

point INSURANCE

next gen ACCIDENT & SICKNESS

V.I.P Home Services Group
Personal Accident and Sickness Insurance

Product Disclosure Statement & Policy Wording

pointinsurance.com.au | 1300 362 766

INTRODUCTION

This Product Disclosure Statement (PDS) is an important legal document that contains details of this V.I.P Home Services Group Personal Accident and Sickness cover. Before deciding to buy insurance from Us, the Policyholder must read this PDS and Policy Wording thoroughly and keep it, together with the Schedule, in a safe place.

What is a Product Disclosure Statement?

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

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

The PDS and Policy Wording contains information about:

- the type of cover(s) available,
- the terms and conditions,
- the benefits and exclusions; and
- making a claim.

Consideration should be given to the contents of this booklet and the terms, conditions, limits and exclusions of the cover being offered. Cover only begins when We have agreed to accept the insurance and a Schedule has been issued.

The following documents form the legal contract between You and Us:

- this PDS and Policy Wording,
- the Schedule, and
- any other document (such as an endorsement) that We tell You forms part of Your Policy describing the insurance contract between You and Us.

Together, these documents are referred to as Policy Documents.

Please keep them together in a safe place. The Policyholder must ensure that a copy of this PDS and Policy Wording is made available to each Insured Person. Please do not hesitate to contact Your Insurance Adviser if You have any questions about any of the Policy Documents or Your Insurance cover.

This combined Policy Wording and PDS and Policy Wording was prepared on 28 October 2026.

General Advice

Any general advice that may be contained within this PDS or accompanying material does not take into account the Policyholder's individual objectives, financial situation or needs nor those for whom the Policyholder is effecting the Policy. Such matters should be considered in determining the appropriateness of this product. Consideration also needs to be given to whether the limits, type and level of cover are appropriate.

About Point Underwriting Agency

Point Underwriting Agency Pty Ltd (ABN 53 605 479 070, AFSL 477471) (Point) is a niche market underwriting agency 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.

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 PDS.

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

Our agreement with the Policyholder

In deciding to accept Your insurance application and on what 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. In consideration of the payment of the premium, and subject to the terms and conditions contained in the Policy Documents, if during the Period of Insurance an Insured Person suffers an Injury or Sickness which directly results in on or more of the Events specified in the Schedules below (Schedule No. 1, Schedule No. 2 or Schedule No. 3) provided the Event occurs within twelve (12) months of the date of the Injury or the date of when symptoms of a Sickness first appeared, We will pay the Benefit specified in the Schedule, in the manner described.

An Insured Person's Right to Access Cover Under the Policy and When it Starts and Ends

An Insured Person's access to this Policy is 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.

We do not need to provide any notices in relation to this insurance to Insured Persons as they are not a contracting party to the Policy. We only send notices to the Policyholder which is the only entity We have contractual obligations to under the Policy.

Insured Persons are not obliged to accept any of the benefits of this insurance. If an Insured Person makes a claim under the Policy then such person will have the same obligations to Us as if they were the Policyholder and We will have the same rights against the Insured Persons as we would have against the Policyholder.

The insurance cover is subject to the terms, conditions, limitations and exclusions set out in this document.

Neither We nor the Policyholder hold anything on trust for, or for the benefit or on behalf of, Insured Persons under this insurance arrangement. The Policyholder:

a) does not act on behalf of Us or an Insured Person in relation to the insurance;

b) is not authorised to provide any financial product advice, recommendations or opinions about the insurance; and

c) does not receive any remuneration or other benefits from Us.

Any person who may be eligible should consider obtaining advice as to whether the benefits are appropriate or useful for their personal needs from a person who is licensed to give such advice. No advice is provided by Us that the benefits are appropriate or useful for any Insured Person's own circumstances or needs. Nothing prevents such persons from entering into other arrangements regarding insurance.

An Insured Person's access to cover:

a) begins from the time the relevant person meets the criteria for an Insured Person and becomes an Insured Person; and

b) ends at the earliest of the following events:

   i. when the relevant person no longer meets the criteria for an Insured Person; or

   ii. at the end of the Period of Insurance; or

   iii. when the Policy is cancelled by Us or the Policyholder.

Duty Not to Misrepresent

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

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

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

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

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

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

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

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

Cooling off period

The Policyholder may return this policy to Us within 14 days of the date We enter into it provided that no right or power under the policy has been exercised, nor is it intended to be exercised (e.g. no claim has been made or are intended to be made).

Where the Policyholder returns it within the above 14-day period We will cancel the policy and issue a full refund of premium. Please note the Policyholder still has cancellation rights that can be exercised after this cooling off period expires.

Excess Period

If You make a claim for benefits under the Policy, an Excess Period may apply. The applicable Excess Period is specified in the Schedule.

You must Keep Us up to date

You must notify Us as soon as reasonably practicable if You become aware that You are suffering from any Injury or medical condition which is likely, or a reasonable person would consider it is likely to affect Your ability to work.

If You do not do so, to the extent permitted by law, We may reduce or refuse to pay a claim.

Change of Occupation

We only provide cover for the Occupations shown in the Schedule so You should notify Us as soon as reasonably practicable if there is any change in the Occupations. Upon renewal, We may decline to offer renewal if there is a change in occupation.

Expiry of Your Policy

Your Policy expires at 4pm (at the location of the Policyholder's principal business address) on the date shown on Your Schedule.

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.

Alterations to this Policy

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

Updating the PDS

We may update the information contained in this PDS when necessary and as permitted by law. A copy of any updated information is available to You at no cost by contacting Us. We will issue You with a new PDS or a supplementary PDS where the update is to correct, update, add or change information contained in the PDS.

THE DISPUTE RESOLUTION PROCESS

Internal Dispute Resolution

If You are not satisfied with or wish to make a complaint in relation to this policy, Our or Point's services or Your insurance claim, please contact Point Underwriting Agency (Point) who will manage Your complaint on Our behalf.

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

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

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

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

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

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

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

External dispute resolution process

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

AFCA can be contacted as follows:
Australian Financial Complaints Authority (AFCA)
> Email: info@afca.org.au
> Phone: 1800 931 678
> Post: GPO Box 3, Melbourne VIC 3001
> Website: www.afca.org.au

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

GENERAL INSURANCE CODE OF PRACTICE

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

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

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

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

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.

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

Chubb Insurance Australia Limited
GPO Box 4907
Sydney NSW 2001

> +61 2 9335 3200
> Privacy.AU@chubb.com

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

Definitions

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

Accident: means a physical accident caused by a violent, external and visible means, which occurs fortuitously during the Period of Insurance.

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

Benefit Period: means the maximum period of time for which a weekly injury benefit or weekly sickness benefit is payable, as shown in the Schedule.

Disfigurement: means in connection with the:

a) face: Permanent and visible scarring, deformity or disfigurement of the face;
b) body: Permanent and visible scarring, deformity or disfigurement of the body, other than the face;

and in which case is caused by an Injury.

Event(s): means the insured events described in the Schedules.

Excess Period: means the period specified in the Schedule, commencing on the first day of Temporary Total Disablement or Temporary Partial Disablement resulting from an Injury or Sickness for which medical treatment has been sought from a Medical Practitioner, during which no Benefit is payable.

Fingers, Thumb 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.

Impairment: means the Permanent loss of function of the body part referenced in the Table of Benefits where, in the opinion of a Medical Practitioner, the degree of impairment has stablised and is not expected to materially improve with further medical treatment.

Where the body part is:

a) the spine, impairment means the Permanent loss of function of the entire spine;
b) the back, impairment means the Permanent total loss of function of the back;
c) the neck, impairment means the Permanent loss of function of the neck; or
d) the pelvis, impairment means the Permanent loss of function of the pelvis;

and in which case is caused by an Injury.

