



Endorsement

Group Personal Accident Insurance

POLICY NUMBER: 2300110389
INSURED: Australian Sailing Limited
INSURED PERSON(S): As per Policy Schedule(s)
EFFECTIVE DATE: FROM: 4 pm on the 1st October 2020
TO: 4 pm on the 1st October 2021

ADDITIONAL BENEFITS SECTION 1: NON MEDICARE MEDICAL EXPENSES

If an Insured Person sustains an Injury and incurs Non-Medicare Medical Expenses We will pay 100% of the actual Non-Medicare Medical Expenses after deduction of recoveries from any other source and deduction of the Excess OR the maximum amount specified in the Policy Schedule, whichever is the lesser.

Medical Expenses means:

- expenses incurred by, or on behalf of, an Insured Person within 12 calendar months of suffering an Injury, where
- the cost is for treatment by a duly qualified medical practitioner, physician, surgeon, chiropractor, optician, dentist, acupuncturist or other qualified professional alternate therapist, pharmacist, nurse, hospital or ambulance service, for
- medical, surgical, x-ray, hospital or nursing treatment including the cost of medical supplies and ambulance hire but excluding physiotherapy and the cost of dental treatment unless such treatment is necessarily incurred to teeth other than dentures and is caused by an injury, and
- does not include any or part of any expenses for which a Medicare benefit is paid or is payable, nor does it include the balance of monies due or payable by You after deduction of any Medicare benefit or rebate. (Commonly known as the "Medicare Gap".)

There is no cover for Physiotherapy under this section. The only cover provided is under Additional Benefits Section 2 Physiotherapy Benefit.

Refund Not Available:

We shall not be liable to make any refund in respect of:

- Any expense recoverable by You or by the Insured from any other insurance scheme, private health insurance or any plan providing medical or similar coverage or from any other source except for the excess of the amount recoverable from such other insurance plan or source;

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- More than the specified percentage of each claim less all deductions and the Policy excess;
- Any expense which We are prohibited by Law from paying.

Our Total Liability shall not exceed in the aggregate the amount specified in the Policy Schedule, in respect of any one Injury.

ADDITIONAL BENEFITS SECTION 2: PHYSIOTHERAPY BENEFIT

If an Insured Person sustains an Injury which within 12 calendar months requires Physiotherapy treatment as recommended by a Doctor, except as per important note below, and treatment is provided by a 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.

Important Note:

No Doctors referral is required for the first 5 visits. A Doctors referral is required for all visits thereafter.

ADDITIONAL BENEFITS SECTION 3: STUDENT TUTORIAL BENEFIT - NON-INCOME EARNERS

If You are a full time student and You suffer Temporary Total Disablement, We will reimburse the cost of student tutorial fees incurred in accordance with the limits and benefit period specified in the Schedule of Benefits, provided that:

- such fees are paid to a professionally qualified tutor, who is not related to the Insured Person, who continues teaching during the period of disability
- such Temporary Total Disablement is certified by a qualified medical practitioner

ADDITIONAL BENEFITS SECTION 4: DOMESTIC HOME HELP BENEFIT - NON-INCOME EARNERS

If You are a non-income earner and You suffer Temporary Total Disablement, We will reimburse the costs of hiring domestic help and/or child minding services reasonably and necessarily incurred provided that:

- such services and domestic help are carried out persons other than members of the Insured Person's family or other relatives permanently living with the injured person
- such child-minding services and domestic help is certified as necessary by a legally qualified medical practitioner.



ADDITIONAL BENEFITS SECTION 5: DENTAL BENEFITS

INSURED EVENTS

Injury resulting directly in the following dental treatment being carried out within twelve (12) months of the date of injury:

- Loss of Teeth resulting in prosthetic replacement- \$1,250 per tooth
- Damage to Teeth resulting in prosthetic restoration- \$625 per tooth

The Maximum amount payable under this section is limited to \$5,000 any one accident Cover only applies if the event occurs within twelve (12) calendar months of the date of Injury

ADDITIONAL BENEFIT SECTION 6: FUNERAL BENEFIT

If an Insured Person suffers an Injury resulting in Section A Event 1 Death, we will pay all reasonably incurred funeral expenses. The maximum amount we will pay is \$10,000.

