Medicare Medical Expenses do not include dental treatment.

Non-Income Earner means any Insured Person who is not earning an Income from employment or occupation.

Occupational Disease means any abnormal condition, however it may be named, that is not caused by or traceable to an Injury and has been caused by exposure to a disease producing agent or agents present in the Insured Person's occupational environment.

Paraplegia means total, Permanent and incurable paralysis of both legs and part or whole of the lower half of the body.

Permanent means having lasted, or where the medical evidence shows that it will last, twelve (12) consecutive months from the date of the Injury and at expiry of that period, in the opinion of a Medical Practitioner beyond hope of improvement.

Policy means this PDS and Policy Wording, the Schedule and any endorsements issued to this Policy, whether issued at the inception of the Policy or during the Policy Period and the Proposal.

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

Policy Period means the period specified in the Schedule.

Pre-Existing Condition means a sickness, illness, disease, injury, condition, (including any side-effect or symptoms of a condition) of which the Insured Person was aware or of which a reasonable person in the circumstances could be expected to have been aware, or for which the Insured Person had received or sought medical attention or Treatment or for which they had undergone testing prior to the commencement of the Policy Period.

Premium means the premium specified in the Schedule or any Endorsements issued to this Policy.

Professional Sport means any sport played by the Insured Person from which the Insured Person receives payment or financial reward that constitutes the majority of their Income earned from personal exertion for the period of time played.

Proposal means the written proposal the Policyholder has made to Us containing information and statements which, together with any other information or documents provided, are the basis of this Policy and are considered incorporated in it.

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

Schedule means the schedule to this Policy.

Scope of Cover means the operative time of the cover as specified in the Schedule.

Student means an Insured Person who is a full-time student with an educational institution.

Temporary Partial Disablement, Partial Disability, Partially Disabled means the Insured Person has been continuously Totally Disabled as the result of an Injury for which they have received a Total Disability Benefit and immediately after that period of Total Disability the Insured Person is capable of returning to work in reduced or alternative light duties and / or reduced hours of work.

Temporary Total Disablement, Totally Disabled, Total Disability means the Insured Person is temporarily unable to engage in any aspect of their usual employment, and:

- the Insured Person is not working in any employment or occupation; and
- the Insured Person is under the regular care and attendance of and following the advice and Treatment recommended by a Medical Practitioner.

Total Loss means the physical severance or Permanent loss of the full effective use of the part of the body referred to in the Table of Events.

Treatment means receipt of advice, management or relief of symptoms, surgery or any period where a course of medication was prescribed by a Medical Practitioner or health professional, whether the Insured Person complied with this advice or not.

Terrorist Activity means an act or acts of any person or group(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 is not 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 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.

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 amongst people or animals.

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.

Waiting Period means the period specified in the Schedule during which no benefit under Sections B or C is payable. The Waiting Period commences on the first day medical Treatment is sought for the Injury.

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

You or Your means the Insured Person nominated by the Policyholder for cover under this Policy and specified as an Insured Person in the Schedule or Policy Wording and for whom a premium has been paid and accepted by Us.

Cover provided by this policy

Insuring Clause

If the Insured Person suffers an Injury during the Policy Period and whilst within the Scope of Cover, that directly results in an Event listed in the Table of Events under Section A or B, We will pay the Insured Person or their executors or administrators (if any) the applicable benefit shown in the Table of Events under Section A or B once We have accepted their claim.

The Event must occur within twelve (12) months of the date of the Injury.

Coverage is subject to the terms, conditions and exclusions of the Policy.

