

Personal Accident Insurance

Their future
may depend
on it



Catholic Church
Insurances

Serving You ~ Serving Church

Our name tells you that Catholic Church Insurances is not your average insurance company. We are Church owned, and therefore, our relationship with clients and the Catholic community is unique.

Established in 1911, we have been providing commercial insurance to the Catholic Church for nearly 100 years. Our mission is to provide ongoing security to the Catholic community by identifying and servicing its insurance and related needs. Our values are honesty, fairness and a commitment to serve Church. When an operating surplus is achieved, a significant proportion is returned to the Church by way of dividends, Catholic entity distributions and grants benefitting parishes around Australia.



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Table of contents

	page
About Allianz and Catholic Church Insurance	3
Our Product Disclosure Statement (PDS)	4
Our contract with you	4
How we calculate your premium	5
Cooling-off period and Cancellation rights	6
How to make a claim	7
Updating the PDS	7
What is covered	7
Some words have special meanings	8
Your obligation to comply with the Policy Terms and Conditions	8
The Policy	9
Definitions	9
What you are covered for	12
Section A – Lump Sum Benefits	13
Incapacity Benefit	13
Domestic Care Allowance	13
Loss or Damage to Teeth	13
Loss of Testicle	14
Breaks or Fractures or Dislocations	14
Third Degree Burns and/or Disfigurement	15
Amputation or Total and Permanent Loss of Use	15
Total and Permanent Disablement	15
Death	15
Disappearance	16

	page
Section B – Recoverable Expenses	17
Clothing, Education or Sporting Equipment	17
Tuition Fees	17
Domestic Home Help	17
Emergency Accommodation	18
Emergency Transport	18
Section C – Additional Benefit	20
School Fee Relief	20
Policy Exclusions	21
Making a claim	23
Policy Conditions applicable to all sections	24
Limitation on value	24
Disappearance	24
Maximum benefits per accident	24
Cancellation rights under the Policy	24
GST Notice	25
Giving notices	27
Other Information	28
Renewal Procedure	28
Your duty of disclosure	28
Privacy Act 1988 – Information	30
General Insurance Code of Practice	31
How to make a complaint	31

Welcome and thank you for choosing Allianz

About Allianz and Catholic Church Insurances Limited

The insurer of this product is Allianz Australia Insurance Limited (Allianz) AFS Licence No. 234708, ABN 15 000 122 850.

Allianz is one of Australia's largest general insurers. We utilise years of local expertise, combined with global experience to offer a wide range of products and services to Our customers. As a member of the worldwide Allianz Group, We are committed to continuous improvement of Our products and services and strive to achieve this through knowledge transfer within the Group, dedicated technical research units, sharing globally new product developments and a wide range of risk management services.

Catholic Church Insurances Limited (CCIL) AFS Licence No. 235415 ABN 76 000 005 of 210, 485 La Trobe Street, Melbourne 3000, arranges this insurance under its own licence as a promoter of Allianz.

Our Product Disclosure Statement

This policy document is also a Product Disclosure Statement (PDS). A PDS is a document required by the Corporations Act and contains information designed to help you decide whether to buy the policy.

This is an important document. You should read it carefully before making a decision to purchase this insurance.

It will help you to:

- decide whether this insurance will meet your needs; and
- compare it with other products you may be considering.

Please note that any recommendation or opinion in this document is of a general nature only and does not take into account your objectives, financial situation or needs.

You need to decide if this insurance is right for you and you should read all of the documents that make up the policy to ensure you have the cover you need.

Our contract with you:

Where We agree to enter into a policy with you it is a contract of insurance between Us and the Insured and Insured Persons (see the definitions for details of who is covered by these terms).

The policy consists of:

- this document which sets out the standard terms of your cover and its limitations,
- your current schedule issued by Us. The schedule is a separate document, which shows the insurance details relevant to you. It may include additional

terms, conditions and exclusions relevant to you that amend the standard terms of this document. Only those sections shown as covered in your schedule are insured; and

- any other change to the terms of the policy otherwise advised by Us in writing (such as an endorsement or Supplementary PDS). These written changes may vary or modify the above documents.

These are all important documents and should be carefully read together and kept in a safe place for future reference.

We reserve the right to change the terms of the policy where permitted to do so by law.

Any new or replacement schedule We may send you, detailing changes to your insurance or the period of insurance, will become the current schedule, which you should carefully read and retain.

