Accident & Health

Policy Wording

Personal Accident Insurance Policy

AIG StudentCover

How is Your insurance arranged?

This insurance is issued/insured by:

AIG Australia Limited (AIG)
ABN 93 004 727 753, AFSL 381686

Level 19, 2 Park Street, Sydney NSW 2000

AIG issues this product pursuant to an Australian Financial Services Licence ('AFSL') granted to **Us** by the Australian Securities and Investments Commission.

Table of Contents

Important Information

Please read the **Policy Wording** carefully for full details of cover, about lodging a claim, when benefits are payable, the terms, conditions, special provisions and exclusions that apply to this insurance. Take special note of the following:

1. The **Policy Wording** contains a **Definitions** section starting on **page 10** and **Conditions** starting on **page 14**, that apply to this insurance cover.
2. **Special Provisions** apply to this **Policy Wording** that may impact upon the compensation payable. It is important that **You** carefully read the section of the **Policy Wording** titled **'Special Provisions – General'** starting on **page 14** of the **Policy Wording**.
3. There are some circumstances where cover cannot be provided. These circumstances are covered in the **Policy Wording**, under Exclusions. Please take special note of the **Exclusions** applicable to all sections of the policy listed on **page 13** of the **Policy Wording**.
4. **Aggregate Limit**, **Aggregate Period**, **Elimination Period** or **Excess** (if any)may apply to one or more of the sections of cover selected. Details are provided in the **Policy Wording**.

   An **Aggregate Limit of Liability** is the maximum amount **We** will pay for all claims which occurred during one **Policy Period**. Limits will be shown in the Policy Schedule.

   An **Aggregate Period** as shown in the Policy Schedule is the maximum time period for which **Compensation** is payable as specified against the **Benefit** in the Policy Schedule.

   An **Elimination Period** is a time period that needs to elapse before the **Insured Person** becomes entitled to claim a **Benefit** under this Policy. The **Elimination Period** is specified against the **Benefit** in the Policy Schedule. Different Elimination Periods apply to particular benefits covered under this policy. Details will be shown under the relevant benefits of the **Policy Wording**.

   Excess (if any) is the amount shown in the under the relevant benefits of the **Policy Wording** that will be deducted for each and every loss payable to **You** or the **Insured Person** under the applicable section of the policy.
5. **Age limits** apply to this policy as based upon actuarial or statistical data and is reasonable having regard to the risk in insuring persons of a particular age and other relevant factors. **We** will not be liable for any **Injury** leading to an insured event which happens to an **Insured Person** unless at the date of the **Injury** they are between the ages set out in the **Policy Wording** or Policy Schedule.
6. Cover is limited to the benefits and maximum **Compensation** listed in the Policy Schedule and is subject to the terms, conditions and exclusions in the **Policy Wording**. The attached **Policy Wording** maybe varied by way of endorsement. Where applicable any such endorsement will be provided to **You** with the quotation
7. Cover is provided against a range of events. Details of the key benefits for all sections of cover are contained in this **Policy Wording** and Policy Schedule. The extent of coverage is based on Your selection for one out of the four available Plans offered as listed below:
   1) Standard
   2) Standard Plus
   3) Premium
   4) Premium Plus,

   and will have a Scope Of Cover as described in the Policy Schedule.
   The difference between Plans Standard, Standard Plus, Premium and Premium Plus is the amount of Compensation payable. However, the **Benefits** are the same in each Plan

How to Make a Claim

Information on claims can be found under the section titled **'Conditions – 4. Claims Procedure'** in the **Policy Wording**. Please read this carefully.

Claims need to be submitted with supporting documentation reasonably required by **Us** in relation to the claim, such as **Doctor's** reports, receipts, and where requested, additional **proof of loss**.

Claims should be emailed to:

Email: austclaims@aig.com

In case **You** are unable to deliver electronically, please contact **Our** office on 1300 030 886

Claims under some policy sections an **Elimination Period** and/or Aggregate Period or an Excess may apply under some **Benefits** for claims to be payable.

Please refer to the **Policy Wording** and Policy Schedule for further details about the above.

Confirmation of Transaction for Claims

Under the law if you are a retail client*, you are entitled to confirmation information (the Confirmation) as when AIG Australia Ltd (AIG) accepts or settles a claim made by you under this insurance coverage (the Transaction).

AIG has established a facility under which you can send an email to us at ClaimsAdmin@aig.com requesting the Confirmation of the Transaction. **We** will aim to provide Confirmation of the Transaction to you as soon as reasonably practicable.

We will assume that you agree to the use of the facility to obtain the Confirmation of the Transaction, unless you advise us at the above email address that you do not agree to the use of the facility and that you wish to obtain Confirmation of the Transaction in another way.

* A retail client means an individual or small business. A small business means:
(a) a manufacturing entity with 100 employees or fewer; or
(b) a non-manufacturing entity employing 20 individuals or less

General Insurance Code of Practice

AIG is a signatory to the General Insurance Code of Practice ("Code"). The Code sets out the minimum standards of service that can be expected from the insurance industry and requires insurers to be open, fair and honest in their dealings with customers.

We are committed to adhering to the objectives of the Code and to uphold these minimum standards when providing services covered by this Code. The Code objectives will be followed having regards to the law and acknowledging that a contract of insurance is a contract based on the utmost good faith.

The Code Governance Committee is the independent body that monitors and enforces insurers' compliance with the Code. Their purpose is to drive better Code compliance and helping the insurance industry to improve its service to consumers.

For more information on the Code please visit www.codeofpractice.com.au.

For more information on the Code Governance Committee please visit insurancecode.org.au.

Complaints and Feedback

Learning about **Your** experiences with **Us** and **Our** service partners helps to improve the way **We** do business with **You**. If **You** have feedback, or an issue **You** would like resolved **We** encourage **You** to make contact. Below is information on how to contact **Us** and how **We** will work together to resolve any concerns **You** have.

HOW TO PROVIDE FEEDBACK

1. **Speak to Our Complaints team**

   Our complaints team can be contacted on 1800 339 669. To get the best out of **Your** call with **Us**, please have **Your** policy and/or claim number available and any specific information about the issue.

2. **Provide Your feedback in writing**

   If **You** would prefer to provide **Your** feedback or complaint in writing **You** can do so by lodging **Your** complaint on **Our** website, or by writing to:

   The Complaints Team
   AIG Australia Limited
   Level 13, 717 Bourke Street
   Docklands VIC 3008

   Email: aucomplaints@aig.com

WHAT HAPPENS IF YOU MAKE A COMPLAINT?

If **You** make a complaint, **We** will record **Your** complaint and make sure that **Your** concerns are addressed as quickly as possible and seek to achieve a fair outcome for both parties.

We will assess **Your** complaint upon receipt. During the complaints process as set out in this section, **We** will meet the following requirements in respect of **Your** complaint.

- Acknowledge **Your** complaint within one (1) business day.
- **We** will tell **You** who will handle **Your** complaint and their contact details.
- **We** will, where applicable, keep **You** informed via **Your** preferred method of communication of the progress of **Your** complaint every ten (10) business days, more frequently or necessary or as agreed by both of **Us**.
- **We** will treat **Your** complaint respectfully and handle all personal information in accordance with **Our** Privacy Policy.

Within 30 calendar days from the date **We** receive **Your** complaint, **We** will provide a response to **Your** complaint If **We** cannot meet any of the stated timeframes, **We** will communicate to **You** the reasons why this has not been possible and when **You** should expect to receive a response or decision from **Us**. **We** will also advise **You** when **You** should expect to receive a response or decision, **Your** right to complain to the Australian Financial Complaints Authority (AFCA) if **You** are dissatisfied with such reasons and provide **You** with the contact details for AFCA.

If **You** are dissatisfied with the reasons provided, and **Your** complaint is eligible to be heard by AFCA under their rules **We** will advise **You** of **Your** right to make a complaint to AFCA and provide to **You** the AFCA contact details.

