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SPORTS GROUP POLICY WORDING



Sports Group Personal
Accident Insurance
Product Disclosure Statement
& Policy Wording



**Sports Personal Accident Insurance
Product Disclosure Statement and Policy Wording**

Table of Contents

| | |
|---------------------------------------------------------------------------|----|
| About DUAL Australia Pty Ltd..... | 3 |
| Who is the Insurer?..... | 3 |
| About Lloyd’s | 3 |
| General Insurance Code of Practice | 3 |
| What is a Product Disclosure Statement (PDS)? | 3 |
| General Advice..... | 3 |
| Sports Personal Accident Insurance | 3 |
| Summary of the BENEFITS of the Sports Group Personal Accident Policy..... | 4 |
| The Cost of the Insurance Policy and paying your premium..... | 4 |
| Non Payment of Premium | 4 |
| How to Apply for Sports Personal Accident Insurance..... | 5 |
| Your Duty of Disclosure | 5 |
| Cancelling Your Policy..... | 5 |
| Your Cooling-Off Period..... | 5 |
| Making a Claim..... | 6 |
| Claim Offset..... | 6 |
| Taxation Implications..... | 6 |
| Privacy Statement..... | 6 |
| What to do if you have a complaint? | 8 |
| General definitions under the POLICY..... | 10 |
| Section 1 – Lump Sum BENEFITS | 12 |
| Section 2 – Weekly BENEFITS – INJURY | 14 |
| Section 3 – FRACTURED Bones BENEFITS - INJURY | 14 |
| Section 4 – Dental BENEFITS - INJURY..... | 15 |
| Section 5 - Additional BENEFITS under the POLICY | 16 |
| General Conditions applying to the POLICY..... | 17 |
| General Exclusions applying to this POLICY | 19 |
| General Provisions under the POLICY | 20 |

SPORTS PERSONAL ACCIDENT INSURANCE

Product Disclosure Statement (PDS)

About DUAL Australia Pty Ltd

DUAL Australia Pty Ltd (DUAL Australia), is an underwriting agency committed to delivering innovative insurance solutions to the Accident and Health Insurance Market. DUAL Australia forms part of DUAL International which is headquartered in London, the centre of the world's largest insurance marketplace. DUAL Australia, has been established since April 2004, and DUAL International since 1998.

DUAL International is part of the Hyperion Insurance Group. For more information about Hyperion visit www.hyperiongrp.com.

Who is the Insurer?

DUAL Australia underwrites exclusively on behalf of certain underwriters at Lloyd's. Lloyd's of London is an APRA regulated insurer.

About Lloyd's

Lloyd's is the world's specialist insurance and reinsurance market, bringing together an outstanding concentration of underwriting expertise and talent. It is often the first to insure emerging, unusual and complex risks.

Around 80 syndicates are underwriting insurance at Lloyd's, covering all classes of business. Together they interact with thousands of brokers daily to create insurance solutions for businesses in over 200 countries and territories around the world.

General Insurance Code of Practice

In Australia, Lloyd's is proud to be a member of the Insurance Council of Australia and a subscriber to the General Insurance Code of Practice (the Code). The Code sets minimum standards a general insurer must meet in supplying its products and services. DUAL Australia is a proud supporter of the Code. YOU can obtain a copy of the Code at: www.codeofpractice.com.au.

What is a Product Disclosure Statement (PDS)?

The purpose of this PDS is to help YOU understand the cover offered under the POLICY and provide YOU with sufficient information to enable YOU to compare and make an informed decision about whether to purchase the POLICY. This PDS contains important information required under the *Corporations Act 2001* (The Act) about the POLICY including the BENEFITS and conditions, YOUR rights as a client and other things YOU need to know in order to make an informed decision.

YOU should read the POLICY WORDING section in this document and the SCHEDULE of this insurance, to obtain a complete description of all the BENEFITS, terms, conditions and exclusions relating to the cover offered under this insurance. Please read these documents carefully and ensure that YOU keep them in a safe place for future reference.

Certain words in this PDS and POLICY WORDING have special meanings that are set out in the definitions sections contained within this document.

General Advice

Any general advice contained within the POLICY WORDING, PDS or accompanying documents does not take into account YOUR or any INSURED PERSON's personal situation, financial objectives, or needs.

Sports Personal Accident Insurance

This insurance provides for the payment of BENEFIT(s) if an INSURED PERSON dies, becomes disabled or suffers from certain conditions as a result of INJURY. Please read it carefully to make sure that YOU understand

its provisions. If YOU require any information, please contact US or YOUR Insurance Broker. All cover is subject to the payment of premium and the terms, conditions, exclusions and provisions of the POLICY.

Summary of the BENEFITS of the Sports Group Personal Accident Policy.

The POLICY has a number of BENEFITS. Some of the significant policy BENEFITS are listed below. For full details of all the BENEFITS and limits of the POLICY YOU should read YOUR POLICY SCHEDULE which outlines the sums insured, and the coverage sections and tables of INSURED EVENTS contained within the POLICY WORDING attached to this PDS.

Some of the significant BENEFITS of the POLICY may include:

- a) Lump Sum Death benefits as a result of INJURY;
- b) Lump Sum benefits as a result of disablement as a result of INJURY;
- c) Loss of Income benefits as a result of INJURY;
- d) Lump Sum benefits for INJURY to Teeth;
- e) Lump Sum benefits for FRACTURED bones as a result of INJURY;

Please refer to the POLICY WORDING for details of BENEFITS and conditions that apply.

The maximum we will pay for all claims under the POLICY during any one INSURANCE PERIOD is the AGGREGATE LIMIT OF LIABILITY shown in the SCHEDULE. If this amount is not adequate to pay all claims in full, then WE will reduce the BENEFIT payable to each INSURED PERSON proportionately, so that the total of all payments does not exceed the AGGREGATE LIMIT OF LIABILITY.

There is a SUBLIMIT OF LIABILITY shown in the SCHEDULE in relation to claims arising out of NON SCHEDULED FLIGHTS.

Not Everything is Covered.

Not everything is covered by the POLICY. Some of the circumstances in which no BENEFITS are payable at all include where loss results from SICKNESS, natural causes, self-inflicted injury, illegal acts, the use of alcohol or drugs, WAR or CIVIL WAR, an INSURED PERSON piloting an aircraft participating in or training for a professional sport, pregnancy or childbirth, nuclear activity, AIDS or HIV, mental illness or a PRE-EXISTING CONDITION.

