

# Personal Injury Insurance – Fact Sheet: Policy: 02.PO.012009



## 1. Schedule of Benefits

## 2. How to Claim

[ At 31.10.17.]

### 1. Schedule of Benefits

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The University of Melbourne (UoM) holds a **Chubb Personal Injury Insurance Policy 02.PO.012009**, (the Policy) with insurer, ACE Insurance Limited, A Chubb Company (ABN 23 001 642 020, AFS Licence No. 239687) of Sydney, NSW, 2000 (ACE). This Benefits Summary, provided for general information only, may change marginally when automatically renewed each year on the 31st October. This **University Personal Injury Fact Sheet** is not a substitute for the complete record of insurance cover set out in the Policy Wording & PDS. Please refer to the **Chubb Business Travel Insurance Policy Wording & Product Disclosure Statement: 16.PDS.GPA.02**.

#### Covered Persons / Categories 1 to 4.

|   |   |
|---|---|
| 1 | The University of Melbourne, its servants, agents, employees and governing body, honorary research fellows and all affiliated bodies including colleges, halls of residence, unions, clubs, society, foundations, centres and institutes affiliated to and/or operating within the framework of the institution and formed by/or with the consent of the institution and any corporation wholly or majority owned or controlled by the institution. |
| 2 | Full and/or part time students (including post graduates) who are members of the Policyholder's organization.   |
| 3 | Affiliated member of Melbourne University Sport.  |
| 4 | Non-University of Melbourne students who reside at University of Melbourne colleges and participate in University of Melbourne affiliated clubs/ competitions.  |

#### Scope of Cover – Categories 1 to 4:

Cover under the Policy applies for 24 hours per day, whilst on the business of the Policyholder, including direct travel to and from such activities.

#### University of Melbourne – Office Contacts:

UoM - Insurance Office: [ins-office@unimelb.edu.au](mailto:ins-office@unimelb.edu.au) +61 3 834 4344 | Melbourne University Sport: <http://www.sport.unimelb.edu.au/Contact> +61 3 834 45405

| Policy – Sections of Cover  |   | 1           | 2           | 3           | 4           |
|---|---|-------------|-------------|-------------|-------------|
| <b>PERSONAL ACCIDENT AND SICKNESS</b>   |   |             |             |             |             |
| <b>PART A – LUMP SUM BENEFITS</b>   |   |             |             |             |             |
| Event 1   | - Accidental Death (Part A - Lump Sum Benefits)                           | 100,000     | 100,000     | 100,000     | 100,000     |
| Events 2 - 19   | -   | 100,000     | 100,000     | 100,000     | 100,000     |
| <b>PART B – BODILY INJURY – RESULTING IN SURGERY – BENEFITS</b>   |   |             |             |             |             |
| Events 20 - 24  | - Part B – Bodily Injury Resulting in Surgery – Benefits                  | Not Insured | Not Insured | Not Insured | Not Insured |
| Events 20 - 24  | - Part B - Weekly Benefits Injury (156 wks) (85% of salary.) (7 day X.S.) | 400         | 400         | 300         | 300         |
| <b>PART C – WEEKLY BENEFITS - SICKNESS</b>  |   |             |             |             |             |
| Events 27 - 28  | - Part C - Weekly Benefits Sickness                                       | Not Insured | Not Insured | Not Insured | Not Insured |
| Events 29 - 32  | - Part C - Sickness Resulting in Surgery – Benefits                       | Not Insured | Not Insured | Not Insured | Not Insured |
| <b>PART D – FRACTURED BONES</b>   |   |             |             |             |             |
| Events 33 - 41  | - Part D - Injury Resulting in Fractured Bones                            | Not Insured | Not Insured | Not Insured | Not Insured |
| <b>PART E – LOSS OF TEETH OR DENTAL PROCEDURES - LUMP SUM BENEFITS</b>  |   |             |             |             |             |
| Events 42 - 43  | - Part E - Loss of Teeth or Dental Procedures (Lump Sum Benefit.)         | 2,500       | 2,500       | 2,500       | 1,500       |
| Events 42 - 43  | - Part E - Loss of Teeth or Dental Procedures (Limit Per Tooth.)          | 250         | 250         | 250         | 250         |
| <b>Additional Cover Under Section 1:</b>  |   |             |             |             |             |
| Corporate Image Protection  |   | 15,000      | 15,000      | 15,000      | 15,000      |
| Funeral Expenses  |   | 10,000      | 10,000      | 7,500       | 7,500       |
| Modifications Expenses  |   | 25,000      | 25,000      | 25,000      | 25,000      |
| Chauffer Services   |   | 2,500       | 2,500       | 2,500       | 2,500       |
| Executor Emergency Cash Advance   |   | 25,000      | 25,000      | 25,000      | 25,000      |
| Emergency Home Help (Max. Weeks 26) – max. per week / Excess 7 Days   |   | 250         | 250         | 250         | 250         |
| Student Tutorial Costs (Maximum 26 weeks.)  |   | 300         | 300         | 300         | 200         |
| Premature Birth / Miscarriage Benefit   |   | 5,000       | 5,000       | 5,000       | 5,000       |
| Bed Care (Max Weeks: 26.)   |   | 315         | 315         | 315         | 175         |
| <b>ENDORSEMENTS</b>   |   |             |             |             |             |
| <b>Non-Medicare Medical Expenses</b> [ Excess: \$100 – Deducted from Insurer Payment.]  |   | 10,000      | 8,000       | 8,000       | 5,000       |
| If during the Period of Insurance and whilst the person is a Covered Person providing services, without payment, to an educational, religious, charitable or benevolent organisation on behalf of the Policyholder, the Covered Person suffers from a Bodily Injury, we will pay the Non-Medicare Medical Definitions under Non-Medicare Medical Expenses.  |   |             |             |             |             |
| Non-Medicare Medical Expenses means expenses:   |   |             |             |             |             |
| a) <b>incurred within twelve (12) months of sustaining a Bodily Injury;</b> and   |   |             |             |             |             |
| b) paid by a Covered Person or by the Policyholder for Doctor, physician, surgeon, nurse, physiotherapist, chiropractor, osteopath, hospital and/ or ambulance services for the following treatments: / <b>Medical / Surgical / X-ray / Chiropractor / Osteopathic / Physiotherapy / Hospital / Nursing Treatment</b> but does not include Dental Treatment, unless such treatment is necessarily required, to teeth other than dentures and is caused by the Bodily Injury referred to in (a) above. |   |             |             |             |             |
| <b>Conditions Applying to Non-Medicare Medical Expenses</b>   |   |             |             |             |             |
| 1. The benefit payable is less any recovery made from any private health insurance fund with respect to the expense.  |   |             |             |             |             |
| 2. <b>No benefit is payable in respect of the Medicare gap</b> , being the difference between the payment made by Medicare and the Medicare Benefits Schedule fee for the expense.  |   |             |             |             |             |
| <b>Exclusions Applying to Non-Medicare Medical Expenses</b>   |   |             |             |             |             |
| 1. No cover is provided for Covered Persons engaging in voluntary work experience with the Policyholder (except to the extent that they are engaged in providing services, without payment, to an educational, religious, charitable or benevolent organization on behalf of Policyholder).   |   |             |             |             |             |