

**Voluntary Workers  
Group Personal Accident**  
Product Disclosure Statement  
and Policy Wording  
BVW0924

**Batch**  
Accident & Health

# CONTENTS

|   |           |
|---|-----------|
| <b>PRODUCT DISCLOSURE STATEMENT (PDS)</b> .....                                       | <b>3</b>  |
| About Batch Underwriting Pty Limited .....  | 3         |
| About the Insurer .....   | 3         |
| General Insurance Code of Practice .....  | 3         |
| What is a Product Disclosure Statement .....  | 3         |
| General Advice .....  | 4         |
| Words with Special Meanings .....   | 4         |
| Key Benefits of your Policy .....   | 4         |
| How to Apply for Voluntary Workers Insurance .....                                    | 4         |
| Policy Cost, Payment, and Taxation Implications .....                                 | 5         |
| Cooling off Period .....  | 5         |
| <b>Your</b> duty to take reasonable care not to <b>MAKE</b> a misrepresentation ..... | 5         |
| Privacy Notice .....  | 7         |
| How to Contact Us .....   | 8         |
| How to Make a Claim .....   | 9         |
| How to Make a Complaint .....   | 9         |
| Several Liability Notice .....  | 10        |
| <b>Policy Wording</b> .....   | <b>12</b> |
| Important Policy Matters .....  | 12        |
| Scope of Cover .....  | 12        |
| Definitions .....   | 12        |
| General Conditions Applicable to All Sections of this <b>Policy</b> .....             | 15        |
| General Exclusions Applicable to All Sections of this <b>Policy</b> .....             | 16        |
| Special Provisions .....  | 17        |
| <b>Table of Events</b> .....  | <b>19</b> |
| Section 1 – Capital Benefits .....  | 19        |
| Exposure .....  | 20        |
| Disappearance .....   | 20        |
| Section 2 – Weekly Injury Benefit .....   | 20        |
| Section 3 – Non-Medicare Medical Expenses .....                                       | 21        |
| Section 4 – Batch Care Plus Benefits .....  | 21        |

# PRODUCT DISCLOSURE STATEMENT (PDS)

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## ABOUT BATCH UNDERWRITING PTY LIMITED

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This PDS has been prepared by Batch Underwriting Pty Ltd.

Batch Underwriting Pty Ltd (ABN 15 670 264 767) ('Batch') is an Authorised Representative 00130615 of Halo Underwriting Pty Ltd, Australian Financial Services Licence No 237267. Batch acts under a binding authority granted to it by the Insurer, certain Underwriters at Lloyds, and their nominated representative.

Batch Underwriting has the authority to administer, issue policies, alterations, and renewals for the insurer.

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## ABOUT THE INSURER

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This insurance is underwritten by certain Underwriters at Lloyd's

Lloyd's is the world's specialist insurance and reinsurance market. With expertise earned over centuries, Lloyd's is the foundation of the insurance industry and the future of it. Led by expert Underwriters and brokers who cover more than 200 territories, the Lloyd's market develops the essential, complex, and critical insurance needed to underwrite human progress. Backed by diverse global capital and excellent financial ratings, Lloyd's works with a global network to grow the Insured world - building resilience for businesses and local communities and strengthening economic growth around the world.

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## GENERAL INSURANCE CODE OF PRACTICE

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The Insurance Council of Australia Limited has developed the General Insurance Code of Practice ("the Code"), which is a voluntary self-regulatory code. The Code aims to raise the standards of practice and service in the insurance industry.

Lloyd's has adopted the Code on terms agreed with the Insurance Council of Australia. **We** proudly support the Code.

For further information on the Code please visit [www.codeofpractice.com.au](http://www.codeofpractice.com.au) or alternatively **You** can request a brochure on the Code from **Us**.

The Code Governance Committee (CGC) is an independent body that monitors and enforces insurers' compliance with the Code.

For more information on the Code Governance Committee (CGC) go to [www.insurancecode.org.au](http://www.insurancecode.org.au).

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## WHAT IS A PRODUCT DISCLOSURE STATEMENT

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The purpose of this PDS is to help **You** understand the cover offered under the **Policy** and provide **You** with sufficient information to enable **You** to compare and make an informed decision about whether to purchase the **Policy**. This PDS contains valuable information required under the *Corporations Act 2001 (Cth)* (The Act) about the **Policy** including the benefits and conditions, **Your** rights as a client and other things **You** need to know to make an informed decision.

**You** should read the **Policy Wording** section in this document and the **Schedule** of this insurance to obtain a complete description of all the benefits, terms, conditions, and exclusions relating to the cover offered under this insurance. Please read these documents carefully and ensure that **You** keep them in a safe place for future reference.

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Certain words in this PDS and **Policy Wording** have special meanings that are set out in the definitions sections contained within the **Policy Wording**.

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## GENERAL ADVICE

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Any general advice contained within the **Policy Wording**, PDS or accompanying documents does not consider **You** or any **Insured Person's** personal situation, financial objectives, or needs.

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## WORDS WITH SPECIAL MEANINGS

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For the purpose of reading this PDS and **Your Policy Wording**, some words have a special meaning for the terms **We** have used, which are provided in the General Definitions section of this **Policy Wording**. Any word or expression to which a special meaning has been given in any part of this **Policy** shall bear this meaning and is shown in **bold** and capitals. Please note words in a singular may be plural and vice versa dependent on the context that cover is provided.

A reference in this **Policy** to any legislation or legislative provision includes any statutory modification or replacement or re-enactment of, and any sub-ordinate legislation issued under, that legislation or legislative provision.

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## KEY BENEFITS OF YOUR POLICY

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**You** can select various cover options against a range of Events including:

### SECTION 1

**Injury** resulting in Death, **Permanent Total Disablement** and specified **Permanent Total Loss**

### SECTION 2

Weekly Injury Benefit for **Injury** resulting **Temporary Total Disablement**

### SECTION 3

Compensation for Specified Non- Medicare Medical Expenses as a result of Injury

### SECTION 4

BATCH CARE benefits may be available under Section 4 of the **Policy**, these enhanced benefits supplement the Compensation under Sections 1 and 2.

Details of the key benefits for all sections of coverage are contained in the **Policy Wording** under the **Table of Events**.

Cover is limited to the benefits and maximum sums insured listed in the **Policy Schedule** and **Table of Events** and is subject to the terms, conditions, and exclusions in the **Policy Wording**

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## HOW TO APPLY FOR VOLUNTARY WORKERS INSURANCE

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To apply for the **Policy**, **You** will need to complete an application form available from a licensed Insurance Broker who has a current agency agreement with **Us**. They will then approach **Us** to provide **You** with a quotation.

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## POLICY COST, PAYMENT, AND TAXATION IMPLICATIONS

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**We** will provide the cover described in the **Policy Wording**, subject to its terms and conditions, for the **Policy Period**.

The cover under the **Policy** commences upon the payment of the premium unless otherwise agreed in writing. The cost of **Your Policy** is the total premium including taxes and charges due as detailed on the schedule. It is calculated prior to the commencement of the **Policy Period** based on the information **You** supply on **Your** application form and the insurer's assessment of the risk. The cost of insurance is shown on **Your** quote and includes taxes and statutory charges (such as stamp duty and GST).

Each year thereafter and prior to the **Policy** anniversary, if **We** offer **You** terms to renew the **Policy**, **We** will advise **You** of the premium for the new **Policy** year. A premium adjustment may be charged by us for variations or endorsements to the **Policy** that **You** request mid-**Policy** year, and **We** agree to provide.

The premium is calculated based on **Your** specific risk profile which may include:

- (a) the sums insured;
- (b) the **Insured Person's** medical history, age and claims history;
- (c) any restrictions or extensions to the **Policy** cover; and
- (d) previous insurance history.

**We** may increase or decrease **Your** premium from the renewal date, but **We** will advise **You** when **We** propose to do this.