ADDITIONAL BENEFITS SECTION 7: PARENT INCONVENIENCE ALLOWANCE

If an Insured Person who is:

- under 20 (twenty) years of age, and
- wholly dependent on his/her parents for maintenance and support

is hospitalised as a result of an Injury we will pay the Insured Person \$25.00 (twenty five dollars) per day they are hospitalised. This benefit is limited to a maximum of fifty two (52) weeks and is subject to an excess of 7 days.

ADDITIONAL BENEFITS SECTION 8: FRACTURED BONES BENEFIT

INSURED EVENTS

Injury resulting in:

BENEFITS

As a percentage of the amount shown in the Policy Schedule under Section 8: Fractured Bones Benefit

Skull Fracture	10%
Skull Fracture necessitating surgery	70%
Jaw Fracture	10%
Jaw Fracture necessitating surgery	50%
Cheek Fracture	10%
Cheek Fracture necessitating surgery	40%
Spine Fracture	20%
Spine Fracture necessitating surgery	100%
Shoulder Blade Fracture	10%
Shoulder Fracture necessitating surgery	60%
Collarbone Fracture	10%
Collarbone Fracture necessitating surgery	30%



Upper arm, forearm Fracture	10%
Upper arm, forearm Fracture necessitating surgery	40%
Elbow Fracture	20%
Elbow Fracture necessitating surgery	30%
Hand Fracture	10%
Hand Fracture necessitating surgery	30%
Finger (one or more) Fracture	5%
Finger (one or more) Fracture necessitating surgery	10%
Rib (one or more) Fracture	5%
Rib (one or more) Fracture necessitating surgery	10%
Hip, Pelvis Fracture	20%
Hip, Pelvis Fracture necessitating surgery	80%
Upper Leg Fracture	10%
Upper leg Fracture necessitating surgery	70%
Kneecap Fracture	10%
Kneecap Fracture necessitating surgery	30%
Lower leg tibia Fracture	10%
Lower leg tibia Fracture necessitating surgery	50%
Lower Leg fibula Fracture	10%
Lower leg fibula Fracture necessitating surgery	20%
Lower Leg tibula and fibula Fracture	30%
Lower leg tibula and fibula Fracture necessitating surgery	60%
Ankle joint Fracture	10%
Ankle joint Fracture necessitating surgery	40%
Foot Fracture	10%
Foot Fracture necessitating surgery	30%
Toe (one or more) Fracture	5%
Toe (one or more) Fracture necessitating surgery	10%

The Maximum amount payable under this section is limited to \$5,000 any one accident
Cover only applies if the event occurs within twelve (12) calendar months of the date of Injury

ADDITIONAL BENEFITS SECTION 9: MEDICAL/EVACUATION EXPENSES INCURRED OVERSEAS

If as a result of Injury an Insured Person incurs Medical Expenses or Medical Evacuation Expenses whilst:

- (a) outside Australia, and
- (b) participating in a sanctioned competition, or training for the competition immediately prior to the commencement of the competition, within territorial waters

We will pay:

- (i) reasonable costs incurred for emergency medical, hospital, ambulance or other treatment the Insured Person actually and necessarily received as a result of an Injury.
- (ii) reasonable costs related to the evacuation of an Insured Person as a direct result of an Injury suffered whilst engaged in competing or training including the expenses incurred for qualified medical staff who are required to travel with the Insured Person. In the event that evacuation is required all expenses incurred are required to be certified and agreed by us.



- (iii) the cost of emergency dental treatment up to a maximum amount of \$1,000 per person for dental costs incurred which the treating dentist certifies in writing is for the relief of sudden and acute pain to sound and natural teeth arising out of competing or training.
- (iv) The cost of the Insured Persons burial or cremation overseas, or the transporting of the Insured Persons remains to Australia and cost of burial or cremation in Australia.

