



Individual Personal Accident & Sickness Insurance

Product Disclosure Statement & Policy Wording

Aon Risk Services Australia Limited
ABN 17 000 434 720 | AFSL No. 241141

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Product Disclosure Statement

Important Information

About this Individual Personal Accident & Sickness Insurance Product Disclosure Statement (PDS)

This PDS contains important information about this insurance to assist the Policyholder to make a decision in relation to it.

General Advice

Any general advice contained within this PDS or accompanying material does not take into account the Policyholder's individual objectives, financial situation or needs nor those for whom the Policyholder is effecting the Policy. Such matters should be considered in determining the appropriateness of this product. The Policyholder also needs to consider whether the limits, type and level of cover are appropriate.

Preparation Date

This PDS was prepared on 30 June 2019. Other documents may form part of Our PDS and if they do, We will tell the Policyholder in the relevant document.

How this Insurance is arranged

This product is jointly issued by:

Chubb Insurance Australia Limited (Chubb)

ABN 23 001 642 020 | AFSL No. 239687

Grosvenor Place

Level 38, 225 George Street

Sydney NSW 2000

And

AIG Australia Limited (AIG)

ABN 93 004 727 753 | AFSL No. 381686

Level 12, 717 Bourke Street

Docklands VIC 3008

And

Zurich Australian Insurance Limited (Zurich)

ABN 13 000 296 640 | AFSL No. 232507

5 Blue Street

North Sydney NSW 2060

Chubb, AIG and Zurich jointly prepare and each takes full responsibility for the Policy Wording and PDS.

Chubb is responsible for the administration, including underwriting assessment and handling of insurance claims, for this product.

This product is jointly issued on a co-insurance basis whereby each insurer provides cover under the same terms and conditions but with a limited share of liability. Chubb provides cover for 55% of the liability under the product, AIG provides cover for 30% share of liability and Zurich provides cover for the remaining 15% share of liability. Collectively these covers form the one product.

Cover is arranged and distributed by:

Aon Risk Services Australia Ltd (Aon)

ABN 17 000 434 720 | AFSL No. 241141

Level 33, 201 Kent Street

Sydney NSW 2000

Telephone: (02) 9253 7000

If required, Aon will provide the Policyholder with a Financial Services Guide (FSG) to help the Policyholder decide whether they wish to use the services they offer.

General Insurance Code of Practice

We are a signatory to the General Insurance Code of Practice (the Code). The objectives of the Code are to further raise standards of service and promote consumer confidence in the general insurance industry. Further information about the Code and your rights under it is available at www.codeofpractice.com.au and on request.

Summary of Insurance

The Policy provides only those covers specified in the Schedule. Those covers are subject to the terms, limitations, conditions and exclusions of the Policy.

The Policy provides the covers summarised below. It also defines certain terms used in this summary, either under general definitions or as definitions specific to certain Sections and/or Parts. Please refer to the general definitions as well as the relevant Sections and/or Parts for these definitions.

Cover

We will pay agreed lump sums or weekly benefits or monthly benefits if a Covered Person suffers from an Event included in the Table of Events as a result of a Bodily Injury or Sickness. A number of further benefits may be payable in respect of the Event under the Additional Covers.

The cover provided under the Policy is subject to the Policy's terms, conditions and exclusions (including limits and excesses).

For example:

- Covered Persons are not covered in relation to events that occur before they become a Covered Person or after they cease to be a Covered Person;
- We will only pay up to the agreed limits specified in the Policy;
- We will only cover Events which occur within 12 months of the Bodily Injury or date of the first manifestation of the Sickness;
- Covered Persons are not covered for any Sickness which first manifests itself less than 30 days after the person became a Covered Person;
- We will not pay any benefits with respect to any loss, damage, liability, Event, Bodily Injury or Sickness which would result in Us contravening the *Health Insurance Act 1973 (Cth)*, the *Private Health Insurance Act 2007 (Cth)* or the *National Health Act, 1953 (Cth)* or any amendment to, or consolidation or re-enactment of, those Acts; and
- unless otherwise agreed with Us, there is no cover under Part B – Weekly Benefits Bodily Injury, Part C – Weekly Benefits Sickness or Part F Monthly Business Expenses with respect to any Covered Person who is over 75 years of age and all cover with respect to a Covered Person shall cease upon their exceeding that age. This will not prejudice any entitlement to claim benefits which has arisen on or before a Covered Person attained the age of 75 years. For all other benefits there is no cover under the Policy with respect to any Covered Person who is aged 85 years or more and all cover with respect to a Covered Person shall cease upon their attaining that age. This will not prejudice any entitlement to claim benefits which has arisen before a Covered Person attained the age of 85 years.

The above general summary of the covers does not form part of the Policy. The Policyholder and any Covered Person must not rely upon it as a full description of the cover provided. Please refer to the Policy for its full terms, conditions and exclusions.

The nature of a Covered Person's right to access cover under the Policy

A Covered Person's access to this Policy is solely by reason of the statutory operation of Section 48 of the *Insurance Contracts Act 1984 (Cth)*. Covered Persons are not contracting insureds (e.g. they cannot cancel or vary the Policy – only the Policyholder can do this) and do not enter into any agreement with Us.

When the Policy starts and ends

A Covered Person's access to cover:

- begins from the time the relevant person becomes a Covered Person; and
- ends when the relevant person no longer meets the criteria specified in the Schedule for a Covered Person or at the end of the Period of Insurance (whichever is the earliest).

Please refer to the Definitions section for the definition of 'Period of Insurance'.

Our agreement with the Policyholder ('the Policy')

Where We enter into the Policy with the Policyholder, We do so on the terms and conditions and exclusions contained in:

- this PDS;
- the Schedule We issue to the Policyholder confirming entry into the Policy; and
- any other document that We issue to the Policyholder that We advise will form part of the Policy (e.g. an endorsement and/or a Supplementary Product Disclosure Statement (SPDS)).

