

Group Personal Accident Insurance

Product Disclosure Statement and Policy Wording



Group Personal Accident Insurance

Product Disclosure Statement

Contents

1	Welcome to Vero	i
2	Who is the insurer	i
3	Who is the insured	i
4	The purpose of the PDS	i
5	How you contact Us	i
6	Significant Benefits & Features	i
7	When benefits are provided	ii
8	Significant Risks	ii
9	The amount the employer pays for this insurance	ii
10	How various factors affect the premium	ii
11	The amount the employer or employees pays towards a claim	iii
12	How to make a claim	iii
13	How a claim payment is calculated	iii
14	Important information	iv
15	Duty of Disclosure	iv
16	How we resolve complaints	v
17	Taxation information	v
18	Cooling Off	v
19	We respect your privacy	vi

1. Welcome to Vero

In Australia Vero is part of a group that can trace its origins back to 1833. Since then we have successfully protected our customers personal and business assets by operating with a depth of knowledge and a reputation for promises kept. Built on these solid foundations, Vero now provides dynamic and forward thinking solutions for all our customers.

The Vero brand is based upon a simple premise – to provide our customers with certainty and peace of mind, through innovative, specialised and expert insurance offerings.

Vero Aviation is a division of the Vero Group.

2. Who is the insurer

Vero Insurance Limited ABN 48 005 297 807, AFS License No. 230859, is the insurer and issuer of the Group Personal Accident Insurance Policy (“the policy”) and the issuer of this Product Disclosure Statement (PDS).

3. Who is the insured

This policy is a group personal accident policy, which if purchased, is owned by the employer and covers nominated employees who are employed by the employer. While the benefits are paid to the employer, those benefits are based on entitlements of employees.

4. The purpose of the PDS

The purpose of this PDS is to help customers understand the insurance policy and provide them with sufficient information to enable them to compare and make an informed decision about insurance products.

The PDS also sets out the significant features, benefits and risks of this policy. Customers still need to read the policy wording for a full description of the terms, conditions and limitations.

5. How you contact Us

Customers may contact Vero by calling:

- ▼ your insurance adviser; or
- ▼ 07 3246 6060,

or alternatively by writing to us at the following address:

Vero Insurance Limited
GPO Box 41
Brisbane Qld 4001

6. Significant Benefits & Features

This insurance policy provides cover for bodily injury caused by an accident that results in a specified event. The policy does not provide sickness or disease insurance. The policy provides cover for the following:

- ▼ death;
- ▼ total and irrecoverable sight of one eye or both eyes;
- ▼ loss of a limb or limbs;
- ▼ permanent total disablement from other than total and irrevocable loss of sight of eye(s) or loss of limb(s);
- ▼ temporary total disablement; and
- ▼ temporary partial disablement.

Cover for one or more of these events is only applicable, where cover has been nominated for that event and it is specified in the Schedule of Benefits.

Where temporary partial or total disablement is specified:

- ▼ we will reimburse medical expenses paid up to 15% of the benefit payable in respect of the claim for temporary total disablement or temporary partial disablement, but excluding amounts recoverable from Medicare, health insurers etc.

This summary of the benefits available under the policy is not exhaustive and limitations and conditions will apply. Please refer to the policy for further details of this insurance cover.

7. When benefits are provided

The benefits for which the employee is insured under the policy are payable:

- ▼ When bodily injury occurs as a result of an accident during the period of insurance resulting in one of the specified events;
- ▼ The actions prescribed in the policy have been observed and the information and documents required to support the claim have been presented to us; and
- ▼ The claim is accepted by us.

When we pay a claim we consider a number of aspects in calculating the amount payable.

These can include:

- ▼ The benefit chosen;
- ▼ The insured amount;
- ▼ The employee's period of disablement;
- ▼ The maximum benefit period;
- ▼ The Elimination Period (a specified period, where no benefit is payable for total or partial temporary disability); and
- ▼ The terms and conditions of the policy.