There are also limitations on some BENEFITS. It is important YOU read the POLICY WORDING together with the SCHEDULE so that YOU understand the extent of the cover and its limitations. YOU should specifically read the General Conditions and General Exclusions in the POLICY WORDING to make sure the cover WE provide matches YOUR expectations.

The Cost of the Insurance Policy and paying your premium.

WE shall provide the cover described in the POLICY WORDING, subject to its terms and conditions, for the INSURANCE PERIOD.

The cover under the POLICY commences upon the payment of the Premium unless otherwise agreed in writing. The cost of YOUR POLICY is the total premium including taxes and charges due as detailed on the SCHEDULE.

The premium is calculated on YOUR specific risk profile which may include:

- a) the sums insured;
- b) the INSURED PERSON's medical history, age and claims history;
- c) any restrictions or extensions to the POLICY cover; and
- d) previous insurance history.

WE may increase or decrease YOUR premium from the renewal date.

Non Payment of Premium

YOU must pay YOUR premium within the agreed credit terms otherwise YOUR POLICY may not be in force. If YOU do not pay YOUR premium on time by the due date or YOUR payment is dishonoured this POLICY will not come into force and WE may;

- a) Lapse the POLICY;
- b) Decline any claim under the POLICY.

How to Apply for Sports Personal Accident Insurance

To apply for the POLICY YOU will need to complete a proposal form available from a licensed Insurance Broker who has a current agency agreement with US. They will then approach US to provide YOU with a quotation.

Your Duty of Disclosure

Before YOU enter into a contract of general insurance with US, YOU have a duty under the Insurance Contracts Act 1984, to disclose to US every matter that YOU know, or could reasonably be expected to know that may be relevant to OUR decision whether to accept the risk of the insurance and, if so on what terms. The duty of disclosure is different depending on whether it is a new POLICY or not.

Where YOU are renewing a contract of insurance WE may request YOU answer one or more specific questions relevant to OUR decision in relation to the POLICY and/or WE may give you a copy of any matters previously disclosed by YOU in relation to a previous contract of insurance YOU held with US and request YOU to disclose to US any change to those matters or confirm that there is no change. Again in such circumstances YOU must tell US everything YOU know or could be reasonably expected to know, in answer to such requests.

It is important that YOU understand you are answering the questions for yourself and anyone else to whom the questions apply.

YOUR duty, however, does not require disclosure of any matter:

- a) that diminishes the risk to be undertaken by US;
- b) that is of common knowledge;
- c) that WE know or, in the ordinary course of its business, ought to know; and
- d) as to which compliance with YOUR duty is waived by US.

This duty continues after the proposal form has been completed up until the time the POLICY is issued by US.

When answering any questions asked by US in OUR proposal or renewal form YOU must answer them honestly and completely. WE will rely on the answers provided by YOU in deciding whether to insure YOU and anyone else to be insured under the POLICY and on what terms.

If YOU do not answer OUR questions in this way, WE may reduce or refuse to pay a claim or cancel the POLICY. If YOU answer OUR questions fraudulently WE may refuse to pay a claim and treat the POLICY as never having commenced.

Cancelling Your Policy

This POLICY may be cancelled by YOU at any time by giving US notice in writing. Should YOU cancel YOUR POLICY, WE shall retain a pro rata proportion of the premium for the time the POLICY has been in force and unless YOU purchased the POLICY through an Insurance Broker, will pay any premium refund due to YOU within fifteen (15) business days (if YOU purchased the POLICY through an Insurance Broker ask YOUR Broker what arrangements apply). YOU will not receive any refund if you have made a claim or a claim is forthcoming against the POLICY prior to cancellation.

WE may cancel this POLICY in the circumstances prescribed by Section 60 of the *Insurance Contracts Act (Cth) 1984*.

Your Cooling-Off Period

YOU have the right to return the POLICY to US within twenty one (21) days from the date the INSURANCE PERIOD commences ("cooling off period") unless a claim is made under the POLICY within this period.

If YOU return the POLICY during the cooling off period, WE will refund the full amount of the premium less any taxes or duties payable and unless YOU purchased the POLICY through an Insurance Broker, will pay the amount due to YOU within fifteen (15) business days (if YOU purchased the POLICY through an Insurance Broker ask YOUR Broker what arrangements apply). The POLICY will be terminated from the date WE are notified of a request to return it. To return the POLICY, WE must be notified in writing within the cooling off period.

This can be done by contacting US using the contact details found at the back of this PDS, or YOUR Insurance Broker.

Making a Claim

Should an incident occur which may give rise to a claim under this POLICY, YOU should notify US in writing within thirty (30) days of the incident occurring, or as soon as reasonably practical after the date of the occurrence and within the INSURANCE PERIOD. YOU should ensure you include YOUR POLICY number in this correspondence.

YOU must at YOUR expense give US such certificates, information and other documentation as WE may reasonably require. WE may at OUR own expense have any INSURED, who is the subject of a claim under this POLICY, medically examined from time to time.

Claim Offset

The weekly BENEFITS payable for INSURED EVENTS 26 and 27 will be reduced by the amount of any other weekly BENEFIT the INSURED PERSON is entitled to receive under any statutory workers compensation or Transport Accident Compensation Scheme or legislation or any insurance policy specifically covering the same risk, so that the BENEFIT payable under the POLICY will be the amount by which the BENEFIT payable under the POLICY exceeds the other benefits to which the INSURED PERSON is entitled.

Taxation Implications

Depending upon YOU or YOUR company's entitlement to claim Input Tax Credits under the POLICY, WE may reduce the payment of a claim by the amount of any Input Tax Credit.

A claim paid in respect of weekly BENEFITS, under Section 2 (Weekly BENEFITS) in the POLICY, is subject to personal income tax and it is the INSURED PERSON's responsibility to declare such BENEFIT when completing his or her usual tax return.

An INSURED PERSON should consult his or her tax accountant in relation to any questions about his or her particular circumstances.

Privacy Statement

At DUAL Australia Pty Ltd, we are committed to compliance with the Privacy Act 1988 (Cth). We use your personal information to assess the risk of and provide insurance, and assess and manage claims. We may also use your contact details to send you information and offers about products and services that we believe will be of interest to you. If you don't provide us with full information, we may not be able to provide insurance or assess a claim. If you provide us with information about someone else you must obtain their consent to do so.

We provide your information to the insurer we represent when we issue and administer your insurance. When providing a quotation or insurance terms, we will tell you if the insurer is overseas and if so, where they are. We are part of the Hyperion Insurance Group and may provide your information to UK based Group entities who provide us with business support services. We may also provide your information to your broker and our contracted third party service providers (e.g. claims management companies), but will take all reasonable steps to ensure that they comply with the Privacy Act.