TABLE OF EVENTS

Section A - Capital Benefits

THE EVENTS Injury resulting in	THE BENEFITS Being the Sum Insured or a percentage thereof
Section A: Capital Benefits	
1. Accidental Death	100%
2. Paraplegia	100%
3. Quadriplegia	100%
4. Permanent Total Loss of sight in both eyes	100%
5. Permanent Total Loss of sight in one eye	100%
6. Permanent Total Loss of use of two Limbs	100%
7. Permanent Total Loss of use of one Limb	100%
8. Permanent Total Loss of the lens of both eyes	100%
9. Permanent Total Loss of the lens of one eye	50%
10. Permanent Total Loss of hearing in: a) both ears b) one ear	a) 75% b) 15%
11. Third degree burns and/or resultant disfigurement received from fire or chemical reaction which extends to cover more than 40% of the entire external body.	50%
12. Permanent Total Loss of use of four Fingers and thumb of either Hand	70%
13. Permanent Total Loss of use of four Fingers of either Hand	40%

THE EVENTS Injury resulting in	THE BENEFITS Being the Sum Insured or a percentage thereof
Section A: Capital Benefits (continued)	
14. Permanent Total Loss of use of the thumb of either Hand: a) both joints b) one phalanx joint	a) 30% b) 15%
15. Permanent Total Loss of use of Fingers of either Hand a) three phalanges joints b) two phalanges joints c) one phalanx joint	a) 10% b) 7% c) 5%
16. 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%
17. Fractured leg or patella with established non-union	10%
18. Shortening of leg by at least 5 cm	7%
19. Any Permanent physical disability not included in Events 5 to 18 above.	Such percentage of the capital sum insured as certified by the Insured Person's 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 benefit provided under Events 5 – 18 inclusive.

Section B - Weekly Injury Benefit

THE EVENTS Injury resulting in	THE BENEFITS
Section B: Weekly Injury Benefit	
20. Temporary Total Disablement	During such disablement, the amount per week specified in the Schedule against Section B, Weekly Injury Benefit, or 80% of the Insured Person's Income, whichever is the lesser, up to the Benefit Period noted in the Schedule and following the Waiting Period.
21. Temporary Partial Disablement	During such disablement, 25% of the amount per week specified in the Schedule for Event 21.

Section C - Additional Benefits

1. Funeral Expenses

If during the Policy Period and within the Scope of Cover, the Insured Person dies as a result of an Injury for which a benefit is payable under Section A, Event 1- Accidental Death, We will also pay the actual funeral costs of the Insured Person's funeral, or the sum insured noted in the Schedule against Funeral Expenses, whichever is the lesser.

2. Non-Medicare Medical Expenses

If during the Policy Period and within the Scope of Cover, the Insured Person is acting to:

- a) provide services, without payment, to an educational, religious, charitable or benevolent organisation; or
- b) engage in a sporting activity:
 - i. in the capacity of a participant, adjudicator, judge, referee or umpire or in a similar capacity; or
 - ii. as an official, or otherwise to assist in the conduct of the sporting activity; or
 - iii. in his or her capacity as an elected or appointed official of a sporting organisation; or
- c) engage in youth activities organised by a voluntary organisation (for example, the Scout Association of Australia); or
- d) undertake an activity that is part of an employment, education, training or youth program, or initiative, administered or funded by the Commonwealth, including specialist employment services for people with disabilities (where a law of a State or Territory relating to workers' compensation does not apply),

and during the Policy Period and within the Scope of Cover the Insured Person suffers from an Injury, We will pay a Non-Medicare Expense benefit incurred within 12 months of the date of the Injury as set out in the Schedule and subject to an Excess.

We will not pay Non-Medicare Medical Expenses to the extent they are recoverable or recovered from any private health insurance fund and what You would otherwise be entitled to under this Non-Medicare Medical Benefit clause. In order to claim any difference, a claim must be made on a private health insurance fund where available and You must provide evidence to Us of the claim made to the private health insurance fund and the benefit recovered. No benefit is payable in respect of the Medicare gap, being the difference between payment made by Medicare and the Medicare Benefits Schedule fee for the expense.

Compensation for physiotherapy or chiropractic Treatment shall be limited to \$200 for any one Policy Period, unless the Insured Person has obtained a referral from a Medical Practitioner, in which case such Compensation for such expenses shall be limited to \$500 for any one Policy Period.

We will not be liable to make any refund in respect of any expense to which General Exclusion 13 applies.