8. Significant Risks

The risks associated with the policy, include:

- ▼ whether the policy will provide the cover the employee requires. Cover may not be adequate because the type or amount of cover the employee requires does not match the cover provided by the policy.
For example, the employee may not satisfy the terms and conditions of cover or an exclusion may apply, because the employee engages in parachuting, hang-gliding or bungee jumping activities which causes death or disablement, in which event there is no cover for that person.
- ▼ if the employee does not comply with policy terms and conditions, for example, the employee's duty of disclosure, we can refuse to pay part or all of a claim.

9. The amount the employer pays for this insurance

The amount the employer pays for this insurance policy is the total amount of the premium calculated to cover the risk, plus GST and any relevant government charges (such as stamp duty). These amounts add up to the total amount the employer must pay.

Once the policy is issued the premium, GST and any relevant government charges are shown on the policy schedule.

If the employer changes the policy in any way, for example by adding or removing another employee, the employer may be entitled to a premium refund or may be asked to pay an additional amount.

10. How various factors affect your premium

A number of factors are considered when calculating your premium. The key factor that affects your premium is the sum insured and the level of benefits payable. The higher the sum insured for each insured person, the higher the total premium will be for each insured person.

The amount of premium that the employer pays will also depend on the information the employee provides about themselves and the other factors listed below. These other factors include:

- ▼ the benefit period
- ▼ the age of the employee
- ▼ the health of the employee
- ▼ the occupation of the employee
- ▼ the length of the Elimination Period.

Where a factor is viewed as decreasing the risk, it will tend to reduce the premium; and where a factor is viewed as increasing the risk, it will tend to increase the premium. The following table is a guide on how these factors combine together and may impact on the assessment of risk, and therefore the premium.

Factor	Lower Risk	Higher Risk
Benefit Period	Shorter period	Longer period
Age of the insured	Younger person	Older person
Health of the insured	Excellent health	Poor health
Occupation	Private pilot	Commercial pilot
Elimination period	> 7 days	7 days

11. The amount the employer or employee pays towards a claim

There is no excess payable for a claim under this policy.

However, you should note there is an Elimination Period, or waiting period for claims for temporary total or partial disablement. This period will be stated in your schedule. Where it applies, it means that no benefit will be payable by us for temporary total or partial disablement for the duration of the Elimination Period. Any benefits will be calculated from the expiration date of that period.

12. How to make a claim

As soon as possible after an accident that causes an injury the employee must first:

- ▼ Furnish full particulars in writing of such event and immediately forward notice of any claim with any letters or documents relating to the claim.

We will advise of the claims process and assist through the next steps.

13. How a claim payment is calculated

The following hypothetical example illustrates how we will calculate the amount payable for a claim.

Claim for Total Partial Disablement

Factors affecting calculation*

▼ Capital sum insured	\$100,000
▼ Temporary partial disablement benefit (1% of \$100,000)	\$1,000 per week
▼ Period of disablement	200 days
▼ Maximum benefit period	12 months
▼ Elimination period	60 days
▼ Medical expenses	\$2,000 cost
▼ Maximum payable – 15% of temporary partial disablement – see calculation below	
▼ Medical expenses recovered from Medicare	\$1,500

Calculation

▼ Period of disablement	200 days
less elimination period	60 days
▼ Adjusted period of disablement	140 days
▼ Temporary partial disablement benefit payable = 140\7 weeks X \$1,000 per week =	<u>\$20,000</u>
▼ Medical expenses	\$2,000
less Medicare benefit recovered	\$1,500
	500

Therefore the total amount payable is \$20,500.

Note: amount payable in respect of medical expenses does not exceed maximum of 15% of amount payable in respect of temporary partial disablement i.e. 15% X \$20,000 (\$3,000).

**Note: most of the factors used in this claim example are the subject of negotiation between the insurer and the employer when the product is sold and are therefore variable. Reference should be made to the policy schedule for clarification of the factors applicable to the cover.*

14. Important Information

The insurance offered is set out in the policy.

In considering the suitability of the policy it is important that the employer and employee:

- ▼ read all of the policy before the employer buys it to make sure that it gives the employee the protection they need,
- ▼ are aware of the limits on the cover provided and the amounts the insurer will pay in relation to an employee, and
- ▼ are aware of the policy definitions.

