



Combined Product Disclosure Statement and Policy Wording

Group Personal Accident & Illness

Contents

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.

This **Product Disclosure Statement ('PDS')** contains information about key benefits and significant features of **Your** Policy. It also contains important information about **Your** rights and obligations such as **Your** duty of disclosure, cooling-off and complaint procedures. Its purpose is to assist both **Your** decision to purchase this insurance and ability to compare it with other products. **We** recommend **You** read the **PDS** carefully before deciding whether to acquire this product.

AIG prepared this **PDS** on 30 September 2023. The information in this document is current as at the date of this **PDS**. **We** may change some of the information in the **PDS** that is not materially adverse from time to time where permitted by the law, without needing to notify **You**. **You** may review the current version of the **PDS** at any time by visiting www.aig.com.au. Should **You** require it, **We** will provide **You** with a paper version of this **PDS** free of charge upon receipt of such request. If it becomes necessary, **We** will issue a supplementary or replacement **PDS**.

Retail Clients

Under **Our** AFSL **We** are required to provide 'Retail Clients' with a Product Disclosure Statement. A Retail Client means an individual or small business.

'Small business' means a business employing less than

- (a) if the business is or includes the manufacture of goods
 - 100 people; or
- (b) otherwise 20 people.

Product Disclosure Statement	2-6
Target Market determinations (TMDs)	2
Key Benefits of Your Policy	2
Important Information	2
Costs	3
Cooling Off Period	3
How to Make a Claim	3
General Insurance Code of Practice	4
Complaints and Feedback	4
The Financial Claims Scheme	5
Privacy Notice	5
Policy Wording	7-13
Policy Conditions	7
Agreement	7
Your Duty of Disclosure	7
Definitions	7
Exclusions	9
Exposure	9
Disappearance	10
Special Provisions	10
Conditions	12
Table of Events	14-21
Section A – Capital Benefits	14
Section B – Weekly Injury Benefit	15
Section C – Weekly Sickness Benefit	15
Section D – AIG Care Plus Benefits	16

This document contains Your Insurance Policy Terms, Conditions, Special Provisions and Exclusions. It is important that You read and understand it and retain it in a safe place.

Date prepared: 30th September 2023

PDS JM 09/00064.8

Product Disclosure Statement ('PDS')

Target Market Determinations (TMDs)

AIG Australia Limited (AIG) is required to have Target Market Determinations for its retail client insurance products in accordance with the Part 7.8A of the Corporations Act 2001.

WHAT IS A TMD?

Under the law AIG are required to provide you with a Target Market Determination ("TMD"). The TMD provides details about the class of customers this product has been designed for, taking into consideration their likely needs, objectives and financial situation.

The TMD is not a **PDS** and should not be used as a summary of policy benefits, terms or conditions. The information in this TMD is general advice only and does not take into consideration the needs, objectives and financial situation of individual customers. Customers should review the **PDS** for full details on benefits, terms, conditions and exclusions before deciding to purchase this Product.

For a copy of the TMD for this product, visit www.aig.com.au/target-market-determination.

Key Benefits of Your Policy

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

- **Injury** (as defined) resulting in Death, **Permanent Total Disablement**, **Permanent Partial Disablement** and specified **Permanent Total Loss** (refer to Section A under **Table of Events** in the **Policy Wording**);
- Weekly **Injury** Benefit for **Injury** resulting in **Temporary Partial Disablement** or **Temporary Total Disablement** (refer to Section B under **Table of Events** in the **Policy Wording**);
- Weekly **Sickness** Benefit for **Sickness** causing **Temporary Partial Disablement** or **Temporary Total Disablement** (refer to Section C under **Table of Events** in the **Policy Wording**);
- AIG Care Plus benefits which may be available under Section D of the policy. These benefits supplement the Compensation under Sections A, B or C.

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

Cover for each of the above is subject to acceptance of the risk by the **Insurer**. Cover is limited to the benefits and maximum sums insured listed in the Policy Schedule and is subject to the terms, conditions, special provisions and exclusions in the **Policy Wording**.

Important Information

Please read the **Policy Wording** carefully for full details of cover, about lodging a claim, when benefits are payable, and 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 on **page 7** and **Conditions** that apply to this insurance at **page 12**.
2. **Special Provisions** apply to this **Policy Wording** that may impact upon the Compensation payable. It is important that **You** carefully read the sections of the **Policy Wording** titled '**Special Provisions**' on **pages 10 to 12** 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 9** of the **Policy Wording**.
4. Aggregate limits and aggregate or **Elimination Periods** may apply to one or more of the sections of cover selected. Details are provided in the **Policy Wording**. Where applicable these will be shown on the Policy Schedule.
5. **Age limits** may apply to this policy and are 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 or Sickness** leading to an insured Event listed under sections of this Policy which happens to an **Insured Person** unless at the date of the **Injury** or when the **Sickness** is first diagnosed they are between the ages set out in the Policy Schedule.
6. This policy does not apply to any **Event** arising directly or indirectly out of pregnancy, childbirth or miscarriage.
7. This **PDS** and **Policy Wording** also contains important information about the rights and obligations of **Insured Persons** including information about Privacy, the Duty of Disclosure and the General Insurance Code of Practice.
8. If **You** or an **Insured Person** has received or are entitled to receive any Compensation under statute relating to an occupation or another insurance required by law, the Compensation payable to **You** might be reduced. Please refer Special Provisions for more details.