WHAT YOU CAN DO IF YOU ARE NOT HAPPY WITH OUR RESPONSE OR HANDLING OF YOUR COMPLAINT

If **You** are not satisfied with **Our** response or the handling of **Your** complaint, **You** may wish to have the matter reviewed by **Our** Internal Dispute Resolution Committee ("Committee").

If **You** wish to have **Your** complaint reviewed by the Committee, please telephone or write to the complaints team as per the details above. As part of **Your** request, please include detailed reasons for requesting the review and the outcome **You** are seeking. This information will assist the Committee in carrying out its assessment and review of **Your** complaint.

A written response setting out the final decision of the Committee and the reasons for this decision will be provided to **You**.

If **We** are unable to provide a response within 30 calendar days of receipt of the initial complaint, **We** will inform **You** of (i) the time frame for when **Your** complaint will be heard by the Committee, (ii) when **You** should expect to receive a response from the Committee; (iii) the reasons for such delay; (iv) **Your** right to complain to AFCA if **You** are dissatisfied with such reasons; and (v) the contact details for AFCA.

You can take **Your** complaint to AFCA at any time, including:

- if **We** have been unable to resolve **Your** complaint within 30 calendar days;
- **You** are dissatisfied with the outcome of **Your** complaint; or
- **You** are dissatisfied with the findings of the Committee.

AFCA provides a fair and independent financial services complaint resolution service that is free to consumers. AFCA can make decisions with which AIG is obliged to comply.

Under AFCA Rules, **Your** complaint may be referred back to **Us** if it has not gone through **Our** complaints process.

AFCA's contact details are:

Australian Financial Complaints Authority (AFCA)
GPO Box 3
Melbourne VIC 3001
Website: www.afca.org.au
Email: info@afca.org.au
Phone: 1800 931 678 (free call)

The use of AFCA does not preclude **You** from subsequently exercising any legal rights which **You** may have if **You** are still unhappy with the outcome. Before doing so however, **We** strongly recommend that **You** obtain independent legal advice.

If **Your** complaint does not fall within AFCA's Rules, **We** will advise **You** to seek independent legal advice or give **You** information about any other external dispute resolution options where available to **You**.

Privacy Notice

This notice sets out how AIG 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.aig.com.au or by contacting Us at australia.privacy.manager@aig.com or on 1300 030 886.

HOW WE COLLECT YOUR PERSONAL INFORMATION

AIG usually collects personal information from **You** or **Your** agents. AIG 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

AIG 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 AIG 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 AIG 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.

AIG is likely to disclose information to some of these entities located overseas, including in the following countries: United States of America, United Kingdom, Singapore, Malaysia, the Philippines, India, Hong Kong, New Zealand 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 AIG.

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 AIG.

In some circumstances permitted under the Privacy Act 1988, AIG 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.

THE FINANCIAL CLAIMS SCHEME

The protection provided under the Federal Government's Financial Claims Scheme ("Scheme") applies to the Policy. In the unlikely event that **We** are unable to meet **Our** obligations under the insurance, persons entitled to make a claim under the insurance cover under the Policy may be entitled to payment under the Scheme (access to the Scheme is subject to eligibility criteria). Information about the Scheme can be obtained from the APRA website at https://www.fcs.gov.au.

Policy Wording

Important Policy Matters

POLICY COVERAGE

The **Insured Persons** specified in the Application Form/Policy Schedule are insured for **Benefits** as shown in the Policy Schedule on the following terms.

AGREEMENT

All cover is subject to the **Insured** paying or agreeing to pay the premium **We** require, and is subject to all the Terms, Conditions, Special Provisions and Exclusions of this Policy including the Policy Schedule.

Your Duty of Disclosure

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

IF YOU DO NOT TELL US SOMETHING

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

Definitions

Words with a special meaning are shown in this **Policy Wording** by using capital letters and bold font and, except where words are defined within a Section of this Policy, have the meanings given below:

1. **Accident or Accidental** 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**.
2. **Benefit** means covers listed in the Policy Schedule and or specified in the **Policy Wording** and which are subject to the terms and conditions as stated under this Policy respectively.
3. **Big Toe** means the first digit of a **Foot**.
4. **Close Relative** means parent/guardian, spouse/partner, child, brother, sister, brother-in-law, sister-in-law, daughter-in-law, son-in-law, half-brother, half-sister, fiancé(e), niece, uncle, aunt, stepchild, grandparent or grandchild.
5. **Compensation** means the amount payable by **Us** to **You** or an **Insured Person** in accordance with this Policy and as shown on the Policy Schedule.
7. **Dentist** means an **Insured Person's** attending dentist or surgeon who is registered or licensed to practice dentistry under the laws of the country in which they practice, other than: a) the **Insured**; or b) the **Insured Person**; or c) a **Close Relative** of the **Insured Person**; or d) an employee of the **Insured**.
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. **Effective Date of Individual Insurance** has the meaning set out in paragraph 2 of the Conditions section below.

8. **Elimination Period** means a time period that needs to elapse before the **Insured Person** becomes entitled to claim a **Benefit** under this Policy. The **Elimination Period** is specified against the **Benefit** in the Policy Schedule.
9. **Event** means an event arising from an **Injury** as specified out in the following tables:
    a) 'Table of Events' on pages 16-17
    b) 'Table of Fractures' on page 23
    c) 'Table of Dislocations' on page 24
    d) 'Table of Serious Sprains, Strain and/or Tear of a Ligament/Organ Damage' on page 25; and
    e) 'Table of Dental Injuries' on page 26
10. **Finger** means digit of a hand.
11. **Foot** means entire foot below the ankle.
12. **Hand** means entire hand below the wrist.
13. **Injury** means an identifiable physical injury resulting from an **Accident**, and occurring independently of any other cause, including from medical or surgical treatment rendered necessary by such **Injury**, provided the **Injury**:
    a) occurs to an **Insured Person** during the **Policy Period** and **Scope Of Cover** opted for as named in the Policy Schedule;
    b) occurs on or after the **Insured Person's** Effective Date of Individual Insurance; and
    c) is not a pre-existing medical condition.
14. **Insured/You/Your/Policyholder** means the educational institution as specified in the Policy Schedule and is the policyholder.
15. **Insured Person(s)** means a class of persons as described and specified in the Policy Schedule.
16. **Limb** means any part of the arm between the shoulder and the wrist or any part of leg the between the hip and the ankle.
17. **Paraplegia** means **Permanent** and entire paralysis of both legs and part or whole of the lower half of the body.
18. **Parent/Guardian** means the **Insured Person's** parent, parent-in-law, step-parent or a legal guardian.
19. **Permanent** means lasting 12 consecutive months and at the end of that period is being certified by a **Doctor** as being unlikely to materially improve for the remainder of the **Insured Person's** natural life.
20. **Plan** means the bundle of **Benefits** and its corresponding **Compensation** limits selected by the **Insured** and approved by **Us** for this Policy, as named in the Policy.
21. **Policy Period** means the period of cover applicable for an **Insured Person** as shown on the Policy Schedule or in the subsequent renewal notice issued by **Us**, and for which premium has been paid for.
22. **Quadriplegia** means **Permanent** and entire paralysis of both legs and both arms.
23. **Scope Of Cover** refers to the period of time and coverage duration selected by the **Insured** for the **Insured Person** under this Policy as shown in the Policy Schedule and shall have the respective meaning as shown in the section of 'Scope of Cover".
24. **School Activities** means the activities an **Insured Person** is engaged in, in connection with the **Insured**, including to but not limited to all extracurricular activities, academic, artistic activities, cultural, sporting activities or unpaid work experience or vocational training at all locations around the world including all associated travel to and from such activities. Where the person is a boarder or resident, school activities means in addition to the above, any time an **Insured Person** is on the premises owned/rented and controlled by the **Insured**.
25. **Terrorist Act** means any actual or threatened use of force or violence, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s), directed at or causing damage, injury, harm or disruption, or committing of an act dangerous to human life or property, against any individual, property or government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests, whether such interests are declared or not. The act must be verified or recognised by the relevant government as an act of terrorism.
26. **Thumb** means the first digit of a **Hand**.
27. **Toe** means a digit of the **Foot**.
28. **Total Disablement** means as a result of an Injury, an **Insured Person** is wholly and continuously prevented from engaging or attending **School Activities** and is under the regular care of and acting in accordance with the instructions or professional advice of their attending **Doctor**.