Income: means the average of an Insured Person's weekly income (averaged over the 12 months prior to disability as a result of an Injury or Sickness), including overtime and allowances where these are defined as part of an enterprise or workplace agreement, but excluding reimbursement of expenses, long service leave paid but not taken and other non-regular income.

Injury: means a physical injury occurs during the Period of Insurance and which:

a) is caused directly by an Accident, and
b) which occurs solely and independently of any other cause; and
c) is not a Pre-Existing Condition.

Insured Person: means a person who:

a) is:
   i. an employee of the Policyholder;
   ii. an individual who operates an authorised franchise business of the Policyholder as a sole trader; or
   iii. an employee of an authorised franchisee of the Policyholder;
b) has been nominated for cover under this Policy and declared to Us; and
c) is under 70 years of age at the commencement of cover.

A person ceases to be an Insured Person when they no longer satisfy the eligibility requirements in paragraph (a).

Cover will continue until the expiry of the current Period of Insurance if an Insured Person turns 70 years of age during that Period of Insurance but will then cease.

Loss of Independent Existence: means that, in the opinion of a Medical Practitioner, the Insured Person is Permanently unable to dress, bathe, toilet and feed without assistance, where such Loss of Independent Existence arises from an Injury.

Limb: means the entire limb between the shoulder and the wrist or between the hip and 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 Exclusion 12 or otherwise.

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

Mental Health Condition: means where in the opinion of a Medical Practitioner a person suffers from any stress related conditions, psychological conditions, and/ or physical fatigue conditions caused by stress related or psychological conditions. Mental Health Conditions include but are not limited to: depression, neurosis, psychosis, mental or emotional stress or anxiety conditions, fibromyalgia, chronic fatigue syndrome or other associated disorders.

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

Paraplegia means Permanent and entire paralysis of both legs and part or whole of trunk.

Partial Loss: means in connection with:

a) hearing – a Permanent reduction of at least 25% of hearing in one or both ears; or
b) sight – the Permanent loss of at least 25% of vision in one or both eyes;

and in which case is caused by an Injury.

Period of Insurance: means the period specified in the Schedule, or any subsequent period in respect of which You pay and We accept the premium required for the continuation of this Policy as provided in Condition 2: Premium Instalments under the heading "Conditions Applicable to all Sections of the Policy".

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.

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

Pre-Existing Condition: means any medical condition, side effect or symptom of a condition for which You were aware, or which a reasonable person in Your circumstances could have been expected to be aware, or for which You have undergone tests, or required treatment or advice from a medical practitioner, chiropractor or physiotherapist, or for which the Insured has taken prescribed drugs, in the twelve (12) month period before the individual members commencement date of cover under this policy.

Premium Due Date: means in the case of monthly paid premium the beginning of each 4 weekly or other period when the premium instalment is payable; or in the case of annually paid premiums at the beginning of each 12-month period when the annual premium is payable.

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.

Quadriplegia: means Permanent and entire paralysis of both legs and both arms.

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

Scope of Cover: means the operative time of the cover under each cover section of this policy as specified in the policy schedules.

Sickness: means illness or disease which first manifests itself during the Period of Insurance (other than as excluded by the Exclusions section of this policy) which results in a Temporary Total Disablement or Temporary Partial Disablement within twelve (12) calendar months from the date of the first occurrence or manifestation of the illness in any of the Events specified in the Policy. Sickness excludes any Pre-Existing Condition.

Student: means an Insured Person who is either a full-time or part-time student.

Temporary Partial Disablement: means that as a result of Injury or Sickness the Insured Person is temporarily unable to perform a substantial part of their usual occupation in Australia and is under the regular care of and acting in accordance with the instructions or professional advice of a registered and legally qualified Medical Practitioner.

Temporary Total Disablement: means that as a result of Injury or Sickness the Insured Person is wholly and continuously prevented from engaging in his or her usual occupation in Australia and is under the regular care of and acting in accordance with the instructions or professional advice of a registered and legally qualified Medical Practitioner.

Total Loss: means the Permanent and total physical loss of the body part referenced in the Events. Where that body part is:

a) a Limb, Hand, Foot, Finger, Thumb or Toe, total loss means the Permanent physical severance of the Limb, Hand, Foot, Finger, Thumb or Toe or Permanent loss of use of the Limb, Hand, Foot, Finger or Toe,
b) an eye, total loss means total and Permanent loss of sight in that eye;
c) an ear, total loss means total and Permanent loss of hearing in that ear;
d) speech, total loss means the Permanent total loss of the ability to speak;
e) sense of taste, total loss means the Permanent total loss of the ability to taste;
f) sense of smell, total loss means the Permanent total loss of sense of smell;

and in which case is caused by Injury.

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

You/Your:

a) The Insured Person named in the schedule. All benefits will be paid to this person except for the Accidental Death benefit which will be paid to their legal personal representative.
b) If the person who applied for this insurance and paid the premium.
    i. is someone other than the Insured Person; and
    ii. is shown in the Schedule as the Policyholder all benefits will be paid to the Policyholder or such person or persons and in such proportions that the Policyholder shall nominate, and for the purpose of making a claim, paying a premium and receiving benefits, You/Your will also refer to the Policyholder.

GROUP PERSONAL ACCIDENT AND SICKNESS POLICY WORDING

Insuring Clause

If You suffer an Injury or Sickness during the Period of Insurance and whilst within the Scope of Cover that directly results in an Event listed in one (1) of the following three (3) schedules within this Policy:

- **SCHEDULE NO. 1.** WORKING HOURS COVER;
- **SCHEDULE NO. 2.** JOURNEY COVER; or
- **SCHEDULE NO. 3.** OUTSIDE WORKING HOURS,

We will pay You or Your executors or administrators (if any) the applicable benefit shown in the applicable schedule once We have accepted Your claim.

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

i. the Injury; or
ii. the first manifestation of the Sickness.

Coverage is subject always to the terms, conditions, limitations, and age restrictions set out in each schedule below, as applicable, in addition to those applying to the entire policy.

SCHEDULE NO. 1. WORKING HOURS COVER

This table details the specific Events and corresponding benefits available under this Working Hours Cover, subject always to the terms, conditions, limitations, and eligibility criteria set out in this table, each of sections A, B and C below, and the Policy.

Insured Person(s)	All nominated Insured Persons of the Policyholder, as declared.
Scope of Cover	Full-Time Cover while an Insured Person is at his or her place of employment

The benefit applicable under Sections A, B and C of this schedule number 1 of the policy, for each Insured Person, is subject to the following:

Section	Applicable Events (refer Events and Benefit Amount Table below)	The Benefit
A	Capital Benefits, Events 1-51	The percentage of the maximum amount shown in the Schedule against "Capital Benefits" corresponding to the applicable Event.
B	Weekly Injury Benefit: Temporary Total Disablement – Event 52	Up to the amount per week as shown in the Schedule against Weekly Injury Benefit. However, this will not exceed the percentage of Income as stated in the Schedule.
	Temporary Partial Disablement – Event 53	The difference between Event 52 and the Income earned from reduced work capacity. However, if the Insured Person is able to return to work in a reduced capacity but elects not to do so, the amount payable will be limited to 25% of the Weekly Benefit payable under Event 52 per week.
	Benefit Period	As stated in the Schedule
	Excess Period	As stated in the Schedule
C	Weekly Sickness Benefit: Temporary Total Disablement – Event 54	Up to the amount per week as shown in the Schedule against Weekly Sickness Benefit. However, this will not exceed the percentage of Income as stated in the Schedule.
	Temporary Partial Disablement – Event 55	The difference between Event 52 and the Income earned from reduced work capacity. However, if the Insured Person is able to return to work in a reduced capacity but elects not to do so, the amount payable will be limited to 25% of the Weekly Benefit payable under Event 54 per week.
	Benefit Period	As stated in the Schedule
	Excess Period	As stated in the Schedule

SCHEDULE NO. 1: WORKING HOURS COVER: SECTION A: CAPITAL BENEFITS

Cover under this Section is included only for the Events specified below and if a corresponding limit is shown in the Schedule.

