Journey Group Personal Accident

Product Disclosure Statement
and Policy Wording

BJY0225

Batch

Accident & Health

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PRODUCT DISCLOSURE STATEMENT (PDS)

ABOUT BATCH UNDERWRITING PTY LIMITED

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, led by Canopius Managing Agents Ltd, Syndicate 4444.

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

ABOUT THE INSURER

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.

GENERAL INSURANCE CODE OF PRACTICE

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.

For further information on the Code please visit 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.

WHAT IS A PRODUCT DISCLOSURE STATEMENT

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.

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

GENERAL ADVICE

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

WORDS WITH SPECIAL MEANINGS

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 start with a capital letter. 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.

KEY BENEFITS OF YOUR POLICY

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

- Injury resulting in Death, Permanent Total Disablement and specified Permanent Total Loss
- Weekly Injury Benefit for Injury resulting in Temporary Total Disablement or Partial Disablement
- Batch Care benefits may be available under Section 3 of the Policy, these enhanced benefits supplement the Compensation under Sections 1 and 2.

Compensation under Event Section 1 is payable to the Insured and not the Insured Person.

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

HOW TO APPLY FOR JOURNEY INSURANCE

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.

POLICY COST, PAYMENT, AND TAXATION IMPLICATIONS

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.

COOLING OFF PERIOD

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.

YOUR DUTY TO TAKE REASONABLE CARE NOT TO MAKE A MISREPRESENTATION

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.

PRIVACY NOTICE

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

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@batch.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 or contacting -

The Complaints Manager
Batch Underwriting Pty Limited
Email: 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

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).

HOW TO CONTACT US

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
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.

HOW TO MAKE A CLAIM

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
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 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.

HOW TO MAKE A COMPLAINT

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
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: idraustralia@lloyds.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
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, 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.

SEVERAL LIABILITY NOTICE

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 1st February 2025.

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

IMPORTANT POLICY MATTERS

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.

DEFINITIONS

The following words have the special meaning explained below. These words will start with a capital letter and be in bold font.

Accident means a sudden, external, unforseeable and unexpected 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 as defined under the Scope of Cover in the Policy Schedule.

Aggravated Assault means a violent and physical act intentionally committed by a person or persons unknown against an Insured Person, whilst the Insured Person is flying as a passenger in an aircraft licensed for the carriage of passengers, or whilst travelling in a motor vehicle intended for use on public roadways, or whilst the Insured Person is involved in a carjacking.

Civil War (whether declared or not) means any of the following: armed opposition, insurrection, revolution, armed rebellion or sedition between two or more parties belonging to the same country where the opposing parties are of different ethnic, religious or idealistic groups.

Close Relative means a Spouse, 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.

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).

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 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.

Dependant Child(ren) means the dependant child(ren) 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 Injury being diagnosed which gives rise to a claim under Section 3 of this Policy are primarily dependant on the Insured Person for maintenance and support.

Dependant Children include step or legally adopted children.

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 any Relative.

Fingers, Thumbs 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.

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).

Identity Theft means the theft of personal data or documents relating to an Insured Person's identity which results in their fraudulent use to obtain money, goods or service.

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 month period immediately preceding the Injury giving rise to the claim under this Policy.

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.

Insured Persons means all Directors, Officers, Contractors, Sub-Contractors, and Employees of the Insured who following an Injury would be entitled to receive Compensation or benefits under any Workers' Compensation Act or Motor Vehicle Act but for restrictions contained in the legislation pertaining to their Journey.

It shall also mean any person(s) who come within the description of the Insured Persons appearing in the Policy Schedule, who are nominated by You from time to time for insurance under this Policy and with respect to whom premium has been paid or agreed to be paid.

Limb means a hand at or above the wrist or a foot at or above the ankle.

Nuclear, Biological or Chemical Terrorism means any **Terrorist Activity** involving the use of fusion, fission, radiation, biological or chemical weapons.

