

Student Accident Insurance Table of Events

Please refer to the Policy Schedule for which benefit limit applies

Insured Events	Cover Type-Benefits		
	Gold	Gold Plus	Platinum
Section 1 – Accidental Death			
1. Death as a result of injury	\$50,000	\$50,000	\$50,000
Section 1 – Permanent Disabilities			
2. Quad-Paraplegia	\$750,000	\$1,000,000	\$1,250,000
3. Loss of Mental Powers	\$750,000	\$1,000,000	\$1,250,000
4. Sight of Both Eyes	\$350,000	\$500,000	\$1,000,000
5. Sight of One Eye	\$150,000	\$250,000	\$500,000
6. Up to 35 % Partial Loss of Sight of one or both eyes	\$20,000	\$40,000	\$65,000
7. Between 36% and 65% Partial Loss of Sight of one or both eyes	\$40,000	\$80,000	\$130,000
8. More than 66% Partial Loss of Sight of one or both eyes	\$65,000	\$120,000	\$200,000
9. Loss of use of 2 limbs	\$300,000	\$500,000	\$1,000,000
10. Loss of use of 1 limb	\$150,000	\$300,000	\$500,000
11. Loss of Speech	\$100,000	\$100,000	\$150,000
12. Loss of Hearing in both ears	\$150,000	\$400,000	\$750,000
13. Loss of Hearing in one ear	\$50,000	\$100,000	\$150,000
14. Up to 35 % Partial Loss of Hearing of one or both ears	\$5,000	\$10,000	\$32,500
15. Between 36% and 65% Partial Loss of hearing of one or both ears	\$10,000	\$15,000	\$65,000
16. More than 66% Partial Loss of hearing of one or both ears	\$15,000	\$30,000	\$100,000
17. Total Loss of use of either hand	\$80,000	\$125,000	\$250,000
18. Loss of use of 4 fingers of either hand	\$50,000	\$75,000	\$100,000
19. Loss of use of 1 thumb of either hand	\$30,000	\$50,000	\$100,000
20. Loss of use of fingers of either hand	\$50,000	\$50,000	\$50,000
21. Total loss of use of the toes of either foot	\$20,000	\$50,000	\$75,000

22. Permanent Disability not provided for above	Such percentage of \$75,000 as We in Our absolute discretion shall determine and being in Our opinion not inconsistent with the compensation provided under Permanent Disabilities		
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Section 1 – Broken or Fractured Bones

23. Finger, Thumb, Toe, Hand, Foot or Rib	\$200	\$200	\$200
24. Arm, Elbow, Wrist, Leg, Ankle or Knee	\$500	\$500	\$500
25. Neck, Skull, Spine, Pelvis or Hip	\$3,000	\$3,500	\$5,000
26. All other Breaks	\$500	\$500	\$550
27. Fractured Leg or patella with established Non union	\$20,000	\$20,000	\$20,000
28. Shortening of leg by at least 5cms	\$10,000	\$15,000	\$15,000
The maximum amount payable for any one injury under Broken bones	\$75,000	\$100,000	\$100,000

Section 1 – Dislocation

29. Hip	\$500	\$500	\$500
30. Knee, Elbow, Shoulder blade, collarbone or Jaw	\$250	\$250	\$250
31. All other dislocations	\$150	\$250	\$250

Section 1 – Ligament and Organ Damage

32. Ligament – knee, ankle, hip, spine, neck, shoulder	\$2,000	\$3,000	\$3,000
33. Organ – spleen, kidney, liver, lung, heart	\$2,000	\$3,000	\$3,000
The maximum amount payable for any one injury under ligament organ damage	\$25,000	\$50,000	\$50,000

Section 1 – Dental

34. Permanent or second teeth (per tooth)	\$300	\$300	\$350
35. Milk or first teeth (per tooth)	\$100	\$100	\$100
36. Crowning of damaged teeth (per tooth)	\$300	\$300	\$300
37. Other damage (per tooth)	\$50	\$50	\$150
Maximum amount payable under Dental for any one accident	\$5,000	\$5,000	\$5,000

Section 1 – Burns

38. 40% of the entire body or greater	\$320,000	\$500,000	\$800,000
39. Between 20% and 40% of the entire body	\$100,000	\$175,000	\$250,000

Section 1 – Others

40. Fee relief	Up to \$15,000	Up to \$20,000	Up to \$20,000
41. Non-Medicare expenses (including overseas medical expenses)	100% of incurred expenses up to \$7,500	100% of incurred expenses up to \$8,000	100% of incurred expenses up to \$10,000
42. Bed care patient expenses	Up to 750 per week maximum 52 weeks		
43. Emergency Transport Rescue Expense	Up to 7,500 per accident per student		
44. Clothing, educational and/or sporting equipment Expenses	Up to \$500 per accident per student		
45. Parent/guardian visitation	Up to \$2,500		
46. Air or Road Rage benefit	Up to \$2,500		
47. Carjacking assault benefit	Up to \$2,500		
48. Transport Expense	Up to \$2,500		
49. Out of pocket expenses	Up to \$1,000		
50. Emergency Home Help	250 per week per benefit max 52 weeks		
51. Student Tutorial Costs	250 per week per benefit max 52 weeks		
52. Independent Financial Advice	\$15,000		
53. Accidental HIV Infection Benefit	\$30,000		

Section 2

54. Kidnap and ransom/extortion and personal assets	Up to \$300,000	Up to \$300,000	Up to \$400,000
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Section 3

55. Trauma Counselling benefit	Up to \$20,000	Up to \$20,000	Up to \$20,000
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Aon's Student Accident Protection Plan

School student accident claim form



This form should be completed and returned to Chubb promptly.