The employer and employee will find the policy definitions on page 5 of the policy wording.

For the policy limits:

- ▼ some of these will be stated in the policy itself (these are our standard policy limits), and
- ▼ the remainder will be stated in the policy schedule.

In some circumstances the terms and conditions of this policy may be amended by endorsement. If the policy is endorsed the employer will receive notification of the endorsement.

If the employer has purchased this insurance product through someone other than Vero, for example, a person who has authority from Vero to distribute Vero's insurance products, that person will receive remuneration from Vero for providing a financial service.

15. Duty of Disclosure

The employer has a legal duty of disclosure to us whenever it applies for, changes or renews an insurance policy. The employee has a duty of disclosure as set out in the Application to be an Insured Person.

The employee has a continuing legal duty of disclosure to us in accordance with the policy terms and conditions.

What the employer and employee must tell us

The employer and employee have a general duty to disclose to us everything that they know, or could reasonably be expected to know, is relevant to our decision whether to insure the employee, and, if we do, on what terms.

However, the duty does not require the employer or employee to disclose anything:

- ▼ that reduces the risk to be undertaken by us,
- ▼ that is generally well known,
- ▼ that we know or, in the ordinary course of our business, ought to know, or
- ▼ in respect of which we have waived their duty.

The general duty applies to renewals and changes

The general duty applies in full when the employer or employee renew an insurance policy or change an existing policy including when the policy is extended or reinstated.

The general duty is limited for new policies

When a new policy is applied for the duty of disclosure applies, but the employer or employee does not need to disclose something to us unless we specifically ask about it. However, the employer and employee must be honest in answering any questions we ask. The employer and employee have a legal duty to tell us anything they know, and which a reasonable person in their circumstances would include in answering the questions. We will use the answers in deciding whether to insure the employee and anyone else to be insured under the policy, and on what terms.

Who needs to tell us

It is important that the employer and employee understand they are disclosing to us and answering our questions for themselves and anyone else the employer wants to be covered by the policy.

If the employer and employee do not tell us

If the employer or employee do not answer our questions honestly or do not properly disclose to us, we may reduce or refuse to pay a claim or may cancel the policy. If the employer or employee act fraudulently in answering our questions or not disclosing to us, we may refuse to pay a claim or treat the policy as never having existed.

16. How we resolve complaints

Resolving complaints

If either the employer or employee (“the person making the complaint”) think we have let them down in any way, or our service is not what you expect (even if through one of our representatives), please tell us so we can help.

The person making the complaint can tell us . . .

by phone

We will put the person making the complaint in contact with an appropriate person to deal with the complaint.

in writing

Please send us the full details of the complaint together with any supporting documents and an explanation of what the person making the complaint wants us to do. This letter will be directed to the appropriate person.

in person

If the person making the complaint would like to come in to talk to us at their local or State branch, please call and we will arrange an appointment for a meeting.

What we will do to resolve the complaint

When the person making the complaint first lets us know about the complaint or concern:

- ▼ it will be handled by the person who has authority to deal with it, and
- ▼ this person will listen to the person making the complaint, consider the facts and contact them to resolve the complaint as soon as possible, usually within 24 hours.

If the person making the complaint is not satisfied with this person’s decision on the complaint, then it will be referred to the relevant Operational Manager, who will contact the person making the complaint within 5 working days.

If the person making the complaint is not satisfied with the Operational Manager’s decision, then it will be referred to our General Management in Head Office. We will send our final decision to the person making the complaint within 15 working days from the date the complaint was first made.

What if the person making the complaint is not satisfied with our final decision?

We expect our procedures will deal fairly and promptly with your complaint. However, if the person making the complaint is not satisfied with our final decision you can take your complaint to the Financial Ombudsman Service (FOS). This is an independent body and its services are free to you. We agree to accept the FOS’s decision. You can still take legal action if you disagree with the FOS’s decision.

You must contact the FOS within 3 months of receiving our final decision.