**You** must pay **Your** premium within the agreed credit terms otherwise **Your Policy** may not be in force. If **You** do not pay **Your** premium on time by the due date or **Your** payment is dishonoured this **Policy** will not come into force and **We** may:

- (a) cancel the **Policy**; and
- (b) decline any claim under the **Policy**.

Depending on **Your** entitlement to claim GST credits under this **Policy**, **We** may reduce the payment of any claim by the amount of any GST credit. An **Insured Person** should consult his or her tax accountant in relation to any questions about his or her circumstances.

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## COOLING OFF PERIOD

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**You** have a 21-day cooling off period starting from the date cover commences, where **You** have the right to return the **Policy** to **Us** and **We** will refund all of the premium **You** paid. **Your Policy** will be cancelled effective from the start date of the **Policy**. **You** must advise **Us** in writing by letter or email. **You** are not entitled to a refund if **You** have made a claim under the **Policy** during the cooling-off period, but **You** still reserve **Your** rights to cancel the **Policy**.

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## YOUR DUTY TO TAKE REASONABLE CARE NOT TO MAKE A MISREPRESENTATION

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**Your** application for insurance cover will be treated as if **You** are applying for a 'consumer insurance contract'. Before the contract of insurance is entered into, **You** have a legal duty to take reasonable care not to make a misrepresentation to the insurer under the Insurance Contracts Act 1984 (Cth). It is very important that **You** comply with **Your** duty, as this may impact on **Your** insurance cover. **You** have the same duty to take reasonable care not to make a misrepresentation and to disclose those matters to **Us** before **You** renew, extend, vary, or reinstate a contract of insurance.

A misrepresentation is an answer or statement that is not true, only partially true, or does not fairly reflect the truth.

When **You** apply for insurance, **We** will ask **You** clear and specific questions that are relevant to **Our** decision to insure **You**. **Your** answers in response to **Our** questions are important as **We** use them to determine whether **We** can provide insurance cover to **You**, and if so, the terms of the **Policy** and the premium **We** will charge. This means that when answering **Our** questions, **You** should respond fully, honestly, and accurately.

The duty to take reasonable care not to make a misrepresentation applies anytime **You** answer **Our** questions as a part of an initial insurance application, when extending or making changes to an existing insurance, and reinstating any previous contract of insurance.

**We** may later investigate the answers **You** provide to **Us**, for example, when a claim is made.

#### Guidance for answering **Our** questions:

**Important:** please ensure that **You** take care when providing **Your** answers in response to our questions in relation to **Your** insurance application. **You** should respond fully, honestly, and accurately. If **You** do not, it may affect **Your** insurance cover.

#### When answering our questions, please:

- Think carefully about **Your** responses. If **You** do not understand the question or require further explanation, please ask **Us** before responding;
- Make sure **Your** responses are truthful, accurate and complete answers to every question that **We** ask **You**;
- Please provide **Us** with all relevant information in response to our questions. If **You** are unsure what information to include, please include it or check with **Us**, **Your** broker or adviser;
- Do not assume that we will contact anyone else for the information we are asking **You** for;
- Review each answer **You** have provided on **Your** insurance application carefully and make any corrections (if necessary) before submitting it to **Us**. **You** are responsible for the answers that **You** provide us, even if **You** have had help in preparing **Your** application, for example from **Your** broker, intermediary, advisor, or someone else.

Before **Your** insurance cover starts, please tell **Us** of any changes that may be required to the answers **You** have given to our questions. This may save time as any changes may require further investigation or assessment of the risk.

If, after **Your** insurance cover starts, **You** think **You** may not have complied with **Your** duty, please contact **Us**, **Your** broker or advisor immediately and **We** will let **You** know whether it has any impact on **Your** cover.

**We** may contact **You** after **You** have submitted **Your** application to clarify or collect any information that **You** may not have included. The information **You** provide may be recorded and used by **Us** in assessing **Your** application. **Your** duty to take reasonable care not to make a misrepresentation applies to all types of communication with **Us**, including written, electronic, online, when speaking with us in person or on the telephone, or a mix of these.

#### If **You** do not comply with **Your** duty

If **You** do not take reasonable care not to make a misrepresentation, it may have serious consequences for **Your** insurance. If **You** have failed to comply with **Your** duty, **We** have certain rights, which may depend on what **Your** insurance offer may have been had **You** not made a misrepresentation, and whether or not the misrepresentation was fraudulent. **We** have different actions available to **Us**, for example, **We** may do one of the following:

- Avoid **Your** insurance cover. This means that **Your** insurance contract and cover will be treated as if it never existed;
- Change the amount of cover, for example the level of cover may be reduced;
- Change the terms of **Your** insurance contract, for example certain events may be excluded from being covered.

This may mean an insurance claim may not be paid, or the amount or benefit paid may be reduced, or premium increased.

If **We** suspect that **You** may have breached **Your** duty to take reasonable care not to make a misrepresentation, before **We** exercise any of the actions available to **Us**, **We** will:

- Explain **Our** reasons why **We** believe **You** have breached **Your** duty; and
- Provide **You** with an opportunity to respond and provide **Us** with further information.

If **We** decide to make changes to **Your** cover, **We** will notify **You** of **Our** decision and provide **You** with the review process and complaints procedure to follow if **You** disagree with **Our** decision.

### If **You** need help

It is very important that **You** understand this information, the questions that **We** ask **You** and **Your** duty. If **You** are having difficulty for any reason, such as a disability, English language, or require further support such as a support person **You** trust, please contact **Us** so that **We** may tell **You** how **We** may assist in providing additional support.

If **You** have any questions, please contact **Us**, **Your** broker or advisor.

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## PRIVACY NOTICE

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This notice sets out how Batch collects, uses, and discloses personal information about:

**You**, if an individual; and other individuals **You** provide information about.

Further information about **Our** Privacy Policy is available at [www.batchunderwriting.com](http://www.batchunderwriting.com)

### How **We** collect **Your** personal information

**Batch** usually collects personal information from **You** or **Your** agents. **Batch** may also collect personal information from:

- **Our** agents and service providers;
- other **Insurers**;
- people who are involved in a claim or assist **Us** in investigating or processing claims, including third parties claiming under **Your** Policy, witnesses, and medical practitioners;
- third parties who may be arranging insurance cover for a group that **You** are a part of;
- providers of marketing lists and industry databases; and
- publicly available sources

### Why **We** collect **Your** personal information

**Batch** collects information necessary to:

- underwrite and administer **Your** insurance cover;
- maintain and improve customer service; and
- advise **You** of **Our** and other products and services that may interest **You**.

**You** have a legal obligation under the Insurance Contracts Act 1984 to disclose certain information. Failure to disclose information required may result in **Batch** declining cover, cancelling **Your** insurance cover, or reducing the level of cover, or declining claims.

### To whom **We** disclose **Your** personal information

In the course of underwriting and administering **Your** Policy **We** may disclose **Your** information to:

- entities to which **Batch** is related, reinsurers, contractors or third-party providers providing services related to the administration of **Your** Policy;

- banks and financial institutions for **Policy** payments;
- assessors, third party administrators, emergency providers, retailers, medical providers, travel carriers, in the event of a claim;
- other entities to enable them to offer their products or services to **You**; and government, law enforcement, dispute resolution, statutory or regulatory bodies, or as required by law.

**Batch** is likely to disclose information to some of these entities located overseas, including in the following country: United Kingdom, as well as any country in which **You** have a claim, and such other countries as may be notified in **Our** Privacy Policy from time to time.

**You** may request not to receive direct marketing communications from **Batch**.

### Access to Your personal information

**Our** Privacy **Policy** contains information about how **You** may access and seek correction of personal information **We** hold about **You**. In summary, **You** may gain access to **Your** personal information by submitting a written request to **Batch** or please contact **Us** by email at [privacy@batchuw.com](mailto:privacy@batchuw.com) or call **Us** on 1800 956 556.