Our Privacy Policy contains information about how you can access the information we hold about you, ask us to correct it, or make a privacy related complaint. You can obtain a copy from our Privacy Officer by telephone (+61 (0)2 9248 6300), email (reception@dualaustralia.com.au) or by visiting our website (www.dualaustralia.com.au).

By providing us with your personal information, you consent to its collection and use as outlined above and in our Privacy Policy.

What type of personal information do we collect?

WE act on behalf of certain underwriters at Lloyd's. WE collect relevant personal information from insurance brokers for the purposes of writing insurance policies for the insurance companies that WE represent. The personal information WE collect will be collected on behalf of the insurance company or for OUR own administration of those policies. This personal information will usually include name, age, gender, occupation, and contact details of applicants for insurance. Depending on the type of insurance cover required, WE may also collect details of previous claims and financial details (eg properties owned by the INSURED) and criminal records.

WE collect personal information about individuals who make claims against parties that WE have covered under the POLICY. For the purposes of assessing these types of claims, WE will usually collect the name, age, gender, occupation, and contact details of the claimant. Depending on the type of claim, WE may also collect details of the financial status of the claimant (eg loss of income).

WE also collect some personal information of business contacts (names and contact details) for use in ordinary business dealings.

How do we collect personal information?

1. General

Personal information that relates to insurance policies and claims is normally provided to US by Insurance Brokers who have collected that information from insurance applicants. Occasionally personal information is provided to US

directly from insurance applicants. We will also collect personal information from individuals' representatives who make claims under the POLICY. If information is forwarded to US either electronically (eg in an e-mail) or by sending it to US as a hard copy document, WE will collect that information and use it for the purposes for which it was provided to US. All information received is stored electronically in-house. Any information provided prior to December 2006 in hard copy, is stored at a secured off-site location with full and immediate retrieval access.

2. Website

WE collect personal information from individuals who complete quote and contact forms on OUR website. OUR website does not use cookies to collect personal information.

How your personal information will be used?

WE will use the personal information provided by Insurance Brokers to:

- a) assess the risk of underwriting insurance policies;
- b) provide quotes for underwriting services;
- c) assess and investigate claims;
- d) arrange insurance cover with the insurance company that WE represent;
- e) carry out administration related to those services; and
- f) Fulfil all OUR legal and regulatory requirements.

Will my personal information be disclosed to a third party?

The personal information WE collect will be treated as strictly confidential. WE will forward relevant personal information to certain underwriters at Lloyd's. WE may not forward all personal information collected to them. However, any such information will be available to them upon request.

As underwriters, WE sometimes need to pass personal information to third parties for assistance in evaluating risk or responding to claims. Accordingly, for the purposes of maintaining OUR business, WE may disclose personal information to any of the following third parties:

- a) insurance brokers;
- b) solicitors;
- c) claims management companies;
- d) loss adjusters;
- e) goods and service providers;
- f) surveyors; and
- g) as WE may be required to do by law.

OUR website host does not store any personal information that is entered into the forms provided on our web site.

WE will take reasonable steps to ensure that any personal information disclosed to a third party is protected by that party in accordance with the Privacy Act.

How you can access your personal information?

Upon written request, YOU may have access to YOUR personal information held by US, except in circumstances where access may be denied under the Privacy Act. Examples of these circumstances are:

- a) where providing access will pose an unreasonable impact on the privacy of another individual;

- b) where providing access would be unlawful, would pose a threat to the life or health of an individual, may prejudice an investigation of possible unlawful activity or, may prejudice enforcement of laws; or
- c) where denying access is authorised by law.

To make a request for access to YOUR personal information, please contact our Privacy Officer (contact details below). WE will endeavour to respond to a request for personal information within fourteen (14) days.

If personal information is provided to YOU as the result of a request, YOU may be charged a fee for costs incurred in providing that information such as photocopying, administration and postage.

If access is denied WE will provide YOU with reasons for OUR decision.

How you can correct your personal information?

If YOU believe that the personal information we hold about YOU is inaccurate, incomplete or not up-to-date please let US know. Provided WE agree with YOU, WE will correct it. If WE do not agree with YOU, we will place a statement of what YOU allege is correct where that information is kept and accessed.

Will this privacy policy change?

WE reserve the right to change this privacy policy at any time by publishing the varied privacy policy on OUR web site. The varied policy terms will apply from the date they are posted on OUR web site. YOU accept that by doing this, WE have provided YOU with sufficient notice of the variation and agree YOU will be provided with no separate notification.

Your consent

By asking US to quote or insure YOU, YOU consent to the collection and use of the information YOU have provided to US for the purpose described above.

How to contact DUAL Australia Pty Ltd

If YOU have enquiries or wish to provide feedback about this privacy policy, please email or mail to the Privacy Officer at reception@dualaustralia.com.au or Level 6, 160 Sussex Street, Sydney NSW 2000.

What to do if you have a complaint?

YOU are entitled to make a complaint to US and/or Lloyd's about any aspect of YOUR relationship with us.

Complaints Process

How can we help you?

There are established procedures for dealing with complaints and disputes regarding YOUR POLICY or claim. All policyholders can take advantage of the complaints service.

Stage 1

Any enquiry or complaint relating to a Lloyd's policy or claim should be addressed to either YOUR Lloyd's insurance intermediary (US) or to the administrator handling YOUR claim in the first instance - in most cases this will resolve YOUR grievance.

They will respond to YOUR complaint within fifteen (15) business days provided they have all necessary information and have completed any investigation required. Where further information, assessment or investigation is required, they will agree to reasonable alternative timeframes with YOU. YOU will also be kept informed of the progress of YOUR complaint.

Stage 2

In the unlikely event that this does not resolve the matter or YOU are not satisfied with the way YOUR complaint has been dealt with, YOU should contact:

**Lloyd's Australia Limited
Suite 2, Level 21 Angel Place
123 Pitt Street
Sydney NSW 2000**

**Telephone: (02) 9223 0752
Facsimile: (02) 9223 1466
Email: ldraustralia@lloyds.com**

When YOU lodge YOUR dispute with Lloyd's, they will usually require the following information:

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- a) Name, address and telephone number of the policyholder;
- b) The type of insurance policy involved;
- c) Details of the policy concerned (policy and/or claim reference numbers, etc);
- d) Name and address of the insurance intermediary through whom the policy was obtained;
- e) Details of the reasons for lodging the complaint;
- f) Copies of any supporting documentation YOU believe may assist Lloyd's in addressing YOUR dispute appropriately.