Costs

Premiums are calculated on an individual application basis. The factors taken into account in calculating the premium include:

- the level and range of cover options selected, including the Aggregate Limit;
- applicable endorsements; the **Elimination Period** and Aggregate Period;
- prior claims experience;
- the number of **Insured Persons**; and
- age and class of occupation.

The premium for this Policy may need to be varied during the **Policy Period** to take into account the factors enumerated above, for example a change in:

- occupation; or
- sum(s) insured.

The premium amount will be shown on **Your** Policy Schedule. Government charges such as Stamp Duty and GST will be shown separately on the Policy Schedule.

ELIMINATION AND AGGREGATE PERIODS

An **Elimination Period** is a period under the Policy for which no Compensation is payable. Different **Elimination Periods** apply to particular **Events** covered under this Policy. Details will be shown in the Policy Schedule.

An Aggregate Period as shown in the Policy Schedule is the maximum amount of time for which benefits will be payable (up to a maximum of 104 weeks or as stated on the Policy Schedule for **Sections B and C**). Different **Aggregate Periods** may apply based on application details and acceptance. Such periods will be shown in the Policy Schedule.

Cooling Off Period

If, **You** are a retail client and after purchasing the Policy, **You** are not satisfied with the cover, **You** may return the Policy within 21 days of purchasing it, and obtain a full refund less any non-refundable government charges and taxes that **We** have paid. **You** may notify **Us** in writing or electronically.

If **You** make a claim for any incident within the 21-day period, no cooling off period is permitted.

If the Policy is for an event that will finish within the 21 days cooling off period, **You** can only exercise **Your** right to cancel before the event starts.

How to Make a Claim

Information on claims can be found under the section titled '**Conditions**' 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 delivered to **Our** claims team:

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

Email: austclaims@aig.com
Phone: 1300 030 886

For claims under some Policy sections, an **Elimination Period** or Aggregate Period may apply.

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 **You** do not agree to the use of the facility and that **You** wish to obtain Confirmation of the Transaction in another way.

General Insurance Code of Practice

AIG is 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 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 time frames, **We** will communicate to **You** the reasons why this has not been possible. **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.

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**.

The Financial Claims Scheme

The protection provided under the Federal Government's Financial Claims Scheme (the Scheme) applies to the Policy. In the unlikely event that the **Insurer** is unable to meet its obligations under the Policy, 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>.

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 **Doctors**;
- 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;
- improve customer service and products including carrying out research and analysis including data analytics functions; 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:

- **You** or **Our** agents, 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;
- **You** or **Our** agents, assessors, third party administrators, emergency providers, retailers, medical providers, travel carriers, in the event of a claim;
- entities to which AIG is related and third-party providers for data analytics functions;
- 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: Canada, Bermuda, Ireland, Belgium, the Netherlands, Germany, France, 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.

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 notice.

Policy Wording

Policy Coverage

The **Insured Persons** named in the Application Form Policy Schedule are insured against **Injury** and/or **Sickness** as shown in the Policy Schedule on the following terms.

Agreement

All cover is subject to **You** 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 Schedules.

Your Duty of Disclosure

Before **You** enter into an insurance contract, **You** have a duty of disclosure under the Insurance Contracts Act 1984 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 tell **Us**, **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. **Close Relative** means a **Spouse/Partner**, parent, parent-in-law, step-parent, child, brother, sister, brother-in-law, sister-in-law, daughter-in-law, son-in-law, half-brother, half-sister, fiancé(e), niece, nephew, uncle, aunt, stepchild, grandparent or grandchild. Compensation means the amount payable by **Us** to **You** or an **Insured Person** in accordance with this Policy.
3. **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 or Sickness** being diagnosed which gives rise to a claim under Section D of this Policy are primarily dependant on the **Insured Person** for maintenance and support.

Dependant Children include step or legally adopted children.
4. **Doctor(s)** 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**.
5. **Effective Date of Individual Insurance** has the meaning set out in paragraph 2 of the Conditions section below.
6. **Elimination Period** means the period, commencing on the first day of **Temporary Total Disablement** or **Temporary Partial Disablement** for which medical treatment was sought, during which no Compensation is payable.