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

Partial Disablement means disablement which prevents You from carrying out a substantial part of the normal duties of Your usual business occupation.

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.

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.

Policy means the Policy Wording, the PDS and the Schedule and any additional endorsements which We subsequently issue to You.

Policy Wording means this document.

Policy Period means the period shown in the Policy Schedule or subsequent Renewal Notice issued by Us.

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

Schedule means the Schedule attached to the Policy Wording or any subsequently substituted Schedule.

Spouse means the husband or wife or any de facto partner with whom the Insured Person has continuously lived with during the 3 calendar months immediately prior to the Injury event giving rise to a claim under Section 3 of this Policy. Temporary Partial Disablement means that as a result of Injury the Insured Person is wholly and continuously prevented from engaging in more than 50% of the duties of 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.

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 Doctor.

Terrorist Activity means an act, or acts, threat, hoax or preparation of terrorist activity by 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.

Total Loss means the Permanent and total physical loss of the body part referenced in the Table of Events. Where that body part is a Limb, Hand, Foot, Finger or Toe, Total Loss means the Permanent and total physical loss or loss of use of that body part referenced in the Table of Events, or for an eye entire and irrecoverable loss of sight in that eye or for an ear entire and irrecoverable loss of hearing in that ear or speech entire and irrecoverable loss of speech.

Unprovoked Assault means a violent and physical act intentionally committed by a person or persons unknown at the time against an Insured Person but excludes any Aggravated Assault.

Waiting Period means a consecutive number of days during which no benefits are payable (shown in the Policy Schedule under each applicable benefit.

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.

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, led by Canopius Managing Agents Ltd, Syndicate 4444.

You/Your/Insured means the Insured named in the Policy Schedule. Words in the singular include the plural and vice versa.

GENERAL CONDITIONS APPLICABLE TO ALL SECTIONS OF THIS POLICY

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 the claim.

2. Effective Date Of Individual Insurance

   The Insurance of any Insured Person (as specified in the Policy Schedule) will become effective on the latest of the following dates:

   (a) on the commencing date of the First Policy Period set out in the Policy Schedule;

   (b) on the date such Insured Person becomes eligible for Insurance hereunder;

   (c) where a Proposal is required by Us, on the date of Our acceptance of the Insured Person's written Proposal; provided always that if such Insured Person is not regularly performing all the usual duties of his or her occupation or is not fit to do so on the date his or her proposal for Insurance would otherwise become effective, then this Insurance will only take effect on the date of return to the regular performance of all of his or her usual duties or when he or she is certified fit to do so.

3. Individual Terminations

   The Insurance of any Insured Person will immediately terminate on the earliest of the following dates:

   (a) on the date this Policy is terminated;

   (b) on the date the Insured requests that such Insured Person be deleted as an Insured Person;

   (c) on the date that such Insured Person leaves or is dismissed from Your employment or is retired or pensioned;

   (d) on the premium due date if You fail to pay the required premium on the date such Insured Person ceases to be eligible for insurance hereunder; or on the date such Insured Person ceases to be eligible for Insurance hereunder.

4. 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 1984, including the right to refuse payment of any claim or to avoid the Contract.

5. Policy Renewal

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

6. Cancellation

   This Policy may be cancelled by You at any time by giving Us notice in writing. Should You cancel Your Policy, We shall retain a pro rata proportion of the premium for the time the Policy has been in force and unless You purchased the Policy through an Insurance Broker, will pay any premium refund due to You within fifteen (15) business days (if You purchased the Policy through an Insurance Broker, ask Your Broker what arrangements apply). You will not receive any refund if You have made a claim or a claim is forthcoming against the Policy prior to cancellation. We may cancel this Policy in the circumstances prescribed by Section 59 and 60 of the Insurance Contracts Act 1984 (Cth).

7. Claims Procedure

   (a) Written notice must be given to Us 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 8.