In some circumstances permitted under the Privacy Act 1988, **Batch** may not permit access to **Your** personal information. Circumstances where access may be denied include where it would have an unreasonable impact on the privacy of other individuals, or where it would be unlawful.

### Complaints

**Our** Privacy Policy also contains information about how **You** may complain about a breach of the applicable privacy principles and how **We** will deal with such a complaint.

If **You** have any concerns about how **We** are collecting and processing **Your** personal information, **You** may raise a complaint by email at [enquiry@batchuw.com](mailto:enquiry@batchuw.com) or contacting -

The Complaints Manager  
 Batch Underwriting Pty Limited  
 Email: [enquiry@batchuw.com](mailto:enquiry@batchuw.com)  
 Telephone: 1800 956 556  
 Address: The Commons, Level 4, 32 York Street, Sydney, NSW 2000

If **You** are dissatisfied with **Our** response, **You** may refer the matter to the Office of the Australian Information Commission (OAIC). The OAIC contact details can be found at [www.oaic.gov.au](http://www.oaic.gov.au)

### Consent

**Your** application includes a consent that **You** and any other individuals **You** provide information about consent to the collection, use and disclosure of personal information as set out in this Product Disclosure Statement (PDS).

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## HOW TO CONTACT US

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Enquiries of a general nature should be addressed to Batch Underwriting Pty Ltd and should be sent to:

The Underwriting Manager  
 Batch Underwriting Pty Limited  
 Email: [enquiry@batchuw.com](mailto:enquiry@batchuw.com)  
 Telephone: 1800 956 556  
 Address: The Commons, Level 4, 32 York Street, Sydney, NSW 2000

CLAIMS: All enquiries specific to making a claim, notice of an event which is likely to give rise to a claim, please refer to the section below, How to Make a Claim.

COMPLAINTS: Any complaint relating to this **Policy**, please contact **Your** broker contact in the first instance and refer to the section below, How to Make a Complaint.



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## HOW TO MAKE A CLAIM

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**You** or any person entitled to claim under this **Policy** must give **Us** or **Our** authorised agent written notice of any event which is likely to give rise to a claim, within thirty (30) days, or as soon as is reasonably practicable.

Please send the notice to:

**Batch Underwriting Pty Limited**  
The Commons, Level 4 / 32 York Street  
Sydney, NSW 2000  
Australia  
Email: [claims@batchuw.com](mailto:claims@batchuw.com)  
Phone: 1800 956 556

Once notified of **Your** claim, Batch will provide **You** with all the necessary claim forms. **You** must complete these forms in full and return to Batch along with all other information and documentation that is relevant to **Your** claim in order to ensure a quick and efficient claims assessment. These include and are not limited to any invoices, medical certificates, Medical Practitioner reports, and employer reports. A failure to provide relevant information could delay processing of **Your** claim.

Any payments will be made in Australian Dollars (AUD) unless otherwise shown in the **Policy Schedule**.

Any costs involved in obtaining or collecting required or supporting information for the claim form part of **Your** responsibility and is not claimable.

Dependent on the specific circumstances of the claim, an **Excess** or a **Waiting Period** may be applicable.

Any claim paid in respect of the Weekly **Injury** Benefit or Weekly **Sickness** Benefit is subject to personal income tax. Where **We** are required to do so, **We** will withhold personal income tax amounts from claim payments **We** make and forward these amounts to the Australian Taxation Office on behalf of the **Insured** or **Insured Person** and a summary of amounts withheld will be specified on claims payment letters. **We** cannot provide taxation advice and **You** should consult an authorised tax advisor if there are any questions that relate to **Your** particular circumstances.

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## HOW TO MAKE A COMPLAINT

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If **You** have any concerns or wish to make a complaint in relation to this **Policy**, our services, or **Your** insurance claim, please let us know and we will attempt to resolve **Your** concerns in accordance with our Internal Dispute Resolution procedure. Please contact Batch Underwriting Pty Ltd in the first instance:

The Complaints Manager  
Batch Underwriting Pty Limited  
Email: [enquiry@batchuw.com](mailto:enquiry@batchuw.com)  
Telephone: 1800 956 556  
Address: The Commons, Level 4, 32 York Street, Sydney, NSW 2000

**We** will acknowledge receipt of **Your** complaint and do our utmost to resolve the complaint to **Your** satisfaction within ten (10) business days.

If we cannot resolve **Your** complaint to **Your** satisfaction, we will escalate **Your** matter to Lloyd's Australia who will determine whether it will be reviewed by their office or the Lloyd's UK Complaints team. Lloyd's contact details are:

Lloyd's Australia Limited  
Email: [ldraustralia@loyds.com](mailto:ldraustralia@loyds.com)  
Telephone: (02) 8298 0783  
Post: Suite 1603 Level 16, 1 Macquarie Place, Sydney NSW 2000

A final decision will be provided to **You** within thirty (30) calendar days of the date on which **You** first made the complaint unless certain exceptions apply.

**You** may refer **Your** complaint to the Australian Financial Complaints Authority (AFCA), if **Your** complaint is not resolved to **Your** satisfaction within thirty (30) calendar days of the date on which **You** first made the complaint or at any time. AFCA can be contacted as follows:

Telephone: 1800 931 678

Email: [info@afca.org.au](mailto:info@afca.org.au)

Post: GPO Box 3 Melbourne VIC 3001

Website: [www.afca.org.au](http://www.afca.org.au)

**Your** complaint must be referred to AFCA within 2 years of the final decision, unless AFCA considers special circumstances apply. If **Your** complaint is not eligible for consideration by AFCA, **You** may be referred to the Financial Ombudsman Service (UK) or **You** can seek independent legal advice. **You** can also access any other external dispute resolution or other options that may be available to **You**.

The Underwriters accepting this Insurance agree that:

(a) if a dispute arises under this Insurance, this Insurance will be subject to Australian law and practice and the Underwriters will submit to the jurisdiction of any competent Court in the Commonwealth of Australia;

(b) any summons notice or process to be served upon the Underwriters may be served upon:

Lloyd's Underwriters' General Representative in Australia

Suite 1603

Level 16

1 Macquarie Place

Sydney NSW 2000

who has authority to accept service on the Underwriters' behalf;

(c) if a suit is instituted against any of the Underwriters, all Underwriters participating in this Insurance will abide by the final decision of such Court or any competent Appellate Court.

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## SEVERAL LIABILITY NOTICE

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The liability of an insurer under this contract is several and not joint with other insurers party to this contract. An insurer is liable only for the proportion of liability it has underwritten. An insurer is not jointly liable for the proportion of liability underwritten by any other insurer. Nor is an insurer otherwise responsible for any liability of any other insurer that may underwrite this contract.

The proportion of liability under this contract underwritten by an insurer (or, in the case of a Lloyd's syndicate, the total of the proportions underwritten by all the members of the syndicate taken together) is shown on the **Policy Schedule**.

In the case of a Lloyd's syndicate, each member of the syndicate (rather than the syndicate itself) is an insurer. Each member has underwritten a proportion of the total shown for the syndicate (that total itself being the total of the proportions underwritten by all the members of the syndicate taken together). The liability of each member of the syndicate is several and not joint with other members. A member is liable only for that member's proportion. A member is not jointly liable for any other member's proportion. Nor is any member otherwise responsible for any liability of any other insurer that may underwrite this contract. The business address of each member is Lloyd's, One Lime Street, London EC3M 7HA. The identity of each member of a Lloyd's syndicate and their respective proportion may be obtained by writing to Market Services, Lloyd's, at the above address.

Although reference is made at various points in this clause to "this contract" in the singular, where the circumstances so require this should be read as a reference to contracts in the plural.