29. **Total Loss** means the total physical loss of the body part referenced in the Table of Events.
    i. Where that body part is a **Limb**, **Hand**, **Foot**, **Finger** or **Toe**, **Total Loss** means the total physical loss or loss of use of that body part referenced in the Table of Events,
    ii. for an eye, entire and irrecoverable loss of sight in that eye, and
    iii. for an ear, inability of the **Insured Person** to hear sounds quieter than 90 decibels across frequencies between 500 Hz and 3,000 Hz when tested by a qualified audiologist
    iv. entire and irrecoverable loss of speech.
30. **War** means declared or undeclared hostile action between two or more nations or states.
31. **We/Our/Us/Company** means AIG Australia Limited (AIG), ABN 93 004 727 753, AFSL 381686.

Exposure

If any **Event** occurs as a direct result of unexpected exposure to natural elements following an **Accident**, **We** will pay the **Compensation** specified for such **Event**.

Disappearance

If an **Insured Person's** body has not been found within twelve (12) calendar months after the date of the disappearance, sinking or wrecking of the conveyance in which that **Insured Person** was travelling at such date, **We** will pay the **Compensation** specified under the Table of Events – Section A, Capital Benefits, Event 1 (Death) of this Policy, subject to such disappearance being reported to the relevant authorities and receipt of a signed undertaking by the **Insured** or a representative of the **Insured Person's** estate 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**.

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 students attending from grade Kindergarten to Year 12 and are between three (3) years and eighteen (18) years of age.

Scope of Cover

An **Insured** will select one of the following Scope of Covers for **Insured Person's** coverage under this Policy:

1) 'School Activities cover'
    a. it is coverage under this Policy only during **School Activities**.
2) '24 hours and 7 days a week, worldwide cover'
    a. it is coverage under this Policy for 24 hours a day, 7 days a week and worldwide.

and the selected **Scope of Cover** will be as specified in the Policy Schedule.

Exclusions

We shall not pay under this Policy any claim arising from, resulting in or in connection with:

1. (a) War, civil war, invasion, insurrection, revolution, use of military power or usurpation of government or military power.
   (b) the intentional use of military force to intercept, prevent, or mitigate any known or suspected **Terrorist Act**.
   (c) any loss arising out of any **Terrorist Act**.
2. Any consequence of an **Insured Person** engaging in:
   (a) naval, military or air force operations.
   (b) racing in or on any motor propelled conveyance (whether as a driver, rider or passenger).
   (c) any aerial activity, except as a passenger and not as a pilot or crew member in any aircraft licensed to carry passengers.
   (d) hang gliding, sky diving or parachuting.
3. Intentional self-injury, suicide, or criminal or illegal act of the **Insured Person** who is the subject of the claim.

4. a consequence of any kind of sickness or disease.
5. pregnancy, childbirth or miscarriage.
6. sexually transmitted disease.
7. Radioactive contamination or radioactivity in any form whatsoever whether occurring naturally or otherwise.
8. any stress or psychiatric condition, including but not limited to depression, anxiety, neurosis, mental or emotional stress, physical fatigue, mental disease or associated disorders except with respect to Event 4 – **Permanent** and incurable loss of mental capacity.

In addition to the above Exclusions

9. The Insurer shall not be deemed to provide cover and the Insurer shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose the Insurer, its parent company or its ultimate controlling entity to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or the United States of America or the Commonwealth of Australia.

Special Provisions – General

1. The **Compensation** payable under the Table of Events and Compensation – Section A, Capital Benefits, Event 4 (Death) shall be payable to an **Insured Person's** parent(s) or next of kin; Any other **Compensation** payable under the Policy shall be payable to an **Insured Person** or the **Insured Person's** parent(s) or guardian if they have incurred the expense on behalf of the **Insured Person**.
   (a) **Compensation** shall not be payable for more than one of the Events 1-21 listed in Section A in respect of the same **Injury**, in which case the **Event** with the highest **Compensation** amount will be paid.
   (b) Should an **Insured Person** sustain **Injury**, which results in any one of the Events 1 to 5 (inclusive), 10 to 11 (inclusive) and Event 25 as described in Section A – Capital Benefits there shall be no further liability for that **Insured Person** under the Policy for any **Injury** sustained thereafter.
2. **Compensation** shall not be payable:
   (a) In excess of the Aggregate Period shown against such Events in respect of any one **Injury**.
   (b) to the extent a claim results from the **Insured Person** failing to obtain and follow medical advise from a **Doctor** or a **Dentist** as soon as practicable after the happening of the **Injury** which gave rise to the claim.
3. **Compensation** payable to an **Insured Person** as a result of **Injury** under the Table of Events will be reduced by any amount of **Compensation** which the **Insured Person** is legally entitled to receive under any 'Workers Compensation Act' or other statutory body having a similar effect, or under any civil wrongs legislation, or under any 'Compulsory Third Party or Motor Vehicle Act', 'Transport Accident Act' or other statutory body having similar effect or policy of insurance required by law, irrespective of whether such entitlement is accepted or waived.
4. If, as a result of **Injury Compensation** is payable under the Table of Events and Compensation – Section B – Additional Benefits hereunder and if during the **Policy Period**, an **Insured Person** suffers 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 claim period unless in between such periods an **Insured Person** has been certified fit for at least six (6) consecutive months, in which case such **Total Disablement** shall be deemed the result of a new **Injury** and subject to a new **Elimination Period** and **Aggregate Period**.
5. **Aggregate Limit Of Liability**
   (a) Subject to clause 7(b), **Our** total liability for all claims arising under this Policy during any **Policy Period** shall not exceed the amount shown as the **Aggregate Limit of Liability** set out in Policy Schedule.
   (b) **Our** total liability for claims arising under this Policy during any **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 shall not exceed the amount shown as the Air Travel Limit of Liability set out in the Policy Schedule.

Conditions

1. **Assignability**

   This Policy and any rights there under shall not be assignable without **Our** agreement and prior written consent.

2. **Australian Law**

   This Policy is governed by the laws of New South Wales and any dispute or action in connection therewith shall be conducted and determined in Australia.

3. **Cancellation or curtailment of a Policy Period**

   (a) The **Insured** may cancel this Policy at any time by giving **Us** written notice of cancellation.

   (b) **We** may cancel the Policy at any time in accordance with Sections 59 & 60 of the Insurance Contracts Act 1984,

   When the Policy is cancelled, or a renewal date is brought ahead due to a curtailment of the **Policy Period**, 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.

4. **Claims Procedure**

   (a) Written notice of claim and supporting medical evidence in the form reasonably required by **Us**, and proof of identity where possible must be given to **Us** within thirty (30) days where reasonably practicable or as soon as possible after the occurrence of any **Accident** in respect of which a claim has arisen or may arise. Notice of the claim should be emailed to Email:austclaims@aig.com. In case **You** are unable to deliver electronically, please contact **Our** office on 1300 030 886.

   (b) All certificates and evidence reasonably required by **Us**, for example medical reports and doctor certificates, in relation to the claim shall be furnished at the expense of the **Insured Person** or **Insured** for any claim hereunder.

   (c) **We** may have the **Insured Person** medically examined at **Our** expense when and as often as **We** may reasonably require after a claim has been made, or in the event of the **Insured Person's** Death arrange an autopsy unless this is illegal in the country in which the autopsy is to be performed.