   (b) All certificates and evidence reasonably 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 post-mortem examination at Our expense.

8. 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.

9. Tax Or Imposts

   Where We are, or reasonably believe We will become, liable for any tax or other imposts levied by any Commonwealth or State government, authority or body in connection with this Policy, We may reduce, vary or

otherwise adjust any amounts (including but not limited to premiums, charges and benefits), to take account of the tax or impost.

10. Sanctions

    It is a condition of this (re)insurance, and the (re)insured agrees, that the provision of any cover, the payment of any claim and the provision of any benefit hereunder shall be suspended, to the extent that the provision of such cover, payment of such claim or provision of such benefit by the (re)insurer would expose that (re)insurer to any sanction, prohibition or restriction under any: United Nations' resolution(s); or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom, United States of America or Australia. Such suspension shall continue until such time as the (re)insurer would no longer be exposed to any such sanction, prohibition or restriction.

GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS OF THIS POLICY

We will not pay under any Section of this **Policy** for claims arising directly or indirectly out of:

1. War, Civil War, invasion, act of foreign enemy, rebellion, revolution, insurrection or military or usurped power.
2. Intentional self-injury, suicide, or criminal or illegal act of the Insured Person who is the subject of the claim.
3. You being under the influence of intoxicating liquor or having a blood alcohol content over the prescribed legal limit or being under the influence of any drug other than a drug taken or administered by, or in accordance with the advice of a Doctor.
4. You being a Pilot or Crew Member of any aircraft.
5. You engaging in any aerial activity except as a passenger in any properly licenced aircraft.
6. Sexually transmitted disease or Acquired Immune Deficiency Syndrome (A.I.D.S.) or Human Immunodeficiency Virus (H.I.V.) infection. This exclusion does not apply to the Accidental H.I.V. Infection Benefit as described under Section 3 Batch Care Benefits.
7. Any Injury that is sustained during, or after, any substantial interruption of, or substantial deviation from the journey, made for any reason unconnected with Your employment or with Your attendance at any trade, technical, or other training school.
8. Any benefits for Injury caused by or arising directly or indirectly out of a Cyber Act or a Cyber Incident.
9. 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:
   (a) 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.
10. Radioactive contamination or radioactivity in any form whatsoever whether occurring naturally or otherwise
11. Nuclear, Biological or Chemical Terrorism.

SPECIAL PROVISIONS

1. Compensation shall not be payable:

   (a) Unless as soon as possible after the happening of any **Injury** giving or likely to give rise to a claim, an **Insured Person** obtains and follows proper medical advice from a registered and legally qualified medical practitioner who is not the **Insured Person** or a member of the **Insured Person's** immediate family.

   (b) If the **Insured Person** is entitled to receive sick leave pay.

   (c) in respect of any **Injury** for which **You** have received treatment or advice for treatment prior to becoming insured hereunder

2. The Compensation payable under Event 1 in Section 1 shall be payable to the **Insured**; any other Compensation payable under the **Policy** shall be payable to **You** or the **Insured Person** as per the benefit terms.

   (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 – 18 listed in Section 1 shall be reduced by any Compensation already paid under Events 22 and/or 23 in Section 2 in respect of the same **Injury**.

   (c) Should **You** sustain **Injury** which results in any one of Events 2 to 8 described in Section 1 there shall be no further liability under the **Policy** for **Injury** sustained thereafter.

   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 Event or under Events listed in Section 2.

3. Weekly Benefits Limitation

   For each **Insured Person** the Compensation payable under Section 2 Event 22 (**Temporary Total Disablement**) is limited to the amount stated in the **Policy Schedule** or 100% of the **Insured Person's** 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 Section 2 Event 22 (**Temporary Total Disablement**) 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.

4. 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 1 and/or Section 2 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 2 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 2 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 2 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.