How We calculate your premium

Your premium will be calculated based on the number of adults and children insured (except for Infants, as they are free). If there are more than three children to be covered, We will charge a premium for the first three children.

Your premium also includes amounts that take into account Our obligation to pay any relevant compulsory government charges, taxes or levies (e.g. Stamp Duty, GST) in relation to your policy. These amounts will be set out separately on your schedule of insurance as part of the total premium payable.

In cases where We are required to pay an estimated amount (e.g. for Stamp Duty) based on criteria set by the Government, We allocate to the policy Our estimate of the amount We will be required to pay. We may over or under recover in any particular year but We will not adjust your premium because of this. You can ask Us for more details if you wish.

Minimum premiums may apply. In some cases, discounts may apply if you meet certain criteria We set. Any discounts/entitlements only apply to the extent any minimum premium is not reached. If you are eligible for more than one, We also apply each of them in a predetermined order to the premium (excluding taxes and government charges) as reduced by any prior applied discounts/entitlements. Any discounts will be applied to the base premium calculated prior to any taxes being added.

When you apply for this insurance, you will be advised of the total premium amount payable, when it needs to be paid and how it can be paid. This amount will be set out in the schedule, which will be sent to you after the entry into the Policy. If you fail to pay We may reduce any claim payment by the amount of Premium owing and/or cancel the Policy.

Cooling off period and cancellation rights

You can exercise your cooling off rights and cancel this policy within fourteen (14) days of the date you purchased this policy and receive a refund of the premium paid, provided you have not exercised any right or power under the policy (e.g. made any claim) and these rights and powers have not ended.

We may deduct any reasonable administrative and transaction costs incurred by Us that are reasonably related to the acquisition and termination of the policy and any government taxes or duties We cannot recover, from your refund amount.

After the cooling off period has ended, you still have cancellation rights, however We may deduct a pro rata proportion of the premium for time on risk, plus any reasonable administrative costs and any government taxes or duties We cannot recover (refer to “Policy conditions applicable to all sections” “Cancellation rights under the policy” on pages 24 to 25, for full details).

Preparation Date: 01/02/2010.

How to make a claim

If you need to make a claim under the policy, please refer to Making a Claim on page 23.

Updating the PDS

We may need to update this PDS from time to time if certain changes occur where required and permitted by law. We will issue you with a new PDS or a Supplementary PDS or other compliant document to update the relevant information except in limited cases. Where the information is not something that would be materially adverse from the point of view of a reasonable person considering whether to buy this insurance, We may issue you with notice of this information in other forms or keep an internal record of such changes (you can get a paper copy free of charge by contacting Us using Our details on the back cover of this PDS).

Other documents may form part of Our PDS and Policy. If they do We will tell you in the relevant document.

What is covered

Where We have entered into a policy with you, We will insure you for:

- loss or damage as a result of an Injury, and
- the other covered benefits, as set out in the policy occurring during the period of insurance.

Cover is provided on the basis:

- that You have paid or agreed to pay Us the premium for the cover provided,
- of the verbal and/or written information provided by You which You gave after having been advised of your Duty of Disclosure either verbally or in writing.

If you failed to comply with your Duty of Disclosure or have made a misrepresentation to Us, We may be entitled to reduce Our liability under the policy in

respect of a claim and/or We may cancel Your policy. If you have told Us something which is fraudulent, We also have the option of avoiding your policy (i.e. treating it as if it never existed).

Your Duty of Disclosure and the consequences of nondisclosure, are provided under the heading 'Your Duty of Disclosure', on pages 28 to 29.

Some words have special meanings

Certain words used in the policy have special meanings. The Definitions section of this document on pages 9 to 12 contains such terms. In some cases, certain words may be given a special meaning in a particular section of the policy when used or in the other documents making up the policy.

Headings are provided for reference only and do not form part of the policy for interpretation purposes.

Your obligation to comply with the policy terms and conditions

You are required to comply with the terms and conditions of the policy. Please remember that if you do not comply with any term or condition, We may (to the extent permitted by law) decline or reduce any claim payment and/or cancel your policy.

If more than one person is insured under the policy, a failure or wrongful action by one of those persons may adversely affect the rights of any other person insured under the policy.

Exclusions apply to this policy and where one or more applies We may decline to pay or reduce the amount We pay under a claim.