You can phone the FOS from anywhere in Australia on 1300 780 808 or write to them at:

Financial Ombudsman Service
GPO Box 3
Melbourne Victoria 3001
info@fos.org.au

17. Taxation Information

This insurance policy is subject to GST and stamp duty.

If the employer is registered for GST purposes, they may be able to claim an Input Tax Credit in respect of the GST we collect from them. For more information on GST please refer to page 5 of the insurance policy.

Stamp duty is imposed by every state and territory in Australia and the amount payable by the employer varies, depending on the applicable state or territory.

If the employer is unsure about the taxation implications of the policy, the employer should seek advice from their accountant or tax professional.

18. Cooling Off

If this insurance is arranged as part of a compulsory scheme for all the employees of the employer, this section is not relevant to the employee, but only to the employer.

If the employee is in an opt-in scheme, this section is relevant to the employer, and to the employee.

The employer has the right to cancel and return the insurance contract within 20 days of the date it was issued ("cooling off period"), unless an employee makes a claim under the contract within the cooling off period.

If this insurance is arranged as part of an optional scheme for employees, then the employee has the right to decline an offer of coverage under the policy within 20 days of being informed that coverage is agreed ("employee cooling off period"), unless the employee makes a claim within the employee cooling off period.

If the employer cancels it in the cooling off period or the employee declines the offer of coverage within the employee cooling off period, we will return the relevant amount the employer has paid.

To cancel the policy at other times, please see condition 6 of the policy wording.

19. We respect your privacy

Privacy Statement

The Privacy Act 1988 (as amended) now applies and requires us to inform you that:

Purpose of Collection

We collect personal information (this is information or an opinion about an individual whose identity is apparent or can reasonably be ascertained and which relates to a natural living person) from or about you, for the purposes of:

- ▼ providing insurance services to you,
- ▼ evaluate your application,
- ▼ evaluate any request for amendment to any insurance provided,
- ▼ issuing, administering and managing the insurance provided following acceptance of an application; and
- ▼ investigating and, if covered, manage claims made in relation to any insurance you have with us or other members of the group of companies to which we belong.

The personal information collected can be used or disclosed by us for a secondary purpose related to those purposes listed above, but only if you would reasonably expect us to use or disclose the information for this secondary purpose.

However for sensitive information, the secondary purpose must be directly related to the purposes listed above.

Disclosure

When necessary and in connection with the purposes listed above, we may disclose your personal information to, and/or receive some personal information from:

- ▼ other members of the group of companies to which we belong,
- ▼ your insurance intermediary or our agent,
- ▼ Government bodies, loss assessors, claim investigators, reinsurers,
- ▼ other insurance companies, mailing houses, claims reference providers, legal and other professional advisers,
- ▼ other service providers, hospitals, medical and health professionals.

Consequences if Information is not Provided

If you do not provide us with the information we need we will be unable to consider your application for insurance cover, administer your policy or manage any claim under your policy.

Access

You can request access to the personal information we hold about you by contacting us at the address shown on this proposal form.

In some circumstances we may not agree to allow you access to some or all of the personal information we hold such as when it is unlawful to give it to you. In such cases we will give you reasons for our decision.

Privacy Statement issued

Vero Insurance Limited, 465 Victoria Avenue, Chatswood NSW 2067.

Code of Practice

We have adopted the General Insurance Code of Practice. Please contact us for more information.

Group Personal Accident Insurance Policy

The Schedule

Policy No: _____

The name of the Insured: _____

The address of the Insured: _____

The business of the Insured: _____

The Period of Insurance is:

From: _____

To: _____

Both days _____ and for such further period or periods as may be mutually agreed upon.

The geographical limits of this Insurance: _____

The premium: _____

Dated: _____

SCHEDULE OF BENEFITS (for each Insured Person)

The percentages specified below are percentages of the Capital Sum Insured stated in the Schedule of Insured Persons applicable to the Insured Person.

Where the words NOT COVERED are inserted no insurance is provided.