3. Parents' Inconvenience Allowance

If during the Policy Period and within the Scope of Cover, the Insured Person suffers an Injury covered by this Policy, We will reimburse actual costs incurred which the Insured Person's parent or guardian incurs for the purpose of visiting the Insured Person whilst they are continuously hospitalised due to the Injury covered under this Policy. This benefit only applies in respect of an Insured Person who is a Dependent Child. The maximum amount payable arising from any one Injury shall be limited to the sum insured and the Benefit Period specified in the Schedule against Parent's Inconvenience Allowance.

4. Emergency Transport Benefit

If during the Policy Period and within the Scope of Cover, an Insured Person suffers an Injury while the Insured Person is either:

- engaged in a sporting activity in the capacity of a participant, adjudicator, judge, referee or umpire or in a similar capacity;
- acting as an official at or otherwise assisting in the conduct of a sporting activity, or
- acting in his or her capacity as an elected or appointed official of a sporting organisation,

or while that person is travelling to or from that activity; or the place where that person acts in that capacity as an elected or appointed official,

We will pay the costs of reasonable emergency ambulance services provided by road, air or water transportation costs up to the amount stated in the Schedule against Emergency Transport benefit.

The benefit shall only be payable where in the opinion of the attending ambulance officers there is a serious threat to the Insured Person's life or health and the Insured Person requires immediate treatment and transportation by ambulance to hospital.

We will not provide payment for pre-booked, non-emergency ambulance charges or charges for inter-hospital transfer.

We will not pay any costs that we are prohibited from paying by law and for any costs that are recoverable from any other source.

5. Disappearance

If during the Policy Period and within the Scope of Cover, the disappears and the Insured Person's body has not been found within twelve (12) months after the date of that disappearance, the Insured Person

will be deemed to have died as a result of an Injury at the time of their disappearance and We will pay the benefit stated in the Schedule against Event 1 – Accidental Death subject to the following criteria being met:

- it is reasonable to assume that the disappearance is due to the occurrence of an Injury;
- a period of no less than 12 months has passed since the original date of the disappearance; and
- the Policyholder or the legal representatives of the Insured Person's estate provide Us with a signed agreement stating that if it later transpires that the Insured Person did not die, or did not die of Injury, any amount paid will be reimbursed to Us.

6. Exposure

If during the Policy Period and within the Scope of Cover, the Insured Person is exposed to severe weather conditions as a result of an Accident and the Insured Person suffers any of the Events (1 to 19) within 12 months of the Accident, it will be deemed that the Insured Person has suffered an Injury on the date of the Accident.

7. Membership Fees Benefit

If during the Policy Period and within the Scope of Cover, the Insured Person suffers an Injury covered by this Policy which results in the Insured Person being certified by a Medical Practitioner as unable to continue taking part in the sporting activity to which this Policy relates for the remainder of any membership or registered period, We will pay a pro-rata amount of the membership or registration fee paid by the Insured Person, calculated from the date of Injury to the end of the membership or registration period. Payment will be made up to the amount specified in the Schedule against Membership Fees Benefit. The maximum period considered for any membership or registration is 12 months.

8. Modification Cover

Where a benefit is payable for Events 2 to 4 inclusive, We will also pay for the costs necessarily incurred by the Insured Person and agreed by Us in writing (such agreement not to be unreasonably withheld or delayed) for modifying their motor vehicle or home or in relocation to a suitable home, up to the amount stated in the Schedule against Modification Benefit.

9. Out of Pocket Expenses

If during the Policy Period and within the Scope of Cover, the Insured Person suffers an Injury covered by this Policy which directly results in additional expenses for Medical Aids (as determined by a Medical Practitioner as necessary for managing the Insured Person's Injury) or local transportation (other than in an ambulance) for the purpose of travelling directly to hospital or medical appointments, We will reimburse the actual and reasonable costs incurred up to the amount stated in the Schedule against Out of Pocket Expenses.

However, this is provided that such costs are not an expense to which General Exclusion 13 applies.