5. Recurrence Of Temporary Total Disablement or Temporary Partial Disablement (Weekly Benefits)

   If an Insured Person receives Compensation under Section 2 – (Weekly Benefits) and while this Policy is in force suffers a recurrence of Temporary Total or Temporary Partial Disablement from the same or related causes within 6 consecutive months of his or her return to his or her occupation on a full-time basis, We will consider such Disablement to be a continuation of the prior claim period. The period of recurring Disablement will be aggregated with the prior claim period and will not be subject to a new Waiting Period.

6. Aggregate Limit Of Liability

   (a) Except as provided under 6(b) and 6(c), Our total liability for all claims arising during any one Policy Period will not exceed the amount shown in the Policy Schedule.

   (b) Our total liability for all claims arising under this Policy during any one Policy Period relating directly to air travel in aircraft whose flights are not conducted in accordance with fixed schedules to and from fixed terminals over established routes will not exceed the amount shown in the Policy Schedule against Aggregate Limits of Liability – Unscheduled Flights.

   (c) Our total liability, subject at all times to General Exclusion 1, for all claims arising from War/Civil War in respect of any one Policy Period, shall not exceed the sum insured in the Policy Schedule for War/Civil War.

7. Age Limits

   We will not be liable for any Event which happens to an Insured Person unless at the date of the Event they are between the ages set out in the Policy Schedule

TABLE OF EVENTS

SECTION 1 – CAPITAL BENEFITS

Description of Cover

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
Injury, resulting in:	
1. Death	100%
2. **Permanent Total Disablement**	100%
3. **Permanent** and incurable paralysis of all **Limbs**	100%
4. **Permanent Total Loss** of sight of both eyes	100%
5. **Permanent Total Loss** of sight of one eye	100%
6. **Permanent Total Loss** of use of two **Limbs**	100%
7. **Permanent Total Loss** of use of one **Limb**	100%
8. **Permanent Total Loss** of the lens of both eyes	100%
9. **Permanent Total Loss** of the lens of one eye	60%
10. **Permanent Total Loss** of hearing in	
(a) both ears	100%
(b) one ear	50%
11. Burns	
(a) Third degree burns and/or resultant disfigurement which covers more than 30% of the entire external body	50%
(b) Second degree burns and/or resultant disfigurement which covers more than 30% of the entire external body	25%
12. **Permanent Total Loss** of use of four **Fingers** and **Thumb** of either **Hand**	70%
13. **Permanent Total Loss** of use of four **Fingers** of either **Hand**	40%
14. **Permanent Total Loss** of use of one **Thumb** of either **Hand**	
(a) both joints	30%
(b) one joint	15%
15. **Permanent Total Loss** of use of **Fingers** of either **Hand**	
(a) three joints	10%
(b) two joints	7%
(c) one joint	5%

The Events	The Compensation
16. **Permanent Total Loss** of use of **Toes** of either **Foot**	
(a) all – one **Foot**	15%
(b) great **Toe** – both joints	5%
(c) great **Toe**– one joint	3%
(d) other than great each **Toe**	1%
17. Loss of at least 50% of all sound and natural teeth, including capped or crowned teeth, but excluding first teeth and dentures	1% per tooth (to $10,000 in total for all teeth)
18. Fractured leg or knee cap with established non-union	10%
19. Shortening of leg by at least five cms	7%
20. **Permanent** loss of:	
a. use or surgical removal of two kidneys	75%
b. use or surgical removal of one kidney	30%
c. use or surgical removal of spleen	25%
d. use or surgical removal of liver	70%
e. use or surgical removal of male or female sexual organs	40%
f. use or surgical removal of both breasts	40%
g. use or surgical removal of one breast	6%
h. use or surgical removal of two testicles	40%
i. use or surgical removal of one testicle	6%
j. sexual function	45%
21. **Permanent** partial disablement not otherwise provided for under Events 9 and 10b to 19 inclusive	Such percentage of the Capital Sum Insured which corresponds to the percentage reduction in whole bodily function as certified by the **Insured Person's** treating **Doctor**, and a **Doctor** appointed by **Us**. If the **Doctor** chosen by **Us** forms a contrary opinion to that of the **Insured Person's** treating **Doctor**, **We** will seek the opinion of a third independent **Doctor** who will be appointed by mutual agreement between the parties. In the event of a disagreement between all three (3) **Doctors**, the percentage reduction in whole bodily function will be the average of the three (3) opinions, subject to the maximum amount **We** will pay which is seventy-five percent (75%) of the Lump Sum Benefit insured