- 1. Death _____
- 2. Total and irrecoverable loss of sight of both eyes _____
- 3. Total and irrecoverable loss of sight of one eye _____
- 4. **Loss of two limbs** _____
- 5. **Loss of one limb** _____
- 6. Total and irrecoverable loss of sight of one eye and **loss of one limb** _____
- 7. **Permanent Total Disablement** (other than total and irrecoverable loss of sight of one or both eyes or **loss of limb(s)**) _____
- 8. **Temporary Total Disablement** the amount specified in the **Schedule of Insured Persons** during such disablement for the **Maximum Benefit Period** specified in the **Schedule of Insured Persons** regardless of the number of **Accidents** commencing after the expiry of the **Elimination Period** specified in the **Schedule of Insured Persons** from the date on which the Insured Person first became disabled.
- 9. **Temporary Partial Disablement** the amount specified in the **Schedule of Insured Persons** during such disablement for the **Maximum Benefit Period** specified in the **Schedule of Insured Persons** regardless of the number of **Accidents** commencing after the expiry of the **Elimination Period** specified in the **Schedule of Insured Persons** from the date on which the Insured Person first became disabled.

SCHEDULE OF INSURED PERSONS – TABLE A

Name	Occupation	Date of Birth	Capital Sum Insured	Proposal Date

SCHEDULE OF INSURED PERSONS – TABLE B

Name	Temporary Disablement Amount per week		Elimination Period Days		Maximum Benefit Period Weeks	
	Total	Partial	Total	Partial	Total	Partial

Group Personal Accident Insurance Policy

Note: Words in **bold print** have the special meanings set out in the Definitions section of this policy.

Agreement to Insure

1. Vero Insurance Limited ('the Insurer') agrees with the Insured to pay the Insured, or the Insured's executors or administrators, the amount(s) specified in the Schedule of Benefits to the extent and in the manner provided in this policy if an Insured Person sustains **bodily injury** caused by an **accident**.

Medical Expenses

1. Where **temporary total disablement** or **temporary partial disablement** benefits are payable under this policy, the Insurer will also reimburse the Insured for **medical expenses** paid in respect of the injured person, but the amount payable in respect of **medical expenses** shall not exceed 15% of the benefits payable in respect of the claim for **temporary total disablement** or **temporary partial disablement**.

Provisos to Cover

It is provided always that:

1. (a) benefit shall not be payable under more than one item of the Schedule of Benefits in respect of the consequences of one **accident** to any one Insured Person, except for any benefit payable in respect of **temporary partial disablement** preceding or following **temporary total disablement**, and
(b) no weekly benefits shall become payable until the total amount of the benefit has been ascertained and agreed. Where any payment is made for weekly benefit, the amount paid shall be deducted from any lump sum subsequently payable in respect of the same **accident**.
2. The total sum payable under this insurance in respect of any one or more **accidents** to any one Insured Person shall not exceed in all the largest benefit under any of the items in the Schedule of Benefits.
3. If item 1 of the Schedule of Benefits is not covered, then no claim shall be payable, other than for weekly benefits, in respect of any **accident** which would have given rise to a claim for death had that been covered.
4. If item 1 of the Schedule of Benefits is covered and an **accident** causes the death of the Insured Person within 12 months following the date of the **accident** and prior to the settlement of the benefit for disablement under items 2 to 7 of the Schedule of Benefits, there shall be paid only the benefit provided for in the case of death.

Exclusions

This insurance does not cover death or disablement caused or contributed to by:

1. (a) War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, martial law, military or usurped power, or attempts at usurpation of power.
(b) Any hostile detonation of any weapon of war employing atomic or nuclear fission and/or fusion or other like reaction or radioactive force or matter.
(c) Any act of terrorism, including but not limited to the use of force or violence and/or threat 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) or government(s) which from its nature or context is done for, or in connection with, political, religious, ideological, ethnic, or similar purposes or reasons, including the intention to influence any government and/or to put the public, or any section of the public, in fear.
2. (a) The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
(b) Ionizing radiations or contamination by radioactivity from, or the toxic, explosive or other hazardous properties of, any other radioactive source whatsoever.
3. The Insured Person engaging in or taking part in armed forces service or operations.
4. (a) The Insured Person(s) engaging in or taking part in:
(i) hunting on horseback, football, boxing, wrestling, racing of any kind other than on foot, polo, water skiing, underwater activities, mountaineering, or snow or ice sports;
(ii) parachuting, hang-gliding or bungee jumping.
(b) the use of an aircraft engaged in:
(i) pylon racing;
(ii) record attempts or speed trials;
(iii) aerial seeding or fertilization, dusting, spraying or baiting;