5. **Currency**

   All amounts shown in this Policy are in Australian currency (AUD). If expenses or losses are incurred in a foreign currency, then the rate of currency exchange used to calculate the amount payable in Australian currency (AUD) will be the rate at the time of incurring the expense or suffering the loss.

6. **Effective Date Of Individual Insurance**

   The insurance of any **Insured Person** shall become effective on the latest of the following dates:

   (1) On the commencing date of the initial **Policy Period** set out in the Policy Schedule;

   (2) On the date the **Insured Person** becomes eligible for Insurance hereunder;

   (3) Where required in terms described in the Policy Schedule, the date **We** communicate acceptance of the **Insured's** Application Form.

7. **Effective Date of Individual Cessations**

   The insurance of any **Insured Persons** shall immediately terminate on the earliest of the following dates:

   (a) on the date this Policy is cancelled;

   (b) on the date that an **Insured Person** leaves or ceases to be a registered student of the **Insured**;

   (c) on the premium due date if the **Insured** fails to pay the required premium except as a result of inadvertent error;

   (d) on the date an **Insured Person** attains the age of 21 years; or

   (e) on the date an **Insured Person** ceases to be eligible for insurance hereunder.

8. **Fraud and Misstatement**

   If any claim is in any respect fraudulent or if any fraudulent means or devices are used by **You** or the **Insured Person** or anyone acting on **Your** or the **Insured Person's** behalf to obtain any benefit under this Policy, then any amount payable in respect of such claim shall be refused in accordance with relevant law.

9. **Policy Renewal**

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

10. **Subrogation**

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.

11. **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), under this Policy in the manner and to the extent that **We** determine to be appropriate to take account of the tax or impost.

Section A – Capital Benefit

If an **Insured Person** suffers an **Injury** which results in any **Event** described in the Table of Events below, **We** will pay **You** the **Compensation** for each **Event** stated in the table below, based on **Your** Plan selection as specified in the Policy Schedule, provided in each case the **Event** is certified by a **Doctor** that such an **Event** has occurred.

TABLE OF EVENTS

EVENTS		THE COMPENSATION PAYABLE PER INSURED PERSON UNDER THE RESPECTIVE PLANS			
		PLANS			
		Standard	**Standard Plus**	**Premium**	**Premium Plus**
1.	Death	$50,000	$50,000	$50,000	$50,000
2.	**Quadriplegia**	$500,000	$750,000	$1,000,000	$1,250,000
3.	**Paraplegia**	$500,000	$750,000	$1,000,000	$1,250,000
4.	**Permanent** and incurable loss of mental capacity resulting in total inability to work in the future except in a sheltered workshop or in occupations reserved for mentally handicapped persons	$500,000	$750,000	$1,000,000	$1,250,000
5.	**Permanent Total Loss** of entire sight of both eyes	$200,000	$350,000	$500,000	$1,000,000
6.	**Permanent Total Loss** of entire sight of one eye	$125,000	$150,000	$250,000	$500,000
7.	Up to 35% **Permanent** partial loss of sight of one or both eye	$10,000	$20,000	$40,000	$65,000
8.	Between 36% and 65% **Permanent** partial loss of sight of one or both eyes	$20,000	$40,000	$80,000	$130,000
9.	More than 66% **Permanent** partial loss of sight of one or both eyes	$30,000	$65,000	$120,000	$200,000
10.	**Permanent Total Loss** of use of two **Limbs**	$250,000	$300,000	$500,000	$1,000,000
11.	**Permanent Total Loss** of use of either **Hand**	$70,000	$80,000	$125,000	$250,000
12.	**Permanent Total Loss** of use of one **Limb**	$150,000	$150,000	$300,000	$500,000
13.	**Permanent Total Loss** of hearing in both ears	$100,000	$150,000	$400,000	$750,000
14.	**Permanent Total Loss** of hearing in one ear	$75,000	$50,000	$100,000	$150,000
15.	Up to 35% **Permanent** partial loss of hearing of one or both ears	–	$5,000	$10,000	$32,500
16.	Between 36% and 65% **Permanent** partial loss of hearing of one or both ears	–	$10,000	$15,000	$65,000
17.	More than 66% **Permanent** partial loss of hearing of one or both ears	–	$15,000	$30,000	$100,000
18.	**Permanent Total Loss** of **Speech**	$50,000	$100,000	$100,000	$150,000

TABLE OF EVENTS

EVENTS		THE COMPENSATION PAYABLE PER INSURED PERSON UNDER THE RESPECTIVE PLANS			
		PLANS			
		Standard	**Standard Plus**	**Premium**	**Premium Plus**
19.	**Permanent Total Loss** of use of one **Thumb** of either **Hand**	$20,000	$30,000	$50,000	$100,000
20.	**Permanent Total Loss** of use of **Fingers** of either **Hand**	$50,000	$50,000	$50,000	$50,000
21.	**Permanent Total Loss** of use of 4 **Fingers** of either **Hand**	$30,000	$50,000	$75,000	$100,000
22.	**Permanent Total Loss** of use of **Toes** of either **Foot**	$15,000	$20,000	$50,000	$75,000
23.	Third degree burns and/or resultant disfigurement due to fire or chemical burns, which extends to more than 40% of the entire body	$200,000	$320,000	$500,000	$800,000
24.	Third degree burns and/or resultant disfigurement due to fire or chemical burns which extends to between 20-40% of the entire body	$75,000	$100,000	$175,000	$250,000
25.	**Permanent** partial disablement not otherwise provided for under **Event 1** to 22 inclusive.	Such percentage of $75,000 which corresponds to the percentage Reduction in whole bodily function as certified by not less than two (2) **Doctors** one of whom shall be the Insured Person's treating Doctor and the other shall be nominated by Us. In the event of a disagreement between them, a third **Doctor's** opinion shall be obtained and the percentage awarded shall be the average of the three (3) opinions.			

Section B – Additional Benefits

If an **Insured Person** suffers an **Injury**, **We** will pay **You** the **Compensation** for each **Benefit** stated in the table below, based on **Your** Plan selection specified in the Policy Schedule, subject to the terms, conditions and exclusions applicable to the respective **Benefit**. The criteria, terms, conditions and exclusions applicable to each respective Benefit is set out under the table below.

Below is the 'Table of Additional Benefits' with the corresponding **Compensation** for reference.

TABLE OF ADDITIONAL BENEFITS

BENEFIT		THE COMPENSATION PAYABLE PER INSURED PERSON UNDER THE RESPECTIVE PLANS			
		PLANS			
		Standard	**Standard Plus**	**Premium**	**Premium Plus**
1.	Bed Care Patient Benefit	Up to $500 per week maximum 52 weeks	Up to $750 per week maximum 52 weeks	Up to $750 per week maximum 52 weeks	Up to $750 per week maximum 52 weeks
2.	Injury Assistance Benefit	–	250 per week per benefit max 52 weeks	250 per week per benefit max 52 weeks	$250 per week up to a maximum of 52 weeks
3.	Student Tutoring Expenses Benefit	$250 per week per benefit max 52 weeks	250 per week per benefit max 52 weeks	250 per week per benefit max 52 weeks	$250 per week up to a maximum of 52 weeks
4.	Fee Relief Benefit	Up to $5,000	Up to 15000	Up to $20,000	Up to $20,000
5.	Emergency Transport/Rescue Expenses	Up to $7,500 per accident per student	Up to $7,500 per accident per student	Up to $7,500 per accident per student	Up to $7,500 per accident per Insured Person
6.	Non-Medicare Medical Expenses Benefit	100% of incurred expenses up to $2,500	100% of incurred expenses up to $7,500	100% of incurred expenses up to $8,000	100% of incurred expenses up to $10,000
7.	Parent/Guardian Visitation	100% of incurred expenses up to $2,500	100% of incurred expenses up to $2,500	100% of incurred expenses up to $2,500	100% of incurred expenses up to $2,500
8.	Out of Pocket Expenses	–	Up to $1,000	Up to $1,000	Up to $1,000
9.	Clothing, Education &/or Sporting Equipment Expenses	–	Up to $500 per accident per Insured Person	Up to $500 per accident per Insured Person	Up to $500 per accident per Insured Person
10.	Transport Expenses	–	Up to $2,500	Up to $2,500	Up to $2,500
11.	Independent Financial Advice	–	$15,000	$15,000	$15,000
12.	Air or Road Rage Benefit	–	Up to $2,500	Up to $2,500	Up to $2,500
13.	Carjacking Benefit – Lump sum Benefit	–	Up to $2,500	Up to $2,500	Up to $2,500
14.	Accidental H.I.V Benefit-Lump Sum Benefit	$ 10,000	$30,000	$30,000	$30,000