Full details of all exclusions can be found in the Policy Conditions applicable to all sections and Policy Exclusions sections of this Policy Document on pages 24 to 27 and 21 to 22.

The Policy

Definitions

Accident means a sudden, external, visible and specific event which happens by chance and is unforeseen or unintended by the insured persons.

Acts of terrorism means:

- i. any act of terrorism arising directly or indirectly out of or in any way connected with biological, chemical, radioactive, or nuclear pollution or contamination or explosion; or
- ii. any action in controlling, preventing, suppressing, retaliating against, or responding to any act referred to in i. above.

An act of terrorism includes, but is not limited to, any act, preparation in respect of action or threat of action, designed to:

- i. influence a government or any political division within it for any purpose, and/or
- ii. influence or intimidate the public or any section of the public with the intention of advancing a political, religious, ideological or similar purpose

Adult means a person who is 18 years of age or older and under the age of 65, or someone who has finished full-time studies.

Breaks or Fractures means broken bones and includes chipping or flaking of bones.

Child/Children means a person who is at least two years old and/or pre-school age or is a full-time student under the age of 18.

Infant means a person less than two years old.

Injury means a bodily injury caused solely by an Accident where both the Accident and the bodily injury occur during the Period of Insurance and which

occurs independently of any other cause or condition, including, but not limited to any other bodily injury, or any Pre Existing Condition, sickness, illness, disease, congenital or other condition.

An Injury does not include any mental, emotional or psychological injury or sickness, a sickness, Pre Existing Condition or any degenerative, congenital or other condition that does not result solely and directly from the Accident that caused the Injury.

For the purposes of the Lump Sum Benefit – Disappearance, Injury includes disappearance relating to a mishap to a conveyance in which the Insured Person is travelling.

Insured means the person/s named in the schedule as the Insured.

Insured Person means any persons named in the schedule or Renewal Notice for whom cover is provided. It does not include any person aged 65 years or over.

Insured's Spouse means Your legal or de facto spouse who normally lives with You.

Lump Sum Benefits means the amount payable in respect of the item described in Section A (see pages 13 to 16). Lump Sum Benefits are payable regardless of: 1) the actual costs incurred or 2) any entitlement to compensation from another source.

Medical Practitioner means registered and legally qualified medical practitioner acting within the scope of their registration and pursuant to the relevant laws and who is not the Insured Person, the Insured or a relative of the Insured Person or the Insured.

Period of Insurance means a period of 12 months commencing on the date specified in the schedule.

Total and Permanent Disablement means Total Disablement lasting at least one consecutive year and which is certified by a Medical Practitioner as being beyond hope of recovery.

Pre Existing Condition means any sickness, illness, disease, injury, disability or other condition, including any symptoms or side effects of these:

- of which the Insured Person is aware or a reasonable person in the circumstances would be expected to have been aware; or
- for which the Insured Person has sought or received medical attention, undergone tests or taken prescribed medication,

prior to the commencement of the Period of Insurance.

Present Value means replacement cost, less an allowance for wear, tear and depreciation, having regard to age and condition.

Professional Sport means any sport for which the Insured Person receives any payment for his or her services. Team sponsorships are not deemed to be payment for service.

Recoverable Expenses means actual out-of-pocket costs. Receipts and medical certificates must be produced for recoverable expenses to be paid.

School Fees means the fees (excluding the cost of books, excursions and sporting activities) payable to the school that the Insured Person is attending at the time of the death of the Insured or the Insured Spouse.

Total Disablement means the Insured Person is continuously prevented from wholly engaging in their usual occupation, profession, business or employment or any other occupation, profession, business or employment for which they are reasonably qualified by experience, education or training, and are under the regular care of and acting in accordance with the instructions or professional advice of a Medical Practitioner.

War or Warlike Activities means war, invasion, act of foreign enemy, warlike operation (whether war is declared or not), civil war, rebellion, revolution, insurrection, military or usurped power.

We, Our or Us means Allianz Australia Insurance Limited AFS Licence No. 234708 ABN 15 000 122 850 of 2 Market Street, Sydney, NSW, 2000.

You means the persons named in the schedule as the Insured.

What you are covered for

If an Insured Person suffers an Injury during the Period of Insurance which:

- results in any of the events under Section A – Lump Sum Benefits; and
- the event occurs within 12 consecutive calendar months of the Injury,

We will pay the Insured the relevant Lump Sum Benefit.