### Preparation Date

This PDS was prepared on 01.01.2024

## Updating this PDS

**We** may need to update the information contained in this PDS when necessary. Should this PDS need to be updated, **We** will provide **You** with a new or supplementary PDS outlining these changes, except in limited circumstances where the information is not something that would be materially adverse from the point of view of a reasonable person deciding whether to acquire this insurance.

# POLICY WORDING

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## IMPORTANT POLICY MATTERS

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All cover is subject to **You** paying or agreeing to pay the premium **We** require, and is subject to all the Terms, Provisos, Conditions and Exclusions of this **Policy** including the **Policy** Schedules.

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## THIS **POLICY** SHALL ONLY APPLY TO EVENTS THAT OCCUR DURING THE **POLICY PERIOD** AS SET OUT IN THE **POLICY** SCHEDULE OR RENEWAL NOTICE

## SCOPE OF COVER

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The Compensation provided will only be payable if an Event listed in this **Policy** happens to **You** whilst

1. **You** are actually engaged in official unpaid voluntary activities authorized and under the control of the Insured; or
  2. **You** are engaged in necessary direct travel between **Your** normal place of residence or employment and the place of **Your** voluntary activities.
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## DEFINITIONS

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The following words have the special meaning explained below. These words will use capital letters and **bold** font:

1. **Accident** means a sudden, fortuitous, violent, visible, and specific event caused external to the body which occurs at an identifiable time and place during the **Policy Period** as a result of the **Insured Persons** direct travel to or from their normal place of residence to or from their place of employment.
2. **Close Relative** means a **Spouse/Partner**, parent, parent-in-law, step-parent, child, brother, sister, brother-in-law, sister-in-law, daughter-in-law, son-in-law, half-brother, half-sister, fiancé (e), niece, nephew, uncle, aunt, stepchild, grandparent, or grandchild.
3. **Computer System** means any computer, hardware, software, communications system, electronic device (including, but not limited to, smart phone, laptop, tablet, wearable device), server, cloud or microcontroller including any similar system or any configuration of the aforementioned and including any associated input, output, data storage device, networking equipment or back up facility, owned or operated by the Insured or any other party).
4. **Cyber Act** means an unauthorised, malicious, or criminal act or series of related unauthorised, malicious, or criminal acts, regardless of time and place, or the threat or hoax thereof involving access to, processing of, use of or operation of any **Computer System**.

**Cyber Incident** means any error or omission or series of related errors or omissions involving access to, processing of, use of or operation of any **Computer System**; or 1.2 any partial or total unavailability or failure or series of related partial or total unavailability or failures to access, process, use or operate any **Computer System**.

5. **Dependant Child/Children** means the unmarried Dependant Child/Children including step or legally adopted Dependant Child/Children of the Insured Person who are:
    - (a) over 6 months of age and under 19 years of age; or
-

- (b) under 25 years of age while they are full-time students at an accredited institution of higher learning;  
and at the time of an Event giving rise to a claim under **Section 4** are primarily dependent on the **Insured Person** for maintenance and support.

**Dependant Children includes step or legally adopted Children.**

6. **Doctor** means a medical practitioner or medical specialist who is registered or licenced and is legally qualified to practice medicine under the laws of the country in which they practice other than a medical practitioner or medical specialist who is the **Insured Person**, the **Insured Person's** business partner or agent, the **Insured Person's** employer or employee or a **Close Relative**.
7. **Fingers Or Toes** means the digits of a **Hand** or **Foot**
8. **Foot** means the entire foot below the ankle.
9. **Hand** means the entire hand below the wrist.
10. **Hospital** means any institution lawfully operated for the care and treatment of sick or injured persons with organized facilities for diagnosis and surgery (including operating theatres) in the same premises, with 24 hours daily nursing service by registered graduate nurses and operated under the supervision of **Doctor(s)**.
11. **Income** means
- (a) as regards to a salaried **Insured Person**, the average gross weekly income earned from personal exertion before personal deductions and income tax, but excluding bonuses, commissions, overtime payments and other allowances; or
  - (b) as regards to a T.E.C. (i.e., total employee cost) or salary package **Insured Person**, the average gross weekly value of the income package earned from personal exertion (including, but not limited to wages, and/or salary, motor vehicle and/or travelling allowances, club subscriptions and fees, housing loan or rental subsidy, clothing, or meal allowances), before personal deductions and income tax, but excluding bonuses, commissions, overtime payments and other allowances; or
  - (c) as regards to a self-employed **Insured Person**, the average gross weekly income earned from personal exertion after the deduction of all business expenses necessarily incurred in earning that income.
  - (d) all derived during the 12 calendar months period immediately preceding the **Injury** giving rise to the claim under this **Policy**.
12. **Injury** means a bodily Injury to an **Insured Person** resulting from an **Accident** and occurring independently of any other cause provided the Injury occurs on or after the **Insured Person's** cover commencement date as described under the period of individual cover in the **Policy** Schedule. It does not mean a sickness or illness or disease; or any pre-existing or aggravation of a pre-existing physical, congenital or degenerative condition.
13. **Limb** means a hand at or above the wrist or a foot at or above the ankle.
14. **Non-Medicare Medical Expenses** means:
- Expenses that are not subject to any full or partial Medicare rebate nor are they recoverable by **You** or the Insured from any other source and are incurred within twelve (12) calendar months of **You** sustaining **Injury**.
  - They must be paid by **You** or the Insured on **Your** behalf and be for treatment certified necessary by a legally qualified medical practitioner, to a registered **Private Hospital**, physiotherapist, chiropractor, osteopath, nurse, or similar provider of medical services.
  - They include the cost of medical supplies or ambulance hire.
  - They do not include the cost of dental treatment unless it is necessarily incurred to sound and natural teeth, other than first teeth or dentures, and is caused by **Injury**.

**Note:**

- **Non-Medicare Medical Expenses** does not include any or part of any expenses for which a Medicare benefit is paid or is payable, nor does it include the balance of monies due or payable by **You** after deduction of any Medicare benefit or rebate. (Commonly known as the "Medicare Gap.")

Refund Not Available:

**We** shall not be liable to make any refund in respect of:

- Any expense recoverable by **You** or by the Insured from any other insurance scheme or any plan providing medical/physiotherapy or similar coverage or from any other source except for the excess of the amount recoverable from such other insurance plan or source.
  - Any expense to which Section 67 of the National Health Act 1953 (as amended) or any of the regulations made under it apply.
  - More than the specified percentage of each claim less all deductions and the **Policy** excess.
  - Any expense which **We** are prohibited by Law from paying. **Our** Total Liability shall not exceed in the aggregate the amount specified in the **Policy** Schedule, in respect of any one **Injury**. The amount of **Our** Total Liability which represents physiotherapy, chiropractic, or osteopathic expenses shall not exceed \$ 1,500 in respect of any one **Injury**.
15. **Paraplegia** means permanent and entire paralysis of both legs and part or whole of the lower half of the body.
  16. **Permanent** means lasting 12 consecutive months and at the end of that period is certified by a **Doctor** as being unlikely to materially improve for the remainder of the **Insured Person's** natural life.
  17. **Permanent Total Disablement** means total disablement which continues for 12 consecutive months and at that time is certified by a **Doctor** as being unlikely to materially improve and entirely preventing the **Insured Person** forever from engaging in their usual occupation immediately prior to the **Injury** or any occupation for which he or she is reasonably qualified by training, education, or experience.
  18. **Policy** means the **Policy** Wording, the PDS and the **Schedule** and any additional endorsements which we subsequently issue to **You**.
  19. **Policy Wording** means this document.
  20. **Policy Period** means the period shown in the **Policy Schedule** or subsequent Renewal Notice issued by **Us**.
  21. **Quadriplegia** means permanent and entire paralysis of both legs and both arms.
  22. **Schedule** means the **Schedule** attached to the **Policy Wording** or any subsequently substituted **Schedule**.
  23. **Temporary Total Disablement** means that as a result of **Injury** 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 **Doctor** who is not the **Insured Person** or a **Close Relative**.
  24. **Terrorist Activity** including a threat, hoax or preparation of 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 actual harm to **You**, damage to **Your** property or the use of any application, software, or programme in connection with any electronic equipment (for example a computer, laptop, smartphone, tablet, or internet capable electronic device) or computer virus.
  25. **War** means war, whether declared or not, or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious, or other ends.
  26. **We/Our/Us/Insurer** means Batch Underwriting Pty Ltd (ABN 15 670 264 767) ('Batch') as an Authorised Representative 00130615 of Halo Underwriting Pty Ltd, Australian Financial Services Licence No 237267 for and on behalf of Certain Underwriters at Lloyds and their nominated representatives.
  27. **You/Your/Insured** means the insured named in the **Policy** Schedule. Words in the singular include the plural and vice versa.