Bed Care Patient Benefit

If an **Insured Person** suffers an **Injury** resulting in hospitalisation as a **Bed Care Patient** for a period of more than twenty-four (24) consecutive hours within 24 months from the date of **Accident**, **We** will pay a weekly **Compensation**, up to the maximum of fifty-two (52) weeks, as shown in the Table of Additional Benefits and Policy Schedule.

For the avoidance of doubt, in the event an **Insured Person** sustains an **Injury** resulting in hospitalisation for less than a full week, the **Compensation** under this **Benefit** would be pro-rated.

SPECIFIC DEFINITION APPLICABLE TO THIS BENEFIT

1. **Bed Care Patient** means an **Insured Person** who is necessarily confined to a hospital bed during a **Policy Period** for a continuous period for more than twenty-four (24) consecutive hours and the **Insured Person's** confinement is certified as necessary by a **Doctor** to be under the continuous care of a registered nurse (other than the **Insured Person** or a member of the **Insured Person's** immediate family). **Bed Care** does not cover the **Insured Person** as a patient in any institution used primarily as a nursing or convalescent home, a place of rest, a geriatric ward, a mental institution, rehabilitation or extended care facility or a place for the care or treatment of alcoholics or drug addicts.

Specific conditions applicable to this Benefit

1. **We** will only pay for the **Bed Care Patient Benefit** or Out of Pocket Expenses **Benefit** in respect of the same **Accident**, but not both.

Injury Assistance Benefit

If an **Insured Person** suffers an **Injury**, **We** will pay up to the maximum **Compensation** for the reasonable and actual costs incurred for **Domestic Help and Child-Minding Services** and/or **Extra Public Transport Expenses** within 52 weeks from the date of **Accident** as shown in the Table of Additional Benefits and Policy Schedule, provided it is certified as reasonably necessary by the **Insured Person's** attending **Doctor**.

This **Benefit** is payable after an **Elimination Period** of seven (7) days for any one **Accident**

SPECIFIC DEFINITIONS APPLICABLE TO THIS BENEFIT

1. **Domestic Help and Child-Minding Services** means the hiring reasonable and necessary professional services carried out by persons other than **Close Relatives** or persons permanently residing with the **Insured Person**, to help the **Parent/Guardian** with household duties or to look after and tend to the needs of the **Insured Person**.
2. **Extra Public Transport Expenses** means the additional public transport costs reasonably incurred by the **Insured Person** to travel to and/or from any follow-up **Doctor's** appointments or travel to and/or from school.

Student Tutoring Expenses Benefit

If an **Insured Person** suffers from an **Injury** which a **Doctor** certifies as rendering the **Insured Person** unable to attend any **School Activities** for a period of more than seven (7) consecutive days, **We** will pay the cost of reasonably and necessarily incurred for home tutorial services within 24 months from the date of **Accident** up to a maximum weekly **Compensation** as shown in the Table of Additional Benefits and Policy Schedule for up to 52 weeks.

This **Benefit** is payable after an **Elimination Period** of seven (7) days for any one **Accident**.

SPECIFIC DEFINITIONS APPLICABLE TO THIS BENEFIT

Organised Sporting Activities means when an **Insured Person** is engaged in activities organised by or under the control of an organization that is a member of an established sporting association of which the **Insured Person** is registered and/or a paid-up participant including all associated travel to and from such activities.

SPECIFIC EXCLUSION APPLICABLE TO THIS BENEFIT

We shall not pay the student tutoring expenses benefit if the **Injury** which gave rise to such benefit arises from or is in connection with **Organised Sporting Activities**.

Fee Relief Benefit

If an **Insured Person's Parent/Guardian** sustains an **Accidental** injury directly resulting in their death, **We** will pay the **Insured Person's** school fees incurred for tuition and boarding (if applicable) up to a maximum **Compensation** as shown in the Table of Additional Benefits and Policy Schedule. This **Benefit** will be paid directly to **You** or the education institution the **Insured Person** is enrolled and attending as a full-time student at the time of the death of the **Parent/Guardian**.

Emergency Transport/Rescue Expenses Benefit

If an **Insured Person** sustains an **Injury** requiring **Emergency Transport** to the nearest medical facility for medical attention, **We** will pay the actual and reasonable costs incurred for arranging such **Emergency Transport** up to a maximum **Compensation** as shown in the Table of Additional Benefits and Policy Schedule for any one (1) **Accident**.

SPECIFIC CONDITIONS APPLICABLE TO THIS BENEFIT

However, this cover will only be available if an **Insured Person** sustains an **Injury** requiring **Emergency Transport** and such **Injury** occurs whilst such person:

(a) is attending the educational institution of the **Insured** in accordance with the requirements of the **Insured**; or

(b) is, in the course of attendance at the educational institution of the **Insured**, taking part in an **School Activity** organised and supervised by the **Insured** or is travelling to or from such attendance at such institution.

No cover will be provide under this benefit if such cover is contrary to the law including but not limited to the provisions of the Private health Insurance Act 2007 and/or the Private Health Insurance (Health Insurance Business) Rules 2018.

SPECIFIC DEFINITION APPLICABLE TO THIS BENEFIT

Emergency Transport means a vehicle, vessel or aircraft licensed to transport sick or injured persons for the purpose of obtaining urgent medical treatment at a registered medical facility.

Non-Medicare Medical Expenses Benefit

If an **Insured Person** sustains an **Injury** and as a result incurs **Non-Medicare Medical Expenses**, **We** will pay **Non-Medicare Medical Expenses** incurred up to a maximum shown in the Table of Additional Benefits and Policy Schedule for any one (1) **Accident**.

Our total liability shall not exceed the amount specified in the Table of Additional Benefits.

SPECIFIC DEFINITIONS APPLICABLE TO THIS BENEFIT

1. **Non-Medicare Medical Expenses** means expenses that are not subject to any full or partial Medicare rebate nor recoverable by an **Insured Person** or the **Insured** from any other source and must be incurred within twelve (12) calendar months of an **Insured Person** sustaining **Injury** and paid by the **Insured Person** or the **Insured** on that **Insured Person's** behalf, for treatment certified necessary by a **Doctor** to a private hospital, physiotherapist, nurse, chiropractor, osteopath or similar provider of medical services, including the cost of medical supplies but excluding the cost of dental treatment unless such treatment is necessarily incurred to sound and natural teeth (excluding milk or first teeth and dentures) and is caused by **Injury**.

SPECIFIC EXCLUSIONS APPLICABLE TO THIS BENEFIT

1. **Non-Medicare Medical Expenses** does not include any or part of any expenses for which a Medicare benefit is paid or is payable including the balance of monies due or payable by that **Insured Person** after deduction of any Medicare benefit or rebate from the actual expense incurred (commonly known as the "Medicare Gap").
2. **We** shall not be liable under this **Benefit** for:
    - any expenses recoverable by the **Insured Person** or the **Insured** from any other insurance scheme or any plan providing medical or ancillary medical or similar coverage or from any other source of the amount recoverable from such other insurance/plan or source;
    - any expenses incurred for **Injury** sustained whilst the **Insured Person** is not attending the **Insured** school or taking part in an activity organised and supervised by the **Insured**;
    - any expense to which the Private Health Insurance Act 2007 (as amended or replaced) or any of the regulations made there under apply; or
    - any expense, which **We** are prohibited by law from paying.