If We agree to pay a Lump Sum Benefit under Section A, We will also pay, where applicable, the Recoverable Expenses set out in Section B.

Section C Additional Expenses will also be paid where applicable. Benefits under section C will be paid even if we have not made a payment under section A.

The maximum amount payable under this policy is \$10,000 for each Insured Person for any one Accident.

Section A – Lump Sum Benefits

The Lump Sum Benefits in this section are payable to the Insured regardless of the actual costs incurred as a result of the Injury.

Incapacity Benefit

We will pay for each complete day an Insured Person, who is under the age of 18 and a full-time student or a person of pre-school age, is unfit to attend school as a result of an Injury. The payment will only be in respect of actual school days lost. The benefit will not commence until the first school day after treatment is provided by a qualified health care provider.

This benefit is limited to: \$25 per day, to a maximum of \$500 per Accident.

Domestic Care Allowance

We will pay \$25 for each day the Insured Person requires domestic care whilst residing at the person's usual home as the result of an Injury. The benefit is not payable unless the Insured Person is confined to home for more than 3 consecutive days.

This benefit is limited to: \$25 per day, \$500 per Accident.

Loss or Damage to Teeth

- a. Permanent or Second Teeth (not being dentures or dental fittings):
 - (i) loss of teeth – \$250 per tooth
 - (ii) full capping of damaged teeth – \$250 per tooth
 - (iii) partial capping or repair of damaged teeth

Limited: \$100 per Accident

b. Milk or First Teeth: loss of teeth

Limited: \$35 per Accident

This benefit is limited to: \$1,000 per Accident

Loss of Testicle

\$1,000 per testicle

Breaks or Fractures or Dislocations to:

- a. Finger or Thumb or Toe \$100
- b. Hand (not finger or thumb) \$200
- c. Foot (not toe or ankle) \$200
- d. Arm (including elbow) or Wrist \$500
- e. Leg or Ankle or Knee \$500
- f. Collarbone or Shoulder blade \$200
- g. Breastbone/Sternum \$300
- h. Rib or Ribs \$200
- i. Shoulder \$300
- j. Facial Bone or Bones (other than Jaw) \$300
- k. Hip \$750
- l. Jaw \$500
- m. Neck \$1,000
- n. Pelvis \$1,000
- o. Skull or Spine \$1,000

If more than one bone is injured We will pay out the specified amount for each part. For example, if two fingers were broken, We would pay \$200 in total. If the leg and knee and ankle were also broken We would pay out \$1500.

Note: This condition does not apply when more than one rib or more than one facial bone (excluding the jaw)

is injured in which case We will only pay the amount specified regardless of how many ribs or facial bones are broken. For example, if 3 ribs were broken We would only pay \$200.

Third Degree Burns and/or Disfigurement

As a result of fire, water or chemical reaction, which extend to cover more than 50% of the entire external body.

This benefit is limited to: \$5,000 per Accident

Amputation or Total and Permanent Loss of Use

Where the Injury results in the amputation/and or loss of a:

- a. Foot \$7,500
- b. Hand \$7,500
- c. Leg \$7,500
- d. Arm \$7,500
- e. Eye \$7,500
- f. Ear/Hearing \$7,500

This benefit is limited to: \$10,000 per Accident

Total and Permanent Disablement

Where the Insured person suffers Total and Permanent Disablement We will pay \$10,000 per Accident.

Death

Where the Insured Person dies We will pay \$10,000.

We will require a death certificate stating:

- the name of the deceased person, and
- the date and time of death.

The maximum benefit payable is: \$10,000

Disappearance

If a conveyance on which the Insured Person is travelling, sinks or is wrecked during the Period of Insurance and the Insured Person's body has not been found within 12 calendar months from the date of disappearance, sinking or wrecking of the conveyance, We will presume that he or she has died as a result of an Injury and the Death Benefit will be paid.

We will require a police report stating:

- the name of the missing person,
- the date and nature of the accident, and
- the date and time the person was last seen.

The maximum benefit payable is: \$10,000

Section B – Recoverable Expenses

Reimbursements made to the Insured under this section are only payable if We agree to pay a claim under Section A and are based on the actual out-of-pocket costs.