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## GENERAL CONDITIONS APPLICABLE TO ALL SECTIONS OF THIS **POLICY**

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### 1. Complying with Policy Conditions

You and/or the Insured Person must comply with all terms and conditions in this Policy. Failure to comply could result in Us not paying all or part of a claim.

### 2. Fraud

Any fraud, misstatement, or concealment by the Insured and/or You either in the Application on which this Insurance is based or in relation to any other matter affecting this Insurance or in connection with the making of any claim thereunder may give Us the rights provided for in the Insurance Contracts Act, including the right to refuse payment of any claim or to avoid the Contract.

### 3. Policy Renewal

This Policy may be renewed with Our consent from, by payment of the Premium in advance at Our Premium rate in force at the time of renewal.

### 4. Cancellation

This Policy may be terminated:

- (a) at any time at the request of the Insured.
- (b) This Policy may be cancelled by Us as permitted by law If You:
  - (i) Made a misrepresentation to Us, but before the Policy was entered into.
  - (ii) Failed to comply with a provision of the contract, including a provision with respect to payment of the premium.
  - (iii) Made a fraudulent claim under this Policy or any other current Policy.
  - (iv) Failed to notify Us of a specific act or omission as required by this Policy.
- (c) When the Policy is cancelled, We will refund the proportion of the premium (if applicable) for the unexpired Policy Period, after deducting reasonable allowance for our administration costs, Commonwealth taxes and/or charges We cannot recover, and benefits already paid or provided under the Policy for the period the Policy was in force.

### 5. Claims Procedure

- (a) Written notice must be given to Proclaim within thirty (30) days after the occurrence of any Event where reasonably practicable or otherwise as soon as is reasonably possible in respect of which a claim has arisen or may arise. See How to make a claim on page 6.
- (b) All certificates and evidence required by Us in relation to the claim shall be furnished at the expense of the Insured or any claimant hereunder and shall be in such form and of such nature as We shall prescribe.
- (c) You shall as often as reasonably required submit to medical examination on Our behalf and at Our expense.
- (d) We shall in the case of Your death be entitled to have a postmortem examination at Our expense.

### 6. Legal Actions

No action shall be brought to recover on this Policy before the expiration of sixty days after written Proof of Loss has been furnished in accordance with the requirements of this Policy. No such action shall be brought more than three years after the time written Proof of Loss is required to be furnished.

### 7. Subrogation

We have the right to commence or take over legal proceedings in Your and/or the Insured Person's name for the defence or settlement of any claim, or to sue or prosecute any other party to recover any monies payable by them at law. You and the Insured Person must reasonably co-operate with Us and do nothing to hinder Our rights.

In the event of any payment under this Policy, We shall be subrogated to all the Insured/Insured Person's rights of recovery thereof against any person or organisation and the Insured/Insured Person shall execute and deliver

instructions and papers and do whatever else is reasonably necessary to secure such and enable enforcement of such rights. The **Insured/Insured Person** shall take no action to prejudice such rights.

#### 8. Tax Or Imposts

Where the Company is, or believes it will become, liable for any tax or other impost levied by any Commonwealth or State Government, authority, or body in connection with this **Policy**, the Company may reduce, vary, or otherwise adjust any amounts (including but not limited to premiums, charges, and benefits), under this **Policy** in the manner and to the extent the Company determines to be appropriate to take account of the tax or impost.

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## GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS OF THIS **POLICY**

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This **Policy** does not apply to any Event directly caused by or resulting from:

1. **War**, hostilities, or any act of **War** (whether war is declared or not), Invasion, Act of an enemy foreign to **Your** nationality, or enemy foreign to the country in, or over, which the act occurs, Civil **War**, Riot or civil commotion, Rebellion, insurrection, revolution, or overthrow of any Government, Use of nuclear, chemical, or biological weapons of mass destruction, Radioactive contamination, **Terrorist Activity** or any action taken by **You**, or anyone else, in controlling, preventing, or responding to any, or all of these events.
2. **You** being a pilot or crew member of any aircraft; or
3. **You** engaging in any aerial activity except as a passenger in any properly licenced aircraft.
4. Deliberately self-inflicted **Injury**.
5. Pregnancy or childbirth.
6. Sickness, disease, or any kind of infection however contracted, even if through **Injury**.
7. **You** being under the influence of intoxicating liquor, having a blood alcohol content over the prescribed legal limit or being under the influence of any other drug unless it was prescribed by a **Doctor**.
8. **You** engaging in any professional sport.
9. Driving or riding in any kind of race.
10. Any psychological or psychosomatic or mental or nervous condition.
11. An **Insured Person** suffering from stress or psychiatric condition, including but not limited to depression, anxiety, neurosis, psychosis, mental or emotional stress, physical fatigue, mental disease, or associated disorders unless such conditions are being treated by a registered specialist mental health practitioner.
12. The (re)insurer exposed to any sanction, prohibition, or restriction under any:
  - (a) United Nations' resolution(s); or
  - (b) the trade or economic sanctions, laws or regulations of the European Union, United Kingdom, or United States of America
13. Any benefits for Bodily Injury or Illness caused by or arising directly or indirectly out of a **Cyber Act** or a **Cyber Incident**.
14. Any loss, damage, cost, claim or expense, whether preventative, remedial or otherwise, that contributes concurrently or in any sequence to the loss, damage, cost, claim or expense directly or indirectly arising out of or relating to: the calculation, comparison, differentiation, sequencing, or processing of data involving the date change to the year 2000, or any other date change, including leap year calculations, by any **Computer System**, hardware, program, or software and/or any microchip, integrated circuit or similar device in computer equipment or non-computer equipment, whether the property of the insured or not; or b) any change, alteration, or modification involving the date change to the year 2000, or any other date change, including leap year calculations, to any such **Computer System**, hardware, program, or software and/or any microchip, integrated circuit or similar device in computer equipment or non-computer equipment, whether the property of the insured or not.



