



3 Way Accident Cash Plan Policy

This document contains important information about this product, including the policy wording. It is important that you read and understand it and retain it in a safe place.



How this insurance is arranged

This insurance is issued/insured by:

AIG Australia Limited (AIG)

ABN 93 004 727 753, AFSL 381686

Level 13, 717 Bourke Street, Docklands Vic 3008

AIG issues/insures this product pursuant to an Australian Financial Services Licence ('AFSL') granted to *us* by the Australian Securities and Investments Commission.

Contact Us

AIG

Level 13

717 Bourke Street

Docklands VIC 3008

Phone 1800 331 013

Contents

Important Information	3
Introduction	3
Premium Payments	3
Cooling Off Period	3
How to Make a Claim	3
Code of Practice	3
Complaints and Feedback	4
Financial Claims Scheme	5
Privacy Notice	5
Duty to Take Reasonable Care Not to Make a Misrepresentation	6
<hr/>	
Policy Wording	7
Insuring Clause	7
Guaranteed Renewable	7
Definitions	7
Schedule of Benefits	8
Benefit Limitations	9
Exclusions	9
Age Limits	9
Conditions	10

Date Prepared: 01 October 2021

AH 345.2

Important Information

1. Introduction

Please read this policy carefully and make sure *you* understand it. If *you* have any questions about this insurance, please telephone or write to *us*.

Please inform *us* immediately of any change:

- (a) in your address,
- (b) in your financial institution or credit card details, or
- (c) affecting the persons insured which require an alteration to the policy.

This insurance does not provide weekly benefits for loss of income resulting from sickness or injury. This insurance does not apply to any policyholder aged under 18 years or over 75 years of age or children under 12 months or over 18 years of age. The *permanent total disablement* benefit does not apply to any persons over 65 years of age.

2. Premium Payments

Premium payments can be made annually or by way of periodic debit from either *your* nominated financial institution or credit card.

In the event that any monthly premium is not paid and *we* are not able to obtain the premium, for whatever reason, *we* will advise *you* in writing of the outstanding amount and that, if the premium is not paid within one (1) month after the *premium due date*, the policy will be cancelled.

3. Cooling Off Period

Once cover has commenced *you* have a twenty-one (21) day cooling off period within which *you* may cancel the policy and receive a full refund of all premiums paid. To cancel *your* policy during the cooling off period, please send *us your* written request to cancel the policy.

The cooling off period ceases if *you* make a claim before the twenty one (21) day cooling off period has expired.

4. How to Make a Claim

Information on claims can be found in “**Conditions**” in the **Policy Wording**. **Please read these Conditions carefully.**

You, or someone else on *your* behalf, must contact *us* as soon as reasonably practicable after any *event* happens which is likely to lead to a claim. *You* can do this by calling **1800 331 013** or by emailing **austclaims@aig.com**.

5. Code of Practice

AIG is a signatory to the General Insurance Code of Practice. This aims to raise the standards of practice and service in the insurance industry, improve the way claims and complaints are handled and help people better understand how general insurance works. Information brochures on the Code are available upon request.

Further information, or a copy of the Code, can be obtained from www.codeofpractice.com.au or upon request from *us*.

6. Complaints and Feedback

Learning about *your* experiences with *us* and *our* service partners helps to improve the way *we* do business with *you*. If *you* have feedback, or an issue *you* would like resolved *we* encourage *you* to make contact. Below is information on how to contact *us* and how *we* will work together to resolve any concerns *you* have.

How to provide feedback

1. Speak to *our* Complaints team

Our complaints team can be contacted on **1800 339 669**. To get the best out of *your* call with *us*, please have *your* policy and/or claim number available and any specific information about the issue.

2. Provide *your* feedback in writing

If *you* would prefer to provide *your* feedback or complaint in writing *you* can do so by lodging *your* complaint on *our* website, or by writing to:

The Complaints Team
AIG Australia Limited
Level 13, 717 Bourke Street
Docklands VIC 3008
Email: aucomplaints@aig.com

What happens if *you* make a complaint?

If *you* make a complaint, *we* will record *your* complaint and make sure that *your* concerns are addressed as quickly as possible and seek to achieve a fair outcome for both parties.

We will assess *your* complaint upon receipt. During the complaints process as set out in this notice, *we* will meet the following requirements in respect of *your* complaint.