The Schedule contains important information relevant to the insurance, including:

- the Period of Insurance;
- the Covered Persons who are entitled to access cover;
- the Premium payable by the Policyholder (see page 9 Premium section);
- the applicable benefits and limits; and
- variations to this PDS and other Policy terms, conditions and exclusions (if any).

We may also issue other documents (e.g. endorsements or SPDSs) from time to time which may vary this PDS, the Schedule and other Policy terms, conditions and exclusions.

All of the above make up the Policy that the Policyholder has with Us. They are all important documents; please read them together carefully and keep them in a safe place for future reference.

Cooling Off and Cancellation Rights

The Policyholder has 14 days after entering into the Policy (including renewals) to decide whether or not to return it. If the Policyholder asks Us in writing within those 14 days to cancel the Policy, We will do so, provided neither the Policyholder nor any Covered Person has exercised a right or power under the terms of the Policy in that period (e.g. a claim has been made or benefit paid). We will refund the full Premium, less charges or taxes which We are unable to recover.

Even after the cooling off period ends, the Policyholder has cancellation rights (see page 24 Cancellation clause).

Renewal procedure

Before the Policy expires, We will advise the Policyholder whether We intend to offer renewal and if so on what terms. Please check the terms of any renewal carefully before renewing to ensure that the details are correct.

Privacy Statement

We are 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 respective websites at www.chubb.com/au, www.aig.com.au and www.zurich.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 1988 (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.

If you have a complaint or would like more information about how We manage your personal information, please see Our privacy policies for more details or contact the Privacy Officer, Chubb Insurance Australia Limited GPO Box 4907, Sydney, NSW 2001, telephone +61 2 9335 3200 or e-mail Privacy.AU@chubb.com or for matters relating to AIG contact The Privacy Manager, AIG, Level 12, 717 Bourke Street, Docklands VIC 3008 or email australia.privacy.manager@aig.com or for matters relating to Zurich contact The Privacy Officer, Zurich Australian Insurance Limited, PO Box 677, North Sydney, NSW, 2060 telephone 132 687 or email privacy.officer@zurich.com.au.

Consent of Covered Persons to disclosure of information

The Policyholder confirms that each Covered Person has provided their consent to the use and disclosure of their personal information for the purposes specified in this Privacy Statement and the Policyholder agrees to provide Us with evidence of the Policyholder's procedures in this regard and to advise Us if any consent has not been obtained.

Complaints and Dispute Resolution

Chubb is responsible on behalf of all insurers for the administration of any complaints that any person may have in relation to this product.

We take the concerns of our customers very seriously and have detailed complaint handling and internal dispute resolution procedures that you can access. Please note that if we have resolved your initial complaint to your satisfaction by the end of the 5th business day after we have received it, and you have not requested that we provide you a response in writing, the following complaint handling and internal dispute resolution process does not apply. This exemption to the complaints process does not apply to complaints regarding a declined claim, the value of a claim, or about financial hardship.

Stage 1 – Complaint Handling Procedure

If you are dissatisfied with any aspect of your relationship with Chubb including our products or services and wish to make a complaint, please contact us at:

The Complaints Officer
Chubb Insurance Australia Limited
GPO Box 4065
Sydney NSW 2001
t 1800 815 675
e Complaints.AU@chubb.com

The members of our complaint handling team are trained to handle complaints fairly and efficiently.

Please provide us with your claim or policy number (if applicable) and as much information as you can about the reason for your complaint.

We will investigate your complaint and keep you informed of the progress of our investigation. We will respond to your complaint in writing within fifteen (15) business days provided we have all necessary information and have completed any investigation required. In cases where further information or investigation is required, we will work with you to agree reasonable alternative time frames and, if We cannot agree, you may request that your complaint is taken to Stage 2 and referred to Our internal dispute resolution team. We will otherwise keep you informed about the progress of our response at least every ten (10) business days, unless you agree otherwise.

Please note if your complaint relates to Wholesale Insurance (as defined in the General Insurance Code of Practice), we may elect to refer it straight to Stage 2 for review by our Internal Dispute Resolution team.

Stage 2 – Internal Dispute Resolution Procedure

If you advise us that you wish to take your complaint to Stage 2, your complaint will be reviewed by members of our internal dispute resolution team, who are independent to our complaint handling team and are committed to reviewing disputes objectively, fairly and efficiently.

You may contact our internal dispute resolution team by phone, fax or post (as below), or email at:

Internal Dispute Resolution Service
Chubb Insurance Australia Limited
GPO Box 4065
Sydney NSW 2001
t +61 2 9335 3200
f +61 2 9335 3411
e DisputeResolution.AU@chubb.com

Please provide us with your claim or policy number (if applicable) and as much information as you can about the reason for your dispute.

We will keep you informed of the progress of our review of your dispute at least every ten (10) business days and will respond to your dispute in writing within fifteen (15) business days, provided we have all necessary information and have completed any investigation required. In cases where further information or investigation is required, we will work with you to agree reasonable alternative time frames. If we cannot agree, you may refer your dispute to the Australian Financial Complaints Authority (AFCA) as detailed under Stage 3 below, subject to its Rules. If your complaint or dispute falls outside the AFCA Rules, you can seek independent legal advice or access any other external dispute resolution options that may be available to you.

Stage 3 – External Dispute Resolution

If you are dissatisfied with our internal dispute determination, or we are unable to resolve your complaint or dispute to your satisfaction within forty-five (45) days, you may refer your complaint or dispute to AFCA, subject to its Rules.

AFCA is an independent external dispute resolution scheme approved by the Australian Securities and Investments Commission. We are a member of this scheme and we agree to be bound by its determinations about a dispute. AFCA provides fair and independent financial services complaint resolution that is free to consumers.

You may contact AFCA at any time at:

Australian Financial Complaints Authority
GPO Box 3
Melbourne VIC 3001
t 1800 931 678 (free call)
f +61 3 9613 6399
e info@afca.org.au
W www.afca.org.au

Time limits may apply to complain to AFCA and so you should act promptly or otherwise consult the AFCA website to find out if or when the time limit relevant to your circumstances expires.