7. **Fingers, Thumbs or Toes** means the digits of a **Hand** or **Foot**.
8. **Foot** means the entire foot below the ankle.
9. **Hand** means the entire hand below the wrist.
10. **Hospital** means any institution lawfully operated for the care and treatment of sick or injured persons with organised facilities for diagnosis and surgery (including operating theatres) in the same premises, with 24 hours daily nursing service by registered graduate nurses and operated under the supervision of **Doctor(s)**.
11. **Income** means
 - (a) as regards to a salaried **Insured Person**, the average gross weekly income earned from personal exertion before personal deductions and income tax, but excluding bonuses, commissions, overtime payments and other allowances; or
 - (b) as regards to a T.E.C. (ie total employee cost) or salary package of the **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 and overtime payments and other allowances not listed above; 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;all derived during the 12 calendar month period immediately preceding the **Injury or Sickness** giving rise to the claim under this Policy.
12. **Injury** means a bodily injury to an **Insured Person** resulting from an **Accident** and occurring independently of any other cause including any pre-existing physical or congenital condition (except **Sickness** directly resulting from medical or surgical treatment rendered necessary by such **Injury**), provided the **Injury**:
 - (a) occurs to an **Insured Person** during the **Policy Period**; and
 - (b) occurs on or after the **Insured Person's Effective Date of Individual Insurance**; and
 - (c) results in any of the **Events** specified in the Table of Events found within this Policy within 12 calendar months from the date of such **Injury**.
13. **Insured Person(s)** means 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.
14. **Limb** means the entire limb between the shoulder and the wrist or between the hip and the ankle.
15. **Paraplegia** means Permanent and entire paralysis of both legs and part or whole of the lower half of the body.
16. **Permanent** means lasting 12 consecutive months and at the end of that period is certified by a **Doctor** as being unlikely to materially improve for the remainder of the **Insured Person's** natural life.
17. **Permanent Partial Disablement** means that as a result of **Injury or Sickness** the **Insured Person** is wholly and continuously prevented from engaging in more than 50% of the duties of their usual occupation in Australia, which continues for 12 consecutive months and at that time is certified by a **Doctor** as being unlikely to materially improve for the remainder of the **Insured Person's** natural life.
18. **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 likely to entirely prevent 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 for the remainder of the **Insured Person's** natural life.
19. **Policy Period** means the period specified in the Policy Schedule attached hereto, or any subsequent period in respect of which the **Insured** shall have paid and **We** shall have accepted the Premium required for the renewal of this Policy as provided in Condition 5 hereof.
20. **Quadriplegia** means **Permanent** and entire paralysis of both legs and both arms.
21. **Sickness** means sickness or disease first contracted by an **Insured Person**, on or after the **Insured Person's Effective Date of Individual Insurance**, which results independently of any other cause in **Temporary Total Disablement**, provided that the **Temporary Total Disablement** occurs during the **Policy Period** and continues for a period of not less than seven (7) consecutive days from the date of commencement of treatment by a **Doctor**.
22. **Spouse/Partner** means the husband or wife or any partner of the **Insured Person** who has continuously lived with the **Insured Person** for at least 3 calendar months prior to the **Injury or Sickness** event giving rise to a claim under Section D of this Policy.

23. **Temporary Partial Disablement** means that as a result of **Injury or Sickness** the **Insured Person** is wholly and continuously prevented from engaging in more than 50% of the duties of their usual occupation in Australia, and is under the regular care of and acting in accordance with the instructions or professional advice of a **Doctor**.
24. **Temporary Total Disablement** means that as a result of **Injury or Sickness** the **Insured Person** is wholly and continuously prevented from engaging in their usual occupation in Australia, and is under the regular care of and acting in accordance with the instructions or professional advice of a **Doctor**.
25. **Terrorist Act** means any actual or threatened use of force or violence 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. Robberies or other criminal acts, primarily committed for personal gain and acts arising primarily from prior personal relationships between perpetrator(s) and victim(s) shall not be considered **Terrorist Acts**.

Terrorist Act shall also include any act which is verified or recognised by the (relevant) government as an act of terrorism.
26. **Total Loss** means the 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 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.
27. **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.
28. **We/Our/Us/Insurer** means AIG Australia Limited (AIG), ABN 93 004 727 753, AFSL 381686
29. **You/Your/Insured** means the **Insured** specified in the Policy Schedule and is the policyholder.

Exclusions

This Policy does not apply to any **Injury or Sickness** event arising directly or indirectly out of:

1. **War**, civil war, invasion, insurrection, revolution, use of military power or usurpation of government or military power.
2. The intentional use of military force to intercept, prevent, or mitigate any known or suspected **Terrorist Act**.
3. The **Insured Person** engaging in any aerial activity, except as a passenger and not as a pilot or crew member in any aircraft licensed to carry passengers.
4. Intentional self-injury, suicide, or criminal or illegal act of the **Insured Person** who is the subject of the claim.
5. Pregnancy, childbirth or miscarriage.
6. Sexually transmitted disease.
7. Training for or participating as a professional in any sport.
8. Racing in or on any motor powered device.
9. Radioactive contamination or radioactivity in any form whatsoever whether occurring naturally or otherwise.
10. An **Insured Person** suffering from stress or psychiatric condition, including but not limited to depression, anxiety, neurosis, psychosis, mental or emotional stress, physical fatigue, mental disease or associated disorders unless such conditions are being treated by a registered specialist mental health practitioner.

IN ADDITION TO THE ABOVE EXCLUSIONS

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, the United States of America or the Commonwealth of Australia.

Exposure

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

Disappearance

If an **Insured Person** disappears and after twelve (12) calendar months their body is not found and it is reasonable to conclude 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** 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**.