Parent/Guardian Visitation

If an **Insured Person** sustains an **Injury** and is admitted as a **Bed Care Patient** of a hospital, which is more than 100 kilometres from the **Insured Person's** normal place of residence, **We** will pay the actual and reasonable transport and/or accommodation expenses incurred by their **Parent/Guardian** to travel to or remain with the **Insured Person**, up to a maximum **Compensation** as shown in the Table of Additional Benefits and Policy Schedule for any one **Accident**.

For the purposes of this **Benefit** the term **Bed-Care Patient** shall carry the same meaning as such term is defined under the **Bed Care Patient Benefit**

Out of Pocket Expenses

If an **Insured Person** sustains an **Injury** which directly results in otherwise unforeseeable expenses for **Medical Aids**, local transportation (other than in an ambulance) for the purpose of seeking medical treatment, and other non-medical expenses such as clothing and non-medical equipment, **We** will pay the actual and reasonable costs incurred up to the maximum **Compensation** as shown in the Table of Additional Benefits and Policy Schedule for any one **Accident**.

SPECIFIC DEFINITION APPLICABLE TO THIS BENEFIT

1. **Medical Aids** is equipment or material that is recommended in the treatment of an **Injury** by a **Doctor** and includes items such as crutches, bandages, traction equipment, walker boots, heat packs and which would not result in **Us** contravening the Private Health Insurance Act 2007 (as amended or replaced) or any of the regulations made there under.

SPECIFIC CONDITIONS APPLICABLE TO THIS BENEFIT

1. **We** will only pay for this **Benefit** or the **Bed Care Patient Benefit** in respect of the same **Accident**, but not both.

Clothing, Education &/or Sporting Equipment Expenses

If an **Insured Person** sustains an **Injury** requiring treatment by a **Doctor**, **We** will pay the actual and reasonable costs incurred to replace clothing, educational and/or sporting equipment damaged during the **Accident**. The maximum **Compensation We** will pay for this **Benefit** is as shown in the Table of Additional Benefits and Policy Schedule for any one **Accident**.

Transport Expenses

If an **Insured Person's Parent/Guardian** dies unexpectedly during the **Policy Period**, resulting in the **Insured Person** having to return home from boarding school operated by the **Insured**, **We** will pay the actual and reasonable transportation expenses incurred up to the maximum **Compensation** as shown in the Table of Additional Benefits and Policy Schedule, provided that the distance between the **Insured's** boarding school and home exceeds 100km.

Independent Financial Advice

If an **Insured Person** sustains an **Injury** for which a **Compensation** is payable under Events 1-3 of the Table of Events under Section A – Capital Benefits, **We** will, in addition to payment of such **Event**, and at the request of the **Insured**, the **Insured Person** or representatives of the **Insured Person's** estate, pay for professional financial advice in respect of the payment of the **Benefit** for such **Event**. Provided, however that such advice is provided by an independent financial advisor who is not a **Close Relative** of the **Insured Person** and who is authorised and regulated by the Australian Securities and Investments Commission to provide such financial advice. The maximum **Compensation** payable for any one **Accident** is the amount as shown in the Table of Additional Benefits and Policy Schedule.

Air or Road Rage Benefit

If, during the **Policy Period** the **Insured Person** sustains an **Injury** as a result of being a victim of an **Air or Road Rage Incident**, **We** will pay the **Insured** or **Insured Person** the **Compensation** as shown in the Table of Additional Benefits and Policy Schedule for any one **Air or Road Rage Incident**.

SPECIFIC DEFINITION APPLICABLE TO THIS BENEFIT

1. **Air or Road Rage** Incident means a violent physical act occurring whilst the **Insured Person** is occupying an aircraft as a passenger, or any motor vehicle intended for use on public roadways; and intentionally committed by a person who is not:
   a) an **Insured Person**; or
   b) a **Close Relative** of the **Insured Person**

This incident must as soon as reasonably possible be reported to the police or relevant authorities.

Carjacking Benefit – Lump Sum Benefit

If the **Insured Person** sustains an **Injury** as a result of being a victim of a **Carjacking Incident**, **We** will pay the **Insured Person** the **Compensation** as shown in the Table of Additional Benefits and Policy Schedule for any one **Carjacking Incident**.

SPECIFIC DEFINITION APPLICABLE TO THIS BENEFIT

1. **Carjacking** Incident means the violent theft or attempted theft of a motor vehicle which is under the care and control of, or occupied by or immediately intended to be occupied by an **Insured Person**.

Accidental H.I.V Benefit-Lump Sum Benefit

If the **Insured Person** accidently contracts the Human Immunodeficiency (H.I.V) Infection as a result of :

1. a physical and violent bodily assault by another person on the **Insured Person** during the **Policy Period**; or

2. the administering during the **Policy Period** of medical treatment or medical procedures by a **Doctor** or registered nurse for an **Insured Person's Injury** or sickness,

We will pay the Insured person the **Compensation** as shown in the Table of Additional Benefits and the Policy Schedule

SPECIFIC CONDITIONS APPLICABLE TO THIS BENEFIT

a) Compensation will only be payable if the **Insured Person** is positively diagnosed as having contracted H.I.V within 180 days of the events specified in 1 and 2 above.

b) Compensation shall not be payable unless
(i) such events are reported to us; and
(ii) the medical tests needed to ascertain the diagnosis set out in a) above are carried out by a **Doctor,**

as soon as reasonably possible after the Insured Person becomes aware that such event can lead or is likely to lead to such diagnosis

Section C – Additional Capital Benefits

Broken and/or Fractured Bones

If an **Insured Person** suffers an **Injury** which results in any **Event** described in the Table of Fracture below, **We** will pay **You** the **Compensation** for each **Event** stated in the table below, based on **Your** Plan selection as specified in the Policy Schedule, provided in each case the **Event** is certified by a **Doctor** that such an **Event** has occurred.

TABLE OF FRACTURES

EVENTS		THE COMPENSATION PAYABLE PER INSURED PERSON UNDER THE RESPECTIVE PLANS			
		PLANS			
		Standard	**Standard Plus**	**Premium**	**Premium Plus**
A.	**Fracture** of the **Finger, Thumb, Toe, Hand, Foot** or rib	$150	$200	$200	$200
B.	**Fracture** of the arm, elbow, wrist, leg, ankle or knee	$250	$500	$500	$500
C.	**Fracture** of the neck, skull, spine, pelvis or hip	$2,000	$3,000	$3,500	$5000
D.	**Fracture** of all other body parts	$250	$500	$500	$550
E.	**Fractured** leg or patella with established non-union	$5,000	$20,000	$20,000	$20,000
F.	**Fracture** resulting in the shortening of leg by at least 5cm	$5,000	$10,000	$15,000	$15,000
The maximum amount payable any one Accident		$25,000	$75,000	$100,000	$100,000

CONDITIONS, EXCLUSIONS AND DEFINITIONS APPLYING TO THIS COVER

CONDITIONS

1. **We** will only pay for one **Fracture** in respect to each body part, even if it is fractured in several areas of the same body part.

EXCLUSIONS

1. **We** will not pay under this **Benefit** any claim in connection with any **Fractures** classed as **Hairline Fracture**, stress or fatigue **Fractures**.

DEFINITIONS

1. **Fracture** means:
   (a) a fracture in which the bone is broken completely across and no connection is left between pieces, or
   (b) a fracture in which there is a basic and uncomplicated break in the bone and which in the opinion of a **Doctor** requires minimal and uncomplicated medical treatment.
2. **Hairline Fracture** means mere cracks in the bone.