Premium

All cover is subject to the payment of Premium and the terms, conditions, exclusions and provisions of the Policy. When calculating the Premium for the Policy, We take a range of factors into account, including:

- the age, occupation and previous insurance history of persons to be covered; and
- the type and amount of cover provided.

The Premium varies depending on the information that the Policyholder gives Us about the risk to be covered by Us. Based on Our experience, We decide what factors increase Our risk and how they affect the Premium.

The Premium also includes amounts that take into account Our obligation to pay any relevant compulsory government charges or taxes (e.g. stamp duty) in relation to the Policy. These amounts will be set out separately in the Schedule as part of the total Premium payable.

When the Policyholder applies for this insurance, the Policyholder will be advised of the total Premium amount, when it needs to be paid and how it can be paid.

Non payment of Premium

If the Policyholder fails to pay the Premium on time, and the Premium remains unpaid for at least 90 days, We may cancel the Policy.

We may change the Premium from the renewal date if We notify the Policyholder of the change in writing prior to that date.

Policy

Wording

Financial Claims Scheme and Compensation Arrangements

We are authorised under the *Insurance Act 1973 (Cth)* to carry on general insurance business in Australia by the Australian Prudential Regulation Authority (APRA) and are subject to the prudential requirements of the *Insurance Act 1973 (Cth)*.

The *Insurance Act 1973 (Cth)* contains prudential standards and practices designed to ensure that, under all reasonable circumstances, financial promises made by Us are met within a stable, efficient and competitive financial system. Because of this:

- the protection provided under the Financial Claims Scheme legislation applies in relation to Us and the Policy;
- if We were to fail and were unable to meet Our obligations under the Policy, a person entitled to claim under the Policy may be entitled to payment under the Financial Claims Scheme (access to the Scheme is subject to eligibility criteria). Information about the Financial Claims Scheme can be obtained from the APRA website at www.fcs.gov.au and the APRA hotline on 1300 558 849; and
- We are exempted by Chapter 7 of the *Corporations Act 2001 (Cth)* from the requirement to meet the compensation arrangements which Australian financial services licensees must have in place to compensate retail clients for loss or damage suffered because of breaches by the licensee or its representatives. We have compensation arrangements in place that are in accordance with the *Insurance Act 1973 (Cth)*.

Updating this PDS

We may update the information contained in Our PDS when necessary. A paper copy of any updated information is available to the Policyholder at no cost by calling Us.

We will issue a new PDS or an SPDS to the Policyholder where the update is to rectify a misleading or deceptive statement or when an omission is materially adverse from the point of view of a reasonable person deciding whether to buy this product.

How to Contact Us

To ask Us any questions or request any further information regarding the Policy, We may be contacted on:

Chubb Insurance Australia Limited

ABN 23 001 642 020 | AFSL No. 239687

Grosvenor Place

Level 38, 225 George Street

Sydney NSW 2000

Telephone: 1800 815 675

Facsimile: (02) 9335 3467

General Definitions

Accident means a sudden, external and identifiable event that happens by chance and could not have been expected from the perspective of the Covered Person. The word Accidental shall be construed accordingly.

Accidental Death means death occurring as a result of a Bodily Injury.

Bodily Injury means a bodily injury resulting solely and directly from an Accident and which occurs independently of any illness or other cause, where the bodily injury and Accident both occur during the Period of Insurance and while the person is a Covered Person. It does not mean:

- a Sickness or illness or disease; or
- any pre-existing physical or congenital conditions (except illness or disease directly resulting from medical or surgical treatment rendered necessary by any Bodily Injury).

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

Claimant means the Policyholder, a Covered Person or any other person entitled to claim under the Policy.

Close Relative means 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, step-child, grandparent or grandchild.

Covered Person means a person who meets the criteria specified for a Covered Person in the Schedule and with respect to whom Premium has been paid or agreed to be paid by the Policyholder. They are a person that is legally entitled to claim under the Policy by reason of the operation of Section 48 of the *Insurance Contracts Act 1984 (Cth)* and on no other basis. A Covered Person is not a contracting insured under the Policy with Us. Our agreement is entered into with the Policyholder.

Doctor means a doctor or specialist who is registered or licensed to practice medicine under the laws of the country in which they practice, other than:

- the Policyholder;
- the Covered Person;
- a Close Relative or Parent of the Covered Person or any other immediate family member of the Covered Person; or
- an employee or director of the Policyholder.

Effective Date of Coverage means the date on which:

- a Covered Person first meets the criteria set out for a Covered Person in the Schedule; and
- Premium is paid or agreed to be paid by the Policyholder for the Covered Person.

Employee means any person in the Policyholder's service including directors (executive and non-executive), board members, consultants, contractors, sub-contractors and/or self-employed persons undertaking work on the Policyholder's behalf.

Event(s) means the Event(s) described in the Table of Events set out in this Policy.

Excess Period means the period of time following an Event giving rise to a claim for which no benefits are payable as specified in the Schedule.

Fingers, Thumbs or Toes means the digits of a Hand or Foot.

Fixed Expenses means regular monthly expenses (excluding Salary) incurred as part of the Covered Person's business transactions that have been continuously incurred for a period of no less than six months or over such shorter period the Covered Person has been operating as a self-employed person.

Foot means the entire foot below the ankle.

Hand means the entire hand below the wrist.

Limb means the entire limb between the shoulder and the wrist or between the hip and the ankle.

Loss means in connection with:

- a Limb, Permanent physical severance or Permanent total loss of the use of the Limb;
- an eye, total and Permanent loss of all sight in the eye;
- hearing, total and Permanent loss of hearing;
- speech, total and Permanent loss of the ability to speak,

and which in each case is caused by Bodily Injury.