10. Domestic Help Expenses for Non-Income Earner

If during the Policy Period and within the Scope of Cover, the Insured Person is a Non-Income Earner and suffers an Injury which results in a Medical Practitioner certifying that the Insured Person is temporarily unable to carry out their Domestic Duties, We will pay the weekly cost of reasonably and necessarily incurred additional Domestic Duties expenses as a result of that Injury up to the amount stated in the Schedule against Domestic Help Expenses for Non-Income Earner. This benefit will be payable for the maximum Benefit Period as stated in the Schedule against Domestic Help Expenses for Non-Income Earner and following the Waiting Period.

The circumstances giving rise to a claim under this Additional Benefit must occur within twelve (12) months of the date of the Injury.

11. Student Tutorial Expenses

If during the Policy Period and within the Scope of Cover, the Insured Person is a Student and suffers an Injury which results in a Medical Practitioner certifying that the Insured Person is temporarily unable to attend their registered classes, We will pay the weekly cost of reasonably and necessarily incurred additional home tutorial services as a result of that Injury up to the amount stated in the Schedule against Student Tutorial Expenses. This benefit will be payable for the maximum Benefit Period as stated in the Schedule against Student Tutorial Expenses and following the Waiting Period.

The circumstances giving rise to a claim under this Additional Benefit must occur within twelve (12) months of the date of the Injury.

Home tutorial services must be carried out by persons other than the Insured Person's spouse or a member of the Insured Person's family.

Conditions

1. PAYMENT OF BENEFITS:

- a) Benefits shall only be payable if the Insured Person remains resident in Australia. If the Insured Person leaves Australia permanently, or for any period in excess of 3 months, We will cease paying all benefits, effective from the date the Insured Person leaves or left Australia.
- b) Benefit payable under Event 1 – Accidental Death in Section A shall be payable to the Insured Person’s executors or administrators (if any).
- c) If the Insured Person suffers more than one Injury or both Injury and Accidental Death as a result of the same Accident, We will pay the Insured Person the highest Capital Benefit that they qualify to receive for any one of the Injuries (or Accidental Death if the Covered Person dies as a result of the Accident) but not both.
- d) The Insured Person can only claim one Capital Benefit for any one Injury.
- e) Where benefits are payable under any one of Events 1 to 8 in Section A, cover under the Policy ceases for all further Injury to the Insured Person.
- f) A benefit shall not be payable under any of the Events 20 or 21 in Section B or under Additional Cover 10. Domestic Help Expenses and/or 11. Student Tutorial Expenses under Section C:
- i) during the Waiting Period specified in the Schedule,
 - ii) for any period in excess of the Benefit Period specified in the Schedule;
 - iii) beyond the date of the Insured Person’s death.
- g) Benefits under Events 20 and/or 21 under Section B shall be payable proportionately for each working day the Insured Person suffers Total Disablement (excluding the Waiting Period plus the period of time equal to the total of their accrued sick leave at the

time of the Injury) and subject to due proof of loss, shall be payable fortnightly in arrears, for up to the Benefit Period specified in the Schedule.

h) Benefits under this Policy are payable only if a sum insured is specified in the Schedule.

i) No benefits shall be payable under Section B of this Policy unless the Insured Person is in receipt of Income at the date of Injury, and as a result of the Injury suffers Total Disablement.

2. WEEKLY INJURY BENEFIT OFFSET

Benefits under Sections B will be reduced by any:

- i) sick leave entitlements (if applicable);
- ii) entitlements under any Workers’ Compensation, Motor Accident or accident compensation legislation, or any other similar legislation; and
- iii) income replacement benefits actually paid to the Insured Person in respect of the same Injury under any other insurance policy, to the extent permitted by law.