THE EVENTS		% OF BENEFIT AMOUNT
Injury as defined, resulting in:		
1	Accidental Death	100%
2	Permanent Quadriplegia	100%
3	Permanent Paraplegia	100%
4	Permanent Total Loss of sight of both eyes	100%
5	Permanent Total Loss of sight of an only eye	100%
6	Permanent Total Loss of use of two Limbs	100%
7	Permanent Loss of Independent Existence	100%
8	Permanent Total Loss of use of the right arm or the greater part of the right arm	80%
9	Permanent Total Loss of use of the left arm or of the greater part of the left arm Hand or of the lower part of the left arm	75%
10	Permanent Total Loss of use of the right Hand or of five Fingers of the right arm	70%
11	Permanent Total Loss of the use of the left Hand or of five Fingers of the left Hand or of the lower part of the left arm	65%
12	Permanent Total Loss of use of a leg	75%
13	Permanent Total Loss of use of a Foot	65%
14	Permanent Total Loss of use of the lower part of a leg	70%
15	Permanent Total Loss of sight of one eye, together with the various diminution of the sight of the other eye	75%
16	Permanent Total Loss of sight of one eye	40%
17	Permanent Total Loss of binocular vision	40%
18	Permanent Total Loss of eyeball	40%
19	Permanent Total Loss of hearing	65%
20	Permanent Total Loss of speech	60%
21	Permanent Total Loss of sense of taste or smell	17%

22	Permanent Total Loss of both taste and smell	34%
23	Permanent Total Loss of sexual organs a) Loss of penis b) Loss of one testicle c) Loss of both testicles	 a) 47% b) 4.7% c) 47%
24	Permanent Total Loss of breasts	47%
25	Permanent Total Loss of one breast	30%
26	Permanent Total Loss of use of the Thumb of right Hand	30%
27	Permanent Total Loss of use of the Thumb of left Hand	26%
28	Permanent Total Loss of use of the forefinger of the right Hand	21%
29	Permanent Total Loss of use of the forefinger of the left Hand	18%
30	Permanent Total Loss of use of two joints of the forefinger of the right Hand	16%
31	Permanent Total Loss of use of two joints of the forefinger of the left Hand	12%
32	Permanent Total Loss of a joint of the Thumb	16%
33	Permanent Total Loss of use of the first joint of the forefinger of the right Hand	10%
34	Permanent Total Loss of the use of the first joint of the fore-finger of the left Hand	9%
35	Permanent Total Loss of the use of the first joint of the middle or little or ring Finger of either Hand	6%
36	Permanent Total Loss of use of the middle finger of either Hand	12%
37	Permanent Total Loss of use of the little finger of either Hand	11%
38	Permanent Total Loss of use of two joints of the middle finger on either Hand	10%
39	Permanent Total Loss of use of two joints of ring Finger of either Hand	9%
40	Permanent Total Loss of use of the great Toe of either Foot	22%
41	Permanent Total Loss of use of a joint of the great Toe of either Foot	10%
42	Permanent Total Loss of use of any Toe	6%
43	Permanent Total Loss of use of a joint of any other Toe	2%
44	Permanent Partial Loss of the sight of one or both eyes	10%
45	Permanent Partial Loss of hearing	4%

46	Permanent Impairment of the entire spine. Degree of Permanent Impairment: a) Greater than 10% but not more than 25% b) Greater than 25% but not more than 50% c) Greater than 50% but not more than 75% d) Greater than 75%	 a) 25% b) 50% c) 75% d) 100%
47	Permanent total Impairment of the back	7%
48	Permanent Impairment of the neck	7%
49	Permanent Impairment of the pelvis	15%
50	Permanent facial Disfigurement. Extent of Permanent facial Disfigurement: a) 10% to 25% affected b) Greater than 25% but not more than 50% affected c) Greater than 50% but not more than 75% affected d) Greater than 75% affected	 a) 10% b) 15% c) 20% d) 26%
51	Permanent bodily Disfigurement. Extent of Permanent Bodily Disfigurement: a) Less than 10% affected b) 10% to 25% affected c) Greater than 25% to not more than 50% affected d) Greater than 50% to but not more than 75% affected e) Greater than 75% affected	 a) 10% b) 13% c) 16% d) 19% e) 22%

For the purpose of WORKING HOURS COVER - Section A Capital Benefits:

a) where an Insured Person habitually uses the left Hand and arm to perform tasks usually performed by a person with the right Hand and arm:

(i) the Benefit payable for the loss of the left arm or the greater part of the arm, or for the total loss of the left Hand or of five Fingers thereof, or the lower part of that arm, or of a Finger or part of a Finger or the left Hand, shall be such amount as would have been payable for a similar loss in respect of the right arm or parts thereof; and

(ii) the Benefit payable for the loss of the right arm, or the greater part of that arm, or for the total Loss of the right Hand, or of five Fingers thereof or of the lower part of that arm, or of a finger or part of a Finger of the right Hand, shall be such amount as would have been payable for a similar loss in respect of the left arm or the part or parts thereof; and

b) where a percentage range is provided under the Benefit, the highest and lowest percentages shall be reserved for Injuries resulting in maximum or minimal impairment as certified by a Medical Practitioner;

c) For any Event where a Benefit is payable by reference to the degree of Permanent Impairment:

(i) the degree of Permanent Impairment must be certified by a Medical Practitioner with reference to the methods specified in the American Association Guides to the Evaluation of Permanent Impairment (sixth edition or a subsequent prescribed edition);

(ii) the assessment must be made only after the Insured Person's condition has stabilised and is Permanent; and

(iii) the Benefit payable will be the Benefit amount corresponding to the impairment percentage banding (if applicable) shown for the relevant Event.

d) For any Event where a Benefit is payable for Permanent Disfigurement:

(i) the extent of the Permanent Disfigurement must be certified by a Medical Practitioner;

(ii) the assessment must be made only after the Insured Person's condition has stabilised and is Permanent; and

(iii) the Benefit payable will be the Benefit Amount corresponding to the applicable disfigurement percentage banding shown for the relevant Event.

SCHEDULE NO. 1: WORKING HOURS COVER:
SECTION B: WEEKLY INJURY BENEFIT

Cover under this Section is included only if specified in the Schedule.

THE EVENTS		THE BENEFIT
Injury as defined, resulting in:		
52	Temporary Total Disablement	Following the Excess Period and during a Temporary Total Disablement, We will, for the Benefit Period, pay the weekly amount specified in the Schedule against Weekly Injury Benefit or the percentage of Income as specified in the Schedule. However, this will not exceed the percentage of Income as stated in the Schedule.
53	Temporary Partial Disablement	Following the Excess Period and during such Temporary Partial Disablement, if an Insured Person returns to work in a reduced capacity, We will, for the Benefit Period, pay the difference between Event 52 and the Income earned from that reduced work capacity. However, if an Insured Person is certified by a Medical Practitioner as fit to return to work in a reduced capacity but elects not to do so, the benefit payable will be limited to 25% of the Weekly Benefit payable under Event 52 per week.

SCHEDULE NO. 1: WORKING HOURS COVER:
SECTION C: WEEKLY SICKNESS BENEFIT

Cover under this Section is included only if specified in the Schedule.