- Acknowledge *your* complaint within one (1) business day.
- *We* will tell *you* who will handle *your* complaint and their contact details.
- *We* will, where applicable, keep *you* informed via *your* preferred method of communication of the progress of *your* complaint every ten (10) business days, more frequently or necessary or as agreed by both of *us*.
- *We* will treat *your* complaint respectfully and handle all personal information in accordance with *our* Privacy Policy.
- Within 30 calendar days from the date *we* receive *your* complaint, *we* will provide a response to *your* complaint

If *we* cannot meet any of the stated time frames, *we* will communicate to *you* the reasons why this has not been possible. *We* will also advise *you* when *you* should expect to receive a response or decision, *your* right to complain to the Australian Financial Complaints Authority (AFCA) if *you* are dissatisfied with such reasons and provide *you* with the contact details for AFCA.

What *you* can do if *you* are not happy with *our* response or handling of *your* complaint

If *you* are not satisfied with *our* response or the handling of *your* complaint, *you* may wish to have the matter reviewed by *our* Internal Dispute Resolution Committee (“Committee”).

If *you* wish to have *your* complaint reviewed by the Committee, please telephone or write to the complaints team as per the details above. As part of *your* request, please include detailed reasons for requesting the review and the outcome *you* are seeking. This information will assist the Committee in carrying out its assessment and review of *your* complaint.

A written response setting out the final decision of the Committee and the reasons for this decision will be provided to *you*.

If *we* are unable to provide a response within 30 calendar days of receipt of the initial complaint, *we* will inform *you* of (i) the time frame for when *your* complaint will be heard by the Committee, (ii) when *you* should expect to receive a response from the Committee; (iii) the reasons for such delay; (iv) *your* right to complain to AFCA if *you* are dissatisfied with such reasons; and (v) the contact details for AFCA.

You can take *your* complaint to AFCA at any time, including:

- if *we* have been unable to resolve *your* complaint within 30 calendar days;
- *you* are dissatisfied with the outcome of *your* complaint; or
- *you* are dissatisfied with the findings of the Committee.

AFCA provides a fair and independent financial services complaint resolution service that is free to consumers. AFCA can make decisions with which AIG is obliged to comply.

Under AFCA Rules, **your** complaint may be referred back to **us** if it has not gone through **our** complaints process.

AFCA's contact details are:

Australian Financial Complaints Authority (AFCA)
GPO Box 3
Melbourne VIC 3001
Website: www.afca.org.au
Email: info@afca.org.au
Phone: 1800 931 678 (free call)

The use of AFCA does not preclude **you** from subsequently exercising any legal rights which **you** may have if **you** are still unhappy with the outcome. Before doing so however, **we** strongly recommend that **you** obtain independent legal advice.

If **your** complaint does not fall within AFCA's Rules, **we** will advise **you** to seek independent legal advice or give **you** information about any other external dispute resolution options where available to **you**.

7. Financial Claims Scheme

The protection provided under the Federal Government's Financial Claims Scheme (**Scheme**) applies to the policy. In the unlikely event that **we** are unable to meet **our** obligations under this policy, **you** may be entitled to payment under the Scheme (access to the Scheme is subject to eligibility criteria). Information about the Scheme can be obtained from the APRA website at <https://www.fcs.gov.au>.

8. Privacy Notice

This notice sets out how AIG collects, uses and discloses personal information about:

- **you**, if an individual; and
- other individuals **you** provide information about.

Further information about **our** Privacy Policy is available at www.aig.com.au or by contacting **us** at privacy.manager@aig.com or on 1300 030 886.

How we collect your personal information

AIG usually collects personal information from **you** or **your** agents.

AIG may also collect personal information from:

- **our** agents and service providers;
- other insurers;
- people who are involved in a claim or assist **us** in investigating or processing claims, including third parties claiming under **your** policy, witnesses and medical practitioners;
- third parties who may be arranging insurance cover for a group that **you** are a part of;
- providers of marketing lists and industry databases; and
- publicly available sources.

Why we collect your personal information

AIG collects information necessary to:

- underwrite and administer **your** insurance cover;
- improve customer service and products, and carry out research and analysis, including data analytics; and
- advise **you** of **our** and other products and services that may interest **you**.

You have a legal obligation under the Insurance Contracts Act 1984 to disclose certain information. Failure to disclose information required may result in AIG declining cover, cancelling **your** insurance cover or reducing the level of cover, or declining claims.

To whom we disclose *your* personal information

In the course of underwriting and administering *your* policy *we* may disclose *your* information to:

- *your* or *our* agents;
- entities to which AIG is related, reinsurers, contractors or third party providers providing services related to the administration of *your* policy;
- banks and financial institutions for policy payments;
- assessors, third party administrators, emergency providers, retailers, medical providers, travel carriers, in the event of a claim;
- other entities to enable them to offer their products or services to *you*; and
- government, law enforcement, dispute resolution, statutory or regulatory bodies, or as required by law.