- (iv) hunting or shooting;
 - (v) mustering, fish spotting or feral animal control;
 - (vi) low flying (other than in accordance with operational legislation) or any other form of flying involving abnormal hazards (in addition to (i) to (v) above);
 - (vii) experimenting with or testing new parts (other than replaced similar parts), new devices, new designs or new aircraft types.
- (c) the presence of the Insured Person, as a pilot or person in control of or passenger in, a balloon, hot air ship, gyrocopter, gyroglider, parasail, powered parachute, weight shift control aeroplane, motorised hang-glider, ultralight aircraft, superlight aircraft, microlight aircraft, minimum aircraft (whether fitted with an engine or not) or an aeroplane to which the provisions of Civil Aviation Orders 95:10 and/or 95:55 apply.
5. The Insured Person's suicide or attempted suicide or intentional self-injury or the Insured Person being in a state of insanity;
 6. The Insured Person's deliberate exposure to exceptional danger (except in an attempt to save human life);
 7. The Insured Person's own criminal act;
 8. The Insured Person being under the influence of alcohol or drugs.
 9. Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or Human Immuno-deficiency Virus (HIV) howsoever these have been acquired or may be named.

Conditions

1. If the Insured Person shall regularly engage in any occupation, sport, pastime or other activity in which materially greater risk may be incurred than previously disclosed in connection with this insurance without the Insured first notifying the Insurer and obtaining its written agreement to the inclusion under this insurance (subject to the payment of any additional premium as the Insurer may reasonably require as the consideration for such agreement), then no claim shall be payable in respect of any **accident** arising from such activity.
2. Unless otherwise declared and agreed by the Insurer, no benefit will be payable for any condition for which the Insured Person has sought advice, diagnosis, treatment or counselling or of which the Insured Person was or should reasonably have been aware at inception of this insurance or for which the Insured Person has been treated at any time prior to inception.
3. Notice must be given to the Insurer as soon as reasonably practicable of any **accident** which causes or may cause a claim within the meaning of this insurance, and the Insured Person must as early as possible seek the attention of a duly qualified medical practitioner. Notice must be given to the Insurer as soon as reasonably practicable in the event of the death of the Insured Person resulting or alleged to result from an **accident**.

All medical records, notes and correspondence referring to the subject of a claim or a related pre-existing condition shall be made available on request to any medical adviser appointed by or on behalf of the Insurer and such medical adviser or advisers shall, for the purpose of reviewing the claim, be allowed so often as may be deemed necessary to make an examination of the Insured Person.
4. Subject to the provisions of the *Insurance Contracts Act 1984*, any fraud, concealment, or deliberate mis-statement by an Insured Person, if unknown to the Insured, either in the proposal on which this Insurance is based or in relation to any other matter affecting this insurance or in connection with the making of any claim under this policy shall render this insurance null and void insofar as it relates to the Insured Person in question but any such fraud, concealment, or deliberate mis-statement by or known to the Insured shall render the whole insurance null and void and all claims under this policy shall be forfeited.
5. If the Insured or the Insured Person is the pilot of an aircraft, that aircraft must be registered, have a valid Certificate of Airworthiness and be airworthy at the commencement of each flight. The Insured and the Insured Person shall comply with all statutory requirements. Statutory requirements shall include all legislation and delegated legislation (including applicable and delegated legislation of another country) and orders, rules, directions, notices, approvals, certificates and licences issued by a competent authority.
6. Subject to the provisions of the *Insurance Contracts Act 1984*, this policy may be cancelled by either the Insurer or the Insured giving 10 days notice in writing of such cancellation. If cancelled by the Insurer, it will return a pro rata portion of the premium in respect of the unexpired period of the policy. If cancelled by the Insured, the premium shall be adjusted on the basis of the Insurer receiving or retaining the customary short term premium charged by the Insurer, details of which will be provided upon request. The Insured is not entitled to a return of premium if any claim or claims have been paid or are payable by the Insurer under this policy.
7. This policy shall be construed in accordance with Australian law and any dispute or difference between the Insured and the Insurer shall be subject to the jurisdiction of the courts in Australia.