Clothing, Educational or Sporting Equipment

We will pay the Replacement Value of clothing, educational equipment or sporting equipment, (excluding spectacles, contact lenses, dentures, dental fittings, surgical or artificial aids, jewellery, watches, motor cycles, skateboards, scooters, bicycles), belonging to or for which the Insured Person is responsible, which are lost or damaged as a result of an Accident, that resulted in the Insured Person sustaining an Injury which resulted in one of the covered events under Section A – Lump Sum Benefits

This benefit is limited to: \$250 per item, to a maximum of \$500 per Accident

Tuition Fees

We will pay the cost of home tuition by a qualified teacher if the Insured Person, who is under the age of 18 and a full-time student, is unable to attend school for more than five full days as a result of an Injury.

This benefit is limited to: \$100 per week, to a maximum of \$800 per Accident.

Domestic Home Help

We will pay the cost of domestic home help if the Insured Person, who is not a fulltime student or a person of preschool age, is unable to attend to usual domestic

duties for more than 7 consecutive days as a result of an Injury. The benefit will not commence until 7 days after treatment is first sought from a Medical Practitioner.

This benefit is limited to: \$100 per week, \$500 per Accident.

Emergency Accommodation

We will pay for the cost of emergency accommodation for the immediate family if, as a result of an Accident, the Insured Person suffers an Injury that results in the following events covered under Section A – Lump Sum Benefits:

- Incapacity benefit
- Third degree burns and / or disfigurement
- Amputation or total and permanent loss of use
- Total and permanent disablement.

We will require a medical certificate stating:

- the name of the injured person,
- the date, nature and extent of the injury, and
- the treatment was required due to an accident.

This benefit is limited to: \$50 per day, to a maximum of \$500 per Accident

Emergency Transport

We will pay the cost of emergency transport for the Insured Person, from the scene of the Accident that resulted in an Injury to the initial place of treatment. This benefit is payable only if at the time of sustaining the Injury the Insured Person was:

- a. attending school in accordance with the requirements of that school or taking part in an activity organised and supervised by the school;
- b. engaged in a sporting activity;

- c. acting as an official at, or assisting in the conduct of, a sporting activity or acting as an official of a sporting organisation;
- d. undertaking without pay, a work experience program (secondary students only);
- e. providing services without pay to a religious, educational, charitable or benevolent organisation;
- f. engaged in youth activities organised by a voluntary association, e.g. Guides or Scouts;
- g. travelling to or from any of the above activities.

We will require a medical certificate stating:

- the name of the injured person,
- date, nature and extent of the injury, and
- the treatment was required due to an accident.

This benefit is limited to: \$1,000 per Accident

Section C – Additional Benefit

School Fee Relief

We will pay to any school, following the death of the Insured or the Insured's Spouse as the result of an Injury, ongoing School Fees payable on behalf of the Insured Person who is under the age of 18 and a full-time student. This benefit is payable only if the deceased person contributed at the time of his or her death to the School Fees payable on behalf of the student who is an Insured Person.

We require documentation substantiating the amount of School Fees payable.

This benefit is limited to: \$5,000 per Accident

Policy Exclusions

This policy does not cover bodily injury or death caused by, arising from or in any way connected with:

- a. intentionally self-inflicted injury;
- b. the engagement by the Insured Person or the Insured Person's Spouse in any criminal, illegal or malicious act;
- c. War or Warlike activities;
- d. acts of terrorism;
- e. radioactive contamination;
- f. the Insured Person, the Insured or the Insured's Spouse being under the influence of intoxicating liquor or of any drug other than a drug taken or administered by or in accordance with the advice of a legally qualified medical practitioner;
- g. the Insured Person, the Insured or the Insured's Spouse engaging in or training for Professional Sport;
- h. childbirth or pregnancy.

This policy does not cover bodily injury or death occurring at a time when the Insured Person, the Insured or the Insured's Spouse is:

- i. engaging in racing, trial or contest of any kind, other than on foot;
- j. engaging in motor cycling whether as a driver or passenger;
- k. flying, other than as a passenger in an aircraft that is authorised to fly under a law that relates to safety of aircraft.

Exclusions (b), (f), (g), (h), (j) and (k) do not apply to any claim that arises from an Accident to any Insured Person who is under the age of 18 and a full-time student or a person of pre-school age.

We also do not pay for any benefit that if the benefit were paid, that payment would constitute the carrying on of a “Health Insurance Business” as defined under the National Health Act, 1953 (Cth), the Private Health Insurance Act, 2007 (Cth) or any succeeding legislation to those Acts or would result in a breach of the provisions of the Health Insurance Act, 1973 (Cth).

