


# Copy Schedule

## Chubb Group Personal Accident and Sickness Insurance

**CHUBB®**

|                                  |   |                                   |
|----------------------------------|---|-----------------------------------|
| <b>Policy Number:</b>            | 93133974  |                                   |
| <b>Policyholder(s):</b>          | Bicycling Western Australia Inc.                                      |                                   |
| <b>Broker:</b>                   | Tresidder Insurance Group Pty Ltd                                     |                                   |
| <b>Address:</b>                  | PO Box 1852<br>GEELONG VIC 3220                                       |                                   |
| <b>Period of Insurance:</b>      |   |                                   |
| <b>From:</b>                     | 30 June 2018  | (at 04:00pm)                      |
| <b>To:</b>                       | 30 June 2019  | (at 04:00pm) Both dates inclusive |
|                                  | including any subsequent period for which We accept a renewal Premium |                                   |
| <b>Premium:</b>                  | As Agreed   |                                   |
| <b>Goods &amp; Services Tax:</b> | As Agreed   |                                   |
| <b>Stamp Duty:</b>               | As Agreed   |                                   |
| <b>Total Payable:</b>            | <b>As Agreed</b>  |                                   |
|                                  | Renewal to be reassessed for any subsequent Period of Insurance       |                                   |

|                   |                     |   |
|-------------------|---------------------|---|
| <b>Signed at:</b> | <b>Melbourne</b>    | <b>Authorised Representative</b>  |
| <b>On:</b>        | <b>28 June 2018</b> |  |
|                   |                     | <b>Sarah Andrews</b><br>Unit Leader - Southern Region,<br>Accident & Health           |

## Description of Cover

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|  |  |
|--|--|
| <b>Covered Person(s) / Categories:</b> | 1. Registered Members and Registered Volunteers of Cycling Western Australia Inc   |
| <b>Scope of Cover:</b>                 | 1. Any time the Registered Member (Covered Person) is riding their bicycle and/or participating in paid Insured Organisation Events. Any time the Registered Volunteer is officially acting in a voluntary capacity on behalf of an Insured Organisation (the Policyholder). |
| <b>Policy Wording &amp; PDS:</b>       | 16PDSGPA03 Group Personal Accident Policy Wording and PDS  |

## Schedule of Benefits

Sum insured each Covered Person

All limits are in the same currency as the premium and taxes displayed

### Section 1: Personal Accident & Sickness

| Categories | Table of Events            | Part A - Lump Sum Benefits |
|------------|----------------------------|----------------------------|
| 1          | Event 1 - Accidental Death | 25,000                     |
|            | Events 2-19                | 50,000                     |

| Categories | Part B - Bodily Injury Resulting in Surgery Benefits |
|------------|--|
| 1          | 20,000   |

| Categories | Part B - Weekly Benefits - Bodily Injury | % of Salary - Part B | Excess Period - Part B |
|------------|--|----------------------|------------------------|
| 1          | 1,000 x 52 weeks                         | 80.00                | 14 days                |

| Categories | Part C - Weekly Benefits - Sickness | % of Salary - Part C | Excess Period (Days) - Part C |
|------------|-------------------------------------|----------------------|-------------------------------|
| 1          | 0 x 0 weeks                         | 0.00                 | 0 days                        |

| Categories | Part C - Sickness Resulting in Surgery - Benefits |
|------------|---|
| 1          | 20,000  |

| Categories | Part D - Fractured Bones – Lump Sum Benefits | Part E - Loss of Teeth or Dental Procedures - Limit Per Tooth | Part E - Loss of Teeth or Dental Procedures – Lump Sum Benefits |
|------------|--|---|---|
| 1          | 0  | 250   | 2,000   |