3. RECURRENCE OF DISABLEMENT

If, as a result of Injury, benefits are payable under Sections B or C, and the Insured Person suffers a recurrence of Total Disablement from the same or related cause or causes, the subsequent period of Total Disablement will be deemed a continuation of the prior period unless between such periods the Insured Person has performed the duties of their usual occupation (or if the Insured Person has no occupation, their usual domestic duties) on a full-time basis for at least six consecutive months, in which case such Total Disablement shall be deemed the result of a new Injury and subject to a new Waiting Period and Benefit Period.

4. AGGREGATE LIMIT OF LIABILITY

a. Except as provided under point b below, Our total liability for all claims arising under this Policy for any one event during the Policy Period shall not exceed the Aggregate Limit of Liability stated in the Schedule against Aggregate Limit of Liability - any one Event during the Policy Period.

b. Our total liability for all claims arising under this Policy during any Policy Period shall not exceed the Aggregate Limit of Liability stated in the Schedule against Aggregate Limit of Liability – for any one Policy Period.

In the event that claims made under this insurance exceed the Aggregate Limit of Liability, then the amount by which claims exceed this limit will be proportionally reduced.

5. PREMIUM PAID BY INSTALMENTS

If the Policyholder's premium for this policy is to be paid by instalment and an instalment remains unpaid for one month or more from the due date, We may cancel this Policy in accordance with the Insurance Contracts Act 1984 (Cth). We will not pay any claim relating to an Injury that first occurs 14 days or more after any instalment of premium remains unpaid. We may deduct from any compensation paid or payable, any unpaid Premium or instalment of Premium.

6. CANCELLATION RIGHTS

a) The Policyholder may cancel the policy at any time by notifying Us in writing. The cancellation will take effect at 4.01pm (in the state or territory where the policy was effected) on the day We receive the Policyholder's written notice of cancellation or such time as otherwise agreed. If the policy is cancelled and no claim has been paid or accepted by Us as being covered under the Policy, 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 a claim has been made or accepted by Us as being covered under the Policy.

b) We may cancel this policy by giving fourteen (14) days notice in writing to the Policyholder at their address on Our file for any reason available to Us at law.

c) Upon cancellation of the policy by Us, We will refund the premium for the unexpired Policy Period unless a claim has been paid or accepted by Us as being covered under the Policy.

7. SEEK AND FOLLOW MEDICAL ADVICE

It is a condition of this Policy that the Insured Person must, as soon as practicable after the happening of any Injury, seek and follow medical advice from a Medical Practitioner.

8. CLAIMS PROCEDURE

a) Written notice of any claim under this Policy must be given to Us as soon as reasonably practicable of the occurrence of an Injury giving rise to a claim under this Policy. Please refer to the back page of this Policy Wording for details on how to make a claim with Point Underwriting.

b) All certificates and evidence reasonably required by Us shall be furnished at the Insured Person's expense.

c) The Insured Person shall, as often as reasonably required, submit to medical examination on Our behalf and at Our expense.

d) In the case of the Insured Person's death, We shall be entitled to have a post-mortem examination at Our expense.

9. PERIODIC PAYMENT OF COMPENSATION

Subject to due written proof of loss, any benefit for which this Policy provides as a periodic payment will be paid fortnightly in arrears, calculated at 1/7th of the weekly compensation for each day of disablement, excluding the Waiting Period plus the period of time equal to the total of the Insured Person's accrued sick leave at the time of Injury.

10. GOVERNING LAW AND JURISDICTION

This Policy shall be governed by the law of the State or Territory in Australia in which it is issued. The courts of that State or Territory shall have exclusive jurisdiction to determine any dispute under this Policy.

11. RECOVERIES

Subject to the Insurance Contracts Act 1984, We have the right to recover any payment made under this Policy from any third party. This includes the right to take an action in the Insured Person's name, or the Policyholder's name.

The Insured Person and the Policyholder must provide all information and assistance We reasonably require to prosecute any recovery action.

12. POLICY ALTERATIONS

Any alterations to the terms, clauses, exclusions or conditions of this Policy are not valid unless agreed by Us in writing.