Special Provisions

1. Compensation payable under Table of Events – Event 1. (Death) is payable to **You**, and any other Compensation is payable to the **Insured Person** or as per the benefit terms.
2. In respect to Section A – Capital Benefits:
 - (a) In the event multiple Injuries are sustained in the same accident and more than one Event can be claimed, only the highest one Event will be compensated.
 - (b) If an **Insured Person** suffers an **Injury** resulting in any one of the Events 2 to 8, **We** will not be liable under this Policy for any subsequent **Injury** to that **Insured Person**.
3. Compensation is not payable:
 - (a) For more than one of the Events under Section B and Section C – (Weekly Benefits) in respect of the same period of time.
 - (b) For longer than the Aggregate Period shown in the Policy Schedule in respect of the Events in Section B or Section C – (Weekly Benefits) as regards any one **Injury or Sickness**.
 - (c) To the extent a claim results from the **Insured Person** failing to obtain and follow medical advice from a **Doctor** as soon as possible after the happening of the **Injury or Sickness** which gave rise to the claim.

4. Weekly Benefits Limitation

For each **Insured Person** the Compensation payable under Section B or Section C - (Weekly Benefits) is limited to the amount stated in the Policy Schedule or the **Insured Person's Income**, whichever is the lesser.

If the **Insured Person**:

- (a) Is entitled to receive weekly or periodical disability benefits under any other policy of insurance which is required to be effected by or under a law; and/or
 - (b) Is entitled to receive weekly or periodical disability benefits under any Workers Compensation Act or other statutory body or legislation having a similar effect, or under any civil wrongs legislation, or under any Compulsory Third Party or Motor Vehicle Act, or Transport Accident Act or other statutory body or legislation having similar effect; and/or
 - (c) Has earned **Income** from any other occupation; and/or
 - (d) Has actually received any annual leave, long service leave or sick leave, unless endorsed otherwise; and/or
 - (e) Has any sick leave paid as apart of redundancy payments;
- (together the "Other Benefit Entitlements")

then Compensation payable under Section B or Section C – (Weekly Benefits) will also be reduced by the amount of the benefits detailed above so as to limit the total of all payments and/or Compensation (inclusive of such benefits) to their weekly **Income** or the limit stated in the Policy Schedule whichever is the lesser.

For Example:

In the case of an **Insured Person** who has suffered **Temporary Total Disablement** as a result of an **Injury**, making them eligible for Compensation under the Transport Accident Act. In this case the Compensation paid out under Section B of the Policy would be computed as follows:

	INSURED PERSON A	INSURED PERSON B	INSURED PERSON C	INSURED PERSON D
A Average Weekly Income of the Insured Person (100%)	\$1,200	\$1,700	\$2,000	\$2,500
B Cover Limit on AIG policy Schedule	85% of Average Weekly Income up to a maximum of \$1,500 per week	100% of Average Weekly Income up to a maximum of \$1,500 per week	85% of Average Weekly Income up to a maximum of \$1,500 per week	100% of Average Weekly Income up to a maximum of \$2,000 per week
C Compensation payable under Section B (per week)	\$1,020	\$1,500	\$1,500	\$2,000
D Weekly Compensation from Statutory Laws or other Insurance policy	\$600	\$0	\$900	\$900
E Income from other occupation	\$200	\$0	\$0	\$0
F Adjusted Compensation under this policy Section B (per week)	\$220	\$1,500	\$800	\$1,600

5. If **You** or the **Insured Person** has lodged a weekly income benefit claim under any weekly or periodical disability benefits under any Workers Compensation Act or other Statutory body or legislation having a similar effect, or under any civil wrongs legislation, or under any Compulsory Third Party or Motor Vehicle Act, or Transport Accident Act or other Statutory body or legislation having similar effect and are awaiting determination of the claim, payment of any Compensation under Section B and/or Section C of the Policy shall be calculated with effect from the date of the **Injury** less any applicable **Elimination Period**, subject to the terms and conditions of the Policy.
 - (a) the payment for Compensation for a claim under Section B and/or Section C will be reduced by the amounts **You** or the **Insured Person** have 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.
 - (b) When **You** or the **Insured Person** who has received payment of Compensation for a claim under Section B and/or Section C of the Policy subsequently receives benefits under
 - (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,

You or the **Insured Person** who is the recipient of the Compensation must reimburse to **Us** any difference between the amount of Compensation actually paid by **Us** under Section B and/or Section C 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.

6. **Recurrence of Temporary Total Disablement or Temporary Partial Disablement (Weekly Benefits)**

If an **Insured Person** receives Compensation under Section B or Section C - (Weekly Benefits) and while this Policy is in force suffers a recurrence of **Temporary Total Disablement** or **Temporary Partial Disablement** from the same or related causes within 6 consecutive months of their return to their occupation on a full time basis, **We** will consider such disablement to be a continuation of the prior claim period.

In that case, the period of recurring disablement will be aggregated with the prior claim period and will not be subject to a new **Elimination Period**.

7. Aggregate Limit Of Liability

- (a) Except as provided under 7.(b), **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.

8. Age Limits

We will not be liable for any Event which happens to an **Insured Person** unless at the date of the **Injury** or when the **Sickness** is first diagnosed they are between the ages set out in the Policy Schedule.