Monthly Business Expenses means the Covered Person's Fixed Expenses incurred in the daily transaction of the Covered Person's business if self employed. Monthly Business Expenses are limited to any fixed expenses including rates, superannuation, employee salaries and telephone costs and excludes alterations to fixed assets and depreciation. All such expenses must be certified by the Policyholder's accountant as regular Monthly Business Expenses. Monthly Business Expenses cover only applies if the Policyholder has nominated a weekly income benefit to be covered under the Policy.

Paraplegia means the Permanent loss of use of both legs and the Permanent loss of use of the whole of or part of the lower half of the body.

Period of Insurance means the period shown on the current Schedule or such shorter time if the Policy is terminated and for which cover applies under the Policy.

Permanent means having lasted 12 consecutive months and at the expiry of that period, being beyond hope of improvement.

Permanent Total Disablement means in the opinion of a Doctor:

- (i) the Covered Person's disability is Permanent; and
- (ii)
 - (a) where the Covered Person is aged 75 years or under, the Covered Person is entirely and continuously unable to engage in, perform or attend to any occupation or business for which they are reasonably qualified by reason of education, training or experience; or
 - (b) where the Covered Person is over 75 years of age and up to but not including 85 years of age, the Covered Person is entirely and continuously unable to engage in, perform or attend to any occupation or business.

Policy means this PDS, the current Schedule and any other documents We may issue to the Policyholder that We advise will form part of the Policy (e.g. endorsements and SPDs).

Policyholder means the named individual or entity listed as the Policyholder in the Schedule with whom We enter into the Policy. They are the contracting insured.

Pre-Existing Medical Condition means:

- any condition for which a Doctor was consulted or for which treatment or medication was prescribed prior to the Effective Date of Coverage; or
- a condition, the manifestation of symptoms of which a reasonable person in the circumstances would be expected to be aware within three months prior to the Effective Date of Coverage.

Premium means the premium as shown in the Schedule that is payable in respect of the Policy by the Policyholder.

Professional Sport means any sport for which a Covered Person receives any fee or monetary reward as a result of their participation.

Quadriplegia means the Permanent loss of use of both arms and both legs.

Salary means:

- (i) in the case of a salaried Employee (not otherwise covered below), their weekly pre-tax and pre-personal deductions income, excluding commission, bonuses, overtime payments and any allowances, averaged during the period of 12 months immediately preceding the date of Temporary Partial Disablement or Temporary Total Disablement (whichever is relevant) or over such shorter period as they have been employed. Where commission, bonuses, overtime payments and any allowances are made more regularly than on an annual basis and form part of the Employee's total remuneration package they will be included as part of the Employee's weekly pre-tax income; or
- (ii) in the case of a salary packaged Employee or T.E.C. (that is, total employment cost), their weekly pre-tax income derived from personal exertion (including, but not limited to wages, motor vehicle and/or travel allowances, club subscriptions and fees, housing loan or rental subsidy, clothing and meal allowances), before personal deductions (but excluding bonuses, commissions, overtime payments), averaged over the period of 12 months immediately preceding the date of Temporary Partial Disablement or Temporary Total Disablement (whichever is relevant) or over such shorter period as they have been employed. Where commission, bonuses, overtime payments and any allowances are made more regularly than on an annual basis and form part of the Employee's total remuneration package they will be included as part of the Employee's weekly pre-tax income; or
- (iii) in the case of a self-employed person, their weekly pre-tax income derived from personal exertion, after deduction of all expenses incurred in connection with the derivation of that income, averaged over the period of 12 months immediately preceding the date of Temporary Partial Disablement or Temporary Total Disablement (whichever is relevant) or over such shorter period as they have been self-employed.

Schedule means the relevant Schedule issued by Us to the Policyholder.

Sickness means any illness or disease of the Covered Person occurring during the Period of Insurance and while the person is a Covered Person, first manifesting itself not less than 30 days after they become a Covered Person.

Spouse/Partner means a Covered Person's husband or wife and includes a de-facto and/or life partner with whom a Covered Person has continuously cohabited for a period of three months or more.

Temporary Partial Disablement means the Covered Person is, in the opinion of a Doctor, temporarily unable to engage in a substantial part of their usual occupation or business duties, and while the Covered Person is under the regular care of and acting in accordance with the instructions or advice of a Doctor.

Temporary Total Disablement means the Covered Person is, in the opinion of a Doctor, temporarily unable to engage in their usual occupation or business duties, and while the Covered Person is under the regular care of and acting in accordance with the instructions or advice of a Doctor.

War means war, whether declared or not, or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.

We/Our/Us means Chubb Insurance Australia Limited (Chubb), AIG Australia Limited (AIG) and Zurich Australian Insurance Limited (Zurich), who are the insurers/issuers of the Policy.

Personal Accident & Sickness Cover

Extent of Cover

Subject to the other terms, conditions and exclusions of the Policy:

Personal Accident

Where a Covered Person suffers from an Event described in Parts A, B, D, E or F of the following Table of Events that:

- (i) is as a result of a Bodily Injury; and
- (ii) occurs within 12 months of the date of the Bodily Injury,

We will pay the corresponding benefit for that Event set out in the Table of Events, provided an amount for that Event is shown in the Schedule against Parts A, B, D, E or F.

However, We will only pay the corresponding benefit for that Event set out in the Table of Events if the Bodily Injury occurs during the Period of Insurance and while the person is a Covered Person.

Sickness

Where a Covered Person suffers from an Event described in Part C or F of the following Table of Events that:

- (i) is as a result of a Sickness; and
- (ii) occurs within 12 months of the date of the first manifestation of the Sickness,

We will pay the corresponding benefit for that Event set out in the Table of Events, provided an amount for that Event is shown in the Schedule against Part C or F.

However, We will only pay the corresponding benefit for the Event set out in the Table of Events if the Sickness occurs during the Period of Insurance and while the person is a Covered Person.