### Additional Cover

| Categories | Return to Work Assistance | Tuition or Advice Expenses |
|------------|---------------------------|----------------------------|
| 1          | 0                         | 10,000                     |

| Categories | Unexpired Membership Benefit | Replacement Staff/Recruitment Costs |
|------------|------------------------------|-------------------------------------|
| 1          | 3,000                        | per employee: 5,000                 |

| Categories | Visitors Benefit | Corporate Image Protection |
|------------|------------------|----------------------------|
| 1          | 10,000           | 10,000                     |

| Categories | Independent Financial Advice | Funeral Expenses |
|------------|------------------------------|------------------|
| 1          | 5,000                        | 5,000            |

| Categories | Coma Benefit                         | Partner Retraining Benefit |
|------------|--------------------------------------|----------------------------|
| 1          | per week: 500<br>max weeks: 26 weeks | 10,000                     |

| Categories | Dependent Child Supplement | Orphaned Benefit |
|------------|----------------------------|------------------|
|------------|----------------------------|------------------|

|                   |   |  |
|-------------------|---|--|
| 1                 | per child: 10,000<br>max per family: 30,000         | per child: 10,000<br>max per family: 30,000  |
| <b>Categories</b> | <b>Modification Expenses</b>                        | <b>Chauffeur Services</b>                    |
| 1                 | 10,000  | 5,000  |
| <b>Categories</b> | <b>Executor Emergency Cash Advance</b>              | <b>Emergency Home Help</b>                   |
| 1                 | 0   | 200 x 26 weeks<br>Excess: 7 days             |
| <b>Categories</b> | <b>Student Tutorial Costs</b>                       | <b>Premature Birth / Miscarriage Benefit</b> |
| 1                 | 200 x 26 weeks<br>Excess: 7 days                    | 5,000  |
| <b>Categories</b> | <b>Accidental HIV Infection Benefit</b>             | <b>Bed Care</b>                              |
| 1                 | 30,000  | per week: 500<br>max weeks: 26               |
| <b>Categories</b> | <b>Terrorism Injury Benefit</b>                     |  |
| 1                 | per person: 0<br>Aggregate: 0                       |  |
| <b>Categories</b> | <b>Accommodation and Transport Expenses</b>         | <b>Education Fund Benefit</b>                |
| 1                 | 1   | 5,000  |
| <b>Categories</b> | <b>Out of Pocket Expenses</b>                       | <b>Childcare Benefit</b>                     |
| 1                 | 5,000   | 5,000  |
| <b>Categories</b> | <b>Work Experience Benefit</b>                      | <b>Workplace Assault Benefit</b>             |
| 1                 | 5,000   | 5,000  |
| <b>Categories</b> | <b>Workplace Trauma Benefit</b>                     | <b>Air or Road Rage Benefit</b>              |
| 1                 | 5,000   | 0  |
| <b>Categories</b> | <b>Carjacking Benefit - Excess and Vehicle Hire</b> | <b>Carjacking Assault Benefit</b>            |
| 1                 | 0   | 0  |
| <b>Categories</b> | <b>Reconstructive or Cosmetic Surgery Benefit</b>   | <b>Cancer Benefit</b>                        |
| 1                 | 0   | 0  |

## Aggregate Limit of Liability

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|  |           |
|--|-----------|
| <b>Any one (1) Period of Insurance (A):</b>                                | 2,500,000 |
| <b>Non-Scheduled Flights (B):</b>  | 0         |
| <b>Any one (1) event with respect to War / Civil War (C)</b>               | 500,000   |
| <b>Any one (1) Period of Insurance with respect to War / Civil War (D)</b> | 1,000,000 |

# Supplementary Product Disclosure Statement (SPDS)

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## Chubb Group Personal Accident & Sickness Insurance Policy Wording and Product Disclosure Statement Amendment

### Important information about this SPDS

This SPDS contains particulars of changes to the Group Personal Accident Product Disclosure Statement & Policy Wording (Personal Accident & Sickness 16PDSGPA03) and Product Disclosure Statement ("PDS"), which was prepared on 1 November 2016. This SPDS should be read together with the PDS. The PDS is amended by this document with effect from the date on which this SPDS is given to You.

This SPDS was prepared on 6 May 2018.