Following receipt of YOUR complaint, YOU will be advised whether YOUR dispute will be handled by either Lloyd's Australia or the Policyholder & Market Assistance Department at Lloyd's in London:

- I. Where YOUR complaint is eligible for referral to the Australian Financial Ombudsman Service (FOS), YOUR complaint will be reviewed by a person at Lloyd's Australia with appropriate authority to deal with YOUR dispute.
- II. Where YOUR complaint is not eligible for referral to the Australian FOS, Lloyd's Australia will refer YOUR complaint to the Policyholder & Market Assistance Department at Lloyd's, who will then liaise directly with YOU.

How long will the Stage 2 process take?

YOUR complaint will be acknowledged in writing within five (5) business days of receipt, and YOU will be kept informed of the progress of Lloyd's review of YOUR complaint at least every ten (10) business days.

The length of time required to resolve a particular dispute will depend on the individual issues raised, however in most cases YOU will receive a full written response to YOUR complaint within fifteen (15) business days of receipt, provided Lloyd's have received all necessary information and have completed any investigation required.

External Dispute Resolution

If YOUR complaint is not resolved in a manner satisfactory to YOU, YOU may refer the matter to the Financial Ombudsman Service (FOS). FOS can be contacted by post GPO Box 3, Melbourne VIC 3001 or phone 1300 780 808, www.fos.org.au

FOS is an independent body that operates nationally in Australia and aims to resolve disputes between YOU and YOUR insurer. YOUR dispute must be referred to the FOS within two (2) years of the date of Lloyd's final decision. Determinations made by FOS are binding upon US.

How much will this procedure cost you?

This procedure is free of charge to policyholders.

Service Of Suit Clause (Australia)

The Underwriters hereon agree that

- a) In the event of a dispute arising under the POLICY, Underwriters at the request of the INSURED will submit to the jurisdiction of any competent Court in the Commonwealth of Australia. Such dispute shall be determined in accordance with the law and practice applicable in such Court.
- b) Any summons notice or process to be served upon the Underwriters may be served upon Lloyd's General Representative at Lloyd's Australia:

**Lloyd's Australia Limited
Suite 2, Level 21 Angel Place
123 Pitt Street
Sydney NSW 2000**

who has authority to accept service and to enter an appearance on Underwriters' behalf, and who is directed at the request of the INSURED to give a written undertaking to the INSURED that he will enter an appearance on Underwriters' behalf.

- c) If a suit is instituted against any one of the Underwriters all Underwriters hereon will abide by the final decision of such Court or any competent Appellate Court.

Preparation Date

This PDS was prepared on 9 August 2013

Updating this PDS

Information in this PDS may need to be updated from time to time. YOU can obtain a paper copy of any updated information without charge by contacting US or YOUR Insurance Broker, Should this PDS need to be updated we will provide YOU with a new PDS or a Supplementary PDS outlining these changes.

General definitions under the POLICY

In the POLICY and PDS:

ACCIDENTAL DEATH means death occurring as a result of an INJURY.

AGGREGATE LIMIT OF LIABILITY means the maximum amount we will pay for all claims arising from INSURED EVENTS which occur during the INSURANCE PERIOD. The AGGREGATE LIMIT OF LIABILITY is shown in the SCHEDULE.

BENEFIT(S) means any BENEFIT to which an INSURED PERSON is entitled under the POLICY

BENEFIT PERIOD means the maximum period for which a weekly BENEFIT payment may be paid to or for the benefit of an INSURED PERSON.

CIVIL WAR means armed opposition, whether declared or not, between two or more parties belonging to the same country where the opposing parties are of different ethnic, religious or ideological groups. Included in the definition is armed rebellion, revolution, sedition, insurrection, Coup d'Etat and the consequences of martial law.

DOCTOR means a legally registered medical practitioner who is not an INSURED PERSON or their relative.

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

EXCESS PERIOD is the period stated in the SCHEDULE during which no BENEFITS are payable for Temporary, Total or Partial Disablement. The number of days constituting each Excess Period must be served consecutively.

FOOT means the entire FOOT below the ankle.

FRACTURE(D) means a break or crack of a bone.

HAND means the entire HAND below the wrist.

INSURANCE PERIOD means the period stated in the SCHEDULE.

INSURED means the entity or entities specified as the INSURED in the SCHEDULE.

INSURED EVENT(S) means the event(s) described in each Table of Events as set out in Sections 1, 2, 3, 4, 5, 6 and 7 and are defined by individual number.

INSURED PERSON means such person or persons as defined in the SCHEDULE with respect to whom premium has been paid.

INJURY means bodily INJURY to an INSURED PERSON which occurs solely and independently of any other cause; and

- a) results from an accident which is a sudden and unexpected specific event that occurs fortuitously at a specifically ascertainable time and place.
- b) occurs during the SCOPE OF COVER.
- c) occurs during the INSURANCE PERIOD.
- d) results in any of the INSURED EVENTS within twelve (12) calendar months from the date of the INJURY.

LIMB means the entire LIMB between the shoulder and the wrist or between the hip and the ankle.

LOSS means loss of, by physical severance, or total and PERMANENT loss of the effective use of the part of the body referred to in the Table of BENEFITS.

MEDICAL EXPENSES means DOCTOR's fees reasonably incurred by an INSURED PERSON where that expense directly results from INJURY whilst undertaking the activity covered under the POLICY. MEDICAL EXPENSES do not include any amount for which a Medicare rebate is payable or is payable from any other source.

NON SCHEDULED FLIGHT means any flight that is not operating under a regular published flight schedule or timetable.

PERMANENT means disablement lasting at least twelve (12) consecutive months, and at the end of that time being beyond hope of improvement.

POLICY means the POLICY WORDING, the PDS and the SCHEDULE and any additional endorsements which WE subsequently issue to YOU.

POLICY WORDING means this document.

PRE-EXISTING CONDITION means any INJURY or SICKNESS of which the INSURED PERSON was aware (whether diagnosed or not) or for which the INSURED PERSON has sought treatment prior to the inception of the POLICY or prior to the INSURED PERSON becoming insured under the POLICY, whichever occurs later.

SALARY means in the case of an EMPLOYEE, their weekly pre-tax income or wage, excluding any commission, bonuses, overtime payments and allowances, averaged over the twelve (12) month period immediately preceding the commencement of the disablement or over any shorter period for which they have been employed.

SCHEDULE means the SCHEDULE attached to the POLICY WORDING or subsequently substituted SCHEDULE.

SCOPE OF COVER means the activities and events during which the cover under this POLICY is operative as specified in the SCHEDULE.

SICKNESS means any known physical illness, disease or malady.