8. The premium charged for this policy will include an amount on account of Goods and Services Tax (GST), where applicable.

The Insured must inform the Insurer of the extent to which the Insured is entitled to an input tax credit for the premium, in relation to the period during which the insured event happened, each time that a claim is made under this policy. No payment will be made to the Insured for any GST liability that the Insured may incur on the settlement of a claim if the Insured has not informed the Insurer of their entitlement or correct entitlement to an input tax credit.

Despite the other provisions of this policy (including provisions in the wordings, any schedules and any endorsements), the Insurer's liability will be calculated taking into account any input tax credit to which the Insured is entitled for any acquisition relevant to a claim, or to which the Insured would have been entitled were the Insured to have made a relevant acquisition.

If the sum insured or Policy limit is not sufficient to cover the Insured's loss, the Insurer will only pay GST (less any relevant input tax credit) that relates to the Insurer's proportion of the Insured's loss. The Insurer will pay that GST amount in addition to the sum insured or policy limit.

"GST"; "input tax credit" and "acquisition" have the meaning given in the A New Tax System (Goods and Services Tax) Act 1999.

Definitions

In this insurance:

1. **'bodily injury'** means identifiable physical injury which:
 - 1.1 is caused by an **accident**, and
 - 1.2 solely and independently of any other cause, except sickness or disease directly resulting from, or medical or surgical treatment rendered necessary by such injury, occasions the death or disablement of the Insured Person within 12 months from the date of the **accident**.
2. **'accident'** means a sudden, unexpected, unusual, specific event which occurs at an identifiable time and place during the Period of Insurance, and shall include:
 - 2.1 Exposure resulting from a mishap to a conveyance in which the Insured Person is travelling;
 - 2.2 Disappearance. If the Insured Person is not found within 12 months of disappearing, and sufficient evidence is produced satisfactory to the Insurer that leads it inevitable to the conclusion that the Insured Person has sustained **bodily injury**, and that such injury has caused the Insured Person's death, the Insurer shall forthwith pay any death benefit, where applicable, under this insurance, provided that the person or persons to whom such sum is paid, shall sign an undertaking to refund such sum to the Insurer if the Insured Person is subsequently found to be living.
3. **'temporary total disablement'** means disablement which entirely prevents the Insured Person from attending to their business or occupation.
4. **'temporary partial disablement'** means disablement which prevents the Insured Person from attending to a substantial part of their business or occupation.
5. **'permanent total disablement'** means disablement which entirely prevents the Insured Person from attending to any business or occupation for which they are reasonably suited by training, education or experience and which lasts 12 months and at the end of that period is beyond hope of improvement.
6. **'loss of a limb'** means permanent loss by physical separation of a hand at or above the wrist or of a foot at or above the ankle and includes permanent, total and irrevocable loss of use of hand, arm or leg.
7. **'medical expenses'** means expenses properly incurred by the Insured in respect of the Insured Person for professional medical, surgical, manipulative, massage, therapeutic or nursing services, including the cost of medical supplies, x-rays and ambulance hire, but excluding amounts recoverable from Medicare, medical or hospital benefits associations, societies or companies, or from any other insurance or government health insurance plan and excluding payments in respect of which insurance is prohibited by the *Health Insurance Act 1973* (Cth) and/or other legislation.

IMPORTANT NOTICE: THIS INSURANCE DOES NOT PROVIDE SICKNESS OR DISEASE INSURANCE

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Vero Aviation Contact Details

GPO Box 41
Brisbane Qld 4001

Telephone +61 7 3246 6060
Fax +61 7 3246 6055

Vero Insurance Limited ABN 48 005 297 807 AFS Licence No. 230859
Vero Aviation is a division of Vero Insurance Limited

V5510 06/08