AIG is likely to disclose information to some of these entities located overseas, including in the following countries: United States of America, Canada, Bermuda, United Kingdom, Ireland, Belgium, The Netherlands, Germany, France, Singapore, Malaysia, the Philippines, India, Hong Kong, New Zealand as well as any country in which *you* have a claim and such other countries as may be notified in *our* Privacy Policy from time to time.

You may request not to receive direct marketing communications from AIG.

Access to *your* personal information

Our Privacy Policy contains information about how *you* may access and seek correction of personal information *we* hold about *you*. In summary, *you* may gain access to *your* personal information by submitting a written request to AIG.

In some circumstances permitted under the Privacy Act 1988, AIG may not permit access to *your* personal information. Circumstances where access may be denied include where it would have an unreasonable impact on the privacy of other individuals, or where it would be unlawful.

Complaints

Our Privacy Policy also contains information about how *you* may complain about a breach of the applicable privacy principles and how *we* will deal with such a complaint.

Consent

Your application includes a consent that *you* and any other individuals *you* provide information about consent to the collection, use and disclosure of personal information as set out in this notice.

9. Duty to Take Reasonable Care Not to Make a Misrepresentation

You have a duty to take reasonable care not to make a misrepresentation to *us* before the contract of insurance is first entered into. *You* have the same duty when *you* renew, extend, vary or reinstate the contract.

This means that *you* must take reasonable care to answer accurately and completely all of the questions *we* ask *you*. If *you* are unsure about the requirements of any of *our* questions, please tell *us*. If *you* need to check *your* records or other information before answering, please make sure *you* do so. In answering *our* questions, *you* should also make sure *you* provide accurate and complete answers for anyone else to whom the questions apply.

Your compliance with this duty is very important as *we* make *our* decisions whether to insure *you* and, if so, on what terms based on the information *you* provide.

If *you* fail to take reasonable care and make a misrepresentation to *us*, *we* may be entitled to:

- cancel *your* contract;
- deny a claim or reduce the amount *we* will pay *you* if *you* claim, or
- if the misrepresentation was made fraudulently, treat the policy as if it never existed.

Policy Wording

Insuring Clause

If, whilst this policy is in force, an **insured person** suffers an **injury** which results in an **event** listed in the Schedule of Benefits on page 8, then **we** will pay the **compensation** shown for that **event** in respect of the **level** selected by **you** and shown on **your policy schedule**, subject always to the benefit limitations, exclusions, age limits, and conditions of this policy.

Guaranteed Renewable

Subject to the Condition 1 Cancellation of **your** policy, **we** guarantee to offer to renew **your** policy for any and all future consecutive periods, up to the date **you** reach age 75.

We guarantee not to vary **your** premium rates or policy terms and conditions unless **we** vary each and every policy issued by **us** under this 3 Way Accident Cash Plan.

Definitions

Bed care patient means **you** are necessarily confined to bed (such confinement commencing during a **period of insurance**) for a continuous period of not less than 24 hours and **your** confinement is certified as necessary by a legally qualified and registered Medical Practitioner to be under the continuous care of a qualified nurse (other than Yourself or a member of **your** immediate family) Bed Care does not include **you** as a patient in any institution used primarily as a nursing or convalescent home, a place of rest, a geriatric ward, a mental institution, a rehabilitation or extended care facility or a place for the care or treatment of alcoholics or drug addicts.

Child wherever used means all of **your** unmarried dependent children, including **your** or **your spouse's** step or legally adopted children, between the ages of 12 months and 18 years who are permanently residing with **you**.

Compensation means the compensation specified in the Schedule of Benefits.

Day means a continuous period of 24 hours.

Event means an **event** listed in the Schedule of Benefits.

Injury in respect of **event** 1 means: bodily injury caused by violent, accidental, external and visible means which occurs fortuitously to **you** whilst this policy is in force as a direct result of **you**:

- (a) riding as a passenger or operator in any properly registered private motor vehicle other than as an operator or member of the crew in any conveyance for pay; or
- (b) walking as a pedestrian on any public roadway or public pavement and being struck by any motor vehicle.

Injury in respect of **events** 2-13 means: bodily injury caused by violent, accidental, external and visible means (other than as described above) which occurs fortuitously whilst this policy is in force and which results independently of any other cause including any known or unknown pre-existing physical or congenital condition (except Sickness directly resulting from medical or surgical treatment rendered necessary by such **injury**) in any of the **events** within one year of the date of occurrence of such **injury**.