SUBLIMIT OF LIABILITY means the maximum amount we will pay for all claims for INSURED EVENTS arising out of NON SCHEDULED FLIGHTS during the INSURANCE PERIOD. The SUBLIMIT OF LIABILITY is shown in the SCHEDULE.

SURGERY means the treatment of INJURY by operative methods performed by a surgeon in an operating theatre.

TEMPORARY PARTIAL DISABLEMENT means the temporary inability of the INSURED PERSON to participate in a substantial part of their usual employment, occupation or business activities, while they are under the regular care of and acting in accordance with the treatment, instructions or advice of a DOCTOR.

TEMPORARY TOTAL DISABLEMENT means temporary disablement which totally restricts an INSURED PERSON from performing his or her usual occupation or employment activities, or any other occupational or employment activities for which the INSURED PERSON has the experience, skills, education or training.

TOOTH/TEETH means a sound and natural PERMANENT tooth but does not include first or baby teeth, implants, prostheses or other dental restorations.

TOTAL DISABLEMENT means disablement which totally restricts an INSURED PERSON from performing his or her usual occupational or employment activities, or any other occupational or employment activities for which the INSURED PERSON has the experience, skills, education or training. If the INSURED PERSON is not employed, it means disablement which prevents the INSURED PERSON from participating in any and every occupation for the remainder of his or her life.

YOU/YOUR means the INSURED named in the SCHEDULE.

WAR means armed opposition, whether declared or not between two countries.

WE/OUR/US means DUAL Australia Pty Ltd (ACN 107 553 257) of Level 6 160 Sussex Street, Sydney NSW 2000.

Sports Personal Accident Insurance

Policy Wording

The POLICY consists of 5 Sections with the following cover. YOU can choose any or all of the following types of cover.

Section 1 – Lump Sum BENEFITS

Section 2 – Weekly BENEFITS – INJURY

Section 3 – FRACTURED Bones BENEFITS – INJURY

Section 4 – Dental BENEFITS – INJURY

Section 5 – Additional BENEFITS under the POLICY

The types of cover YOU have chosen will be shown on the SCHEDULE which attaches to the POLICY.

Personal Accident - Injury

WE will pay BENEFITS as set in the Table of Events Table Numbers 1, 2, 3 and 4 for an INJURY of an INSURED PERSON if an amount is showing on the SCHEDULE for that INSURED EVENT.

WE will also pay the additional BENEFITS set out in Section 5 unless any specific BENEFIT is specified as 'not covered' in the SCHEDULE.

Section 1 – Lump Sum BENEFITS

If, as a result of INJURY, an INSURED PERSON suffers any of the INSURED EVENTS listed below in Table 1 WE will pay the BENEFIT set out in Table 1.

Cover only applies under Section 1 if the INSURED EVENT occurs within twelve (12) months of the date of INJURY.

Table of Insured Events – Table 1

| INSURED EVENTS | BENEFIT |
|---------------------------------------------------|----------------------------------------------------------------------------------------------|
| | As a percentage of the amount as shown against the SCHEDULE on Section 1 – Lump Sum BENEFITS |
| 1. ACCIDENTAL DEATH | 100% |
| 2. PERMANENT TOTAL DISABLEMENT | 100% |
| 3. PERMANENT and incurable paralysis of all LIMBS | 100% |
| 4. LOSS of sight of both eyes | 100% |
| 5. LOSS of sight one (1) eye | 50% |
| 6. LOSS of one or more LIMBS | 100% |

| | |
|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7. PERMANENT and incurable insanity | 100% |
| 8. LOSS of the lens of both eyes | 100% |
| 9. LOSS of the lens of one (1) eye | 50% |
| 10. LOSS of hearing in both ears | 100% |
| 11. LOSS of hearing in one (1) ear | 20% |
| 12. Third degree burns resulting in disfigurement which covers more than 40% of the entire body | 80% |
| 13. LOSS of four fingers and thumb of either HAND | 50% |
| 14. LOSS of four fingers of either HAND | 50% |
| 15. LOSS of one thumb (two (2) joints) of either HAND - each | 30% |
| 16. LOSS of one thumb (one (1) joint) of either HAND - each | 15% |
| 17. LOSS of one finger (three (3) joints) of either HAND - each | 15% |
| 18. LOSS of one finger (two (2) joints) of either HAND - each | 10% |
| 19. LOSS of one finger (one (1) joint) of either HAND - each | 5% |
| 20. LOSS of all toes of either FOOT | 15% |
| 21. LOSS of great toe (two (2) joints) of either FOOT | 5% |
| 22. LOSS of great toe (one (1) joint) of either FOOT | 3% |
| 23. LOSS of toes, other than great toe, of either FOOT - each Toe | 1% |
| 24. FRACTURED leg or patella with established non union | 10% |
| 25. Shortening of a leg by at least 5cm | 7.5% |
| 26. PERMANENT TOTAL DISABLEMENT not otherwise provided for under INSURED EVENTS 5, 9 and 11-25 inclusive. | Such a percentage of the amount showing against the SCHEDULE as we shall in OUR absolute discretion determine and being in OUR opinion consistent with the BENEFITS provided under INSURED EVENTS 5, 9 and 11-25 inclusive. The maximum amount payable is 75% of the amount showing on the SCHEDULE against Section 1 Lump Sum BENEFITS. |

Section 2 – Weekly BENEFITS – INJURY

If, as a result of INJURY an INSURED PERSON suffers any of the INSURED EVENTS listed below in Table 2 WE will pay the BENEFIT set out in Table 2.

Cover only applies for an INSURED EVENT under Section 2 if:

- a) an amount is shown on the SCHEDULE against Section 2 - Weekly BENEFITS – INJURY;
- b) the EXCESS PERIOD as shown on the SCHEDULE has been served by the INSURED PERSON; and
- c) the INJURY results directly in the INSURED EVENT which must occur within twelve (12) months of the date of the INJURY.

All BENEFITS under Section 2 are subject to the BENEFIT PERIOD, EXCESS PERIOD and percentage of SALARY shown on the SCHEDULE. No BENEFIT shall be payable in excess of the percentage of SALARY shown on the SCHEDULE.

Table of INSURED EVENTS – Table 2

| INSURED EVENTS | BENEFITS |
|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 27. TEMPORARY TOTAL DISABLEMENT | During such disablement, the Weekly BENEFIT shown on the SCHEDULE against Section 2, Weekly BENEFITS – INJURY, but not exceeding the SALARY of the INSURED PERSON. |
| 28. TEMPORARY PARTIAL DISABLEMENT | <ul style="list-style-type: none"> a) If the INSURED PERSON returns to work in a reduced capacity, The BENEFIT amount payable shall be the difference between the BENEFIT payable for Event 27 and the SALARY of the INSURED PERSON; or b) If the INSURED PERSON does not return to work, The BENEFIT payable shall be 25% of the BENEFIT payable for Event 27. |

Section 3 – FRACTURED Bones BENEFITS - INJURY

If, as a result of INJURY, an INSURED PERSON suffers any of the INSURED EVENTS listed below in Table 3 WE will pay the BENEFIT set out in Table 3.