THE EVENTS		THE BENEFIT
Sickness as defined, resulting in:		
54	Temporary Total Disablement	Following the Excess Period and during a Temporary Total Disablement, We will, for the Benefit Period, pay the weekly amount specified in the Schedule against Weekly Sickness Benefit. However, this will not exceed the percentage of Income as stated in the Schedule.
55	Temporary Partial Disablement	Following the Excess Period and during such Temporary Partial disablement, if an Insured Person returns to work in a reduced capacity, We will, for the Benefit Period, pay the difference between the Weekly Benefit payable under Event 54 and the Income earned from that reduced work capacity. However, if an Insured Person is certified by a Medical Practitioner as fit to return to work in a reduced capacity but elects not to do so, the Benefit payable will be limited to 25% of the Weekly Benefit payable under Event 54.

SCHEDULE NO. 2. JOURNEY COVER

This table details the specific Events and corresponding benefits available under this Journey Cover, subject always to the terms, conditions, limitations, and eligibility criteria set out in this table, each of sections A, B and C below, and the Policy.

INSURED PERSON(S)	All nominated Insured Persons of the Policyholder, as declared.
SCOPE OF COVER	Cover only while an Insured Person is actually engaged in direct travel to or from his or her normal place of residence and to or from his or her place of employment.

The benefit applicable under Sections A and B of this schedule number 2 of the policy, for each Insured Person, is subject to the following:

Section	Applicable Events (refer Events and Benefit Amount Table below)	The Benefit
A	Capital Benefits Events 1 - 51	The percentage of the maximum amount shown in the Schedule against "Capital Benefits" corresponding to the applicable Event.
B	Weekly Injury Benefit – Temporary Total Disablement – Event 52	Up to the amount per week as shown in the Schedule against Weekly Injury Benefit. However, this will not exceed the percentage of Income as stated in the Schedule.
	Temporary Partial Disablement – Event 53	The difference between Event 52 and the Income earned from reduced work capacity. However, if the Insured Person is able to return to work in a reduced capacity but elects not to do so, the amount payable will be limited to 25% of the Weekly Benefit payable under Event 52 per week.
	Benefit Period	As stated in the Schedule
	Excess Period	As stated in the Schedule

SCHEDULE NO. 2: JOURNEY COVER

SECTION A – CAPITAL BENEFITS – TABLE OF BENEFITS

Cover under this Section is included only for the Events specified below and if a corresponding limit is shown in the Schedule.

THE EVENTS		% OF BENEFIT AMOUNT
Injury as defined, resulting in:		
1	Accidental Death	100%
2	Permanent Quadriplegia	100%
3	Permanent Paraplegia	100%
4	Permanent Total Loss of sight of both eyes	100%
5	Permanent Total Loss of sight of an only eye	100%
6	Permanent Total Loss of use of two Limbs	100%
7	Permanent Loss of Independent Existence	100%
8	Permanent Total Loss of use of the right arm or the greater part of the right arm	80%
9	Permanent Total Loss of use of the left arm or of the greater part of the left arm Hand or of the lower part of the left arm	75%
10	Permanent Total Loss of use of the right Hand or of five Fingers of the right arm	70%
11	Permanent Total Loss of the use of the left Hand or of five Fingers of the left Hand or of the lower part of the left arm	65%
12	Permanent Total Loss of use of a leg	70%
13	Permanent Total Loss of use of a Foot	65%
14	Permanent Total Loss of use of the lower part of a leg	70%
15	Permanent Total Loss of sight of one eye, together with the various diminution of the sight of the other eye	75%
16	Permanent Total Loss of sight of one eye	40%
17	Permanent Total Loss of binocular vision	40%
18	Permanent Total Loss of eyeball	40%
19	Permanent Total Loss of hearing	65%
20	Permanent Total Loss of speech	60%

21	Permanent Total Loss of sense of taste or smell	17%
22	Permanent Total Loss of both taste and smell	34%
23	Permanent Total Loss of sexual organs a) Loss of penis b) Loss of one testicle c) Loss of both testicles	 a) 47% b) 4.7% c) 47%
24	Permanent Total Loss of breasts	47%
25	Permanent Total Loss of one breast	30%
26	Permanent Total Loss of use of the Thumb of right Hand	30%
27	Permanent Total Loss of use of the Thumb of left Hand	26%
28	Permanent Total Loss of use of the forefinger of the right Hand	21%
29	Permanent Total Loss of use of the forefinger of the left Hand	18%
30	Permanent Total Loss of use of two joints of the forefinger of the right Hand	16%
31	Permanent Total Loss of use of two joints of the forefinger of the left Hand	12%
32	Permanent Total Loss of a joint of the Thumb	16%
33	Permanent Total Loss of use of the first joint of the forefinger of the right Hand	10%
34	Permanent Total Loss of the use of the first joint of the forefinger of the left Hand	9%
35	Permanent Total Loss of the use of the first joint of the middle or little or ring Finger of either Hand	6%
36	Permanent Total Loss of use of the middle finger of either Hand	12%
37	Permanent Total Loss of use of the little finger of either Hand	11%
38	Permanent Total Loss of use of two joints of the middle finger on either Hand	10%
39	Permanent Total Loss of use of two joints of ring Finger of either Hand	9%
40	Permanent Total Loss of use of the great Toe of either Foot	22%
41	Permanent Total Loss of use of a joint of the great Toe of either Foot	10%
42	Permanent Total Loss of use of any Toe	6%
43	Permanent Total Loss of use of a joint of any other Toe	2%

44	Permanent Partial Loss of the sight of one or both eyes	10%
45	Permanent Partial Loss of hearing	4%
46	Permanent Impairment of the entire spine. Degree of Permanent Impairment: a) Greater than 10% but not more than 25% b) Greater than 25% but not more than 50% c) Greater than 50% but not more than 75% d) Greater than 75%	a) 25% b) 50% c) 75% d) 100%
47	Permanent total Impairment of the back	7%
48	Permanent Impairment of the neck	7%
49	Permanent Impairment of the pelvis	15%
50	Permanent facial Disfigurement. Extent of Permanent facial Disfigurement: a) 10% to 25% affected b) Greater than 25% but not more than 50% affected c) Greater than 50% but not more than 75% affected d) Greater than 75% affected	a) 10% b) 15% c) 20% d) 26%
51	Permanent bodily Disfigurement. Extent of Permanent bodily Disfigurement: a) Less than 10% affected b) 10% to 25% affected c) Greater than 25% to not more than 50% affected d) Greater than 50% to not more than 75% affected e) Greater than 75% affected	a) 10% b) 13% c) 16% d) 19% e) 22%

For the purpose of JOURNEY COVER - Section A Capital Benefits:

a) where an Insured Person habitually uses the left Hand and arm to perform tasks usually performed by a person with the right Hand and arm:

   (i) the Benefit payable for the loss of the left arm or the greater part of the arm, or for the total loss of the left Hand or of five Fingers thereof, or the lower part of that arm, or of a Finger or part of a Finger or the left Hand, shall be such amount as would have been payable for a similar loss in respect of the right arm or parts thereof; and

   (ii) the Benefit payable for the loss of the right arm, or the greater part of that arm, or for the total Loss of the right Hand, or of five Fingers thereof or of the lower part of that arm, or of a finger or part of a Finger of the right Hand, shall be such amount as would have been payable for a similar loss in respect of the left arm or the part or parts thereof; and

b) where a percentage range is provided under the Benefit, the highest and lowest percentages shall be reserved for Injuries resulting in maximum or minimal impairment as certified by a Medical Practitioner;

c) For any Event where a Benefit is payable by reference to the degree of Permanent Impairment:

(i) the degree of Permanent Impairment must be certified by a Medical Practitioner with reference to the methods specified in the American Association Guides to the Evaluation of Permanent Impairment (sixth edition or a subsequent prescribed edition);

(ii) the assessment must be made only after the Insured Person's condition has stabilised and is Permanent; and

(iii) the Benefit payable will be the Benefit amount corresponding to the impairment percentage banding (if applicable) shown for the relevant Event.

d) For any Event where a Benefit is payable for Permanent Disfigurement:

(i) the extent of the Permanent Disfigurement must be certified by a Medical Practitioner;

(ii) the assessment must be made only after the Insured Person's condition has stabilised and is Permanent; and

(iii) the Benefit payable will be the Benefit Amount corresponding to the applicable disfigurement percentage banding shown for the relevant Event.