### Supplementary information

The PDS is updated as follows:

#### 1. GENERAL DEFINITIONS AMENDED:

It is hereby declared and agreed that the following definitions under Chubb Policy Wording 16PDSGPA03 are deleted and replaced with the following:

##### **Accident**

Accident means a sudden, unexpected or unforeseen & unsolicited specific event which occurs at a definable time and place and as a direct result of participation in cycling.

##### **Bodily Injury**

Bodily Injury means bodily injury (including death) resulting from an Accident:

1. which is not a Sickness; and
2. which Accident occurs while this policy is in force; and
3. includes any condition resulting from exposure to the elements as a result of Bodily Injury; and
4. which occurs while a Covered Person is:
  - a) riding a bicycle; or
  - b) travelling to or from a competition, game, performance, social function, training session or administrative activity arranged by the Policyholder; or
  - c) staying away from their usual place of residence overnight in order to take part in an officially organised/sanctioned cycling event; or
  - d) engaging in a voluntary activity arranged by the Policyholder.

##### **Covered Person**

Covered Person means:

1. any director, executive officer, committee member, office holder of the Policyholder but only while acting within the scope of their duties in that capacity;
2. any member or voluntary worker of the Policyholder. Any such member or voluntary worker will only be entitled to indemnity to the extent that the member or voluntary worker is not entitled to indemnity under any other insurance policy;
3. players, coaches, managers, referees, team workers, trainers, officials and other personnel who are actively engaged in and appropriately registered for the purpose of participating in cycling.

##### **Pre-Existing Medical Condition**

Pre-Existing Medical Condition means any Sickness, disease, syndrome, disability or other condition, including any symptoms or side effects of these:

1. of which the Covered Person is aware or a reasonable person in the circumstance would be expected to have been aware; or
2. for which the Covered Person has sought or received medical attention, undergone tests or taken prescribed medication prior to that insured person's effective date of coverage under this Policy.

#### 2. Parent, Spouse or Partner Inconvenience Benefit.

It is hereby declared and agreed that this cover is only available for full time students under twenty-five (25) years of age.

Following an Excess Period of seven days (7) We will pay the custodial parents, Spouse or Partner of

a Covered Person a weekly benefit of up to two hundred dollars( \$200) up to a maximum of five thousand dollars (\$5,000) per event for parent, Spouse or Partner inconvenience while the Covered Person is in hospital.

The payments will be made at the end of each four (4) week period. But, We will not pay:

- a) Unless the Covered Person is in hospital because of a Bodily Injury covered by this Policy.
- b) More than the benefit stated above for any one Bodily Injury.

### **3. Emergency Help Benefit Amended**

It is hereby declared and agreed that the Emergency Home Help Benefit is deleted and replaced with the following:

#### **Emergency Help Benefit**

We will only provide cover for domestic help that is provided by a recognised agency, Spouse or Partner of the Covered Person. We will pay the Covered Person up to the weekly benefit for emergency help benefit expenses incurred or loss of Salary to a caring Spouse or Partner if a Bodily Injury covered by this Policy stops the Covered Person from caring for themselves in their home. This benefit shall be payable following an Excess period of seven (7) days. The payments will be made at the end of each 4 weeks period. But, We will:

1. Not pay the weekly benefit for more than the period shown in the Policy Schedule for any one Bodily Injury.
2. Not pay until the Covered person has seen a registered medical Doctor about the Bodily Injury.
3. Only pay for the emergency help that the Covered Person reasonably needs and incurs to continue to live in their home.
4. Stop payments once the Covered Person can care for themselves at home as they could before the Bodily Injury.
5. Not pay a for the loss of Salary to a caring Spouse or Partner until all available sick leave, annual leave and/or compassionate leave has been used.

It is declared and agreed that the number of weeks payable for Emergency Home Help is deleted in the Policy Schedule and replaced by twenty-five (25) weeks.

### **4. Chauffeur Benefit Amended**

If a Covered Person sustains a Bodily Injury for which a benefit is paid under Event 25, 26, 27 or 28, or provided that medical evidence is presented to Us from a Doctor or specialist certifying that the Covered Person is unable to operate a motor vehicle or travel on other available modes of public transport, We will pay up to the amount stated in the Policy Schedule against Chauffeur Benefit. The amount We agree to pay will be the reasonable costs incurred for the hire of a suitable chauffeured vehicle or taxi to transport the Covered Person directly to and from their normal place of residence and normal place of work.