Insured person(s) means **you** only, or **you** with **your child** and/or **your spouse**, according to the **plan** shown on **your policy schedule**.

Level means the level of **compensation** **you** have selected on **your** Entry Form/**policy schedule**.

Loss means with reference to limbs through or above the wrist or ankle joint; with reference to fingers or toes through or above the metacarpophalangeal joints or metatarsophalangeal joints; with reference to the eye means irrecoverable loss of the entire sight of the eye, with reference to hearing, entire and irrecoverable loss and with reference to shoulder, elbow, hip, knee or ankle means the entire and irrecoverable loss of all effective function of the joint(s).

Period of Insurance means the period shown on **your policy schedule**.

Permanent means lasting one year and at the end of that period is unlikely to materially improve.

Permanent total disablement means **total disablement** which has continued for one year from the date of **injury** which caused **your** disablement and at that time is certified by a duly qualified medical practitioner as being beyond hope of improvement and entirely preventing **you** forever from engaging in any gainful business, profession, occupation or employment whatsoever.

Plan means the plan shown on **your policy schedule**.

Policy schedule means the document titled “Schedule”, “Policy Schedule” or similar issued to **you**, or a renewal notice issued to **you** relation to renewals, which forms part of this policy.

Premium due date wherever used relates to **your** premium for this Insurance being paid by instalment and means –
 (a) in the case of monthly paid premiums – the end of each month when the monthly premium instalment is payable.
 (b) in the case of annually paid premiums – the end of each twelve month period when the annual premium is payable.

Renewal date means the date on which the policy expires and is due for renewal.

Spouse means **your** husband or wife and includes a de-facto partner who, although not legally married to **you**, lives with **you** on a genuine domestic basis.

Total disablement means disablement which prevents **you** from carrying out or giving attention to any gainful business, profession, occupation or employment.

We/our/us means AIG Australia Limited ABN 93 004 727 753 AFSL 381686.

You/your means the person shown as the policyholder on the **policy schedule**.

Schedule of Benefits

EVENTS	COMPENSATION		
	LEVEL 1	LEVEL 2	LEVEL 3
1. Loss of Life - directly caused by or resulting from private motor vehicle accident or pedestrian accident	\$110,000	\$220,000	\$330,000
2. Loss of Life - other than event 1. above	\$22,000	\$44,000	\$66,000
3. Permanent total disablement (Income earners only) – This benefit does not apply to persons over 65 years of age	\$55,000	\$110,000	\$165,000
4. Permanent total loss of entire sight of both eyes	\$55,000	\$110,000	\$165,000
5. Permanent total loss of use of two limbs	\$55,000	\$110,000	\$165,000
6. Permanent total loss of use of one eye and one limb	\$55,000	\$110,000	\$165,000
7. Permanent total loss of entire sight in one eye	\$27,500	\$55,000	\$82,500
8. Permanent total loss of use of one limb	\$27,500	\$55,000	\$82,500
9. Permanent total loss of hearing in:			
(a) both ears	\$13,750	\$27,500	\$41,250
(b) one ear	\$5,500	\$11,000	\$16,500
10. Permanent total loss of use of shoulder, elbow, hip, knee or ankle	\$8,250	\$16,500	\$24,750
11. Permanent total loss of use of fingers on either hand:			
(a) Thumb	\$8,250	\$16,500	\$24,750
(b) Forefinger	\$5,500	\$11,000	\$16,500
(c) Other fingers	\$2,750	\$5,500	\$8,250
12. Permanent total loss of use of toes on either foot:			
(a) Great	\$2,750	\$5,500	\$8,250
(b) Other Toes	\$550	\$1,100	\$1,650
13. Bedcare patient as a result of an accident payable for a maximum of 100 Days for any single period as a bed care patient	\$45 per day (max 100 days)	\$90 per day (max 100 days)	\$135 per day (max 100 days)

Benefit Limitations

- Compensation* shall not be payable for more than one of the *events* 1-12 in respect of the same *injury*;
 - After the occurrence of any one of the Benefit Limitations 1-6 there shall be no further liability under the policy in respect of the same *insured person* for *injury* sustained thereafter.
- Where an *insured person* is a *bed care patient* on more than one occasion by reason of the same *injury* and such periods as a *bed care patient* are separated by less than 28 days, all such periods will be aggregated and *we* will pay the daily *bed care patient* benefit for up to a total of 100 days. However, if successive periods as a *bed care patient* arising out of the same *injury* are separated by 28 days or more, *we* will deem each such period to be a new period as a *bed care patient* and *we* will pay *you* the daily *bed care patient* benefit for up to 100 days in respect of any one successive period as a *bed care patient* provided such period commences whilst *your* policy is in force.
- The *compensation* shall be 50% (fifty percent) of the amounts shown in the Schedule of Benefits from the next *renewal date* after *you* attain the age of 66 years.