Conditions

1. Cover

This Policy provides the **Insured Person(s)** with insurance cover under those Sections of the Policy selected by **You** and/or the **Insured Person** in **Your** and/or the **Insured Person's** application for this insurance. The selected cover is shown in the Policy Schedule.

2. Effective Date Of Individual Insurance

The insurance of any **Insured Person** under this Policy will become effective on the latest of the following dates:

- (a) the commencing date of the Initial **Policy Period**, if the **Insured Person** is set out in the Policy Schedule provided at commencement;
- (b) on the date such **Insured Person** becomes eligible for insurance hereunder;
- (c) where a proposal is required by **Us**, on the date **We** communicate acceptance of the addition of an **Insured Person** to the Policy;

provided always that if such **Insured Person** is not regularly performing all the usual duties of their occupation or is not fit to do so on the date their insurance would otherwise become effective, then this insurance will only take effect on the date of return to the regular performance of all of their 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 Policyholder 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; or
- (d) on the date such **Insured Person** ceases to be eligible for insurance hereunder.

4. Change Of Occupation

You must give prompt written notice to **Us** of a change in the proportion of occupation classes for more than 10% for the **Insured Persons**.

In those circumstances, **We** may propose a change in premium payable for the Policy, having regard to the change in occupation classes, or give **You** notice of cancellation.

If **You** do not tell **Us** about the material change in the proportion of occupation classes and that change significantly increases the risk of loss, damage, injury, illness or liability under the Policy, then **We** may refuse coverage or refuse to pay the claim in whole or in part, subject to **Our** rights under section 54 of the Insurance Contracts Act 1984 (Cth), including an entitlement to reduce **Our** liability in respect of a claim by an amount that fairly represents the extent to which **Our** interests have been prejudiced as a result of **Your** failure to notify **Us**. Section 54 sets out circumstances when **We** may refuse to pay the claim in part or in whole.

Failure to notify **Us** of a material change in **Your** occupation set out above may entitle **Us** to cancel the Policy under section 60 of the Insurance Contracts Act 1984 (Cth).

5. 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.

6. Cancellation or curtailment of a Policy Period

- (a) This Policy may be cancelled by **You** at any time by giving **Us** written notice.
- (b) This Policy may be cancelled by **Us** in accordance with Sections 59 and 60 of the Insurance Contracts Act 1984.

When the Policy is cancelled in the circumstances as outlined in (a) or (b), or **We** agree to bring the renewal date forward due to a curtailment of the Policy period, **We** will refund the proportion of the premium (if applicable and dependent on risk exposure and claims made) for the unexpired **Policy Period**, after deducting a 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.

7. Claims Procedure

- (a) Written notice of claim and supporting medical evidence in the form reasonably required by **Us**, and proof of identity, must be given to **Us** within 30 days of the occurrence of any **Injury or Sickness** event giving rise to a claim, where reasonably practicable or otherwise as soon as is reasonably possible. Notice may be given in writing at **Our** Office where the Policy was issued or electronically.
Phone number – 1300 030 886
Email – austclaims@aig.com
- (b) **We** may have the **Insured Person** medically examined at **Our** expense when and as often as **We** may reasonably require in relation to the claim after a claim has been made, or arrange an autopsy unless this is illegal in the country in which the autopsy is to be performed.
- (c) Compensation will be paid as soon as **We** have investigated and verified the information supplied and satisfied Ourselves that the claim falls within the Policy.

8. 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.

9. Fraudulent Claims

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.

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 the **Insurer** is, or reasonably believes it will become, liable for any tax or other impost levied by any Commonwealth or State government, authority or body in connection with this Policy, the **Insurer** 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.

Table of Events

Section A – Capital Benefits

If an **Insured Person** suffers an **Injury**, during a **Policy Period** and on or after the **Insured Person's Effective Date of Individual Insurance** 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 of Events. 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 AS DEFINED, RESULTING IN:		
1.	Death	100%
2.	Permanent Total Disablement	100%
3.	Paraplegia or Quadriplegia	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	50%
10.	Permanent Total Loss of hearing in	
	(a) both ears	75%
	(b) one ear	15%
11.	Third degree burns and/or resultant disfigurement received from fire or chemical reaction which extend to cover more than 40% of the entire external body	50%
12.	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%
16.	Permanent Total Loss of use of Toes of either Foot	
	(a) all – one Foot	15%
	(b) great – both joints	5%
	(c) great – one joint	3%
	(d) other than great each Toe	1%
17.	Loss of at least 50% of all sound and natural teeth, including capped or crowned teeth, but excluding first teeth and dentures	Per tooth 1% (to \$10,000 in total for all teeth)
18.	Shortening of leg by at least 5cm	7%

INJURY AS DEFINED, RESULTING IN:

19. Permanent Partial Disablement not otherwise provided for under Events 9 to 18 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 of up to seventy-five percent (75%) of the Lump Sum Benefit insured.
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Section B – Weekly Injury Benefit

If an **Insured Person** suffers an **Injury**, during a **Policy Period** and on or after the **Insured Person's Effective Date of Individual Insurance**, 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 of Events.