Table of Events

Part A – Lump Sum Benefits

Cover for an Event under this Part applies only if an amount for that Event is shown in the Schedule against Part A – Lump Sum Benefits.

THE EVENTS	THE BENEFITS
Note: The following Event(s) must occur within 12 months of the date of the Bodily Injury.	The benefits shown are a percentage of the amount shown in the Schedule against Part A – Lump Sum Benefits for each Covered Person.
1. Accidental Death	100%
2. Permanent Total Disablement	100%
3. Paraplegia or Quadriplegia	100%
4. Loss of sight of both eyes	100%
5. Loss of sight of one eye	100%
6. Loss of use of two Limbs	100%
7. Loss of use of one Limb	100%
8. Permanent and incurable insanity	100%
9. Loss of hearing in:	
(a) both ears	100%
(b) one ear	30%
10. Permanent Loss of use of four Fingers and Thumb of either Hand	80%
11. Permanent Loss of the lens of one eye	60%
12. Third degree burns and/or resultant disfigurement which covers more than 40% of the entire external body	50%
13. Permanent Loss of use of four Fingers of either Hand	50%
14. Permanent Loss of use of one Thumb of either Hand:	
(a) both joints	30%
(b) one joint	15%
15. Permanent Loss of use of Fingers of either Hand:	
(a) three joints	15%
(b) two joints	10%
(c) one joint	5%
16. Permanent 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. Fractured leg or patella with established non-union	10%
18. Shortening of leg by at least five cm	7.5%
19. Permanent partial disablement not otherwise provided for under Events 2 to 18 inclusive.	Such percentage of the lump sum benefit insured which corresponds to the percentage reduction in whole bodily function as certified by no fewer than three Doctors, one of whom will be the Covered Person's treating Doctor and the remaining two will be appointed by Us. In the event of a disagreement, the amount payable will be the average of the three opinions. The maximum amount We will pay is 75% of the lump sum benefit insured.

Part B – Bodily Injury Benefits

Part B – Bodily Injury Resulting In Surgery – Benefits

Cover for an Event under this Part applies only if:

- (i) an amount is shown in the Schedule against Part B – Bodily Injury Resulting in Surgery; and
- (ii) the surgery is undertaken outside of Australia.

THE EVENTS	THE BENEFITS
Note: The following surgical procedures must be carried out within 12 months of the date of the Bodily Injury.	The benefits shown below are a percentage of the amount shown in the Schedule against Part B – Bodily Injury Resulting in Surgery – Benefits.
20. Craniotomy	100%
21. Amputation of a Limb	100%
22. Fracture of a Limb requiring open reduction	50%
23. Dislocation requiring open reduction	25%
24. Any other surgical procedure carried out under a general anaesthetic	5%

Part B – Weekly Benefits – Bodily Injury

Cover for an Event under this Part applies only if an amount is shown in the Schedule against Part B – Weekly Benefits – Bodily Injury.

THE EVENTS	THE BENEFITS
25. Temporary Total Disablement	From the date of Temporary Total Disablement and whilst the Temporary Total Disablement persists, up to the weekly benefit shown in the Schedule against Section 1, Part B – Weekly Benefits – Bodily Injury, but not exceeding the percentage of Salary shown in the Schedule of the Covered Person's Salary.
26. Temporary Partial Disablement	From the date of Temporary Partial Disablement and whilst the Temporary Partial Disablement persists, up to the weekly benefit amount shown in the Schedule against Section 1, Part B – Weekly Benefits – Bodily Injury less any amount of current earnings as a result of working in a reduced capacity with the Policyholder, provided the combined amount does not exceed the percentage of Salary shown in the Schedule of the Covered Person's Salary. Should the Covered Person be able to return to work with the Policyholder in a reduced capacity, yet elect not to do so then the benefit payable shall be 25% of the Covered Person's Salary.

Part C – Sickness Benefits

Part C – Sickness Resulting In Surgery – Benefits

Cover for an Event under this Part applies only if:

- (i) an amount is shown in the Schedule against Part C – Sickness Resulting in Surgery – Benefits; and
- (ii) the surgery is undertaken outside Australia.

THE EVENTS	THE BENEFITS
Note: The following surgical procedure(s) must occur within 12 months of the date of first manifestation of the Sickness.	The benefits shown below are a percentage of the amount shown in the Schedule against Part C – Sickness Resulting in Surgery – Benefits.
27. Open heart surgical procedure	100%
28. Brain surgery	100%
29. Abdominal surgery carried out under general anaesthetic	50%
30. Any other surgical procedure carried out under a general anaesthetic	5%

Part C – Weekly Benefits – Sickness

Cover for an Event under this Part applies only if an amount is shown in the Schedule against Part C – Weekly Benefits – Sickness.

THE EVENTS	THE BENEFITS
31. Temporary Total Disablement	From the date of Temporary Total Disablement and whilst the Temporary Total Disablement persists, up to the weekly benefit shown in the Schedule against Part C – Weekly Benefits – Sickness, but not exceeding the percentage of Salary shown in the Schedule of the Covered Person's Salary.
32. Temporary Partial Disablement	From the date of Temporary Partial Disablement and whilst the Temporary Partial Disablement persists, up to the weekly benefit amount shown in the Schedule against Part C – Weekly Benefits – Sickness less any amount of current earnings as a result of working in a reduced capacity with the Policyholder provided the combined amount does not exceed the percentage of Salary shown in the Schedule of the Covered Person's Salary. Should the Covered Person be able to return to work with the Policyholder in a reduced capacity, yet elect not to do so then the benefit payable shall be 25% of the Covered Person's Salary.

Part D – Fractured Bones – Lump Sum Benefits

Cover for an Event under this Part applies only if an amount is shown in the Schedule against Part D – Fractured Bones – Lump Sum Benefits.