### **5. Overseas Medical/Repatriation Expenses**

It is hereby declared and agreed that We will pay up to a maximum of fifty thousand dollars (\$50,000) per event for the cost of Overseas Medical Expenses and/or repatriation expenses which arises from a Bodily Injury to a Covered Person covered by this Policy.

Definitions applicable to this endorsement

#### **Overseas Medical Expenses**

Overseas Medical expenses means emergency medical expenses incurred outside Australia, given or prescribed by a legally qualified

medical practitioner and which is not recoverable from any other source and cover the cost of:

- a) Hospital accommodation and theatre fees;
- b) Orthotics, Splints and Prosthesis;
- c) Treatment given by a dentist or registered medical practitioner; and
- d) If given on the advice of a registered medical practitioner treatment given by a chiropractor; masseur; naturopath, osteopath or physiotherapist.

#### **Repatriation Expenses**

Repatriation Expenses means additional travel and accommodation costs incurred for the return of a Covered Person to Australia on the written advice of a legally qualified medical practitioner and which is not recoverable from any other source.

### **6. Loss of deposits**

It is hereby declared and agreed that we will indemnify a Covered Person up to a maximum of one thousand dollars (\$1,000) less an Excess of one hundred and fifty dollars (\$150) per event, for loss of entry fee, travel and accommodation expenses paid in advance by the Covered Person and for the loss of deposits for which the insured person is legally liable and which are not recoverable from any other source, consequent upon:

1. the cancellation of insured travel occurring between the date of payment of those expenses and the date of commencement of the insured travel; and
2. cancellation being advised in writing to the policyholder within fourteen (14) days of the cause of cancellation or seven (7) days after the commencement of insured travel, whichever the earlier;

caused only by:

- a) The unexpected death, Bodily Injury or Sickness, of a Covered Person;
- b) The unexpected death, Bodily Injury or Sickness of any Close Relative or Close Business Associate of a Covered Person who is under the age of seventy five (75) years;
3. unforeseen cancellation or curtailment of scheduled public transport services;
4. a Covered Person having to participate in jury service;
5. natural disaster or hijack of any aircraft or public transport conveyance;
6. A Covered Person, being a full-time student, having to sit for supplementary academic examinations; or
7. A Covered Person, being retrenched from their usual full-time employment;

Alternatively, we will indemnify a Covered Person up to a maximum of one thousand dollars (\$1,000) less an excess of one hundred and fifty dollars (\$150) per event, for reasonable and necessary associated penalty costs resulting from the emergency rearrangement of such travel tickets for which the Covered Person is legally liable and which are not recoverable from any other source, consequent upon the rearrangement of insured travel occurring between the date of payment of those expenses and the date of commencement of the insured travel caused only by:

1. unforeseen cancellation or curtailment of scheduled public transport services; or
2. the unexpected death, Bodily Injury or Sickness of any Close Relative or Close Business Associate of a Covered Person who is under the age of seventy five (75) years.

This cover applies only to Covered Persons whilst participating in Insured Travel only. Should the Covered Person be acting as a volunteer for the Policyholder, the Excess applicable to this coverage shall be reduced to \$0.

### **Definitions applicable to this endorsement**

#### **Insured Travel**

Insured Travel means an event managed by the Policyholder (Bicycling Western Australia Inc) whereby a registration payment is required from the participant and the participant is a Bicycling Western Australia member at the time of registration payment.

#### **Close Business Associate**

Close Business Associate means:

1. a fellow employee of the Covered Person whose duties and responsibilities directly affect the Covered Person's work; or
2. a business associate, who is not a fellow employee, where the business relationship with the Covered Person necessitates the immediate return of the Covered Person but does not include any travelling companion.

#### **Hijack**

hijack means the unlawful seizure or wrongful exercising of control of a common carrier conveyance.