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## SPECIAL PROVISIONS

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1. The Compensation payable under Event 1 in Section 1 shall be payable to **Your** Estate. All other Compensation will be payable to **You** or the **Insured Person** as per the benefit terms.
2. (a) Compensation shall not be payable for more than one of the Events listed in Section 1 in respect of the same **Injury**. In the event of multiple Injuries sustained in the same accident and more than one Event can be claimed, only the highest one Event will be compensated.  
(b) Any Compensation payable for Events 2-19 listed in Section 1 shall be reduced by any Compensation already paid under any Events in Section 2 in respect of the same **Injury**.  
(c) Should **You** sustain **Injury** which results in any one of Events 2, 3, 4, 6 or 8 described in Section 1, there shall be no further liability under the **Policy** for Injury sustained thereafter.  
(d) Compensation shall not be payable for more than one of the Events listed in Section 2 in respect of the same **Injury**; Provided always that if **You** become entitled to Compensation under any one of the Events listed in Section 1 (other than Event 1) **You** may elect to receive Compensation either under that Benefit or under the Events listed in Section 2.
3. Compensation shall not be payable:
  - (a) Under Events described in Section 2 in excess of the Aggregate Period shown against such Events in respect of any one Injury.
  - (b) Unless **You** shall as soon as possible after the happening of any Injury giving rise to a claim under the **Policy**, procure and follow proper medical advice from a legally qualified medical practitioner.
4. If **You** die because of Injury and Event 1 is not insured, then Compensation will only be payable under the **Policy** under Events 20, 21 or 22, to the extent of the Aggregate Period shown against these Events or to the date of **Your** death because of the Injury whichever first occurs.
5. The Compensation payable under Event 20 is limited to the amount stated in the **Policy** Schedule, or **Your** weekly Income, whichever is the lesser. If **You**:
  - (a) are entitled to receive weekly or periodical disability benefits under any other **Policy** of insurance; and/or
  - (b) are entitled to receive weekly or periodical disability benefits under any Workcover or Workers Compensation Act or other statutory body or legislation having a similar effect, or under the Wrongs Act, or under any Compulsory Third Party or Motor Vehicle Act, or Transcover or Transport Accident Act or other statutory body or legislation having similar effect; and/or
  - (c) have earned income from any other occupation; and/or
  - (d) have received any annual leave, long service leave or sick leave, unless endorsed otherwise; and/or
  - (e) have any sick leave paid as a part of redundancy payments. then Compensation payable under Event 20 will be reduced by the amount of the benefits detailed above to limit the total of all payments and/or Compensation (inclusive of such benefits) to his or her weekly **Income** or the limit stated in the **Policy** Schedule, whichever is the lesser. (See example below).
6. If **You** or the **Insured Person** has lodged a weekly income benefit claim under any weekly or periodical disability benefits under any Workcover or Workers Compensation Act or other Statutory body or legislation having a similar effect, or under the Wrongs Act, or under any Compulsory Third Party or Motor Vehicle Act, or Transcover or Transport Accident Act or other Statutory body or legislation having similar effect and are awaiting determination of the claim, payment of any Compensation under Section B Event 20 of the **Policy** shall be calculated with effect from the date of the **Injury** less any applicable **Waiting Period**, subject to the terms and conditions of the **Policy**.

Payment for Compensation for a claim under Section B Event 20 will be reduced by the amounts **You** or the **Insured Person** has already received, at the time of the payment of such Compensation as (i) statutory benefits, under applicable laws and statutory bodies referenced above; (ii) income from another occupation; and/or (iii) any annual leave, long service leave or sick leave, unless endorsed otherwise; and/or (iv) sick leave paid as a part of redundancy payments.

When **You** or the **Insured Person** who has received payment of Compensation for a claim under Section B Event 20 of the **Policy** subsequently receives benefits under (i) any Workcover or Workers Compensation Act or other Statutory body or legislation having a similar effect, or under the Wrongs Act, or under any Compulsory Third Party or Motor Vehicle Act, or Transcover or Transport Accident Act or other Statutory body or legislation having similar effect; (ii) income from another occupation; and/or (iii) any annual leave, long service leave or sick leave, unless endorsed otherwise; and/or (iv) sick leave paid as a part of redundancy payments **You** or the **Insured Person** must reimburse to **Us** any difference between the amount of Compensation actually paid by **Us** under Section B Event 20 and the amount of Compensation **We** would have paid had **You** or the **Insured Person** been in receipt of such benefits at the time of payment of the claim for Compensation.

7. If, because of **Injury**, Compensation is payable under Section B and if, while the **Policy** is in force, **You** suffer 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 these periods **You** have performed the duties of **Your** occupation on a full-time basis for at least six consecutive months, in which event the **Total Disablement** will be deemed the result of a new **Injury** and subject to a new **Waiting Period** and Aggregate Period.

#### 8. Age Limitations

**We** will not be liable for any Event which happens to **You** unless at the date of such Event **You** are between the ages set out in The **Schedule**.

9. If **You** are aged under 18 years, Event 1 – Accidental Death is limited to \$10,000.
10. If **You** suffer an **Injury** which requires physiotherapy or chiropractic treatment(s), **You** must obtain a referral from a legally qualified medical practitioner prior to seeking such treatment(s). Compensation for physiotherapy and chiropractic treatment(s) shall be limited to \$500 in respect of any one **Injury**.
11. The premium shown on this **Policy** is subject to periodic review based on the number of Insured Persons at the commencement of each **Policy Period**.

# TABLE OF EVENTS

## SECTION 1 – CAPITAL BENEFITS

If an **Insured Person** during a period of individual cover suffers an **Injury** as defined which results within 12 consecutive months in any Event described in the Table of Events, **We** will pay **You** the Compensation stated in the Table.

Cover under this Section is included only for the Events specified in the **Policy Schedule**. The Compensation for each Event is payable as a percentage of the Capital Sum Insured shown in the **Policy Schedule**.

| The Events  | The Compensation |
|---|------------------|
| <b>Injury as defined in, resulting in</b>   |                  |
| 1. Death  | 100%             |
| 2. <b>Permanent Total Disablement</b>   | 100%             |
| 3. <b>Permanent and</b> incurable paralysis of all Limbs  | 100%             |
| 4. <b>Permanent Total Loss</b> of sight of both eyes  | 100%             |
| 5. <b>Permanent Total Loss</b> of sight of one eye  | 100%             |
| 6. <b>Permanent Total Loss</b> of use of two Limbs  | 100%             |
| 7. <b>Permanent Total Loss</b> of use of one Limb   | 100%             |
| 8. <b>Permanent Total Loss</b> of the lens of both eyes   | 100%             |
| 9. <b>Permanent Total Loss</b> of the lens of one eye   | 50%              |
| 10. <b>Permanent Total Loss</b> of hearing in   |                  |
| (a) both ears   | 75%              |
| (b) one ear   | 15%              |
| 11. Third degree burns and/or resultant disfigurement received from fire or chemical reaction which extend to cover more than 40% of the entire external body | 50%              |
| 12. <b>Permanent Total Loss</b> of use of four Fingers and Thumb of either Hand   | 70%              |
| 13. <b>Permanent Total Loss</b> of use of four Fingers of either Hand   | 40%              |
| 14. <b>Permanent Total Loss</b> of use of one Thumb of either Hand  |                  |
| (a) both joints   | 30%              |
| (b) one joint   | 15%              |
| 15. <b>Permanent Total Loss</b> of use of Fingers of either Hand  |                  |
| (a) three joints  | 10%              |
| (b) two joints  | 7%               |
| (c) one joint   | 5%               |
| 16. <b>Permanent Total Loss</b> of use of Toes of either Foot   |                  |
| (a) all – one Foot  | 15%              |
| (b) great – both joints   | 5%               |
| (c) great – one joint   | 3%               |
| (d) other than great each Toe   | 1%               |
| 17. Fractured leg or knee cap with established non-union  | 10%              |
| 18. Shortening of leg by at least 5 cms   | 7%               |
| 19. Loss of at least 50% of all sound and natural teeth, including capped or crowned teeth, but excluding first teeth and dentures                            | Per Tooth 1%     |

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## EXPOSURE

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If an **Insured Person** suffers an Event as a direct result of exposure to the elements, **We** will pay the Compensation shown for that Event.

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## DISAPPEARANCE

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If an **Insured Person** disappears and after 12 calendar months their body has not been found and it is reasonable to conclude that they have died due to an insured **Injury**, **We** will pay the Compensation shown for Event 1. (Death) subject to such disappearance being reported to the relevant authorities and receipt of a signed undertaking by **You** that any such Compensation shall be refunded if it is later demonstrated that the **Insured Person** did not die as a result of an **Injury**.