Compensation under Event 1 is payable to the Insured not the **Insured Person.**

EXPOSURE

If an **Insured Person** is exposed to the elements as a result of sustaining an **Injury** and suffers from any of the Events stated in the Table of Benefits within 12 calendar months as a direct result of that exposure, **We** will treat that Insured Event as if it were caused by an **Injury** for the purposes of this **Policy**.

DISAPPEARANCE

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**.

SECTION 2 – WEEKLY INJURY BENEFIT

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

The Events	The Compensation
Injury, resulting in	
22. **Temporary Total Disablement**	During such Disablement, the amount per week specified in the **Policy Schedule** or **Income** as defined, whichever is the lesser.
23. **Temporary Partial Disablement**	During such Disablement: 25 percent of Event 22 each week.

SECTION 3 – BATCH CARE BENEFITS

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.

Such Compensation will only be payable if the **Insured Person** is positively diagnosed within 180 days of an event specified in (a) or (b) above which gave rise to the H.I.V. infection.

Accommodation and Transport Expense Benefit

If an **Insured Person** suffers an **Injury** which results in hospitalisation as an in-patient, which is more than 100 kilometers 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.

Aggravated Assault Benefit

If an **Insured Person** suffers an **Injury** due to an **Aggravated Assault**, **We** will pay $5,000.

In addition **We** shall also pay up to $2,500 for the following;

a. if a pre-scheduled trip has yet to commence, any additional transportation expenses of an **Insured Person** (including any relative that may be travelling with them) incurred to commence the trip;

b. if a pre-scheduled trip has commenced, any additional accommodation and/or transportation expenses incurred to allow the **Insured Person** (including any relative travelling with them) to recommence their trip;

c. if an **Insured Person** (including any relative travelling with them) is returning to their normal place of residence upon completion of their pre-scheduled trip, any additional transportation expenses to return the **Insured Person** (including any relative travelling with them) to their normal place of residence; or

d. any forfeited accommodation or transportation expenses of an **Insured Person** (including any relative that may be travelling with them) due to the cancellation of their pre-scheduled trip following the **Aggravated Assault.**

Any expenses must be reasonably and necessarily incurred and are in respect of additional costs that would have not otherwise been incurred. **We** shall only pay for one of a. to d. above arising from the same **Aggravated Assault.**

Broken Bones

If an **Insured Person** suffers 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
Injury, resulting in	
1. Neck, skull, or spine (**Complete Fracture**)	100%
2. Hip	75%
3. Jaw, pelvis, leg, ankle, or knee (**Complete Fracture** or **All Other Fractures**)	50%
4. (a) Cheekbone, shoulder; or	
(b) Neck, skull, or spine (**Simple Fracture, Hairline fracture** or **All Other Fractures**)	30%
5. Arm, elbow, wrist, or rib(s) (**Complete Fracture** or **All Other Fractures**)	25%
6. Jaw, pelvis, leg, ankle, or knee (**Simple Fracture** or **Hairline Fracture**)	20%
7. Nose or collar bone	20%
8. Arm, elbow, wrist, or rib(s) (**Simple Fracture** or **Hairline Fracture**)	
9. (a) **Hand, Foot**	
(b) **Finger(s)** and **Thumb** of the same **Hand**; or	10%
(c) **Toe(s)** of the same **Foot**	

Definitions

(a) **Complete Fracture** means a fracture in which the bone is broken completely across, and no connection is left between the pieces.