Cover only applies for an INSURED EVENT under Section 3 if:

- a) an amount is shown on the SCHEDULE against Section 3 - FRACTURED Bones– BENEFITS - INJURY; and
- b) the INJURY results directly in the INSURED EVENT.

More than one INSURED EVENT can be claimed for in relation to any one accident, up to a combined maximum BENEFIT any one accident as shown on the SCHEDULE against Section 3 – FRACTURED Bones BENEFITS - INJURY

Table of INSURED EVENTS – Table 3

| INSURED EVENTS | BENEFITS |
|---------------------------------------------|--------------------------------------------------------------------------------------|
| FRACTURE of: | As a percentage of the Sum shown against the SCHEDULE on Section 3 – FRACTURED Bones |
| 29. a. Skull FRACTURE | 10% |
| 29. b. Skull FRACTURE necessitating SURGERY | 70% |

| | |
|-------------------------------------------------------------------|------|
| 30. a. Jaw FRACTURE | 10% |
| 30. b. Jaw FRACTURE necessitating SURGERY | 50% |
| 31. a. Cheek FRACTURE | 10% |
| 31. b. Cheek FRACTURE necessitating SURGERY | 40% |
| 32. a. Spine FRACTURE | 20% |
| 32. b. Spine FRACTURE necessitating SURGERY | 100% |
| 33. a. Shoulder Blade FRACTURE | 20% |
| 33. b. Shoulder Blade FRACTURE necessitating SURGERY | 60% |
| 34. a. Collar bone FRACTURE | 10% |
| 34. b. Collar Bone FRACTURE necessitating SURGERY | 30% |
| 35. a. Upper arm, forearm FRACTURE | 10% |
| 35. b. upper arm, forearm FRACTURE necessitating SURGERY | 40% |
| 36. a. Elbow FRACTURE | 20% |
| 36. b. Elbow FRACTURE necessitating SURGERY | 30% |
| 37. a. Hand FRACTURE | 10% |
| 37. b. Hand FRACTURE necessitating SURGERY | 30% |
| 38. a. Finger FRACTURE | 5% |
| 38. b. Finger FRACTURE necessitating SURGERY | 10% |
| 39. a. Rib FRACTURE | 5% |
| 39. b. Rib FRACTURE necessitating SURGERY | 10% |
| 40. a. Hip, pelvis FRACTURE | 20% |
| 40. b. Hip, Pelvis FRACTURE necessitating SURGERY | 80% |
| 41. a. Upper leg FRACTURE | 10% |
| 41. b. Upper leg FRACTURE necessitating SURGERY | 70% |
| 42. a. Kneecap FRACTURE | 10% |
| 42. b. Kneecap FRACTURE necessitating SURGERY | 30% |
| 43. a. Lower leg, tibia FRACTURE | 10% |
| 43. b. Lower leg, tibia FRACTURE necessitating SURGERY | 50% |
| 44. a. Lower leg, fibula FRACTURE | 10% |
| 44. b. Lower leg, fibula FRACTURE necessitating SURGERY | 20% |
| 45. a. Lower leg, tibia and fibula FRACTURE | 30% |
| 45. b. Lower leg, tibia and fibula FRACTURE necessitating SURGERY | 60% |
| 46. a. Ankle joint FRACTURE | 10% |
| 46. b. Ankle joint FRACTURE necessitating SURGERY | 40% |

Section 4 – Dental BENEFITS - INJURY

If, as a result of INJURY, an INSURED PERSON suffers any of the INSURED EVENTS listed below in Table 4 WE will pay the BENEFIT set out in Table 4.

Cover only applies for an INSURED EVENT under Section 4 if:

- a) An amount is shown on the SCHEDULE against Section 4 - Dental BENEFITS INJURY; and
- b) the INJURY results directly in the INSURED EVENT, which must occur within twelve (12) months of the date of the INJURY.

The maximum BENEFIT payable with respect to any one INJURY shall be \$250 per Tooth up to a maximum of \$1,000 unless otherwise shown on the SCHEDULE against Section -4 Dental BENEFITS – INJURY.

Table of INSURED EVENTS – Table 4

| INJURY resulting directly in the following dental treatment being carried out within twelve (12) months of the date of the INJURY: | BENEFITS As a percentage of the amount shown against the SCHEDULE on Section 4 – DENTAL BENEFITS |
|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| 47. LOSS of Teeth resulting in prosthetic replacement - per Tooth | 100% |
| 48. Damage to Teeth resulting in prosthetic restoration - per Tooth | 50% |

Section 5 - Additional BENEFITS under the POLICY

Transport to and from work BENEFIT

On the occurrence of INSURED EVENTS 27 or 28 and in the event that an INSURED PERSON requires transportation assistance in order to get to and from his or her usual place of employment due to his or her disablement, WE will refund upon receipt of tax invoices, reasonable actual transport costs to a maximum amount of \$25 (twenty-five dollars) per day for a maximum period of twelve (12) weeks. Transportation assistance must be provided by a licensed public transportation provider, such as a taxi, bus, train, tram, ferry operator or the like. The provider of the transportation cannot be someone who is either related to, or lives with the INSURED PERSON

Re-imbursment of professional or membership fees

On the occurrence of any INSURED EVENT where an INSURED PERSON is deemed by their DOCTOR and our claims assessor that they will no longer reasonably derive any BENEFIT from membership of a professional association, union, industry body or similar organization directly related to their employment, WE will reimburse the INSURED PERSON, on a pro rata basis from the date of INJURY, to the annual membership renewal date, for a maximum of two (2) memberships, up to a maximum amount of two hundred and fifty dollars (\$250) per membership upon receipt by US of the relevant tax invoices

Return to work assistance

On the occurrence of INSURED EVENTS 27 or 28, WE will reimburse expenses incurred for participation in a return to work program, retraining program, or rehabilitation program by the INSURED PERSON, provided that such participation is undertaken with OUR written consent and the agreement of the INSURED PERSON's DOCTOR. This BENEFIT will be limited to the actual costs incurred by the INSURED PERSON not exceeding ten thousand dollars (\$10,000) in total

Twelve (12) weeks guaranteed payment

If an INSURED PERSON sustains an INJURY for which BENEFITS are payable under Events 27 or 28, and upon receipt of satisfactory medical evidence from a DOCTOR certifying that the total period of Temporary TOTAL DISABLEMENT will be a minimum of twenty-six (26) weeks, WE will immediately pay twelve (12) weeks BENEFITS as provided for in the SCHEDULE

Exposure to the elements

If as a result of an INJURY occurring during the INSURANCE PERIOD an INSURED PERSON is exposed to the elements and suffers from any of the INSURED EVENTS set out in any of the tables of INSURED EVENTS as a direct result of that exposure, WE will pay BENEFITS as provided for in the SCHEDULE.