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

THE EVENTS

THE COMPENSATION

INJURY AS DEFINED, RESULTING IN:

20. Temporary Total Disablement	During such disablement, after completion of the Elimination Period , the amount per week specified in the Policy Schedule or Income as defined, whichever is the lesser.
21. Temporary Partial Disablement	During such disablement, after completion of the Elimination Period : (a) if the Insured Person returns to work in a reduced capacity, the Compensation payable shall be the difference between the Compensation for Event 20 per week and the weekly Income earned from personal exertion per week; or (b) if the Insured Person does not choose to return to work, the Compensation shall be 25% of the Compensation for Event 20.

Section C – Weekly Sickness Benefit

If an **Insured Person** suffers a **Sickness**, first contracted on or after the **Insured Person's Effective Date of Individual Insurance**, which results, independently of any cause, in Event 22 – **Temporary Total Disablement**, that occurs during the **Policy Period** and continues for a period of not less than seven (7) consecutive days from the date of commencement of treatment by a **Doctor**, **We** will pay **You** the Compensation stated in the Table of Events.

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

THE EVENTS

THE COMPENSATION

SICKNESS AS DEFINED, CAUSING:

22. Temporary Total Disablement	During such disablement, after completion of the Elimination Period , the amount per week specified in the Policy Schedule or Income as defined, whichever is the lesser.
23. Temporary Partial Disablement	During such disablement, after completion of the Elimination Period , if the Insured Person returns to work in a reduced capacity, the Compensation payable shall be the difference between the Compensation for Event 22 per week and the weekly Income earned from personal exertion per week.

Section D – AIG Care Plus Benefits

Cover for benefits under this section are included only if an amount is specified in the Policy Schedule against that benefit. Please note the following benefits under this Section are triggered by a valid claim under the following Events under Sections A, B or C of this Policy:

A. Section A Event: Benefits 9 to 13, 15, 17, 19 to 22 and 26

B. Section B or C Events: Benefits 4, 8, 16, 17, 24 and 25

1. LUMP SUM OVERSEAS SURGICAL BENEFITS FOR INJURY

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

THE EVENTS	BENEFIT
1. Brain surgery	\$20,000
2. Amputation of a Limb	\$20,000
3. Fracture of a Limb requiring open reduction	\$5,000
4. Any other surgical procedure performed under general anaesthetic	\$2,500

Conditions

1. Cover is only provided under this benefit for surgical procedures undertaken outside of Australia.
2. The maximum Compensation **We** will pay under this benefit is \$20,000 for any single **Injury**.

Exclusions

This Benefit does not apply to any Event arising directly or indirectly out of:

1. Any type of illness, disease, infection or contagion, even if contracted through **Injury**, except that this exclusion shall not apply to any accidental needle stick injuries, medically acquired infections or blood poisoning.

2. LUMP SUM OVERSEAS SURGICAL BENEFITS FOR SICKNESS

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

THE EVENTS	BENEFIT
1. Open heart surgery	\$20,000
2. Brain surgery	\$20,000
3. Abdominal surgery performed under general anaesthetic	\$5,000
4. Any other surgical procedure performed under general anaesthetic	\$2,500

Conditions

1. Cover is only provided under this benefit for surgical procedures undertaken outside of Australia.
2. The maximum Compensation **We** will pay under this benefit is \$20,000 for any single **Sickness** event.

3. BROKEN BONES

If an **Insured Person** sustains an **Injury** which directly results in any of the broken bones listed below as diagnosed by a **Doctor** within 30 days from the date of **Injury**, **We** will pay a lump sum benefit as listed below as a percentage of the amount shown in the Policy Schedule against Section D – Broken Bones (maximum benefit):

THE EVENTS	BENEFIT
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	30%
(b) Neck, skull or spine (Simple Fracture , Hairline Fracture or All Other Fractures)	
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 collarbone	20%
8. Arm, elbow, wrist or rib(s) (Simple Fracture or Hairline Fracture)	10%
9. (a) Hand, Foot;	7.5%
(b) Finger(s) and Thumb of the same Hand ; or	
(c) Toe(s) of the same Foot	

Definitions

- i. **Complete Fracture** means a fracture in which the bone is broken completely across and no connection is left between the pieces
- ii. **Hairline Fracture** means mere cracks on the bone.
- iii. **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.
- iv. **All Other Fractures** means any fracture other than a **Complete Fracture**, **Simple Fracture** or **Hairline Fracture**.

Conditions

- i. The maximum Compensation payable for this Benefit for any single **Injury** event is the amount shown in the Policy Schedule against Section D – Broken Bones.
- ii. **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.
- iii. **We** will pay for the fracture of a body part listed in the table above only once regardless of the number of fractures sustained
 - a. to one or more **Fingers** or **Toes** of the same **Hand** or leg
 - b. to one or more ribs
 - c. to one or more parts of the spine

4. GUARANTEED PAYMENT BENEFIT

If an **Insured Person** sustains an **Injury or Sickness** which directly results in Weekly **Injury** and **Sickness** Benefits under Section B or Section C for Events 20 or 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 or Sickness** the total period of the **Temporary Total Disablement** will likely be a minimum of twenty-six (26) consecutive weeks.