Making a claim

In the event of a claim, contact Us during business hours, by telephoning 1300 655 003 to notify Us of Your claim. An after hours service is available in the event of a claim emergency.

Before we pay any claim, We will require receipts or reports from one or more Medical Practitioners and any other documentary evidence relating to Your claim that we believe is reasonable.

To ensure prompt and simplified processing of Your claim, please follow the procedures listed below:

- notify Us of Your claim within 30 days of the Injury that gives rise to a benefit under the policy and request a Claim Form,
- return Your completed Claim Form to Us
- supply Us with proof of Your claim, together with any other information or evidence to support the claim as may be required by Us, which may include detailed accounts or receipts, medical certificates and reports, and
- in the case of the death of the Insured Person, the Insured or the Insured's Spouse, We shall be entitled to have a post mortem examination performed at Our expense.

Policy conditions applicable to all sections

The following conditions apply to Your policy:

Limitation on value

This Policy covers educational equipment for the Present Value of the material only and not for the value to the Insured Person of the information contained in the material.

Disappearance

If We have paid the death benefit as a result of an Insured Person disappearing for more than 12 months and that person is then located and found to be alive within 24 months of the date of disappearance, We will commence recovery for the monies paid under this benefit.

Maximum benefits per accident

The maximum that We will pay per Accident for any Lump Sum Benefit is the amount shown in the relevant Benefits section.

The maximum payable for any one Accident for each Insured Person is \$10,000.

Cancellation rights under the policy

- a. In addition to Your Cooling off rights detailed earlier, You may cancel the policy at any time by telephoning Us;
- b. We have the right to cancel the policy where permitted by law. For example, We may cancel:

- if You failed to comply with Your Duty of Disclosure; or
- where You have made a misrepresentation to Us during negotiations prior to the issue of the policy; or
- where You have failed to comply with a provision of the policy, including the term relating to payment of premium; or
- where You have made a fraudulent claim under the policy or under some other contract of insurance that provides cover during the same period of time that the policy covers You,

and We may do so by giving you three days notice in writing of the date from which the policy will be cancelled. The notification may be delivered personally or posted to You at the address last notified to Us.

- c. Subject to d., if You or We cancel the policy We may deduct a pro rata proportion of the premium for time on risk, reasonable administrative and transaction costs related to the acquisition and termination of the policy We incur and any government taxes or duties We cannot recover.
- d. In the event that You have made a claim under the policy and We have agreed to pay the full aggregate amount under this policy no return of premium will be made for any unused portion of the premium.

GST Notice

This policy has a GST provision in relation to premium and our payment to you for claims. It may have an impact on how you determine the amount of insurance you need. Please read it carefully. Seek professional advice if you have any queries about GST and your insurance.

Claim settlements – Where we agree to pay

When we calculate the amount we will pay you, we will have regard to the items below:

- Where you are liable to pay an amount for GST in respect of an acquisition relevant to your claim we will pay for the GST amount.

We will pay the GST amount in addition to the limit of indemnity or other limits shown in the policy or in the current schedule.

If your limit of liability is not sufficient to cover your loss, we will only pay the GST amount that relates to our settlement of your claim.

We will reduce the GST amount we pay for by the amount of any input tax credits to which you are or would be entitled.

- Where we make a payment under this policy as compensation instead of payment for a relevant acquisition, we will reduce the amount of the payment by the amount of any input tax credit that you would have been entitled to had the payment been applied to a relevant acquisition.

Disclosure – Input tax credit entitlement

If you register, or are registered, for GST you are required to tell us your entitlement to an input tax credit on your premium. If you fail to disclose or understate your entitlement, you may be liable for GST on a claim we may pay. This policy does not cover you for this GST liability, or for any fine, penalty or charge for which you may be liable.

Giving notices

We will give you any notice in writing. It is effective if it is delivered to You personally, by facsimile, electronically, or if it is delivered or posted to Your address last known to Us. It is important for You to tell Us of any change of address as soon as possible.

Other Information

Renewal procedure

Before Your policy expires We will advise You whether We intend to offer renewal and if so on what terms.

This document also applies for any offer of renewal We may make, unless We tell You otherwise.

It is important that You check the terms of any renewal offer before renewing to satisfy Yourself that the details are correct. In particular, check the sum insured amounts and excess(es) applicable and to ensure the levels of cover are appropriate for You.