THE EVENTS	THE BENEFITS
The benefits shown below are a percentage of the amount shown in the Schedule against Part D – Fractured Bones – Lump Sum Benefits	
33. Neck, skull or spine (complete fracture)	100%
34. Hip	75%
35. Jaw, pelvis, leg, ankle or knee (other fracture)	50%
36. Cheekbone, shoulder or hairline fracture of skull or spine	30%
37. Arm, elbow, wrist or ribs (other fracture)	25%
38. Jaw, pelvis, leg, ankle or knee (simple fracture)	20%
39. Nose or collar bone	20%
40. Arm, elbow, wrist or ribs (simple fracture)	10%
41. Finger, Thumb, Foot, Hand or Toe	7.5%

The maximum benefit payable for any one Bodily Injury resulting in fractured bones shall be the amount shown in the Schedule against Part D – Fractured Bones – Lump Sum Benefits.

In the case of an established non-union of any of the above fractures, notwithstanding the maximum benefit payable amount, We will pay an additional benefit of 5% of the amount shown in the Schedule against Part D – Fractured Bones – Lump Sum Benefits.

A complete fracture means a fracture in which the bone is broken completely across and no connection is left between the pieces.

A simple fracture means a fracture in which there is a basic and uncomplicated break in the bone and which in the opinion of a Doctor requires minimal and uncomplicated medical treatment.

A hairline fracture means mere cracks in the bone.

Other fracture is any fracture other than a simple fracture.

Part E – Loss of Teeth or Dental Procedures – Lump Sum Benefits

Cover for an Event under this Part applies only if an amount is shown in the Schedule against Part E – Loss of Teeth or Dental Procedures – Lump Sum Benefits.

THE EVENTS	THE BENEFITS
	The benefits shown below are a percentage of the amount shown in the Schedule against Part E – Loss of Teeth or Dental Procedures – Lump Sum Benefits.
42. Loss of teeth or full capping of teeth	100%
43. Partial capping of teeth	50%

The maximum benefit payable for any one Bodily Injury resulting in loss of teeth or dental procedures will be the amount shown in the Schedule against Part E – Loss of Teeth or Dental Procedures – Lump Sum Benefits. A limit per tooth applies and will be the amount shown in the Schedule against Part E – Loss of Teeth or Dental Procedures – sub-limit.

For the purpose of Part E – a tooth means a sound and natural permanent tooth but does not include first or milk teeth, dentures, implants and dental fillings.

Part F – Monthly Business Expenses – Benefit (Self Employed Persons Only)

Cover for an Event under this Part F applies only if an amount is shown in the Schedule against Part B – Weekly Benefits – Bodily Injury and/or Part C – Weekly Benefits – Sickness and if the Covered Person is self-employed.

THE EVENTS	THE BENEFITS
44. Temporary Total Disablement (payable only in addition to Events 25 and/or 31).	From the date of Temporary Total Disablement and whilst the Temporary Total Disablement persists, the Monthly Business Expenses – Benefit shown in the Schedule against Part F – Monthly Business Expenses – Benefit.

Additional Cover

Chauffeur Services

If:

- (i) during the Period of Insurance; and
- (ii) while the person is a Covered Person,

the Covered Person sustains a Bodily Injury or Sickness for which benefits are payable under Events 25, 26, 31 or 32, We will pay for a chauffeur or taxi service to and from the Covered Person's usual place of work and their usual place of residence if the Covered Person recovers sufficiently to return to work but a Doctor certifies that they are unable to drive a vehicle or travel on public transport. The maximum amount We will pay is the amount shown in the Schedule against Additional Cover – Chauffeur Services.

Disappearance

If:

- (i) during the Period of Insurance; and
- (ii) while the person is a Covered Person,

the Covered Person disappears in any manner whatsoever and the Covered Person's body has not been found within 12 months after the date of their disappearance, the Covered Person will be deemed to have died as a result of a Bodily Injury at the time of their disappearance.

Where the Accidental Death benefit in the Table of Events (Event 1) is payable because of a disappearance, We will only pay that benefit if the legal representatives of the Covered Person's estate give Us:

- (a) a signed undertaking that the benefit will be repaid to Us if, after Our payment, it is found that the Covered Person did not die or did not die as a result of a Bodily Injury; and
- (b) where the cause of the Covered Person's disappearance is unknown, a Death Certificate from the relevant jurisdiction's Registry of Births, Deaths and Marriages or equivalent.

Condition applicable to Disappearance Cover

Where the cause of the Covered Person's disappearance is unknown, the disappearance must be reported:

- (i) to the local police and a written report obtained; and
- (ii) where the disappearance occurs outside the Covered Person's country of residence, to the applicable embassy, consulate or other representative of the country of residence and a written report obtained.

Escalation of Claim Benefit

After paying a benefit under Events 25 and/or 26 or Events 31 and/or 32 and/or 44 continuously for 12 months and again after each subsequent period of 12 months during which a benefit is paid, the benefit will be increased by 5% per annum.

Exposure

If:

- (i) during the Period of Insurance; and
- (ii) while a person is a Covered Person,

the Covered Person is exposed to the elements as a result of an Accident and, within 12 months of the Accident, the Covered Person suffers from any of the Events as a direct result of that exposure, the Covered Person will be deemed for the purpose of the Policy to have suffered a Bodily Injury on the date of the Accident.

Funeral Expenses

If:

- (i) during the Period of Insurance; and
- (ii) while the person is a Covered Person,

the Covered Person suffers an Accidental Death, We will pay the expenses of burial or cremation at the place of death or the cost of returning the Covered Person's body or ashes to a place nominated by the legal representative of the Covered Person's estate. The maximum amount We will pay is the amount shown in the Schedule against Additional Cover – Funeral Expenses..

Guaranteed Payment

If a Covered Person sustains a Bodily Injury or suffers a Sickness for which benefits are payable under Events 25 or 31, We will immediately pay 12 weeks benefits provided that the Policyholder or a Covered Person gives Us proper medical evidence from a Doctor certifying that the total period of Temporary Total Disablement will be a minimum of 26 weeks.