In the event of the Insured Person death following a valid claim under this Section. The maximum amount WE will pay is \$10,000 for all costs incurred for transportation, burial and/or cremation. The maximum amount we will pay for all claims combined under this benefit are shown is shown on the schedule.

In the event of an emergency overseas, simply call (reverse charge) Travel Guard™ any time from any place in the world: MALAYSIA 60 (3) 2772 5651 (The number underlined is the country code and the number in brackets is the area code.)

CONDITIONS:

- If you or the Insured Person want Us to pay for the hospitalization or emergency transportation service then Travel Guard™ must be contacted and their prior written agreement obtained. (This requirement does not include in-country emergency ambulance transfers from the place of injury or sickness to a hospital, which will be paid by us providing such service was medically necessary or was authorised by a local authority (eg police or medical officer)).
- We will decide where and how to move the injured or sick insured person depending on the medical advice received.
- We will use the insured person's return ticket towards our costs if the insured person is returned to his or her country of residence.
- This Benefit does not apply in your or the insured person's country of residence.
- If we determine that the Insured Person should return home to Australia for treatment and You or the Insured Person do not agree to do so then we will pay the amount which we determine would cover the Insured Person's medical expenses and/or related costs had you or the Insured Person agreed to our recommendation. You and/or the Insured Person will then be responsible for any ongoing or additional costs relating to or arising out of the event you have claimed for.
- The treatment must be given or prescribed by a qualified medical practitioner or paramedic.

EXCLUSIONS – ADDITIONAL BENEFITS: SECTION 9: MEDICAL/EVACUATION EXPENSES INCURRED OVERSEAS

In addition to the Exclusions applying to all sections of the policy, We will not pay for claims or losses :

1. For treatment received in Australia
2. For ongoing payments under this Section (Medical Expenses Incurred Overseas/Medical Evacuation) if We decide on the advice of a doctor appointed by Us that the Insured Persons is capable of being repatriated to their country of residence, being Australia.
3. If the Insured Person has received, or is entitled to readily receive, medical care under a reciprocal national health scheme between the Government of Australia and the Government of any other country to the extent of cover available under the scheme.



4. Medical expenses incurred more than 12 months after the Insured Person suffered the Injury.
5. Where, unless agreed by Us, the Insured Person incurs costs in a private hospital or clinic.
6. For dental treatment involving the use of precious metals or for cosmetic dentistry.
7. Expenses incurred for continuing treatment, including any medication commenced prior to the commencement date of the travel, which the Insured Person has been advised to continue whilst outside Australia.
8. When You and/or the Insured Person have not notified us as soon as practicable of the Insured Persons admittance to hospital.
9. If you and/or the Insured Person do not take Our advice.
10. For any expenses for medical evacuation, funeral services or cremation or bringing the Insured Persons remains back to Australia unless it has been first approved by Us.
11. Any claim arising directly or indirectly from sickness or natural causes.
12. From participation in, or training for, non-sanctioned races.
13. For any costs or expenses related to ship/yacht to shore emergency evacuation and/or search and rescue costs.

ADDITIONAL GENERAL POLICY EXCLUSION"

It is hereby declared and agreed that Exclusion 11 is added to this policy:

Exclusion

11. Cover under this policy is only extended to claims occurring at an Australian Sailing Affiliated club premises, including organised events; OR at an event that has been organised by or sanctioned by World Sailing or one of World Sailing's Member National Authorities, including but not limited to Australian Sailing.

This policy does not extend to cover Members of Affiliated clubs whilst participating in an event or on the premises of a non- affiliated Australian sailing club.

In all other respects, the policy remains unaltered.

EXTRA PREMIUM:	NIL
GST:	NIL
STAMP DUTY:	NIL
TOTAL:	NIL

DATE OF ISSUE: 6th October 2020

BROKER: Network Insurance Brokers
Pty Ltd
PER



AIG AUSTRALIA LIMITED