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## SECTION 2 – WEEKLY INJURY BENEFIT

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(See Special Provisions – , Note 2(d))

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

| The Events   | The Compensation  |
|--|---|
| <b>Injury as defined in, resulting in</b>  |   |
| 1. <b>Temporary Total Disablement</b> , and <b>You</b> are an Income earner. The Compensation shall be payable for no longer than the Aggregate Period specified in the <b>Policy Schedule</b> , and shall be subject to an <b>Waiting Period</b> as specified in the <b>Policy Schedule</b> .     | During such Disablement the amount per week specified in the <b>Policy Schedule</b> or <b>Income</b> as defined, whichever is the lesser.   |
| 2. <b>Temporary Total Disablement</b> , and <b>You</b> are not an Income earner. The Compensation shall be payable for no longer than the Aggregate Period specified in the <b>Policy Schedule</b> , and shall be subject to an <b>Waiting Period</b> as specified in the <b>Policy Schedule</b> . | 80% of the actual cost of domestic help certified as necessary for the duration of <b>Temporary Total Disablement</b> by a legally qualified medical practitioner <u>OR</u> the maximum amount specified in the <b>Policy Schedule</b> whichever is the lesser.                                     |
| 3. <b>Temporary Total Disablement</b> , and <b>You</b> are a full-time student. The Compensation shall be payable for no longer than the Aggregate Period specified in the <b>Policy Schedule</b> , and shall be subject to an <b>Waiting Period</b> as specified in the <b>Policy Schedule</b> .  | 80% of the actual cost of home tutorial by a qualified tutor which has been certified as necessary for the duration of <b>Temporary Total Disablement</b> by a legally qualified medical practitioner <u>OR</u> the maximum amount specified in the <b>Policy Schedule</b> whichever is the lesser. |

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## SECTION 3 – NON-MEDICARE MEDICAL EXPENSES

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(See Special Provisions – , Note 2(d))

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

| The Events  | The Compensation   |
|---|--|
| <b>Injury as defined in, resulting in</b>   |  |
| 1. <b>Injury</b> resulting in <b>You</b> incurring <b>Non-Medicare Medical Expenses</b> . | 80% of the actual <b>Non-Medicare Medical Expenses</b> after deduction of recoveries from any other source and deduction of the Excess <u>OR</u> the maximum amount specified in the <b>Policy Schedule</b> , whichever is the lesser. |

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## SECTION 4 – BATCH CARE PLUS BENEFITS

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### 1. Lump Sum Overseas Surgical Benefits for Injury

If an **Insured Person** sustains an **Injury** whilst overseas which directly results in any of the Events listed below, **We** will pay a lump sum benefit as listed

| The Events  | The Compensation |
|---|------------------|
| 1. Brain Surgery  | \$20,000         |
| 2. Amputation of a Limb   | \$20,000         |
| 3. Fracture of a limb requiring open reduction                      | \$5,000          |
| 4. Any other surgical procedure performed under general anaesthetic | \$2,500          |

### 2. Broken Bones

If an **Insured Person** sustains an **Injury** which directly results in any of the Broken Bones listed below as diagnosed by a **Doctor** within 30 days from the date of **Injury**, **We** will pay a lump sum benefit as listed below as a percentage of \$7,500 (maximum benefit):

| The Events  | The Compensation |
|---|------------------|
| 1. Neck, skull, or spine ( <b>Complete Fracture</b> )   | 100%             |
| 2. Hip  | 75%              |
| 3. Jaw, pelvis, leg, ankle, or knee ( <b>Complete Fracture</b> or <b>All Other Fractures</b> )  | 50%              |
| 4. (a) Cheekbone, shoulder; or<br>(b) Neck, skull, or spine ( <b>Simple Fracture</b> , <b>Hairline fracture</b> or <b>All Other Fractures</b> ) | 30%              |
| 5. Arm, elbow, wrist, or rib(s) ( <b>Complete Fracture</b> or <b>All Other Fractures</b> )  | 25%              |
| 6. Jaw, pelvis, leg, ankle, or knee ( <b>Simple Fracture</b> or <b>Hairline Fracture</b> )  | 20%              |
| 7. Nose or collar bone  | 20%              |
| 8. Arm, elbow, wrist, or rib(s) ( <b>Simple Fracture</b> or <b>Hairline Fracture</b> )  | 10%              |
| A – Hand. Foot  | 7.5%             |
| B – Finger(s) and Thumb of the same Hand; or  | 7.5%             |
| C - Toe(s) of the same Foot   | 7.5%             |

## Definitions

- (b) **Complete Fracture** means a fracture in which the bone is broken completely across, and no connection is left between the pieces.
- (c) **Hairline Fracture** means mere cracks on the bone.
- (d) **Simple Fracture** means a fracture in which there is a basic and uncomplicated break in the bone and which in the opinion of the **Doctor** requires minimal and uncomplicated medical treatment.
- (e) **All Other Fractures** means any fracture other than a **Complete Fracture**, **Simple Fracture** or **Hairline Fracture**.

## Conditions

- (a) The maximum Compensation payable for this Benefit is \$7500 for any single **Injury** event.
- (b) **We** will pay for the fracture of a body part listed in the table above only once regardless of the number of fractures sustained to one or more appendages of the same body part of the appendicular skeleton.
- (c) **We** will pay for the fracture of a body part listed in the table above only once regardless of the number of fractures sustained.
  - (i) to one or more ribs

### 3. Guaranteed Payment Benefit

If an **Insured Person** sustains an **Injury** which directly results in Weekly Injury Benefits under Section 1 for Event 20, **We** will pay the first twelve (12) consecutive weeks of the applicable Benefit in advance to the **Insured Person** if a **Doctor** certifies with sufficient supporting documentation that due to the severity of the **Injury** the total period of the **Temporary Total Disablement** will be a minimum of twenty-six (26) consecutive weeks.

## Conditions

- (a) Satisfactory medical evidence needs to be provided by a **Doctor**, certifying that the total period of the **Temporary Total Disablement** will be a minimum of twenty-six (26) consecutive weeks.
- (b) For this benefit to be payable at the time of the original medical assessment of the **Injury** there must be no possibility of earlier return to work through rehabilitation, provision of light duties with the employer, medical treatments, or other means.
- (c) **We** will require a signed undertaking that if the claim does not run for the advance payment period, the **Insured Person** will refund the portion of the guaranteed payment that they were not entitled to receive.

### 4. Loss of Teeth Benefit

- 5. If an **Insured Person** suffers **Injury** resulting in the loss of teeth or crowning of damaged teeth, **We** will pay \$250 per tooth, up to a maximum of \$2,000 per **Injury**.
- 6. No cover is provided for milk or first teeth, dentures, or fillings. No benefit is payable if a claim is payable under Section 1A Event 17 in relation to the same **Injury**.

## Exclusions

This Benefit is not payable for injuries occurring to unsound and/or unnatural teeth or resulting from eating activities (e.g., biting and chewing).

### 7. Accommodation and Transport Expense Benefit

If an **Insured Person** sustains an **Injury** which results in hospitalisation as an in-patient, which is more than 100 kilometres from the **Insured Person's** normal place of residence, **We** will reimburse the actual and reasonable transport and/or accommodation expenses incurred by their **Spouse** and/or **Dependant Children** for travel to and from the **Hospital** or to stay with the **Insured Person** during their hospitalisation period, up to a maximum of \$10,000 per single **Injury** event.

### 8. Education Fund Benefit

If the **Insured Person** suffers an **Injury** resulting in a valid claim under Section 1 – Capital Benefits – Event 1, **We** will reimburse the actual costs of the current year's school or university fees up to \$5,000 for each surviving **Dependant Child**, up to a maximum of 3 **Dependant Children** per **Insured Person**. This benefit must be claimed within 12 months from the date of Event 1.

## 9. Funeral Expenses Benefit

If an **Insured Person** suffers an **Injury** resulting in a valid claim under Section 1 – Capital Benefits - Event 1, **We** will either reimburse the necessary and reasonable expenses incurred for:

- (a) a burial or cremation or
- (b) the cost of returning the **Insured Person's** body or ashes to their hometown, up to a maximum of \$10,000.