SCHEDULE NO. 2: JOURNEY COVER

SECTION B – WEEKLY INJURY BENEFIT

Cover under this Section is included only if specified in the Schedule

THE EVENTS		THE BENEFIT
Injury as defined, resulting in:		
52	Temporary Total Disablement	Following the Excess Period and during a Temporary Total Disablement, We will, for the Benefit Period, pay the weekly amount specified in the Schedule against Weekly Injury Benefit. However, this will not exceed the percentage of Income as stated in the Schedule.
53	Temporary Partial Disablement	Following the Excess Period and during such Temporary Partial Disablement, if an Insured Person returns to work in a reduced capacity, We will, for the Benefit Period, pay the difference between the Weekly Benefit payable under Event 52 and the Income earned from that reduced work capacity. However, if an Insured Person is certified by a Medical Practitioner as fit to return to work in a reduced capacity but elects not to do so, the Benefit payable will be limited to 25% of the Weekly Benefit payable under Event 52.

SCHEDULE NO. 3. OUTSIDE WORKING HOURS

This table details the specific Events and Corresponding benefits available under this Outside Working Hours Cover, subject always to the terms, conditions, limitations, and eligibility criteria set out in this table, each of sections A, B and C below, and the Policy.

INSURED PERSON(S)	All nominated Insured Persons of the Policyholder, as declared.
SCOPE OF COVER	Full-Time Cover while an Insured Person is NOT: • at his or her place of employment; or • engaged in direct travel to or from his or her normal place of residence and to or from his or her normal place of employment

The benefit applicable under Sections A, B and C of this schedule number 3 of the policy, for each Insured Person, is subject to the following:

Section	Applicable Events (refer Events and Benefit Amount Table below)	The Benefit
A	Capital Benefits Events 1 - 15	The percentage of the maximum amount shown in the Schedule against "Capital Benefits" corresponding to the applicable Event.
B	Weekly Injury Benefit: Temporary Total Disablement - Event 16	Up to the amount per week as shown in the Schedule against Weekly Injury Benefit. However, this will not exceed the percentage of Income as stated in the Schedule.
	Temporary Partial Disablement – Event 17	The difference between Event 16 and the Income earned from reduced work capacity. However, if the Insured Person is able to return to work in a reduced capacity but elects not to do so, the amount payable will be limited to 25% of the Weekly Benefit payable under Event 16 per week.
	Benefit Period	As stated in the Schedule
	Excess Period	As stated in the Schedule
C	Weekly Sickness Benefit: Temporary Total Disablement – Event 18	Up to the amount per week as shown in the Schedule against Weekly Sickness Benefit. However, this will not exceed the percentage of Income as stated in the Schedule.
	Temporary Partial Disablement – Event 19	The difference between Event 18 and the Income earned from reduced work capacity. However, if the Insured Person is able to return to work in a reduced capacity but elects not to do so, the amount payable will be limited to 25% of the Weekly Benefit payable under Event 18 per week.
	Benefit Period	As stated in the Schedule
	Excess Period	As stated in the Schedule

SCHEDULE NO. 3: OUTSIDE WORKING HOURS

SECTION A – CAPITAL BENEFITS – TABLE OF BENEFITS

Cover under this Section is included only for the Events specified below and if a corresponding limit is shown in the Schedule.

THE EVENTS		% OF BENEFIT AMOUNT
Injury as defined, resulting in:		
1	Accidental Death	100%
2	Loss of Independent Existence	100%
3	Permanent & Incurable paralysis of all Limbs	100%
4	Permanent Total Loss of sight of one or both eyes	100%
5	Permanent Total Loss of use of one or two Limbs	100%
6	Permanent and incurable insanity	100%
7	Permanent Total Loss of hearing in: a) Both ears. b) One ear	 a) 100% b) 20%
8	Permanent Total Loss of lens of one eye	60%
9	Permanent Total Loss of use of Fingers: a) three joints per Finger b) two joints per Finger c) one joint per Finger	 a) 10% b) 8% c) 5%
10	Permanent and Total Loss of use of one Thumb of either hand: a) both joints b) one joint	 a) 30% b) 15%
11	Permanent and Total Loss of use of toes of either foot: all one 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%
12	Fractured leg or patella with established non-union	10%
13	Permanent partial disability not otherwise provided for under Events 4 to 15 inclusive	Such percentage of the Benefit amount shown in the Schedule certified by a Medical Practitioner which corresponds to the percentage reduction in whole bodily function, and being in Our opinion (acting reasonably) not inconsistent with the benefits provided under Events 4 to 15 inclusive.
14	Third degree burns or Disfigurement extending to more than 50% of the entire body	20%
15	Loss of at least 50% of all sound and natural teeth including capped or crowned teeth per tooth	1%

SCHEDULE NO. 3 OUTSIDE WORKING HOURS
SECTION B - WEEKLY INJURY BENEFIT

Cover under this Section is included for the Events specified in the Schedule

THE EVENTS		THE BENEFIT
Injury as defined, resulting in:		
16	Temporary Total Disablement	Following the Excess Period and during such a Temporary Total Disablement, We will, for the Benefit Period, pay the weekly amount specified in the Schedule against Weekly Injury Benefit. However, this will not exceed the percentage of Income as stated in the Schedule.
17	Temporary Partial Disablement	Following the Excess Period and during such Temporary Partial Disablement, if an Insured Person returns to work in a reduced capacity, We will, for the Benefit Period, pay the difference between the Weekly Benefit payable under Event 16 and the Income earned from that reduced work capacity. However, if an Insured Person is certified by a Medical Practitioner as fit to return to work in a reduced capacity as a result of an Injury but elects not to do so, the Benefit payable will be limited to 25% of the Weekly Benefit payable under Event 16.

SCHEDULE NO. 3 OUTSIDE WORKING HOURS
SECTION C - WEEKLY SICKNESS BENEFIT

Cover under this Section is included only for the Events specified in The Schedule.

THE EVENTS		THE BENEFIT
Sickness as defined, resulting in:		
18	Temporary Total Disablement	Following the Excess period and during such Temporary Total Disablement, We will, for the Benefit Period, pay the weekly amount specified in the Schedule against Weekly Sickness Benefit. However, this will not exceed the percentage of Income as stated in the Schedule.
19	Temporary Partial Disablement	Following the Excess Period and During such Temporary Partial Disablement, if an Insured Person returns to work in a reduced capacity, We will, for the Benefit Period, pay the difference between the Weekly Benefit payable for Event 18 and the Income earned from that reduced work capacity. However, if the Insured Person is certified by a Medical Practitioner as fit to return to work in a reduced capacity but elects not to do so, the Benefit payable shall be limited to 25% of the Weekly Benefit payable under Event 18.

EXCLUSIONS APPLICABLE TO ALL SECTIONS OF THE POLICY

Exclusions apply to all parts of this policy.