(b) **Hairline Fracture** means mere cracks on the bone.

(c) **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.

(d) **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 $7,500 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 Fingers or Toes of the same hand or leg

(ii) to one or more ribs

(iii) to one or more vertebra in the spinal column

Chauffeur Benefit

If the Insured Person suffers an Injury or Sickness for which Benefits are payable under Section 2 – Weekly Injury Benefit – Events 22 or 23, We will reimburse You or the Insured Person up 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.

Childcare Benefit

If an Insured Person suffers 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.

Coma Benefit

If the Insured Person suffers an Injury resulting in a continuous unconscious state which is diagnosed by a Doctor to be a comatose state, We will pay a benefit of $300 for each day the Insured Person remains in this comatose state during their hospitalisation period, up to a maximum of 10 weeks (i.e $21,000).

Conditions

(a) The Insured Person must be in the Hospital for the duration of the comatose state for any benefits to be payable.

Corporate Image Protection

If an Insured Person suffers an Injury which based on evidence is likely to result in a valid claim under the Policy with respect to Section 1 – Capital Benefits - Event 1, We will pay the reasonable costs You incur, other than Your internal costs, for the engagement of external image or public relations consultants to protect against or counter any reputational damage Your business may suffer as a result of the Insured Person's death up to a maximum of $20,000. Cover is 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 or will not eventuate.

Cosmetic Surgery Benefit

If an Insured Person suffers an Injury that results in a valid claim under Section 1 - Capital Benefits - Events 2 to 21, We will pay an additional amount equivalent to 10% of the benefit payable under Events 2 to 21, subject to the maximum compensation of $20,000, for medically necessary reconstructive or cosmetic surgery.

Conditions

(a) The sole purpose of the cosmetic or reconstructive surgery as certified by a Doctor is to restore function or appearance after an Injury and was done at a medically appropriate stage within 24 months from the date of Injury.

Dental Cash Benefit – Injury Only

If an Insured Person suffers an Injury resulting in the loss of teeth or crowning of damaged teeth, We will pay $300 per tooth, up to a maximum of $5,000 per Injury.

No cover is provided for milk or first teeth, dentures, or fillings. No benefit is payable if a claim is payable under Section 1 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).

Domestic Help Benefit

If an Insured Person suffers an Injury resulting in a valid claim under Section 2 – Weekly Benefits - Events 22 or 23 and is unable to perform their normal household duties, We will pay subject to the Waiting Period stated on the Policy Schedule, a maximum benefit of up to $500 per week not exceeding 52 weeks for any one Event, to reimburse up to 85% of actual costs, incurred for reasonable and necessary professional services carried out by persons other than members of the Insured Person's family or other relatives or persons permanently residing with the Insured Person, to help the injured Insured Person with household duties provided such services are certified by the Insured Person's Doctor as being necessary for the Insured Person's recovery. Subject at all times that this benefit is only payable in respect of additional costs that would have not otherwise been incurred.

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 $10,000 for each surviving Dependant Child, up to a maximum $30,000.
This benefit must be claimed within 12 months from the date of Event 1.

Escalation Of Claim Benefit

After payment of the Compensation under Section 2 – Weekly Injury Benefit 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.

Executor Emergency Cash Advance

If an Insured Person suffers an Injury which results in a valid claim under Section 1 – Capital Benefits – Event 1, We will upon the written request for financial assistance by the executor of the Insured Person's estate, advance You or the executor up to $25,000 whilst the administration of the Insured Person's estate is being arranged.

Conditions

(a) Any cash advance under this benefit will be subject to reasonable evidence regarding the cause of death being a covered Injury.

(b) Any payments made by Us against this Benefit will be deducted from the final Compensation paid out to the Insured Person's estate under Section 1 – Capital Benefits - Event 1.