Conditions

1. Satisfactory medical evidence needs to be provided by a **Doctor**, certifying that the total period of the **Temporary Total Disablement** will likely be a minimum of twenty-six (26) consecutive weeks after completion of the **Elimination Period**.
2. For this benefit to be payable at the time of the original medical assessment of the **Injury or Sickness**, there must be no reasonable possibility of earlier return to work through rehabilitation, provision of light duties with the employer, medical treatments or other means.
3. **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.

5. LOSS OF TEETH BENEFIT

If an **Insured Person** sustains an **Injury** which directly results in the loss of at least 50% of all Teeth, **We** will pay \$250 per Tooth, up to a maximum of \$2,000 per single **Injury** event.

For the purpose of this Benefit, Tooth and Teeth mean sound and natural teeth including capped and crowned teeth and does not include first or milk teeth, dentures, implants and dental fillings.

Exclusions

This benefit is not payable for injuries to Teeth resulting from eating activities (e.g. biting and chewing).

6. ACCOMMODATION AND TRANSPORT EXPENSE BENEFIT

If an **Insured Person** sustains an **Injury** which results in hospitalisation as an in-patient, which is more than 100 kilometres from the **Insured Person's** normal place of residence, **We** will pay the reasonable transport and/or accommodation expenses actually incurred by their **Spouse/Partner** 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 the amount shown in the Policy Schedule against Section D – Accommodation and Transport Accident Benefit, for any one **Accident**.

7. COMA BENEFIT

If the **Insured Person** sustains **Injury** resulting in a continuous unconscious state which is diagnosed by a **Doctor** to be a comatose state, for a minimum period of 3 consecutive days whilst hospitalised as an in-patient, **We** will pay a benefit for each day the **Insured Person** remains in this comatose state during their hospitalisation period, up to a maximum of the amount shown in the Policy Schedule against Section D – Coma Benefit per single **Injury** event.

Conditions

1. The **Insured Person** must be in the **Hospital** for the duration of the comatose state for any benefits to be payable.

8. DOMESTIC HELP BENEFIT

If an **Insured Person** sustains an **Injury** resulting in a valid claim under Section B – Weekly Benefits – Events 20 or 21, **We** will pay subject to the **Elimination 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 80% of actual costs, incurred for reasonable and necessary professional services carried out by persons, other than members of the **Insured Person's Close Relatives** or other 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**.

9. EDUCATION FUND BENEFIT

If the **Insured Person** suffers an **Injury** resulting in a valid claim under Section A – Capital Benefits – Event 1, **We** will reimburse the actual costs of school or university fees incurred in the calendar year in which the **Injury** occurred, up to a maximum of the amount shown in the Policy Schedule against Section D – Education Fund Benefit for each surviving **Dependant Child**, up to a maximum of three (3) **Dependant Children** per **Insured Person**.

10. FUNERAL EXPENSES BENEFIT

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

- a) a burial or cremation; or
- b) the cost of returning the **Insured Person's** body or ashes to their hometown,

at the Policyholder or **Insured Person's** estate's option, up to a maximum of the amount shown in the Policy Schedule against Section D – Funeral Expenses Benefit.

11. INDEPENDENT FINANCIAL ADVICE BENEFIT

If an **Insured Person** sustains an **Injury** which results in a valid claim under Section A – Capital Benefits – Events 1-8, and **You** make a written request for this benefit, **We** will pay **You** or the **Insured Person** up to a maximum of the amount shown in the Policy Schedule against Section D – Independent Financial Advice Benefit for the necessary and reasonable expenses incurred for receiving professional financial, taxation and/or investment advice in respect of the benefit paid under Events 1-8, as applicable.

Conditions

1. The advice must be provided by a licensed independent financial advisor who is not **Your** employee or a **Close Relative** of the **Insured Person**.
2. This benefit is to be provided only at the request of the Policyholder.

12. EXECUTOR EMERGENCY CASH ADVANCE

If an **Insured Person** sustains an **Injury** resulting in death, **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 the amount shown in the Policy Schedule against Section D – Executor Emergency Cash Advance whilst the administration of the **Insured Person's** estate is being arranged.

Conditions

1. Any cash advance under this benefit will be subject to reasonable evidence regarding the cause of death being a covered **Injury**.
2. 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 A – Capital Benefits – Event 1.

13. HOME/VEHICLE MODIFICATION BENEFIT

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

You must, to the extent it is reasonably possible, seek **Our** prior written agreement, which **We** will not unreasonably withhold or delay, before incurring any costs towards this benefit. Subject to the extent of **Our** prejudice, not doing may reduce the amount payable under the Policy.

Conditions

This Benefit is only payable:

1. where such modifications are undertaken with **Our** prior written confirmation (not unreasonably withheld or delayed) and recommended by the **Insured Person's** attending **Doctor**.
2. in respect of one residence and one personal vehicle only.
3. if the expenses incurred for modifications and installations are submitted to **Us** within 12 months from the date a claim is paid under the applicable Event 2 to 8.
4. if renovations are carried out by a qualified and licensed tradesperson.