### **7. Baggage & Travel Documents**

It is hereby declared and agreed that we will indemnify a Covered Person, up to a maximum of one thousand dollars (\$1,000) less an excess of one hundred and fifty dollars (\$150) per event for loss of or damage to:

- a) loss of or damage to personal effects such as those usually carried or worn by tourists and travellers (other than household effects and furniture) which are owned by a Covered Person and taken or purchased at the Insured Travel by a Covered Person occurring during the Period of Insurance, which are not recoverable from any other source;
- b) loss of or damage to, unaccompanied personal effects, as above, owned by a Covered Person occurring during the Period of Insurance provided they are transported by the same carrier (or its nominee) provided such transport is based on a Covered Person's travel tickets, which are not recoverable from any other source;

We will pay:

1. Up to a maximum of one thousand dollars (\$1,000) (Subject to the policy Excess and due allowance for wear and tear, depreciation or betterment) by cash or at our option by reinstatement, repair or replacement.

2. The maximum sum payable for:

- a) jewellery shall not exceed 50% of the total sum insured under this section.
- b) any one article or for any loss consisting of articles in a pair or set shall not exceed four hundred dollars (\$400) for accidental loss, theft or unauthorised use of travellers cheques, passports, travel tickets, credit cards and petrol coupons taken on the Insured Travel and occurring during the Period of Insurance. We will also reimburse the Covered Person for reasonable transportation costs to obtain necessary replacement documents provided such documents are for a Covered Person's personal use only and that the Covered Person complies with the conditions under which the documents are issued.

The Covered Person shall not be entitled to recover any loss under this Section unless the Covered Person reports such loss to the police or appropriate authority within nine (9) days and a written acknowledgement from the authority to which the loss was reported be obtained and forwarded to us when claiming.

We will not pay under this section for:

1. Loss or damage to:
  - a) glass, fragile or brittle articles, spectacles, contact lenses dentures, unless caused by fire, burglary, theft or accident to the conveyance in which they are being carried;



- b) cash, bank notes, stamps, postal or money orders, bonds securities, negotiable instruments;
  - c) personal effects caused by cleaning, dyeing, alteration, repairing restoring, climatic conditions, moth or vermin;
  - d) personal effects due to confiscation or detention by customs or other authorities.
2. loss, destruction or damage which is otherwise insured or recoverable from the Carrier.
- 3.
- a) Damage and/or breakage of any sporting equipment whilst it is in a Covered Person's use,
  - b) loss of or damage to surf boards.
4. Loss of or damage to personal effects whilst left in any motor vehicle or caravan unless there is forcible and violent entry into such vehicle or caravan.

This cover applies only to Covered Persons whilst participating in Insured Travel only. Should the Covered Person be acting as a volunteer for the Policyholder, the Excess applicable to this coverage shall be reduced to \$0.

**Definitions applicable to this endorsement**  
**Insured Travel**

Insured Travel means an event managed by the Policyholder (Bicycling Western Australia Inc) whereby a registration payment is required from the participant and the participant is a Bicycling Western Australia Inc member at the time of registration payment.

**8. Out of Pocket Expenses**

It is hereby declared and agreed that the Out of Pocket Expenses benefit is deleted in its entirety and replaced with the following:

**Out of Pocket Expenses**

If a Covered Person is unable to claim a weekly benefit under Event 25 or 26;  
 We will pay the actual and reasonable costs incurred up to two hundred dollars per week (\$200) to the amount stated in the Policy Schedule against Out Of Pocket Expenses, for costs necessarily incurred which arise from a Bodily Injury covered by this Policy provided that those costs are not insured elsewhere under this Policy, or otherwise applicable to an expense for which a Medicare benefit is payable.