Notwithstanding any provision to the contrary within this PDS and Policy Wording, and Schedule, or any endorsement thereto (unless specifically specified otherwise), it is agreed that this Policy excludes any loss or expense of whatsoever nature directly or indirectly caused by, or resulting from, or in connection with any of the following regardless of any other cause or event contributing concurrently or in any other sequence to the loss;

a) war, whether war be declared or not, hostilities or any act of war or civil war;
b) the actual or threatened use of pathogenic or poisonous biological or chemical materials by any person(s), 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;
c) nuclear reaction, nuclear radiation or radioactive contamination;
d) any act of terrorism, or any action taken in controlling, preventing, suppressing or in any way relating to an act of terrorism.

We will not pay any benefits with respect to any loss, damage, liability, Event, Injury or Sickness which:

1. arise directly or indirectly from being under the influence of alcohol, where You have a recorded blood alcohol concentration (BAC) greater than the limit prescribed by the applicable governing authority whilst operating a motor vehicle, or at all other times having recorded a blood alcohol concentration (BAC) greater than 0.10%;

2. arise directly or indirectly from Professional Sport, which includes participation in, or training for, any such activity;

3. arise directly or indirectly from:
   a) racing of any kind, other than on foot, or
   b) any combat sports (including but not limited to full body contact boxing, wrestling or martial arts), or
   c) mountaineering, rock climbing, speleology, skydiving, hang gliding, bungee jumping, or
   d) motor sports or recreations involving heights, or
   e) underwater sports (including but not limited to scuba diving);

4. arise from air travel unless the Insured Person is travelling as a passenger in:
   a) a properly licensed aircraft operated by a licensed commercial air carrier; or
   b) a Non-Scheduled Flight covered under this Policy,

subject to any applicable Aggregate Limit of Liability;

5. arise directly or indirectly from suicide or attempted suicide or intentional self-injury or organ donation or cosmetic surgery;

6. arise directly or indirectly from the use, existence or escape of nuclear weapons material or ionising radiation, or contamination by radioactivity from any nuclear fuel or other nuclear substance;

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

8. arise directly or indirectly from childbirth or pregnancy;

9. is contributed to or caused by the long-term effects of drug or alcohol abuse, other than a drug taken or administered by or in accordance with the advice of a Medical Practitioner;

10. arise directly or indirectly from a Pre-Existing Condition;

11. occurs when the Insured Person is seventy (70) years of age or over. This exclusion shall not apply to benefits with respect to any Injury or Sickness which occurs where the Insured Person was under seventy (70) years of age at the commencement of the Period of Insurance, provided the Injury or Sickness occurs within the same Period of Insurance;

12. would result in Us contravening the Private Health Insurance Act 2007 (Cth), the Health Insurance Act 1973 (Cth), the National Health Act 1953 (Cth), as amended or replaced from time to time, or any applicable legislation; and/or

13. arise from Occupational Disease.

The following definitions apply:
'Occupational Disease' means any abnormal condition, howsoever it may be named, that fulfils both of the following conditions: -

a) It is not traceable to an Accident occurring over a period of twenty-four (24) hours or less during the course and scope of employment and during the Period of Insurance; and
b) It has been caused by exposure to a disease producing agent or agents present in the Insured Person's occupational environment.

SPECIAL PROVISIONS APPLICABLE TO THE POLICY

1. Benefit shall not be payable:

If:

a)

i. they are under more than one of the Events 2 to 7 (Schedule 1 & 2) or Events 2-7(a) (Schedule 3) in respect of the same period of time or;

ii. an Insured Person suffers more than one Injury arising from the same Accident and is entitled to a Benefit under more than one of Events 8 to 51 (Schedules 1 and 2) or Events 7(b) to 15 (Schedule 3), We will pay the Benefit applicable to each Event. However, the aggregate amount payable for all Benefits arising from the same Accident will not exceed 100% of the Capital Sum Insured for Event 1.

b) under any Events in excess of the Benefit Period shown against such Events in respect of any one Injury or Sickness.

c) for the Excess Period.

d) beyond the date of the Insured Person's death.

e) SCHEDULE(s) 1,2, 3 WEEKLY BENEFITS LIMITATION

Benefit payable under Section B (Weekly Injury Benefit) or Section C (Weekly Sickness Benefit) – under any of the schedules of cover, is limited to the amount specified in the Schedule or the percentage of the Insured Person's Income specified in the Schedule, whichever is the lesser. If an Insured Person is entitled to receive:

i. disability benefits under any other policy of insurance; and/or

ii. disability benefits under the Wrongs Act, under any workers compensation legislation; any transport accident legislation; any government sponsored fund, plan or medical benefit scheme; or any other insurance policy required to be effected by or under law; and/or

iii. compensation or damages whether by way of settlement (including any lump sum settlement) or judgment in relation to, arising out of or in connection with the same Sickness or Injury or circumstances giving rise to the Sickness or Injury; and/or

iv. has earned or earns income or any other payment (not including sick leave) from any occupation during the Benefit Period.

then the Benefit payable under any Section B or any Section C benefits of this Policy will be reduced by the amount necessary to limit Our payments to the difference between the amount specified in the Schedule or the Insured Person's Income (whichever is lesser) and the amount of such other entitlement (even if not claimed by the Insured Person) and/or other income earned by the Insured Person.

f) SCHEDULE(S) 1 ,2, 3 - MAXIMUM BENEFIT – PERIOD OF INSURANCE

The maximum amount payable for any Insured Person in respect of any Section A - Capital Benefits for any Accident or series of Accidents occurring during a Period of Insurance is limited to the Benefit shown in the schedule(s) 1, 2 and/or 3.

2. SCHEDULE(S) 1 ,2, 3 - WEEKLY BENEFITS LIMITATION

Any Benefit payable under a Weekly Benefit under this Policy which results in a period of less than one week being claimed, and/or assessed as being payable, will be paid at the rate of one-seventh (1/7th) of the relevant Weekly Benefit amount for each day during which disability continues.

3. TEMPORARY TOTAL DISABLEMENT or TEMPORARY PARTIAL DISABLEMENT REOCCURRENCE

If an Insured Person suffers a recurrence of Temporary Total Disablement or Temporary Partial Disablement from the same or related cause or causes, the subsequent period of disablement will be deemed a continuation of the prior period unless between such periods the Insured Person has worked on a full-time basis for at least six (6) consecutive months, in which case the subsequent period of disablement shall be deemed to have resulted from a new Injury or Sickness and a new Excess Period shall apply.

4. AGGREGATE LIMIT OF LIABILITY

a) Except as provided under clause 1(b) of the Special Provisions, Our total liability for all claims, across all Insured Persons, arising under this Policy during any Period of Insurance shall not exceed the amount set out in the Schedule against Aggregate Limit of Liability.
b) Our total liability for all claims arising directly or indirectly from any one Non-Scheduled Flight during any Period of Insurance shall not exceed the amount set out in the Schedule against Aggregate Limit of Liability – Non-Scheduled Flights.
c) In the event that claims are made under the Policy, which exceed the above Aggregate Limits of Liability as shown in the Schedule, the amount payable to each claimant will be proportionately reduced so that Our total liability does not exceed that limit.

5. INSPECTION CLAUSE

The Policyholder must at regular intervals enter the name and earnings of every employee insured under this Policy in a proper wages book or system. The Insurer shall be permitted, upon reasonable request, to examine all the earnings records and wage books or system records of the Policyholder, relating to this policy at any reasonable time and from time to time until two (2) years after expiration of this Policy's Period of Insurance or until final adjustment (if applicable) and settlement of all claims hereunder, whichever is the later.

6. MENTAL HEALTH CLAIMS LIMITATION

Where an Insured Person suffers an Injury or Sickness that results in a disablement for a Mental Health Condition, the maximum Benefit Period, under any applicable benefit under this Policy will be limited to 26 weeks only.