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 $20,000.

Guaranteed Payment Benefit

If an Insured Person sustains an Injury which directly results in Weekly Injury Benefits under Section 2 for Event 22, 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 or Sickness, 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.

Home/Vehicle Modification Benefit

If an Insured Person suffers 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, and/or costs associated with relocating the Insured Person to a more suitable home 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 for such renovations or relocation to a maximum of $15,000.

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.

Identity Theft

If an Insured Person suffers an Injury during the Policy Period arising from an Aggravated Assault and subsequently becomes a victim of Identity Theft as a result of the theft of documents during the Aggravated Assault, We will pay the Insured Person for actual and reasonable legal and other expenses necessarily incurred, with Our consent, up to $25,000 any one Insured Person with an annual aggregate maximum of $250,000 for:

1. pursuing closure of, accounts, credit facilities or other facilities or commitments;

2. resubmitting applications for loans, grants, other credit or debit instruments that are rejected solely as a result of the lender receiving incorrect information as the result of Identity Theft;

3. notarising affidavits or other similar documents, amending or rectifying records in regard to the Insured Person's true name or identity as the result of Identity Theft;

4. defending any suit brought against the Insured Person by creditor or collection agency or any other entity acting on behalf of a creditor for non-payment of goods or services or default on a loan as the result of Identity Theft;

5. removing any civil judgment wrongfully entered against the Insured Person as a result of Identity Theft; or

6. income of the Insured Person lost by the Insured or the Insured Person as a result of the Insured Person having to take time off work to complete 1 through 5 above, to a maximum of $250 per day for a period of no more than 20 business days.

Independent Financial Advice Benefit

If an Insured Person suffers an Injury which results in a valid claim under Section 1 – Capital Benefits - Events 1 to 8 and 10a, and at Your written request, We will pay You or the Insured Person up to a maximum of $10,000 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 to 8 and 10a, as applicable.

Conditions

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

Life Saver Benefit

If an unrelated individual, who is not an Insured Person or a member of the emergency services, suffers an Injury that results in Death whilst trying to save the life of an Insured Person, We will pay on Your written request a compensation of $25,000 to this person or to their legal representatives.

The maximum payable for all claims per Policy Period is $100,000.

Orphan Benefit

If the Insured Person and their Spouse/Partner suffer an Injury as a result of the same Accident and a valid claim is paid under Section 1 - Capital Benefits - Event 1, We will pay to the Insured Person's estate or the guardian of the Dependant Children $10,000 for each surviving Dependant Child subject to a benefit payable per family of up to $30,000.

Personal Belongings

If an Insured Person suffers an Injury during the Policy Period and has personal or sporting clothing damaged as a direct result of the Injury , or has the personal or sporting clothing damaged or lost by ambulance or hospital staff, We shall pay up to $2,500 any one claim for the repair or replacement of the damaged or lost personal or sporting clothing.

Premature Birth/Miscarriage Benefit

If an Insured Person suffers 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.

Rehabilitation Expenses

If an Insured Person suffers an Injury which results in a valid claim under Section 2– Weekly Injury Benefit, 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 Our prior written agreement and that the medical evidence is presented from the Insured Person's Doctor certifying that tuition, vocational training or advice is necessary to

rehabilitate the Insured Person. Compensation under this provision will be limited to the actual costs incurred not exceeding $10,000 provided they are reasonable and agreed to prior to commencement of the tuition, vocational training or advice.

Replacement Staff/Recruitment Costs

If an Insured Person suffers an Injury and, in Our opinion, this is likely to result in a valid claim under Section 1– Capital Benefits - Events 1 to 5, We will pay up to $7,500 towards the actual and reasonable recruitment costs incurred by You in the engagement of a replacement employee.

Conditions

(a) Costs must be incurred within ninety (90) days of the Event and be crucial and necessary for Your business to continue.