Dislocation

If an **Insured Person** suffers an **Injury** which results in any **Event** described in the Table of Dislocations below, **We** will pay **You** the **Compensation** for each **Event** stated in the table below, based on **Your** Plan selection as specified in the Policy Schedule, provided in each case the **Event** is certified by a **Doctor** that such an **Event** has occurred.

TABLE OF DISLOCATIONS

EVENTS		THE COMPENSATION PAYABLE PER INSURED PERSON UNDER THE RESPECTIVE PLANS			
		PLANS			
		Standard	**Standard Plus**	**Premium**	**Premium Plus**
A.	**Dislocation** of the hip	$250	$500	$500	$500
B.	**Dislocation** of the knee, elbow, shoulder blade, collarbone or jaw	$100	$250	$250	$250
C.	**Dislocation** of all other body parts	$100	$150	$250	$250

CONDITIONS, EXCLUSIONS AND DEFINITIONS APPLYING TO THIS COVER

CONDITIONS

1. This **Benefit** is limited to one payment for each joint dislocation for each body part as stated in A) to C) above during the **Policy Period**.

EXCLUSIONS

1. We will not pay under this **Benefit** any claim in connection with any repeat **Dislocations** arising from the same **Accident**.

DEFINITIONS

1. **Dislocation** means an abnormal separation in a joint, where two or more bones meet, which is diagnosed by a **Doctor** through radiological evidence and diagnostic techniques.

Serious Sprain, Strain and/or Tear of a Ligament/Organ Damage

If an **Insured Person** suffers an **Injury** which results in any **Event** described in the Table of Serious Sprain, Strain and/or Tear of a Ligament/Organ Damage below, **We** will pay **You** the **Compensation** for each **Event** stated in the table below, based on **Your** Plan selection as specified in the Policy Schedule, provided in each case the **Event** is certified by a **Doctor** that such an **Event** has occurred.

TABLE OF SERIOUS SPRAIN, STRAIN AND/OR TEAR OF A LIGAMENT/ORGAN DAMAGE

EVENTS		THE COMPENSATION PAYABLE PER INSURED PERSON UNDER THE RESPECTIVE PLANS			
		PLANS			
		Standard	**Standard Plus**	**Premium**	**Premium Plus**
A	Serious Sprain, Strain and /or Tear of a Ligament –				
	a) Knee	$1,000	$2,000	$3,000	$3,000
	b) Ankle	$1,000	$2,000	$3,000	$3,000
	c) Hip	$1,000	$2,000	$3,000	$3,000
	d) Spine	$1,000	$2,000	$3,000	$3,000
	e) Neck	$1,000	$2,000	$3,000	$3,000
	f) shoulder	$1,000	$2,000	$3,000	$3,000
B	All other ligament damage which has required surgery to repair	$1,000	$2,000	$2,000	$2,000
C	Organ damage –	$1,000	$2,000	$3,000	$3,000
	a) Spleen	$1,000	$2,000	$3,000	$3,000
	b) Kidney	$1,000	$2,000	$3,000	$3,000
	c) Liver	$1,000	$2,000	$3,000	$3,000
	d) Lung	$1,000	$2,000	$3,000	$3,000
	e) heart	$1,000	$2,000	$3,000	$3,000
The maximum amount payable any one Accident		$5,000	$25,000	$50,000	$50,000

CONDITIONS AND DEFINITIONS APPLYING TO THIS COVER

CONDITIONS

1. **We** will only pay **Compensation** either for Event A or Event B set out in the table above once per injured site.

   For example, if **You** injure both **Your** anterior cruciate ligament (ACL) and medial collateral ligament (MCL) in **Your** right knee due to the same **Accident**, **We** will only pay **Compensation** once either under Event A or B, but not both.

2. **We** will only pay **Compensation** under Event C once per **Accident**.

   For example, if **You** injure both **Your** spleen and kidney in the same **Accident**, **We** will only pay **Compensation** for either the damaged spleen or kidney, but not both.

DEFINITIONS

1. **Serious Sprain, Strain and/or Tear of a Ligament** means an acute **Injury** to a muscle, tendon and or ligament with a grade two (2) or grade three (3) medical classification where the **Injury** results in surgery and/or a period of at least two (2) weeks immobilisation as diagnosed by a **Doctor** with supporting evidence of a CT scan, and/or MRS and/or X-ray imaging.

Dental Cash Benefit

If an **Insured Person**:

A. sustains:

- **Injury** to their **Permanent** or second teeth;
- Injury to their milk or first teeth; or
- a loss teeth or crowning of damaged teeth with cast metal or porcelain or similar restorations as a result of an Injury,

within twelve (12) calendar months from the date of an **Accident**, **We** will pay up to the **Compensation** as specified in the Table of Dental Injuries below for any one **Accident**.

TABLE OF DENTAL INJURIES

EVENTS	THE COMPENSATION PAYABLE PER INSURED PERSON UNDER THE RESPECTIVE PLANS			
	PLANS			
	Standard	**Standard Plus**	**Premium**	**Premium Plus**
A. **Injury** to permanent or second teeth (per tooth)	$150	$300	$300	$350
B. **Injury** to milk or first teeth (per tooth)	–	$100	$100	$100
C. Loss of teeth or crowning of damaged teeth with cast metal or porcelain or similar restorations (per tooth)	$100	$300	$300	$300
D. Other damage (per tooth)	$50	$50	$50	$150
The maximum amount payable any one Accident	$2,000	$5,000	$5,000	$5,000

Section D – Kidnap and Ransom/Extortion and Personal Assets

Subject to the other terms, conditions and exclusions of the Policy, if the **Insured Person** is **Kidnapped** or allegedly **Kidnapped**, receives **Personal Extortion Threats** or **Property Damage Extortion Threats**, is **Wrongfully Detained or Hijacked**, **We** will reimburse the **Insured** for:

a) **Extortion/Ransom Monies** paid;

b) **In-Transit/Delivery Losses**;

c) **Extortion/Kidnap Related Expenses**; and

d) **Consultant Fees** incurred

up to a maximum amount shown in the Policy Schedule

SPECIFIC DEFINITIONS APPLICABLE TO SECTION D

1. **Advisory** means a formal recommendation of the **Appropriate Authorities** that an **Insured Person** or a class of persons including them, leave, or refrain from travelling to a particular country of locality.

2. **Appropriate Authorities** means the United States Department of State; the Foreign Office of the United Kingdom; the Australian/New Zealand Foreign Office or similar authority of any other applicable country.

3. **Consultants Fees** means reasonable fees and expenses incurred solely and directly as a result of an event covered under this Section D to hire any independent security consultants or other public relations or recall consultants, where the consultant and their fees and expenses have been approved by **Us** (Such approval not to be unreasonably withheld).

4. **Extortion** means **Personal Extortion** or **Property Damage Extortion**.

5. **Extortion/Ransom Monies** means extortion or ransom monies paid as a direct result of a **Kidnapping or Extortion** occurring during the Policy Period paid by anyone who is authorised by the **Policyholder** or an **Insured Person** or an **Insured Person's Parent/Guardian** to do so with **Our** approval which will not be unreasonably withheld. The term 'monies' as used in this definition shall include cash, monetary instruments, bullion, or the fair market value of any securities or property of services.