ADDITIONAL BENEFITS

REHABILITATION AND RETURN TO WORK ASSISTANCE

In the event of the payment of a claim for Temporary Total Disablement or Temporary Partial Disablement, We will assist the Insured Person in arranging for professional assistance recommended by a Medical Practitioner or occupational therapist or rehabilitation specialist to improve their physical and/or emotional condition, in order to return them to their usual occupation.

Assistance includes but is not limited to special equipment for and/or modifications to the Insured Person's usual workplace. We will pay the actual and reasonable costs incurred, up to a maximum of $10,000.

Provided that such costs are not an expense which would result in Our contravening the Health Insurance Act 1973 (Cth), the Private Health Insurance Act 2007 (Cth), Private Health Insurance (Health Insurance Business) Rules as updated from time to time, or National Health Act 1953 (Cth) or any amendment to, or consolidation or re-enactment of, those Acts.

MODIFICATION BENEFIT

In the event of a claim being payable for Events 2 to 7 for Schedule No. 1: Working Hours Cover or Schedule No. 2: Journey Cover, or for Events 2 to 7(a) for Schedule No. 3: Outside Working Hours Cover, We will pay for costs necessarily incurred to:

a) modify the Insured Person's home and/or motor vehicle, or
b) relocate the Insured Person to a more suitable home,

up to $10,000 provided that medical evidence is presented from a Medical Practitioner certifying that the modifications or relocation is medically necessary.

EXCLUDED HEALTH SERVICES

Excluded health services are expenses for surgical, diagnostic, nursing, dental, chiropody, chiropractic, eye therapy, occupational therapy, physiotherapy, speech therapy or similar medical services or treatment.

EXCLUDED BENEFITS

Excluded benefits are services involving the supply, alteration, maintenance or repair of hearing aids, spectacles, contact lenses, artificial teeth, artificial eyes or limbs or other medical or surgical prosthetic or dental aids, equipment or appliances, drugs or medical preparations, ambulance services and other care services.

ADVANCE PAYMENTS

We will pay the Weekly Benefit in advance for some injuries regardless of whether You are disabled. Subject to the Excess Period as stated in the Schedule, We will pay by way of advance as stated in the table below, represented in terms of the Weekly Benefit. Should You remain disabled after the period specified in the table, the normal Weekly Benefits will commence after expiry of the Excess Period and the period of the Weekly Benefit paid in advance.

FRACTURE OF (involving a pin, traction, a plaster cast or other immobilising structure)	ADVANCE PAYMENT
Femur (thigh)	8 weeks
Pelvis (excluding coccyx)	8 weeks
Fibula or Tibia	4 weeks
Humerus (upper arm)	8 weeks
Ulna or Radius (lower arm)	4 weeks
Wrist	3 weeks
Ankle	4 weeks
Patella (kneecap)	4 weeks
Clavicle (Collarbone)	3 weeks
Foot (excluding toes)	3 weeks

BROKEN BONES BENEFIT

If an Insured Person suffers an Injury resulting directly (and within 12 months of the date of the Injury) in:

a) Broken or fractured bones

We will pay to the Insured Person the percentage of the maximum amount shown in the Schedule against "Broken Bone Benefit" corresponding to the applicable condition listed in the following table:

THE CONDITIONS	THE BENEFITS
A. Broken or fractured bones	
Neck, skull or spine (full break)	$2,000
Hip	$1,500
Jaw, pelvis, leg, ankle or knee (other fracture)	$1,000
Cheekbone, shoulder or hairline fracture of skull or spine	$600
Arm, elbow or wrist (other fracture)	$500
Leg, ankle or knee (simple fracture)	$400
Nose or collarbone	$400
Arm, elbow, wrist or rib (simple fracture)	$200
Finger, Thumb, Foot, Hand or Toe	$150

In the case of an established non-union of any of the above breaks or fractures, We will pay an additional benefit of 5% of the relevant Benefit shown in the table above.

Where an Insured Person suffers from more than one incident of broken or fractured bones as listed in the table above arising from any one Injury, the maximum Benefit payable shall be the largest Benefit specified in the table for the relevant condition suffered.

'Simple Fracture' means a fracture in which there is a basic and uncomplicated break of bone and which in the opinion of a legally qualified Medical Practitioner requires minimal and uncomplicated medical treatment and 'Other Fracture' means any fracture other than a Simple Fracture.

STUDENT TUTORIAL BENEFITS

In the event of an Injury sustained by an Insured Person who is also a student, such Insured Person is entitled to reimbursement of student tutorial fees provided that:

a) such fees are paid to a professionally qualified tutor who continues teaching the student during the period of disability; and

b) a Medical Practitioner certifies that the Insured Person is unable to attend their regular scheduled classes as a result of such Injury.

The compensation payable for student tutorial benefits shall be limited to $5,000.

FUNERAL BENEFIT

In the event an Insured Person suffers Accidental Death through Injury that is covered by this Policy, We will also pay a reimbursement of reasonable funeral expenses up to $7,000.

HOUSEHOLD HELP

In the event of an Insured Person suffering Injury or Sickness We will pay for the cost of hiring domestic help and/or child-minding services reasonably and necessarily incurred provided that such child-minding services and domestic help:

a) are carried out by persons other than members of the Insured Person's family or other relatives or persons permanently living with the Insured Person; and

b) is certified by a Medical Practitioner as being necessary for the recovery of the Insured Person.

This benefit is subject to a 30-day waiting period from the date of the occurrence of the Injury or the date of the first manifestation of the Sickness.

The compensation payable for household help shall be limited to a maximum of $200 per week payable for an aggregate period of 26 weeks.

OUT OF POCKET EXPENSES

Where an Insured Person is entitled to benefits under Temporary Total Disablement or Temporary Partial Disablement from an Injury, this Policy extends to include such reasonable costs incurred for Out of Pocket expenses. They are only payable upon receipts furnished by the Policyholder or Insured Person, to a maximum of $5,000.

Out of Pocket Expenses covered are;

a) travelling expenses necessary to travel directly to hospital and medical appointments (other than in an ambulance); and

b) Medical Aids determined as necessary expenses by a qualified health care provider; and

c) any other non-medical expenses, such as clothing and non-medical equipment.

However, any payment under this benefit is subject to those costs not being insured elsewhere under this Policy, or an expense to which General Exclusion 12 relates.

Provided that such costs in a) to c) above are not an expense which would result in Our contravening the Health Insurance Act 1973 (Cth), the Private Health Insurance Act 2007 (Cth), Private Health Insurance (Health Insurance Business) Rules as updated from time to time, or National Health Act 1953 (Cth) or any amendment to, or consolidation or re-enactment of, those Acts.

ACCIDENTAL DENTAL EXPENSES

If during the Period of Insurance and whilst the person is an Insured Person, the Insured Person suffers an Injury to one or more Tooth as a direct result of a Injury, and within twelve (12) months of the date of the Injury suffers one of the Events set out in the table below, We will pay up the applicable benefit in the Table below.

The maximum Benefit payable under this Accidental Dental Expenses Benefit is $2,500 for any one Accident.

THE EVENTS Injury resulting directly in	BENEFITS Per Tooth
Loss of Teeth or full capping of Teeth	$250
Partial capping of Teeth	$125

For the purpose of this Accidental Dental Expenses, '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.

EXPOSURE

If You are injured during the Period of Insurance from an Accident and that Injury causes you to be exposed to the weather:

a) We treat any additional Injury You suffer because of that exposure as if it were Injury caused by the original Accident; and

b) We will pay a Weekly Benefit or, if the Injury qualifies, a Lump Sum Benefit as long as You are totally disabled as a result of the Injury as to satisfy the conditions and other requirements set out in this policy for payment of those benefits.

DISAPPEARANCE

We will presume that You have died from an Injury and pay any Lump Sum Benefit You are entitled to as a result of Accidental Death if:

a) transport on which You are travelling disappears, sinks, or is wrecked during this policy; and

b) Your body is not found within 1 year from the date of that Accident; and

c) Your presumed death is not excluded.