Non Medicare BENEFIT

If an INSURED PERSON sustains an INJURY for which BENEFITS are payable under Events 2 to 28 which within 12 calendar months results in:

- Private hospital accommodation
- Ambulance transport cost
- Chiropractic
- Ancillary medical procedures
- Theatre fees in private hospitals where Medicare does not apply
- Orthotics, splints, and Protheses

where an INSURED PERSON's DOCTOR considers them medically necessary for the treatment of INJURY

WE will pay for the Non Medicare MEDICAL EXPENSES incurred subject to a maximum BENEFIT of 75% of amounts claimable and a maximum amount of \$2,000 for any INJURY

All claims are subject to a \$50 excess which is payable by the INSURED PERSON.

This BENEFIT only covers expenses that are not covered by the Medicare Act 1983. Further it only applies to the difference between the private health insurance rebate to which an INSURED PERSON may be entitled and the actual cost incurred by the INSURED PERSON.

Physiotherapy BENEFIT

If an INSURED PERSON sustains an INJURY for which BENEFITS are payable under Events 2 to 28 which within 12 calendar months requires physiotherapy treatment recommended by a DOCTOR and is provided by a suitably qualified physiotherapist WE will pay the following:

- Visits 1 to 5: 95% of the fees charged less rebates from other sources, subject to a maximum payment of \$45 per visit
- Visits 6 to 10: 80% of the fees charged less rebates from other sources, subject to a maximum payment of \$40 per visit
- All other visits 75% of the fees charged less rebates from other sources, subject to a maximum payment of \$30 per visit.

This BENEFIT is subject to a maximum amount of \$750 any one claim.

General Conditions applying to the POLICY

1. BENEFITS will not be payable for more than one of the INSURED EVENTS 1-26 arising out of the same INJURY. In that event, the highest BENEFIT applicable will be payable.
2. Further any BENEFIT payable for INSURED EVENTS 1-26 will be reduced by any BENEFIT paid or payable for INSURED EVENTS 27 or 28 in respect of the same INJURY.
3. No weekly BENEFITS will be payable for INSURED EVENTS 27 or 28 greater than fifty two (52) weeks in total in respect of any one INJURY, unless otherwise stated on the SCHEDULE.
4. Unless otherwise stated on the SCHEDULE, the BENEFIT payable to INSURED PERSON(S) under eighteen (18) years of age for INSURED EVENT 1 will be \$10,000.
5. We will pay one-fifth (1/5th) of the weekly BENEFITS for each day of disablement where disablement lasts for less than a week after expiry of the EXCESS PERIOD for INSURED EVENTS 27 and 28.
6. The weekly BENEFITS for INSURED EVENT 27, and 28 will only be payable if the INSURED PERSON(S) is gainfully employed at the time of the INJURY.

The weekly BENEFITS payable for INSURED EVENT 27 shall not exceed the lesser of:

The amount, per week, stated in the SCHEDULE, or

100% of the INSURED PERSON's SALARY for the 12 month period immediately prior to the first date of incapacity, (we may average earnings over a different period, if in our reasonable opinion, the INSURED PERSON's SALARY fluctuates significantly and using a different period would give a better indication of the INSURED PERSON's usual SALARY). Minus the total gross monthly equivalent of:

- (i) Any benefits that are due to the INSURED PERSON under any other insurance against disability. These will involve a regular payment to the INSURED PERSON or to a financial institution on behalf of the INSURED PERSON. This includes other income protection policies and mortgage payment protection policies.
- (ii) Any SALARY, wages, income fees, dividends or commission which the INSURED PERSON continues to receive directly from employment or the INSURED PERSON's business.
- (iii) Any weekly benefit the INSURED PERSON is entitled to receive under any statutory workers' compensation or transport accident compensation scheme or legislation.
- (iv) Any early retirement pension the INSURED PERSON receives from any office, employment, trade, profession or vocation as a result of the INSURED PERSON's incapacity. This will be net of any income tax or superannuation contributions that apply.

Federal or State government benefits, non-employment related dividends, income from renting property or goods will not reduce the maximum BENEFITS payable for INSURED EVENT 27 and 28.

7. If as a result of INJURY, BENEFITS become payable under Section 2 and whilst the POLICY is in force, the INSURED PERSON suffers a recurrence of INSURED EVENTS 27 or 28 from the same INJURY, the subsequent period of disablement will be a continuation of the prior period unless, between such periods, the INSURED PERSON has held full time work for at least six (6) consecutive months, in which case the subsequent period of disablement will be deemed to have resulted from a new INJURY and a new EXCESS PERIOD shall apply.
8. No cover is provided under the POLICY for INSURED EVENTS which occur on or after the date an INSURED PERSON reaches the age of sixty six (66), unless otherwise indicated on the SCHEDULE.
9. All weekly BENEFITS will be paid monthly in arrears, except where the twelve (12) weeks guaranteed payment additional BENEFIT in Section 5 of this POLICY applies.
10. Unless an INSURED PERSON otherwise directs all BENEFITS shall be paid to the INSURED PERSON, or, in the case of the INSURED PERSON's death, to the INSURED PERSON's legal personal representative.
11. In the event that the INSURED PERSON suffers INJURY which causes or may cause TEMPORARY TOTAL DISABLEMENT within the meaning of the POLICY, the INSURED PERSON must notify US, in writing, as soon as practicable or at least within fourteen days from the date of INJURY.
12. In the event that an INJURY gives or may give rise to a claim for BENEFITS 2 to 26 the INSURED PERSON must notify US, in writing, as soon as practicable or at least within ninety days from the date of INJURY.
13. In the event that an INJURY causes or may cause the death of the INSURED PERSON, YOU or the BENEFICIARY or the BENEFICIARY's executors or administrators must notify US, in writing, as soon as practicable and at latest within one hundred and eighty days from the date of INJURY.
14. In the event of INJURY, the INSURED PERSON must as early as possible place him or herself under the care of a DOCTOR.
15. WE shall not be liable to pay any BENEFITS under this POLICY unless YOU and/or the INSURED PERSON and/or the BENEFICIARY fully co-operate with US in the investigation and evaluation of the incident or INJURY giving rise to a claim. This shall include, in the event of death due to INJURY, providing or obtaining a copy of the death certificate and any other records WE deem necessary.
16. After initial notice or submission of an incident or claim, any medical examiner appointed by US shall be allowed, so often as may be deemed necessary, to conduct an examination of the INSURED PERSON ; and in the event of death as a result of INJURY to conduct an autopsy if legally permitted.
17. Payment may be made under this POLICY only after YOU and/or the INSURED PERSON have submitted, through the agent/broker as stated in the SCHEDULE, complete claims information including OUR claim form, a general medical release signed by YOU and/or the INSURED PERSON, any other materials requested by US, and only after WE have completed our investigation of such incident or claim and agreed the claim is covered under the terms and conditions of this POLICY.