(b) For this Benefit to be payable, You must provide 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.

Return to Work Benefit

If during the Policy Period an Insured Person suffers an Injury or Sickness for which a benefit is payable under Section 2 – Weekly Injury Benefit and Section 3 - Weekly Sickness Benefit, We shall reimburse the Insured Person for costs necessarily incurred in arranging for professional assistance to improve their physical and/or emotional condition in order to return to their usual occupation, up to a maximum of $20,000 for any one Injury or Sickness.

Furthermore, We shall reimburse the Insured for the necessarily incurred costs and expenses for special equipment for, and/or modifications to, the Insured Person's usual workplace, up to a maximum of $10,000 for any one Injury or Sickness.

Spouse And Dependant Children Benefit

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

(a) Surviving Spouse Benefit - $10,000.

(b) Dependant Children Benefit - $10,000 for each Dependant Child, up to a maximum of $30,000.

Spouse Employment Training Benefit

If an Insured Person suffers 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 to attend training for the purpose of obtaining or refreshing skills to gain employment and/or improve employment prospects and/or to enable them to improve the quality of care they can provide to the Insured Person within 24 months from the date of Injury. The training must be provided by a legally recognised training organisation or institution with the qualification to provide such training and the Spouse must be under the age of Seventy (70) at the commencement of training.

Student Tutorial Benefit

If the Insured Person, who is also a student, suffers an Injury which results in a valid claim under Section 2 that entirely prevents them from attending registered classes, We will reimburse 85% of the costs reasonably and necessarily incurred for home tutorial services up to a maximum of $500 per week for a maximum of 26 consecutive weeks from the date of Injury diagnosed.

Conditions

(a) The Insured Person is registered as a full-time student at a recognised educational institution.

(b) Home tutorial services must be carried out by persons other than the Insured Person's Close Relative or persons permanently living with the Insured Person.

Terrorism Benefit

If an Insured Person suffers an Injury caused by Terrorist Activity, that results in a valid claim under Section 1 - Capital Benefits - Events 2-9, We will pay $20,000 per person up to $200,000 Aggregate per Policy Period.

Trauma Counselling

If an Insured Person suffers psychological trauma as a result of being a victim of, or an eyewitness to, a violent criminal act consisting of a sexual assault, rape, murder, violent robbery, or any Terrorist Activity, We will pay a maximum of $5,000 any one Insured Person during any one Policy Period, for the cost of trauma counselling provided by a registered psychologist or psychiatrist.

Conditions

(a) The registered psychologist or psychiatrist must not be an Insured Person or their Close Relative.

(b) The treatment must be certified as necessary by a Doctor for the well-being of the Insured Person.

(c) Costs must be incurred within six (6) months of the Event giving rise to a claim.

(d) Any claim under this benefit will need to be supported by a police report of the Event.

Unexpired Membership Benefit

If an Insured Person suffers an Injury which results in a valid claim Section 1 - Capital Benefits or Section 2 – Weekly Injury Benefit - Events 22 or 23 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 $3,500. No cover is provided for any fees for which a refund is available or where fees have not been paid.

Unforeseen Expenses

If an Insured Person suffers an Injury during the Policy Period which directly results in otherwise unforeseeable expenses for clothing, medical aids (not including electronic devices such as, but not limited to, tablets, laptops, mobile phones and the like) and local transportation for the purpose of seeking medical treatment, We will pay up to $2,500 for the actual and reasonable costs incurred.

Subject at all times to those costs not being recoverable elsewhere under this policy, or otherwise applicable to an expense for which a Medicare benefit is payable.

Unprovoked Assault Benefit

If an Insured Person suffers an Injury during the Policy Period as a direct result of an Unprovoked Assault, We will pay to the Insured Person $10,000. Subject at all times to the requirement that any Unprovoked Assault is reported to the police and a copy of the police report is provided to confirm both the Unprovoked Assault and the resultant Injury.