**9. Counselling Support**

It is hereby declared and agreed that if a Covered Person:

- a) witnesses an crash or collision resulting in the death of a cyclist, We will pay the Covered Person up to a maximum of two thousand dollars (\$2,000) limited to two hundred dollars (\$200) per week for counselling support necessarily incurred providing this is certified by a legally qualified medical practitioner; or
- b) suffers a death, quadriplegia or paraplegia incident covered by this Policy, We will pay the Covered Person or the immediate family of the Covered Person up to a maximum of two thousand dollars (\$2,000) limited to two hundred dollars \$200 per week for counselling support necessarily incurred providing this is certified by a legally qualified medical practitioner.

**Definitions applicable to this endorsement.**

**Immediate Family**

immediate family means the Covered Person's Spouse or Partner, fiance(e), child, step-child, parent, step-parent.

**10. Rehabilitation Benefit**

It is hereby declared and agreed that under the "Additional Cover under the Policy" section of this Policy the Tuition or Advice Expenses benefit is deleted in its entirety and replaced with the following:

**Rehabilitation Benefit**

If a Covered Person sustains a Bodily Injury and is:

- a) insured for a benefit under Events 1 – 19 in the Table of Events under Part A – Lump Sum Benefits and the Covered Person is also insured for a Weekly Benefit under Events 25 or 26; and,
  - b) entitled to 100% of the benefit payable under Events 1 – 19 ;
- We will pay up to the amount stated in the Policy Schedule against Tuition or Advice Expenses for costs necessarily incurred in rehabilitation provided that the rehabilitation program is undertaken with Our prior written agreement and is prescribed by a legally qualified medical practitioner.

**11. Student Tutorial Costs Amended**

It is declared and agreed that the number of weeks payable for Student Tutorial Costs is deleted in the Policy Schedule and replaced by twenty-five (25) weeks.

**12. Amendment to Coverage for Covered Persons aged seventy-five (75) years and older**

It is declared and agreed that the compensation as a result of an Accident whilst not riding a bicycle is limited to fifty (50) percent of the sum insured stated in the Policy Schedule for Covered Persons aged seventy-five (75) years and older.

## **General Exclusions Applicable to this Policy**

It is hereby declared and agreed that the General Exclusions Applicable to this Policy are deleted and replaced with the following:

### **General Exclusions Applicable to this Policy**

We will not pay benefits, loss, costs or expense arising out of any:

1. claim for more than one of the Events 1 to 19 in respect of the same Bodily Injury;
2. claim for Events 25 and/or 26 or Events 27 and/or 28 in excess of the total number of weeks stated in the Policy Schedule in respect of any one Bodily Injury or Sickness or disease
3. claim for Event 2, Permanent Total Disablement for Covered Persons who have attained the age of sixty-five (65) years unless otherwise stated in the Policy Schedule;
4. claim for more than one Benefit for Events 25 and/or 26 or Events 27 and/or 28 that occur at the same period of time;
5. claim for Events 25 and/or 26 or Events 27 and/or 28 with respect to any Sickness or disease which is in any way attributable to childbirth or pregnancy with the exception of any unexpected and unforeseen medical complications or emergencies arising there from;
6. radioactivity, or the use, existence or escape of any nuclear fuel, nuclear material or nuclear waste;
7. cosmetic, elective or plastic surgery, (except and to the extent that it is necessary for the cure or alleviation of Bodily Injury to or Sickness suffered by the Covered Person);
8. Pre-Existing Medical Condition prior to the policy being purchased or any condition that has been aggravated during the Period of Insurance and/or degenerative condition unless that Pre-Existing Medical Condition has been accepted by Us in writing;
9. claim that would result in Us contravening any workers compensation legislation and or transport accident legislation;
10. claim where the Policyholder or the Covered Person and/or their representatives refused to follow our instructions and directions;
11. claim where, at the time of the incident, the Covered Person was the driver of a vehicle or substitute vehicle and:
  - i. did not hold a current, valid licence or was cancelled, disqualified or suspended from driving; or
  - ii. did not hold the appropriate class of licence for that vehicle;
12. Covered Person engaging in or taking part in:
  - i. flying in an aircraft or aerial device other than as a passenger in any aircraft licensed to carry passengers; or
  - ii. training for or participating in professional sport of any kind;
13. intentional self-inflicted bodily injury, suicide or any illegal or criminal act committed by the Policyholder or a Covered Person;
14. war, civil war, invasion, act of foreign enemy, rebellion, revolution, insurrection or military or usurped power;
15. claim to the extent that trade or economic sanctions or other laws or regulations prohibit the Insurer, its parent company or its ultimate controlling entity from providing the insurance;
16. claim with respect to any statutory compulsory third party insurance equivalent regimes nor any workers compensation insurance schemes to the extent that cover may otherwise overlap with such regimes or schemes in any Australian state or territory; or
17. claim where the payment of any benefit or amount would be in contravention of any Medicare or private health insurance laws or regulations in Australia including the Health Insurance Act 1973 (Cth), National Health Act 1953 (Cth), Private Health Insurance Act 2007 (Cth) and Private Health Insurance (Health Insurance Business) Rules 2010, the Medicare Australia Act 1973 or any successor or amending legislation.
18. a Covered Person engaging in illegal activities at the time of the Bodily Injury or not complying with the road laws and/or legislation applicable to the State which they are cycling in.
19. a Covered Person residing outside the Commonwealth of Australia for a period in excess of twelve (12) consecutive months at the time of the Bodily Injury; or
20. a Covered Person who is not a permanent resident and/or citizen of Australia at the time of Bodily Injury, unless the Covered Person is a citizen of New Zealand residing in Australia for twelve (12) months or more.
21. We will not pay for any Bodily Injury directly or indirectly caused or contributed to by, or in consequence of:
  - a) the Covered Person engaging in or taking part in any of the following sporting activities:
    - i. winter sports outside Australia or New Zealand;
    - ii. hang-gliding, parachuting or para-gliding;
    - iii. Professional Sports activities.
  - b) naval, army, air force or any type of military service or operation;
  - c) voluntary fire brigade activities or emergency services operations;
22. This insurance does not apply to, and we will not indemnify a Covered Person for, any actual or alleged liability caused by or arising directly or indirectly out of or in connection with Bodily Injury or property damage arising out of:
  - a) participation in a race that is conducted, sanctioned, endorsed and/or promoted by Cycling Australia, Mountain Bike Australia, BMX Australia or Triathlon Australia, including their affiliated bodies, groups, associations and promoters; or
  - b) travel to or from a race that is conducted, sanctioned, endorsed and/or promoted by Cycling Australia, Mountain Bike Australia, BMX Australia or Triathlon Australia, including their

affiliated bodies, groups, associations and promoters.

This racing exclusion does not apply to events conducted, sanctioned, endorsed and/or promoted by the Policyholder.

## **NON-MEDICARE MEDICAL EXPENSES**

If during the Period of Insurance and whilst the person is a Covered Person acting on behalf of the Policyholder to:

- a) provide services, without payment, to an educational, religious, charitable or benevolent organisation; or
- b) engage in a sporting activity:
  - i. in the capacity of a participant, adjudicator, judge, referee or umpire or in a similar capacity; or
  - ii. as an official, or otherwise to assist in the conduct of the sporting activity; or
  - iii. in his or her capacity as an elected or appointed official of a sporting organisation; or
- c) engage in youth activities organised by a voluntary organisation (for example, the Scout Association of Australia); or
- d) undertake an activity that is part of an employment, education, training or youth program, or initiative, administered or funded by the Commonwealth, including specialist employment services for people with disabilities (where a law of a State or Territory relating to workers compensation does not apply), the Covered Person suffers from a Bodily Injury, We will pay the Non-Medicare Medical Expenses incurred up to 85% of the actual costs to a maximum of \$7,500. An excess of \$150 applies to each and every claim, notwithstanding the following: with respect to Volunteers of the Policyholder, no Excess shall be payable for any claim which occurred whilst the Volunteer was engaged in Voluntary work on behalf of the Policyholder.

No cover is provided for Covered Persons engaging in voluntary work experience with the Policyholder (except to the extent that they are engaged in providing services, without payment, to an educational, religious, charitable or benevolent organisation on behalf of the Policyholder, or otherwise undertaking activities as described above).

