

TABLE OF EVENTS AND COMPENSATION FOR

Section 1 and 2 of Cover 1 - Personal Accident Insurance – School Student and Staff:

OPTION 1

SECTION 1 - CAPITAL BENEFITS

THE EVENTS

THE COMPENSATION (Each *insured person*)

Injury as defined, resulting in:-

1. Permanent quadriplegia	\$750,000
2. Permanent paraplegia	\$750,000
3. Death	\$ 50,000
4. Permanent loss of independent existence	\$750,000
5. Permanent total loss of entire sight of both eyes	\$350,000
6. Permanent total loss of entire sight of one eye	\$150,000
7. Permanent total loss of use of two limbs	\$300,000
8. Permanent total loss of speech	\$100,000
9. Permanent total loss of use of one limb	\$150,000
10. Permanent total loss of hearing in both ears	\$150,000
11. Permanent total loss of hearing in one ear	\$ 50,000
12. Permanent total loss of use of four fingers and thumb of either hand	\$ 80,000
13. Permanent total loss of use of four fingers of either hand	\$ 50,000
14. Permanent total loss of use of one thumb of either hand	
14.1 <i>Both joints</i>	\$ 30,000
14.2 <i>One joint</i>	\$ 15,000
15. Permanent total loss of use of fingers of either hand	
15.1 <i>Three joints</i>	\$ 50,000
15.2 <i>Two joints</i>	\$ 20,000
15.3 <i>One joint</i>	\$ 10,000
16. Permanent total loss of use of toes of either foot	
16.1 <i>All – one foot</i>	\$ 20,000
16.2 <i>Great – both joints</i>	\$ 15,000
16.3 <i>Great – one joint</i>	\$ 10,000
16.4 <i>Other than great, each toe</i>	\$ 5,000
17. Shortening of leg by at least 5cm	\$ 10,000
18. Fractured leg or knee cap with established non-union	\$ 20,000
19. Third degree burns and/or resultant disfigurement due to fire or chemical burns which extends to more than 40% of the entire body	\$350,000

20. **Permanent** partial disablement not otherwise provided for under Events 4 to 19 inclusive and 23-25 inclusive. Such percentage of the maximum compensation which corresponds to the percentage reduction in whole bodily function as certified by not less than two (2) legally qualified medical practitioners one of whom shall be the **insured person's** treating doctor and the other shall be nominated by **us**. In the event of a disagreement between them, a third legally qualified medical practitioner's opinion shall be obtained and the percentage awarded shall be the average of the three (3) opinions.

SECTION 2 - ADDITIONAL BENEFITS

THE EVENTS

THE COMPENSATION (Each **insured person**)

21. **Bed care patient** benefit for a period of more than twenty-four (24) hours as a result of **injury**
Aggregate Period for this Benefit is up to fifty-two (52) weeks
- \$550 per week
and part thereof, pro rata
22. Injury Assistance Benefit – in the event of an **insured person** suffering **temporary total disablement**, we will reimburse **domestic help** and **child minding services** and/or **extra public transport expenses** certified as necessary by the **insured person's** legally qualified and registered medical practitioner.
Elimination period is seven (7) days per **injury**
Aggregate Period for this Benefit is up to fifty-two (52) weeks
- Up to \$350
per week
23. **Injury** as defined resulting in broken and/or fractured bones of the:
- | | |
|--|-----------|
| (a) finger or toe (each) | \$ 200 |
| (b) hand or foot | \$ 200 |
| (c) arm, elbow, wrist, leg, ankle or knee; | |
| (i) simple fractures | \$ 500 |
| (ii) compound or complicated fractures | \$ 1,000 |
| (d) collarbone | \$ 500 |
| (e) breastbone | \$ 500 |
| (f) rib (each) | \$ 200 |
| (g) shoulder, cheekbone or nose | \$ 500 |
| (h) jaw | \$ 500 |
| (i) skull, pelvis, hip, vertebrae of the neck or spine | \$ 3,000 |
| The maximum amount payable any one injury is | \$ 75,000 |
24. Internal Injuries
Injury as defined resulting in:
- | | |
|--|----------|
| (a) Torn ligament or ruptured internal organ | \$ 2,000 |
| (b) Knee reconstruction | \$ 2,500 |
25. **Injury** as defined resulting in a dislocation of the
- | | |
|---------------------------|--------|
| (a) hip | \$ 500 |
| (b) knee | \$ 250 |
| (c) shoulder blade | \$ 250 |
| (d) collarbone or Jaw | \$ 250 |
| (e) ankle, elbow or wrist | \$ 150 |
26. Dental Expenses Benefit – Second teeth (except where such payment is prohibited by law)*
100% of the actual cost incurred for loss of teeth or crowning of damaged teeth with cast metal or porcelain or similar restorations, provided that this occurs within twenty four (24) calendar months from the date of **injury** to permanent or second teeth
(No cover is provided for milk or first teeth, dentures or fillings)
- The maximum amount payable for any one **injury** is up to \$ 5,000

27. Dental Cash Benefit – Milk Teeth
Lump sum payment, provided the Event occurs within twenty four (24) calendar months from the date of **injury** to milk or first teeth \$100 per tooth
28. **Student tutoring expenses** Benefits
Elimination Period is seven (7) days per **injury** Up to \$350
Aggregate Period for this Benefit is up to fifty-two (52) weeks per week
29. Fee Relief - Following the death by **injury** of the **insured person's** parent or guardian, **we** will pay the annual school tuition fees up to \$3,500 for each of the remaining school terms of the current school year. (Student only) \$14,000 maximum in all
30. **Overseas Medical Expenses** Benefit \$7,500
Excess each and every loss is \$Nil
31. **Emergency transport** Benefit (due to **injury** or illness) \$5,000 maximum per **injury** or illness
32. **Non-medicare medical expenses**, (except where such reimbursement is prohibited by law)* \$7,500 maximum per **injury**
100% of the actual cost incurred after deduction of the Policy **excess** to the maximum amount specified.
Excess each and every loss is \$Nil
Please refer to Event 26 for Dental Expenses Benefit
33. Clothing (including spectacles)and/or Sports Equipment Benefit \$500 per **injury**
We will pay for clothing (including spectacles) worn and/or sporting equipment being used by the **insured person** that has been lost or damaged in the course of an **injury** or in the course of treating the **injury**.
34. Psychological trauma expense \$10,000 any one event
We will pay for psychological trauma expense incurred as a result of an **insured person** suffering a **temporary total disablement** caused by a **traumatic event** provided:
(a) the **temporary total disablement** occurs as a result of a sudden **traumatic event**; and
(b) such **insured person** is under the continuous care of a legally qualified registered psychiatrist or psychologist who is not the insured person or his/her family member; and
(c) such **insured person** have remained in Australia during the claim period.

* Cover will be provided for:

- (i) volunteers, staff, students and parents/guardians of the students taking part in sporting and youth activities;
- (ii) students participating in activities, organized and supervised by the **insured**.