13. SUBROGATION RIGHTS

We are entitled to commence or take over legal proceedings in the Policyholder's or Insured Person's name to sue or prosecute any other person to recover any monies payable by them at law. The Policyholder and the Insured Person must not take any action to prejudice any such right of recovery and must co-operate and do all things reasonably necessary to enable the recovery action to be prosecuted. This includes providing any statements, documents or assistance We require, including the giving of evidence in court.

Exclusions

These exclusions apply to all coverage under the Policy, unless they are expressly stated not to apply.

Notwithstanding any provision to 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 arising out of, contributed to, caused by, 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 or expense:

- 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) murder or assault subsequently proved beyond reasonable doubt to have been the act of agents of a state foreign to the nationality of the Insured Person whether war be declared with that state or not;
- o) Terrorist activity.

We will not pay benefits with respect to any loss, damage, liability, Event or Injury caused by or resulting from or in connection with:

- 1. a) the Insured Person being a pilot or crew member of any aircraft; or
b) the Insured Person engaging in air travel or any aerial activity, except as a passenger in any properly licensed fixed-wing aircraft owned or operated by a recognised airline operating over an established air route to published schedules;
- 2. deliberate exposure to exceptional danger (except in an attempt to save human life), deliberately self-inflicted Injury or suicide;
- 3. driving or riding on motor cycles or motor scooters other than as a means of transport to or from normal place of business;
- 4. pregnancy, childbirth or miscarriage, or any complications thereof;
- 5. sickness, disease or illness of any description;
- 6. Sexually Transmitted Disease (STD), Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV) infection;
- 7. a) the Insured Person being under the influence of alcohol or a drug other than a drug administered or prescribed by and taken in accordance with the instructions of a Medical Practitioner or;
b) the Insured Person driving a motor vehicle whilst having a percentage of alcohol in their breath or blood in excess of that permitted by law;
- 8. any criminal act committed or attempted by the Insured Person;
- 9. Occupational Disease;
- 10. a) mountaineering, rock climbing, speleology, sky-diving, hang-gliding, bungee jumping, or;
b) any Professional Sport;
- 11. any Pre-Existing Condition;
- 12. where, at the date of the Injury giving rise to the claim, the Insured Person is outside the age limit as stated in the Schedule or by endorsement;

13. any circumstances where providing a payment under this Policy 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 other applicable legislation;
14. loss or destruction of or damage to any property whatsoever or any loss or expense whatsoever resulting or arising there from or any consequential loss;
15. any legal liability of whatsoever nature directly or indirectly caused by or contributed to by or arising from;
 - a) ionizing radiations or contaminations by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel;
 - b) the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.

If any of these Exclusions, or part thereof, is found to be invalid or unenforceable, the remainder shall remain in full force and effect.

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.

Disclaimer

All information in this PDS is current at the time of issue. We may change or update the information from time to time that is not materially adverse by preparing a product information update. A paper copy of any updated information will be given, or an electronic copy made available, to You at no cost where You request this.

A copy of this PDS and any updated PDS can be found online here: www.pointinsurance.com.au/insurance-disclosure-documents/

Financial Claims Scheme

In the unlikely event We became insolvent and unable to meet Our obligations under the policy, the Financial Claims Scheme (FCS) may provide for payment to an entitled policyholder. The FCS is an Australian Government initiative that protects policyholders of general insurance companies from potential loss due to an insurance company's failure. The Australian Prudential Regulation Authority (APRA) is responsible for administering the FCS in Australia. Access to the FCS is subject to eligibility criteria and requires making a claim. Please refer to www.fcs.gov.au for more information.



How to make a claim with Point Underwriting

When you sustain an Injury, 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 Medical Practitioner who first attended to You complete the medical certificate.

Forward the completed claim form, including all medical certificates/reports, employer statements and Your proof of earnings to:

Point Underwriting Agency Pty Ltd
PO Box 744
Manly NSW 1655

> Phone: 1300 362 766 or (02) 9970 7378

> Fax: (02) 9913 8078

> Email: enquiries@pointinsurance.com.au

> Web: pointinsurance.com.au

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