**Non-Medicare Medical Expenses** means expenses:

- a) incurred within twelve (12) months of sustaining a Bodily Injury; and
- b) paid by a Covered Person or by the Policyholder for Doctor, physician, surgeon, nurse, physiotherapist, chiropractor, osteopath, hospital and/or ambulance services for the following treatments:
  - o Medical
  - o Surgical
  - o X-ray
  - o Chiropractic
  - o Osteopathic
  - o Physiotherapy
  - o Hospital
  - o Nursing Treatment

But does not include dental treatment, unless such treatment is necessarily required, to teeth other than dentures and is caused by the Bodily Injury referred to in (a) above.

Any benefit payable under Non- Medicare Medical Expenses is less any recovery made from any private health insurance fund with respect to the expense. No benefit is payable in respect of the Medicare gap, being the difference between payment made by Medicare and the Medicare Benefits Schedule fee for the expense.

In all other respects the PDS remains unchanged.

Ref: SPDS16PDSGPA03-GX36034601

## **General Insurance Code of Practice**

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We are a signatory to the General Insurance Code of Practice (the Code). The objectives of the Code are to establish high standards of service, promote confidence in the general insurance industry and improve relationships between insurers and their customers.

Further information about the Code is available at [www.codeofpractice.com.au](http://www.codeofpractice.com.au) and on request.

## Privacy Statement

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Chubb Insurance Australia Limited is committed to protecting your privacy. This document provides you with an overview of how we handle your personal information. Our Privacy Policy can be accessed on our website at [www.chubb.com/au](http://www.chubb.com/au)

### **Personal Information Handling Practices**

#### *Collection, Use and Disclosure*

We collect your personal information (which may include sensitive information) when you are applying for, changing or renewing an insurance policy with us or when we are processing a claim in order to help us properly administrate your insurance proposal, policy or claim.

Personal information may be obtained by us directly from you or via a third party such as your insurance intermediary or employer (e.g. in the case of a group insurance policy).

When information is provided to us via a third party we use that information on the basis that you have consented or would reasonably expect us to collect your personal information in this way and we take reasonable steps to ensure that you have been made aware of how we handle your personal information.

The primary purpose for our collection and use of your personal information is to enable us to provide insurance services to you. Sometimes, we may use your personal information for our marketing campaigns, in relation to new products, services or information that may be of interest to you.

We may disclose the information we collect to third parties, including service providers engaged by us to carry out certain business activities on our behalf (such as assessors and call centres in Australia). In some circumstances, in order to provide our services to you, we may need to transfer personal information to other entities within the Chubb Group of companies (such as the regional head offices of Chubb located in Singapore, UK or USA), or third parties with whom we or those other Chubb Group entities have sub-contracted to provide a specific service for us, which may be located outside of Australia (such as in the Philippines or USA). Please note that no personal information is disclosed by us to any overseas entity for marketing purposes.

In all instances where personal information may be disclosed overseas, in addition to any local data privacy laws, we have measures in place to ensure that those parties hold and use that information in accordance with the consent you have provided and in accordance with our obligations to you under the Privacy Act 1998 (Cth).

#### *Your Choices*

In dealing with us, you agree to us using and disclosing your personal information as set out in this statement and our Privacy Policy. This consent remains valid unless you alter or revoke it by giving written notice to our Privacy Officer. However, should you choose to withdraw your consent it is important for you to understand that this may mean we may not be able to provide you or your organisation with insurance or to respond to any claim.

#### *How to Contact Us*

If you would like a copy of your personal information, or to correct or update it, please contact our customer relations team on 1800 815 675 or email [CustomerService.AUNZ@chubb.com](mailto:CustomerService.AUNZ@chubb.com).

If you have a complaint or would like more information about how we manage your personal information, please review our Privacy Policy for more details or contact the Privacy Officer, Chubb Insurance Australia Limited, GPO Box 4907, Sydney NSW 2001, Tel: +61 2 9335 3200 or email [Privacy.AU@chubb.com](mailto:Privacy.AU@chubb.com).

## Contact Us

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