   Extortion/Kidnap Related Expenses means any reasonable and necessary expenses incurred and paid by anyone who is authorised by the **Insured** or an **Insured Person** or an **Insured Person's Parent/Guardian** to do so with **Our** approval which will not be unreasonably withheld, solely and directly as a result of an event covered under this Section D, including but not limited to:

   i. the amount paid as reward to an **Informant** for information relevant to an event covered under Section D; and

   ii. interest costs for a loan from a financial institution made to the relevant person for the purpose of paying **Extortion/ Ransom Monies**; and

   iii. reasonable costs of travel and accommodation;

      a) incurred by anyone who is authorised by the **Policyholder** an **Insured Person** or **Insured Person's Parent/Guardian** while attempting to negotiate an incident covered under this section D;

      b) of a **Victim** to join their immediate family upon their release;

      c) to evacuate, an **Insured Person** and/or relatives living in the same household as the **Insured Person** who is the **Victim**.

   iv. reasonable and necessary overseas medical services and hospitalisation costs incurred by the **Insured Person** as a result of a covered **Event** under this Section D within thirty-six (36) months of either the release of the **Victim** or the last credible **Extortion** threat made during the **Policy Period**. These include but are not limited to any overseas costs for treatment by a neurologist or psychiatrist, overseas cost of cosmetic surgery, and overseas expense of confinement for such treatment. Cover is extended to other persons involved in the handling or negotiation of a covered **Event** under this section D.

   v. reasonable and necessary fees and expenses of independent forensic analysts engaged by anyone who is authorised by the **Policyholder** or an **Insured Person** to do so.

   vi. rest and rehabilitation expenses, including travel, lodging, meals and recreation of the **Victim** and relevant person.

   vii. reasonable and necessary fees and expenses of a qualified interpreter assisting anyone who is authorised by the **Policyholder** or an **Insured Person** incurred as a result of an event covered under this section D.

   viii. increased costs of security due to a covered **Event** under this section D including but not limited to hiring of security guards, armoured vehicles and overtime pay to existing security staff, for a period of up to ninety (90) days, provided however that the independent security consultant(s) approved by **Us** have specifically recommended such security measures.

6. **Informant** means any person, other than an **Insured Person**, providing information not otherwise obtainable, solely in return for a reward offered in relation to an **Insured Person**.

7. **In-Transit/Delivery Loss** means loss of **Extortion/Ransom Monies** due to destruction, disappearance, seizure or usurpation of **Extortion/Ransom Monies** while being delivered to a person demanding those monies by anyone who is authorised by the **Insured, Insured Person** or an **Insured Person's Parent/Guardian** to have custody thereof.

8. **Kidnapping/Kidnapped** means any event or connected series of events of seizing, detaining or carrying away by force or fraud, of one or more **Insured Persons** (except a minor by his or her parent or guardian) for the purpose of demanding **Extortion/ Ransom Monies**.

9. **Personal Extortion Threat** means any threat or connected series of threats to kill, physically injure or kidnap an **Insured Person**, communicated for the purpose of demanding **Extortion/Ransom Monies**, where the **Extortion/Ransom Monies** are not in the possession of the **Insured Person** at the time of the threat.

10. **Property Damage Extortion Threat** means any threat or connected series of threats to damage the property of an **Insured Person**, communicated for the purpose of demanding **Extortion/Ransom Monies**, where the **Extortion/Ransom Monies** are not in the possession of the **Insured Person** at the time of the threat.

11. **Premises** means that portion of any building occupied by the **Insured** as a place to conduct business or a residence occupied by an **Insured Person**.

12. **Victim** means the **Insured Person** who is the subject of an event covered under Section D.

13. **Wrongful Detention** means the arbitrary or capricious involuntary confinement of an **Insured Person** (without demanding Extortion/Ransom Monies) by person(s) acting as agents(s) of or with the tacit approval of any government or government entity, or acting or purporting to act on behalf of any insurgent party, organisation or group. A connected series of wrongful detentions will be considered one (1).

SPECIFIC EXCLUSIONS APPLICABLE TO SECTION D

We will not be liable to reimburse under this Section D any payment, expense, fee or losses resulting directly or indirectly from or involving:

1. the fraudulent, dishonest, or criminal acts of the **Insured**, any **Insured Person**, the **Parent/Guardian** of the **Insured Person** or any other person authorised to have custody of any **Extortion/Ransom Monies**. This exclusion will not apply to the payment of **Extortion/Ransom Monies** in a situation where local authorities have declared such payment illegal; or any loss resulting from the surrender of money or property as the result of a face-to-face encounter involving the use or threat of force or violence unless such monies or property are **Extortion/Ransom Monies** being stored or transported for the purpose of paying an **Extortion or Kidnap** demand; or

2. monies or property surrendered on the **Premises** unless brought onto the **Premises** because of any **Extortion** or demand for **Extortion/Ransom Monies** for the purpose of paying that demand; or

3. **Wrongful Detention** in the following circumstances only:

    i. any actual or alleged violation of the laws of the host country by the **Insured** or **Insured Person** or their failure to maintain and possess duly authorised and issued required documents and visas, unless **We** reasonably determine that the allegation of such failure was intentionally false, fraudulent, and malicious and made solely to achieve a political, propaganda, or coercive effect upon or at the expense of the **Insured** or **Insured Person**;

    ii. failure of an **Insured Person** covered by Section D to comply with an Advisory within ten (10) days after its issue by the Appropriate Authorities. Any person entitled to cover agrees to reimburse **Us** for any payments made by **Us** which are ultimately determined not to be covered because of the application of this exclusion.

4. actual loss or damage to property of any description, including intellectual property resulting from the carrying out of a **Personal Extortion** or **Property Damage Extortion** threat. This exclusion does not apply to covered **In-Transit/Delivery Loss**.

SPECIFIC CONDITIONS APPLICABLE TO SECTION D

1. Prior to Payment

Prior to payment for a result of an event specified and covered in this Section D, the **Insured**, **Insured Person** or **Insured Person's Parent/Guardian(s)** must make every reasonable effort to:

(i) determine that such an event covered under the Section D has actually occurred; and

(ii) give immediate notice to **Us** and provide regular updates of any activity occurring during the incident.

2. Due Diligence

   Any person entitled to cover will use due diligence and do and concur in doing all things reasonably practicable to avoid or diminish any loss(es) covered under this Section D.

3. Should a benefit be payable under this section D is also payable under any other insurance policy insured with **Us**, only one (1) policy can be claimed against (i.e. the policy with the greatest benefit).

4. Assistance and Co-operation

The **Insured** and **Insured Person** or the **Insured Person's Parent/Guardian(s)** or other persons entitled to claim will reasonably co-operate with **Us** in all matters relating to this Section D. This may include attending hearings and trials, securing and giving evidence, obtaining the attendance of witnesses, assisting in achieving settlements and in conducting litigation, arbitration, or other proceedings.

Section E – Trauma Counselling Benefit

If an **Insured Person** witnesses or becomes a victim of the criminal act of kidnapping, **Hijacking**, sexual assault, rape, murder, violent robbery or an act of terrorism during the **Policy Period** and as a result suffers psychological trauma, **We** will pay the costs incurred for **Trauma Counselling** up to the maximum shown in the Policy Schedule, to provide the financial relief in getting the necessary **Trauma Counselling** and related treatment, provided that the:

a. such criminal act is reported to the police as soon as reasonably practicable;

b. **Trauma Counselling** is certified as necessary by the attending **Doctor** for the wellbeing of the **Insured Person**; and

c. **Trauma Counselling** is provided by a registered **Psychologist or Psychiatrist** within 365 days from the date of the traumatic event.

In the event the **Insured Person**, as the case maybe, also receives reimbursement in whole or in part for such expenses from any other source (s), this Policy will be liable only for the amount in excess of that amount payable by such other source (s).

SPECIFIC DEFINITIONS

1. **Hijacking** means the illegal holding under duress, for a period in excess of six (6) hours, of an **Insured Person** whilst travelling on any aircraft, motor vehicle, waterborne vessel or similar conveyance.
2. **Trauma Counselling** means the treatment provided and recommended by a **Psychologist and/or Psychiatrist**.
3. **Psychologist and/or Psychiatrist** means an **Insured Person's** attending psychologist and/or psychiatrist who is registered or licensed to practice their medical discipline under the laws of the country in which they practice, other than:
    a) the **Insured**;
    b) the **Insured Person**;
    c) a **Close Relative**; or
    d) an employee of the **Insured**.

END OF WORDING

aig.com.au

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