## 10. Independent Financial Advice Benefit

If an **Insured Person** sustains an **Injury** which results in a valid claim under Section 1 – Capital Benefits - Events 1 - 8, and at **Your** written request, **We** will pay **You** or the **Insured Person** up to a maximum of \$7,500 for the necessary and reasonable expenses incurred for receiving professional financial, taxation and/or investment advice in respect of the benefit paid under Events 1-8, as applicable.

### Conditions

The advice must be provided by a licenced independent financial advisor who is not **Your** employee or a **Close Relative** of the **Insured Person**.

## 11. Home/Vehicle Modification Benefit

If an **Insured Person** sustains an **Injury** which results in a valid claim under Section 1 – Capital Benefits - Events 2 to 8 that requires the **Insured Person** to modify their car and/or existing residence including but not limited to the installation of ramps for external or internal wheel chair access, internal guide rails, emergency alert system and similar disability aids necessary for the sole purpose of assisting with their mobility and to perform daily lifestyle activities (i.e. driving, washing, cooking, bathing and dressing), **We** will pay 80% of the cost incurred for such renovations to a maximum of \$10,000.

It is important that **You** tell **Us** if **You** expect to incur costs under this additional benefit before doing so, so that **We** can inform **You** whether **We** agree that they are reasonable.

### Conditions

This Benefit is only payable:

- (a) where such modifications are undertaken with **Our** prior written confirmation of the **Insured Person's** attending **Doctor**; and
- (b) in respect of one residence and one personal vehicle only.
- (c) if the expenses incurred for modifications and installations are submitted to **Us** within 12 consecutive months from the date a claim is paid under the applicable Event 2 to 8.
- (d) if renovations are carried out by a qualified and licenced tradesperson.

## 12. Premature Birth/Miscarriage Benefit

If an **Insured Person** sustains an **Injury** which results in either a premature childbirth (prior to 26 weeks gestation) or miscarriage, as certified by the **Insured Person's Doctor**, **We** will pay a maximum Compensation of \$5,000 per single **Injury** event.

## 13. Spouse/Partner Employment Training Benefit

If an **Insured Person** sustains an **Injury** which results in a valid claim under Section 1 – Capital Benefits - Events 1 to 8, **We** will pay up to a maximum of \$15,000 for actual and reasonable costs incurred for an **Insured Person's Spouse/Partner** to attend training for the purpose of obtaining or refreshing skills to gain employment and/or improve employment prospects within 24 months from the date of **Injury**.

## 14. Unexpired Membership Benefit

If an **Insured Person** sustains an **Injury** which results in a valid claim for Events under Section 1 of for Events 19 or 20 under Section 2 of the Table of Events and where a **Doctor** certifies that the **Injury** prevents the **Insured Person** from continuing their participation in a sport or gym activity for which they have pre-paid an annual membership, association or registration fee, **We** will pay the **Insured Person** a pro-rata refund of the un-refundable portion of such fees paid for the current season or year up to a total maximum of \$3,000.

#### 15. Chauffeur Benefit

If the **Insured Person** sustains an **Injury** for which Benefits are payable under Section 2 – Weekly Benefits – Event 20, **We** will reimburse **You** or the **Insured Person** up to \$100 per day to a maximum of \$2,500 for hiring chauffeur services or a taxi service to and from the **Insured Person's** usual place of work and their usual place of residence if the **Insured Person** recovers sufficiently to return to work but is certified by a **Doctor** as being unable to drive a vehicle or travel on public transport.

#### 16. Childcare Benefit

If an **Insured Person** sustains an **Injury** resulting in a valid claim under Section 1 – Capital Benefits - Events 2 to 10, rendering them unable to care for their **Dependant Children** as certified by their **Doctor**, **We** will reimburse the **Insured Person** the actual expenses up to a maximum of \$500 per week, regardless of the number of **Dependant Children**, necessarily incurred for the services of a registered childcare provider for their **Dependant Child(ren)**.

##### Conditions

- (a) The maximum period this benefit can be claimed for will be 26 weeks and must be incurred within 24 months from the date of the **Injury**.
- (b) This benefit will only reimburse in respect of additional costs that would not otherwise have been incurred.
- (c) Any childcare expense subsidy available from the relevant government agencies will be deducted from any benefit payable under this section.

#### 17. Corporate Image Protection

If the **Insured Person** sustains an **Injury**, and in **Our** opinion this is likely to result in a valid claim under Section 1 – Capital Benefits - Events 1 or 2, **We** will reimburse **You** up to a maximum of \$15,000 for any single **Injury** event, for costs (other than **Your** own internal costs) incurred for the engagement of image and/or public relations consultants; and/or the release of information through the media.

##### Conditions

- (a) Costs must be incurred directly in connection with such an **Injury**, to protect and/or positively promote **Your** business and image and are subject to **You** giving **Us** a signed undertaking that any amount paid to **You** will be repaid to **Us** if it is later found that a valid claim did not eventuate.

#### 18. Overseas Bed Care Benefit

If an **Insured Person** sustains an **Injury** resulting in them being confined to a **Hospital** bed outside Australia and usual country of residence, under the regular daily attendance and care of a professional carer (not an **Insured Person** or a member of the **Insured Person's** family) directly resulting from a covered **Injury** and certified as necessary by a **Doctor** (not an **Insured Person** or a member of the **Insured Person's** family), for more than Forty Eight (48) consecutive hours, we will reimburse up to \$500 per week (up to a maximum of 26 weeks) that the **Insured Person** remains confined to a bed.

#### 19. Rehabilitation Expenses

If an **Insured Person** sustains an **Injury** which results in a valid claim under Section 2– Weekly Benefits- Event 20, **We** will reimburse for the actual costs incurred for tuition or advice from a licenced vocational school to support their return to work, provided such tuition or advice is undertaken with the agreement of the **Insured Person's Doctor** and **You** tell **Us** before **You** incur costs under this additional benefit, so that **We** can inform **You** whether **We** agree that they are reasonable.

Compensation under this provision will be limited to the actual costs incurred not exceeding \$500 per month and will be payable for a maximum of 6 months.

#### 20. Escalation Of Claim Benefit

After payment of the Compensation under Section 2 continuously for 12 months., and again after each subsequent period of 12 months during which Compensation is paid, **We** will increase the Compensation by 5 percent compound per annum



## 21. Spouse And Dependant Children Benefit

If the **Insured Person** sustains an **Injury** whilst at work which results in Event 1(death) under Section 1, **We** will pay the following amounts in addition to the Sum Insured payable on the life of the **Insured Person**:

- (a) Surviving Spouse Benefit - \$5,000.
- (b) **Dependant** Children Benefit - \$5,000 for each **Dependant Child**, up to a maximum of 3 **Dependant Children**.

## 22. Accidental H.I.V. Infection Benefit

If the **Insured Person** accidentally contracts the Human Immunodeficiency Virus (H.I.V.) infection as a direct result of:

- (a) an **Injury** sustained by a physical and violent bodily assault by another person on the **Insured Person** while they are covered under this **Policy** ; or
- (b) the administering of medical treatment provided by a **Doctor** or registered nurse for an **Insured Person's Injury** during the **Policy Period**,

**We** will pay the **Insured Person** \$25,000.

### Conditions

- (a) Such Compensation will only be payable if the **Insured Person** is positively diagnosed within 180 days of an event specified in 1 or 2 above which gave rise to the H.I.V. infection.
- (b) Compensation shall not be payable unless such event leading to or likely to lead to a positive diagnosis of H.I.V. is reported to **Us** and medical tests are carried out by a **Doctor** as soon as reasonably practicable after the **Insured Person** becomes aware that the event has led to or is likely to lead to that diagnosis.