Tuition or Advice Expenses

When Events 25 and/or 26 or Events 31 and/or 32 and/or 44 occur, for which benefits are payable, We will reimburse expenses incurred by the Policyholder or a Covered Person for tuition or advice given to the Covered Person by a licensed vocational school, provided such tuition or advice is undertaken with Our prior written agreement and the agreement of the Covered Person's Doctor.

Reimbursement under this provision will be limited to the actual costs incurred by the Policyholder or the Covered Person up to the maximum amount per month and for the maximum number of months shown in the Schedule against Additional Cover – Tuition or Advice Expenses.

General Conditions Applicable to the Policy

These general conditions apply to all covers and the Policy unless they are expressly stated not to apply in relation to the cover or the Policy.

1. If a Covered Person suffers a Bodily Injury resulting in any one of Events 2-9(a), We will not be liable under the Policy for any subsequent Bodily Injury to that Covered Person.
 2. We will not pay benefits for more than one of Events 1 to 19 in respect of the same Bodily Injury.
 3. We will not pay benefits:
 - (i) for Events 25, 26 and 44 in excess of the total aggregate period in respect of any one Bodily Injury as shown in the Schedule against Part B – Weekly Benefits – Bodily Injury;
 - (ii) for Events 31, 32 and 44 in excess of the total aggregate period in respect of any one Sickness as shown in the Schedule against Part C – Weekly Benefits – Sickness;
 - (iii)
 - (a) for Events 25, 26, 31, 32 and 44, during the Excess Period stated in the Schedule against Part B – Weekly Benefits – Bodily Injury or against Part C – Weekly Benefits – Sickness or, if applicable, Part F – Monthly Business Expenses, calculated from the commencement of the Bodily Injury or Sickness; and
 - (b) for Events 25, 26, 31 and 32, after that Excess Period, in an amount which exceeds the applicable percentage as provided in the Schedule against Part B – Weekly Benefits – Bodily Injury or against Part C – Weekly Benefits – Sickness for Event 25, 26, 31 and 32 of the lesser of;
 - (X) the maximum Salary stated in the Schedule against Part B – Weekly Benefits – Bodily Injury or against Part C – Weekly Benefits – Sickness, as applicable; or
 - (Y) the Covered Person's Salary.
- For example, if:
- (A) the applicable percentage is 75%; and
 - (B) the maximum Salary stated in the Schedule is \$2,000 x 156 weeks against Part B – Weekly Benefits – Bodily Injury or against Part C – Weekly Benefits – Sickness; and
 - (C) a Covered Person's Salary is \$1,500,
- then that Covered Person's maximum benefit will be limited to 75% of \$1,500 x 156 weeks = \$175,500.
- (iv) unless the Covered Person, as soon as possible after the happening of any Bodily Injury or the manifestation of any Sickness giving rise to a claim under the Policy, procures and follows proper medical advice from a Doctor;
 - (v) for more than one of Events 25 and/or 26 or Events 31 and/or 32 and/or 44 that occur for the same period of time; and
 - (vi) for more than one of the surgical benefits described in Events 20 to 24 and 27 to 32, in respect of any one Bodily Injury or Sickness.

4. The amount of any benefit payable for Temporary Total Disablement and Temporary Partial Disablement will be reduced by the amount of any:
- (i) periodic compensation benefits payable under any workers' compensation or accident compensation scheme; and
 - (ii) the amount of any sick pay received or at the direction of the Policyholder sick leave entitlement, or any disability entitlement;

so that the total amount of any such benefit or entitlement together with any benefits payable under the Policy does not exceed the applicable percentage of the lesser of:

- (a) the maximum Salary stated in the Schedule against Part B – Weekly Benefits – Bodily Injury or against Part C – Weekly Benefits – Sickness, as applicable; or
- (b) the Covered Person's Salary.

For example, if:

- (A) the applicable percentage is 75%; and
- (B) the maximum Salary stated in the Schedule is \$2,000 x 156 weeks against Part B – Weekly Benefits – Bodily Injury or against Part C – Weekly Benefits – Sickness; and
- (C) a Covered Person's Salary is \$1,500; and
- (D) the Covered Person is entitled to benefits of (say) \$500 per week under a compensation scheme described in 4(i) above,

then that Covered Person's maximum benefit will be limited to 75% of \$1,500 = \$1,125 less \$500 = \$625 x 156 weeks = \$97,500. (Note: this example assumes that the weekly compensation benefit of \$500 continues concurrently with payments under this Policy for 156 weeks).

5. Where, in relation to benefits payable for Events 2, 25, 26, 31, 32 and/or 44, We do not agree with the opinion given by the Doctor ('the initial Doctor'), We have the right (at Our own expense) to have the relevant Covered Person examined by a Doctor of Our choice. If the Doctor chosen by Us forms a contrary opinion to that of the initial Doctor, We will obtain an independent Doctor's opinion which will be the opinion for the purposes of the definitions of Permanent Total Disablement, Temporary Partial Disablement and Temporary Total Disablement.
6. If as a result of Bodily Injury or Sickness, benefits become payable under Parts B, C or F of the Table of Events and while the Policy is in force, the Covered Person suffers a recurrence of Temporary Total Disablement or Temporary Partial Disablement from the same or a related cause or causes, the subsequent period of disablement will be deemed a continuation of the prior period unless, between such periods, the Covered Person has worked on a full-time basis for at least six consecutive months, in which case the subsequent period of disablement will be deemed to have resulted from a new Bodily Injury or Sickness and a new Excess Period shall apply.

Where a Bodily Injury requires surgical treatment which cannot be performed within the 12 months from the date of that Bodily Injury, provided the Covered Person can demonstrate that such treatment was known as necessary during that 12 month period and a Doctor certifies this, We will treat this 12 month period as a continuation of the first Bodily Injury regardless of whether the Covered Person has been able to return to work for six months, provided surgery does not occur in a period in excess of 24 months from the original date of Bodily Injury.