These details are the terms and conditions that apply to Your policy, including but not limited to the names of the people who are insured.

Please note that You need to comply with Your Duty of Disclosure before each renewal (see below).

Your Duty of Disclosure

Before you enter into an insurance contract with Us, the Insurance Contracts Act 1984 requires you to provide Us with the information We need to enable Us to decide whether, and on what terms, your proposal for insurance is acceptable and to calculate how much premium is required for your insurance.

The Act imposes a different duty the first time you enter into the policy with Us to that which applies when you vary, renew, extend, reinstate or replace your policy. We set these two duties out below.

Your Duty of Disclosure when you enter into this policy with Us for the first time

You will be asked various questions when you first apply for this policy. When you answer these questions, you must:

- give Us honest and complete answers,
- tell Us everything you know, and
- tell Us everything that a reasonable person in the circumstances could be expected to tell Us.

Your Duty of Disclosure when you vary, renew, extend, reinstate or replace your policy

When you vary, renew, extend, reinstate or replace the policy your duty is to tell Us before the variation, renewal, extension, reinstatement or replacement is made, every matter known to you which:

- you know, or
- a reasonable person in the circumstances could be expected to know,

is relevant to Our decision whether to insure you and whether any special conditions need to apply to your policy.

What you do not need to tell Us for either duty

You do not need to tell Us about any matter:

- that diminishes Our risk,
- that is of common knowledge,
- that We know or should know as an insurer, or
- that We tell you We do not need to know.

Who do the above two duties apply to?

Everyone who is insured under the policy must comply with the relevant duty.

What happens if you or they do not comply with either duty?

If you or they don't comply with the relevant duty, We may cancel the policy or reduce the amount We pay if you make a claim. If fraud is involved, We may treat the policy as if it never existed and pay nothing.

Privacy Act 1988 – Information

We collect your personal information directly from you where reasonably practicable or if not, from other sources. We collect it to provide Our various services and products (e.g. to market, arrange and administer insurance and to handle and settle claims) and to conduct market or customer research. We also use it to develop and identify services of Our related companies and alliance partners that may interest you (but you can opt out of this by calling the Allianz Direct Marketing Privacy Service Line on 13 2664 EST 8am-6pm, Monday to Friday or indicate your decision in the appropriate area of the Privacy section of Our website at www.allianz.com.au). If you do not provide the information We require We may not be able to provide you with this service.

We disclose information to third parties who assist Us in the above (e.g. insurers, insurance intermediaries, insurance reference bureaus, related companies, Our advisers, persons involved in claims, external claims data collectors and verifiers, your agents and other persons where required by law). We also provide this information to financiers and motor vehicle manufacturers if We have a relationship or insurance scheme in place with them under which you purchased your policy. We prohibit them from using it for purposes other than those We supplied it for.

Where you provide Us with information about another person for the above purposes, you must tell Us if you haven't got their consent to this. If you wish to gain access to your personal information (including to correct or update it), have a complaint about a breach of your privacy or you have any query on how your personal information is collected or used, or any other query relating to Privacy, contact Us on 13 2664 EST 8am-6pm, Monday to Friday.

General Insurance Code of Practice

The General Insurance Code of Practice was developed by the Insurance Council of Australia to further raise standards of practice and service across the insurance industry through promoting better communication between insurers and customers and outlining a standard of practise and service to be met by insurers.

We keenly support the standards set out in the Code.

You can obtain more information on the Code of Practice and how it assists you by contacting Us. Contact details are provided on the back cover of this document.

How to make a complaint

We have a free internal complaints resolution process that can be accessed by contacting us using the details on the back cover. If this process doesn't resolve the complaint we will give you information about how to access available external dispute resolution schemes.

Further information and confirmation of transactions

If You require further information about this insurance or wish to confirm a transaction, please contact Us.

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Personal Accident Insurance

Catholic Church Insurances Limited

ABN 76 000 005 210

485 La Trobe Street
Melbourne 3000

☎ 1300 655 003

www.ccinsurances.com.au



Catholic Church
Insurances

Serving You ~ Serving Church

This insurance is issued and underwritten by Allianz Australia Insurance Limited [Allianz] ABN 15 000 122 850, AFS Licence No. 234708. Catholic Church Insurances Limited ABN 76 000 005 210 AFS Licence No. 235415, 485 La Trobe Street, Melbourne 3000, acts as a promoter for Allianz.