18. In the event of death as a result of INJURY claims must be presented to US for settlement within twelve months of the date of the original INJURY giving rise to such claim under this POLICY, unless otherwise agreed by US.

In the event an INJURY gives rise to a claim for BENEFITS 2 to 26, the claim must be presented to US for settlement within twelve months of the date of the INJURY giving rise to such claim, unless otherwise agreed by US.

Payment of the TEMPORARY TOTAL DISABLEMENT BENEFIT will cease when:

- The INSURED PERSON has made a recovery from TEMPORARY TOTAL DISABLEMENT; or
- The total BENEFIT specified in the SCHEDULE is exhausted; or
- the AGGREGATE LIMIT OF LIABILITY is exhausted; or
- The INSURED PERSON dies or is deemed to be PERMANENTLY TOTALLY DISABLED by US.

whichever occurs first.

The INSURED PERSON is deemed to have made a recovery from TEMPORARY TOTAL DISABLEMENT when he is able to participate in his or her usual occupation, and perform the major duties thereof, even if he or she chooses not to.

17. Death or disability due to SICKNESS or natural causes is not covered under the POLICY.
18. No actions or other proceedings shall be brought to recover or seek relief under this POLICY prior to ninety days from the submission, of a completed claim form including all information required by US, nor in any event after the expiration of two years from death or the commencement of disablement.

General Exclusions applying to this POLICY

No BENEFITS are payable under this POLICY for any INSURED EVENT resulting from;

1. or relating to any claim or part of a claim which is made fraudulently. Any BENEFIT paid as a result of a fraudulent claim must be repaid to US and we shall be entitled to immediately cancel the POLICY;
2. INJURY which is intentional, deliberate, self-inflicted or caused by an INSURED PERSON, including suicide or attempted suicide, whether sane, insane or under any mental distress;
3. INJURY which occurs as a result of any criminal or illegal act committed by an INSURED PERSON;
4. INJURY which occurs as a result of an INSURED PERSON driving any vehicle whilst under the influence of alcohol equal to or above the prescribed legal limit or whilst under the effects of psychoactive, psycho pharmaceutical or psychotropic drug or substance;
5. INJURY which occurs whilst an INSURED PERSON is under the effects of alcohol, psychoactive, psycho pharmaceutical or psychotropic drug or substance;
6. INJURY which occurs as a result of WAR, invasion or CIVIL WAR;
7. INJURY which results from an INSURED PERSON piloting aircraft;
8. INJURY which results from an INSURED PERSON participating, training or taking part in professional sports of any kind;
9. INJURY which is wholly or partly caused by childbirth or pregnancy or any complications of these;
10. INJURY which is in any way caused or contributed to by nuclear reaction, nuclear radiation or radioactive contamination;

11. INJURY which results from any PRE-EXISTING CONDITION;
12. stress (work related or otherwise), neuroses, psychoneuroses, psychopathies, psychoses, post traumatic stress disorder or mental or emotional diseases or disorders of any type or epilepsy.
13. osteoarthritis, arthritis or any other degenerative process of the joints, bones, muscles, tendons or ligaments.
14. repetitive strain injury or syndrome or any other gradually operating cause.
15. back pain or discomfort or any condition not diagnosed by a DOCTOR.
16. SICKNESS or natural causes.
17. if the payment of any such BENEFIT would constitute the carrying on of "health insurance business" as defined under any Commonwealth health legislation and regulations.
18. if the payment of such claim or provision of such BENEFIT would expose US to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

General Provisions under the POLICY

1. Aggregate Limit of Liability

WE shall not be liable to pay any BENEFITS under the POLICY in excess of the AGGREGATE LIMIT OF LIABILITY. If this amount is not adequate to pay all claims in full, then WE will reduce the BENEFIT payable to each INSURED PERSON proportionately, so that the total of all payments does not exceed the AGGREGATE LIMIT OF LIABILITY.

2. Sublimit of liability

WE shall not be liable to pay any BENEFITS under the POLICY in excess of the SUBLIMIT OF LIABILITY applying to NON SCHEDULED FLIGHTS. If this amount is not adequate to pay all claims in full WE will reduce the BENEFIT payable to each INSURED PERSON proportionately, so that the total of all payments does not exceed the SUBLIMIT OF LIABILITY.

3. Currency

All BENEFITS paid under the POLICY will be paid in Australian Dollars (AUD) unless otherwise specified on the SCHEDULE.

4. Governing Law and Jurisdiction

The POLICY is governed by the laws of the Commonwealth of Australia and the State or Territory where the POLICY was issued. Any disputes relating to interpretation shall be submitted to the exclusive jurisdiction of the Courts of Australia.

5. Co-operation

- a) YOU or any INSURED PERSON will frankly and honestly provide US with all information and assistance required by US and or our representatives appointed by US in relation to any claim or loss. Any unreasonable failure to comply with this obligation may entitle US to deny cover for the claim or loss, in whole or part.
- b) YOU or any INSURED PERSON will do all things reasonably practicable to minimise OUR liability in respect of any claim or loss.

6. **Subrogation and Our right of recovery.**

WE can exercise any right of recovery held by YOU or any INSURED PERSON to the extent of any BENEFIT payable under the POLICY. YOU or any INSURED PERSON must not do anything that reduces such rights, and YOU or any INSURED PERSON must provide us with all reasonable assistance to us in pursuing such rights. If YOU or any INSURED PERSON have agreed to not to seek compensation from another source that is liable to compensate YOU or any INSURED PERSON in regards to a BENEFIT payable under the POLICY, WE will not cover YOU or any INSURED PERSON under the POLICY for that LOSS, damage or liability.