VOCATIONAL TRAINING/RETRAINING

If We agree that the Insured Person's Temporary Total Disablement or Temporary Partial Disablement will be assisted by the following, We will, in accordance with the agreement of Your Medical Practitioner, pay up to $10,000 for:

a) vocational assessment advice and assistance; and

b) retraining to enable employment in another occupation if it is appropriate.

EMERGENCY TRANSPORT

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

a) engaged in a sporting activity in the capacity of a participant, adjudicator, judge, referee or umpire or in a similar capacity; or

b) acting as an official at or otherwise assisting in the conduct of a sporting activity; or

c) acting in their capacity as an elected or appointed official of a sporting organisation; or

d) travelling directly to or from that activity; or

e) travelling directly to or from 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 $10,000.

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 a hospital.

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

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.

CONDITIONS APPLICABLE TO ALL SECTIONS OF THIS POLICY

1. Fraud: Any fraud, mis-statement or concealment by the Policyholder or an Insured Person in relation to any matter affecting this insurance or in connection with the making of any claim under it will give Us the rights provided for in the Insurance Contracts Act, including where appropriate the right to reduce or refuse payment of any claim or to cancel or avoid the Policy depending on the circumstance.

2. Premium Instalments: If the Policyholder's premium for this insurance is to be paid by instalment and; the Policyholder fails to make the payment in the specified manner; or the Policyholder fails to make payment in the specified manner and the payment is thirty (30) days overdue; We will not pay any claim that first arises after the instalment became due.

   This condition applies as each, and every premium instalment becomes due and cannot be disregarded because We may have previously accepted an instalment after thirty (30) days.

   The effect of this is that this insurance will be cancelled by Us if Your instalment is not received within thirty (30) days of being due and claims for Events occurring after the Premium Due Date will then be denied.

   We have the right to vary Policy Benefits and Compensation at the end of each 12-month Period of Insurance.

   Such Benefit and/or Compensation variation will be notified to the Policyholder in writing at least thirty (30) days before the Premium Due Date.

INJURY

If You are entitled to both a Weekly Benefit and a Capital Benefit (other than for Accidental Death) for the same Injury, We will pay You whichever Benefit We decide acting reasonably is the higher, but not both. To work out which Benefit is higher, We compare:

a) the value of the Capital Benefit, with

b) the amount of the following:

   Weekly Benefit times the lesser of:

   The period that You are likely to be Totally Disabled by the Injury; and the Maximum Benefit Period set out in the Schedule.

If We decide to pay You the Capital Benefit:

a) We will stop paying You the Weekly Benefit;

b) We will not deduct from the Capital Benefit any amount We have paid You as the Weekly Benefit.

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

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

If We are paying You a Weekly Benefit and You die from the same Injury, We stop paying the Weekly Benefit and only pay the Capital Benefit. The total benefit shall not exceed the maximum sum insured as set out in the Schedule.

DISAPPEARANCE

If You are travelling on a journey and Your means of transportation disappears, sinks or is wrecked and Your body has not been found within one year, We will presume that You have died as a result of Injury.

CAPITAL BENEFITS

If Injury results in any of the Events (as shown in the Schedule) within twelve (12) months of the Injury, We will pay the Benefit shown in the applicable schedule.
Please note:

1. The Benefit payable in the case of Accidental Death will be reduced by any Capital Benefit paid for the same Injury.
2. If You suffer more than one Injury or both Injury and Accidental Death as a result of the same Accident, We will pay You the highest Capital Benefit that You qualify to receive for any one of the Injuries (or Accidental Death but not both).
3. We will not pay more than one Capital Benefit for the same Injury or condition, unless payment of multiple Benefits is expressly permitted elsewhere in this Policy.
4. You can only claim one Capital Benefit for any one condition.

Recurrent Injury or Sickness
Where You suffer recurrence of an Injury or Sickness for which You have claimed Weekly Benefits and there has been a period of less than 6 months between Your return to work and the recurrence, it will be treated as a continuation of the original claim.

If it is 6 months or more between when You last qualified for a Weekly Benefit for that Injury or Sickness and when you again qualify to receive a Weekly Benefit for that Injury or Sickness under this policy, We will treat the later Injury or Sickness as a new Injury or Sickness. This means that a new Excess Period applies and there is a new Benefit Period and the maximum amount We pay is not reduced by payments for the original Injury or Sickness.

However, We do not pay further Capital Benefits for any recurring Injury if We have paid a Capital Benefit for that Injury.

Who can cancel this Policy

a) The Policyholder may cancel the policy at any time by notifying Us in writing. The cancellation will take effect from the date of the written cancellation or at 12.01am Australian Eastern Standard Time on the date We receive Your written cancellation, whichever is the earlier. If the policy is cancelled and no claims have been paid or accepted by Us as being covered under the Policy, We will refund the premium for Your policy less any amount which covers the period for which cover was provided. However, We will not refund the premium if a claim has been made or accepted by Us as being covered under the Policy.
b) We may cancel this policy by giving three working 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 Period of Insurance.

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

Claims
Notice must be given to Us as soon as reasonably practicable of any Injury or Sickness which causes or may cause disablement of the Insured Person. Notice must be given to Us as soon as reasonably practicable in the event the death of the Insured Person resulting from an Accident.

If You or Your legal representative wants to make a claim, You or they must complete Our claim form.

a) You must get proper medical advice from a qualified Medical Practitioner as soon as possible after sustaining Injury or Sickness and provide Us, at your own expense, with any medical and other certificates and evidence required by Us that is reasonably required to assess Your claim.

b) You must give Us details of any other insurance covering the same Injury or Sickness.

c) You must undergo any medical examination We may reasonably require to assess the claim; and which We will arrange at our own expense.

d) You must continue to be a resident of Australia.

e) You must provide Us such evidence as We reasonably require, including in respect of Your state of health, level of disability and medical history, otherwise this may affect Our assessment of Your claim. If We are prejudiced as a result of non-compliance with this condition, where permitted by the Insurance Contracts Act 1984 (Cth) We may be entitled to reduce our liability to pay a claim to the extent of the prejudice or refuse to pay a claim.

f) Report of Claim Forms: We will, upon receipt of a notice of claim furnish such forms as are usually required by Us for filing Proof of Claim.

g) Proof of Claim: Written Proof of Claim must be provided to Us at Our office within ninety (90) days after the date of the Event. Failure to provide such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to do so, provided that the proof is provided as soon as is reasonably possible.

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

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

Chubb 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.

Subrogation

We are entitled to commence or take over legal proceedings in Your name for the defence or settlement of any claim, or to sue or prosecute any other person to recover any monies payable by them at law. You 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.

The Insurer retains the right of subrogation and repayment in respect of regular payments made under the Policy where the Insured Person is entitled to benefit under Transport Accident Legislation, other statutory compensation scheme or at common law.

Disclaimer

All information in this PDS is current at the time of issue. We may change the information from time to time that is not materially adverse by preparing a product information update. We will issue the Policyholder with a new PDS or a supplementary PDS, where the update is to rectify a misleading or deceptive statement or an omission, which is materially adverse from the point of view of a reasonable person deciding whether to obtain this insurance.

point INSURANCE

How to make a claim with Point Underwriting

When you sustain an Injury or 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.

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

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

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

Point Underwriting Agency Pty Ltd PO Box R804
Royal Exchange NSW 1225
Phone: 1300 362 766 or (02) 9970 7378
> Fax: (02) 9913 8078
> Email: claims@pointinsurance.com.au
> Web: pointinsurance.com.au

VIP Home Services Group Personal Accident and Sickness Cover.