7. Subject to the guaranteed payments referred to in the paragraph entitled Guaranteed Payment under Additional Cover, We will pay weekly benefits for Events 25, 26, 31 and 32 monthly in arrears. We will pay benefits for a disability which is suffered for a period of less than one week at the rate of one-fifth of the weekly benefit for each day during which disability continues.
8. All benefits which We pay under the Policy will be paid to the Policyholder or such person or persons and in such proportions as the Policyholder nominates, unless otherwise specified in the Policy.
9. If as a result of Bodily Injury, the Covered Person is entitled to a benefit under Events 25, 26 and/or 44 and subsequently becomes entitled to a benefit under Events 2 or 3, all benefits payable under Events 25, 26 and 44 will cease from the date of such entitlement.

General Exclusions Applicable to the Policy

These general exclusions apply to all covers and the Policy unless they are expressly stated not to apply in relation to the cover or the Policy.

We will not pay benefits with respect to any loss, damage, liability, Event, Bodily Injury or Sickness which:

1. results from a Covered Person engaging in or taking part in:
 - (i) flying in an aircraft or aerial device other than as a passenger in an aircraft licensed to carry passengers; or
 - (ii) training for or participating in Professional Sport of any kind;
2. results from any intentional self-injury, suicide or any illegal or criminal act committed by the Policyholder or a Covered Person;
3. results from War, invasion or Civil War;
4. is or results from or is a complication of infection with Human Immunodeficiency Virus (HIV) or any variance including Acquired Immune Deficiency Syndrome (AIDS) and AIDS Related Complex (ARC);
5. results from the use, existence or escape of nuclear weapons material or ionising radiation from or contamination by radioactivity from any nuclear fuel or nuclear waste or from the combustion of nuclear fuel;
6. results from pregnancy or childbirth, except for unexpected medical complications or emergencies arising therefrom.
7. results from any Pre-Existing Medical Condition;
8. would result in Our contravening the *Health Insurance Act 1973 (Cth)*, the *Private Health Insurance Act 2007 (Cth)* or the *National Health Act 1953 (Cth)* or any amendment to, or consolidation or re-enactment of, those Acts.

Unless otherwise agreed with Us, there is no cover under Part B – Weekly Benefits – Bodily Injury, Part C – Weekly Benefits – Sickness or Part F – Monthly Business Expenses with respect to any Covered Person who is over 75 years of age and all cover with respect to a Covered Person shall cease upon their exceeding that age. This will not prejudice any entitlement to claim benefits which has arisen on or before a Covered Person attained the age of 75 years. For all other benefits there is no cover under the Policy with respect to any Covered Person who is aged 85 years or more and all cover with respect to a Covered Person shall cease upon their attaining that age. This will not prejudice any entitlement to claim benefits which has arisen before a Covered Person attained the age of 85 years.

General Provisions Applicable to the Policy

These general provisions apply to all covers and the Policy unless they are expressly stated not to apply in relation to the cover or the Policy.

Aggregate Limit of Liability

- (i) except as stated below, Our total liability for all claims arising under the Policy during any one Period of Insurance will not exceed the amount shown on the Schedule against Aggregate Limit of Liability (A) any one Period of Insurance;
- (ii) Our total liability for all claims arising under the Policy during any one Period of Insurance relating directly to air travel in aircraft whose flights are not conducted in accordance with fixed flying schedules, over specific air routes, to and from fixed terminals (i.e. non-scheduled), will not exceed the amount shown in the Schedule against Aggregate Limit of Liability (B) Non-scheduled aircraft.;
- (iii) if claims are made under the Policy which exceed the above Aggregate Limits of Liability, We will reduce the payments made with respect to each Covered Person in such manner as We may determine. Any determination as to the amount payable in these circumstances will be made at Our entire discretion and will not be the subject of any challenge of any kind.

Assistance and Co-operation

The Policyholder and a Covered Person must co-operate with Us and, upon Our reasonable request, assist in making settlements, in the conduct of suits and in enforcing any right of contribution or indemnity against any person or organisation who may be liable to the Policyholder because of Bodily Injury or damage with respect to which insurance is afforded under the Policy. In that regard, the Policyholder and a Covered Person (where relevant) must attend hearings and trials and assist in securing and giving evidence and obtaining the attendance of witnesses. The Policyholder or Covered Persons must not, except at their own cost, voluntarily make any payment, assume any obligation or incur any expense other than for first aid to others at the time of accident.

Breach of Conditions

If the Policyholder or a Covered Person is in breach of any of the conditions or provisions of the Policy (including a claims condition), We may decline to pay a claim, to the extent permitted by law.

Cancellation

The Policyholder may cancel the Policy at any time by notifying Us in writing. The cancellation will take effect at 4.01pm Australian Eastern Standard Time on the date We receive the Policyholder's written notice of cancellation or such time as may be otherwise agreed.

We may cancel the Policy or any Section thereof, for any of the reasons set out in Section 60 of the *Insurance Contracts Act 1984 (Cth)* by issuing a notice 30 days in advance in writing in accordance with Section 59 of the *Insurance Contracts Act 1984 (Cth)*.

If the Policy is cancelled by either the Policyholder or Us, We will refund the Premium for the Policy less a pro rata proportion of the Premium to cover the period for which insurance applied. However, We will not refund any Premium if We have paid a benefit under the Policy.

Change of Business Activities

The Policyholder must inform Us as soon as is reasonably practicable of any alteration in the Policyholder's business activities which increases the risk of a claim being made under the Policy.

Claim Offset

Except for Part A – Lump Sum Benefits, the Policy does not cover any loss, damage, liability, Event, Bodily Injury or Sickness which is covered under any other insurance policy, health or medical scheme or Act of Parliament or is payable by any other source. We will however pay the difference between what is payable under the other insurance policy, health or medical scheme or Act of Parliament or such other source and the amount which the Policyholder or the Covered Person would be otherwise entitled to recover under the Policy, where permissible by law.

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