14. PREMATURE BIRTH/MISCARRIAGE BENEFIT

If an **Insured Person** sustains an **Injury** which results in either a premature childbirth (prior to 26 weeks gestation) or miscarriage, as certified by the **Insured Person's Doctor**, **We** will pay Compensation of the amount shown in the Policy Schedule against Section D – Premature Birth/Miscarriage Benefit, per single **Injury** event.

15. SPOUSE/PARTNER EMPLOYMENT TRAINING BENEFIT

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

16. STUDENT TUTORIAL BENEFIT

If the **Insured Person**, who is also a student, sustains an **Injury or Sickness** which results in a valid claim under Section B or C – Weekly Benefits – Events 20 to 23 that entirely prevents them from attending registered classes, **We** will pay 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 or Sickness** diagnosed.

Conditions

1. The **Insured Person** is registered as a full time student at a recognised educational institution.
2. Home tutorial services must be carried out by persons other than the **Insured Person's Close Relative** or persons permanently residing with the **Insured Person**.

17. UNEXPIRED MEMBERSHIP BENEFIT

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

18. CHAUFFEUR BENEFIT

If the **Insured Person** sustains an **Injury or Sickness** for which Benefits are payable under Section B or C – Weekly Benefits – Events 20 to 23, **We** will reimburse **You** or the **Insured Person** up to \$100 per day to a maximum of \$2,500 for hiring chauffeur services or a taxi service between 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.

19. CHILDCARE BENEFIT

If an **Insured Person** sustains an **Injury** resulting in a valid claim under Section A – 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

1. The maximum period this benefit can be claimed for is 26 weeks and it must be incurred within 24 months from the date of the **Injury**.
2. This benefit will only reimburse additional costs that would not have been incurred without the **Injury**.
3. Any childcare expense subsidy available from the relevant government agencies will be deducted from any benefit payable under this section.

20. CORPORATE IMAGE PROTECTION

If the **Insured Person** sustains an **Injury** which is likely to result in a valid claim under Section A – Capital Benefits – Events 1 or 2, **We** will pay **You** up to a maximum of the amount shown in the Policy Schedule against Section D – Corporate Image Protection, for any single **Injury** event, for reasonable costs (other than **Your** own internal costs) incurred for the engagement of image and/or public relations consultants and/or the release of information through the media in connection with the **Injury**.

You must, to the extent it is reasonably possible, seek **Our** prior written agreement, which **We** will not unreasonably withhold or delay, before any incurring any costs towards this benefit. Subject to the extent of **Our** prejudice, not doing so may reduce the amount payable under the Policy.

Conditions

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

21. REPLACEMENT STAFF/RECRUITMENT COSTS

If an **Insured Person** sustains an **Injury** which is likely to result in a valid claim under Section A – Capital Benefits – Events 1 or 2, **We** will pay up to \$5,000 per Event to a maximum of the amount shown in the Policy Schedule against Section D – Replacement Staff/Recruitment Costs, for reasonable recruitment costs incurred by **You** in the engagement of a replacement employee.

Conditions

1. Costs must be incurred within sixty (60) days of the Event and be necessary for **Your** business to continue.
2. 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.

22. VISITORS BENEFIT

If during the **Policy Period** a third party visits **Your** premises in a business capacity and sustains an **Injury** which would, had the visitor been an **Insured Person**, have resulted in a Benefit being paid under Section A – Capital Benefits – Event 1 or Event 2, **We** will pay Compensation of the amount shown in the Policy Schedule against Section D – Visitors Benefit, provided that this benefit is only available once in a **Policy Period**.

23. OVERSEAS BED CARE BENEFIT

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

24. REHABILITATION EXPENSES

If an **Insured Person** sustains an **Injury or Sickness** which results in a valid claim under Section B or C – Weekly Benefits – Events 20 to 23, **We** will pay for the reasonable costs incurred for tuition or advice from a licensed vocational school to support their return to work, provided such tuition or advice is undertaken with the agreement of the **Insured Person's Doctor**. **You** must, to the extent it is reasonably possible, seek **Our** prior written agreement, which **We** will not unreasonably withhold or delay, before any incurring any costs towards this benefit. Subject to the extent of **Our** prejudice, not doing so may reduce the amount payable under the Policy.

Compensation under this provision will be limited to a maximum of \$500 per month and will be payable for a maximum of 6 months.

25. ESCALATION OF CLAIM BENEFIT

If an **Insured Person** sustains an **Injury or Sickness** which results in a valid claim under Section B or C – Weekly Benefits where Compensation is paid for 12 consecutive months, **We** will pay an increase in the Compensation by 5 percent compound per annum for each subsequent 12 consecutive months.

26. SPOUSE AND DEPENDANT CHILDREN BENEFIT

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

1. Surviving **Spouse/Partner** Benefit – \$5,000 for any surviving **Spouse/Partner**.
2. **Dependant Children** Benefit – \$5,000 for each surviving **Dependant Child(ren)**, up to a maximum of 3 Dependant Children.

END OF WORDING



In Australia, insurance is issued by AIG Australia Limited ABN 93 004 727 753 AFSL 381686.

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