Exclusions

The policy shall not apply to any *event* directly caused by or resulting from:

- any consequence of war, invasion or civil war;
- the *insured person* being a pilot or crew member of any aircraft;
- deliberately self- inflicted *injury*;
- a consequence of any kind of sickness or disease;
- the *insured person* being under the influence of intoxicating liquor or having a blood alcohol content over the prescribed legal limit or being under the influence of any drug other than a drug taken or administered by, or in accordance with the advice of a legally qualified medical practitioner;
- the *insured person* engaging in any professional sport;
- childbirth or pregnancy;
- the direct or indirect consequence of an *insured person* participating in any speed contest, race, trial or rally.

The Insurer (*We*) shall not be deemed to provide cover and the Insurer shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose the Insurer, its parent company or its ultimate controlling entity to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of Australia, the European Union or the United States of America.

Age Limits

- This policy does not apply to any policyholder aged under 18 years or over 75 years of age or to Children under 12 months or over 18 years of age.
- Event* 3 of this policy (*permanent total disablement*) does not apply to persons over 65 years of age.

Conditions

1. Cancellation

- (a) **You** may cancel the policy for any reason and at any time.
- (b) **We** may cancel **your** policy as provided under section 60 of the Insurance Contracts Act 1984, including if **you** have breached any of its terms and conditions.
- (c) In the event that any monthly premium is not paid and **we** are not able to obtain the premium, for whatever reason, **we** will advise **you** in writing of the outstanding amount and that, if the premium is not paid within one (1) month after the premium due date, the policy will be cancelled.
- (d) Once the policy has been cancelled, neither **you** nor any **insured person** will have any cover under this policy.
- (e) **Your** insurance shall not be prejudiced by the failure on the part of **your** Credit Provider to transmit reports, pay premium or comply with any of the provisions of the policy, when such failure is due to inadvertent error or clerical mistake.

2. Claims Procedure

- (a) As soon as practicable after the happening of any **injury** giving or likely to give rise to a claim under the policy, the **insured person** must obtain and follow reasonable medical advice from a legally qualified medical practitioner.
- (b) Written notice of claim and supporting medical evidence as reasonably requested by **us** must be given to **us** as soon as practicable after the occurrence of any **event** covered by the policy.
- (c) **Compensation** payable under the policy for any loss other than **bed care patient** benefit will be paid upon receipt of due written Proof of Loss. Subject to due written proof of **loss**, all accrued **bed care patient** benefit will be paid monthly and any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof.
- (d) **Compensation** for loss of life and any other accrued **compensation** as at the date of death will be paid in accordance with the Beneficiary Designation or otherwise to **your** estate. All other **compensation** will be paid to **you**.
- (e) **Your** Beneficiary shall be that person or those persons designated by **you** in writing to **us**. If **you** have not made an irrevocable designation of beneficiary **you** may designate a new beneficiary at any time, without the consent of the beneficiary by giving **us** a written request for such change, but such change shall become effective only upon **our** receipt of such request. When such request is received by **us**, whether **you** be then living or not, the change of beneficiary shall relate back to and take effect as of the date of execution of the written request, but without prejudice to **us** on account of any prior payment made by **us**.
- (f) **We** have the right to:
 - i) have **you** medically examined at **our** expense when **we** may reasonably require after **you** have submitted a claim under the policy; and
 - ii) arrange an autopsy (unless it is illegal to do so) in case of death if reasonable required for claim purposes.
- (g) Any fraud, mis-statement or concealment by **you** either in the Entry Form on which this insurance is based or in relation to any other matter affecting this insurance or in connection with the making of any claim there under may give **us** the rights provided for in the Insurance Contracts Act, including the right to refuse payment of any claim or to avoid the Contract.

3. Policy Commencement and Renewal

The Insurance under the policy shall take effect on the effective date shown in the **policy schedule**. Each year before **your renewal date** **we** will give **you** a notice which states whether **we** will renew **your** policy and the premium which will apply for that year. The policy may be renewed by **you** for further consecutive periods upon payment of premium. Unless the policy has lapsed or been cancelled beforehand, cover will cease under this policy at the next **renewal date** after **you** or **your spouse** attain the age of 75 years and **we** will not offer to renew this policy.