Chubb Insurance Australia Limited Level 38, 225 George Street, Sydney NSW 2000
Email: a&hclaims.au@chubb.com Phone: 1300 722 032 Fax: (02) 9231 3697

CLAIMS PROCEDURE

To ensure that your claim is dealt with as quickly as possible, it is important to follow a few simple steps:

1. Report the accident as soon as possible to school administration.
2. Pay all medical and other accounts as the insurer will not pay those on your behalf.
3. Make your Medicare claim.

Student Accident Insurance includes coverage for non-Medicare medical expenses (when the accident happened during school or organised sporting activities). Any portion of any expense for which a Medicare benefit is paid or payable, including the balance of monies you have to bear after deduction of any Medicare benefit or rebate from the actual expense incurred (commonly known as the 'Medicare gap'), is unable to be reimbursed under this or any other general insurance. It is in fact a breach of the Health Insurance Act to reimburse such costs.

All claimable non-Medicare medical expenses need to be for treatment, certified necessary by a legally qualified medical practitioner, to a registered private hospital, physiotherapist, chiropractor, osteopath, nurse or similar provider of medical services excluding the cost of dental treatment unless such treatment is necessarily incurred to sound and natural teeth, excluding dentures, and is caused by the accident.

4. Make Private Health insurance claims, as the insurer's obligation is only for any portion not covered by Private Health.
5. Complete this School student accident claim form (note that there is a section to be completed by the school).
6. Ask the attending doctor to complete the Medical practitioner's statement.
7. Send all completed documents and any accounts and receipts in support of out of pocket expenses claimed direct to Chubb.

POLICYHOLDER DETAILS

Name of Policyholder

The Pittwater House Schools Limited

Certificate Id

AONSAPP00226

Name of school (if different to Name of Policyholder)

PERSONAL DETAILS

Student's full name

Street address

City

State

Postcode

Date of birth

Parent name

Parent telephone number

Parent email address

ELECTRONIC FUNDS TRANSFER

Following Chubb's approval of your claim, should you wish to have your claim settlement transferred directly into your bank account, please provide the following details.

Name of Bank

Account name

BSB

Account Number.

Swift code (if applicable)

1. INJURY DESCRIPTION

Please give a full description of the injury you suffered, stating when, where and how it happened.

Injury

How it was sustained

Where it was sustained

Were you involved in school or organised sporting activities when you were injured:

Yes No

(a) Exact date when injury occurred

(b) When did you first consult a physician for this condition?

(c) When did you become unable to attend school?

(d) When were you able to return to school?

(e) If still disabled, when do you expect your disability to terminate?

(f) Have you ever had this, or a similar condition in the past?

Yes No

If you answered Yes to question 1(f), please state the nature of the condition, dates of previous treatment, names and addresses of treating doctors, hospitals and clinics.

Condition(s)

Date

Treated by

Name of hospital/clinic

2. ATTENDING PHYSICIAN(S)

Please give names, addresses and telephone numbers of all attending physicians for the Injury that is the subject of this claim.

Name

Phone

Address

2. ATTENDING PHYSICIAN(S) continued...

Name

Phone

Address

Please give the name, address and telephone number of your usual family physician.

Name

Phone

Address



3. PRIVATE HEALTH INSURANCE

Are you covered by private health insurance? Yes No

If "yes", what is the name of your health insurer

Health Insurance Membership Number

Have you claimed yet? No Yes If "yes" please submit a Statement of Benefits from your private health insurer.

Authorisation

I hereby authorise any hospital, physician or other person who has attended to me to furnish Chubb or its representatives, any and all information with respect to any injury, medical history, consultation, prescriptions, or treatment, copies of all hospital and medical records. I agree that a photocopy of this authorisation shall be considered as effective and valid as original. I do solemnly and sincerely declare that the foregoing particulars are true and correct in every detail and I agree that if I have made or in any further declaration in respect of the said injury shall make any false or fraudulent statements, or suppress, conceal or falsely state any material fact whatsoever then my claim may be voided and my rights of financial recovery forfeited. I consent to the collection, use and disclosure of information by Chubb and their service providers in order to assess the claim. Chubb complies with the obligations of the Privacy Act 2001 and the principles laid out in our Privacy Policy, which is readily available on request.

Name (please print)

Date

Relationship to student

Signed

TO BE COMPLETED BY SCHOOL REGISTRAR/PRINCIPAL

Please ensure that all questions have been fully answered.

I certify that (insert student name) was injured as stated.

Name of school

Name

Position

Phone

Address

Do you want to be copied in on the acknowledgement letter for this claim?

Yes No

If YES, Please provide:

Contact Name

Contact email address

I hereby certify that the particulars shown on this form are to the best of my belief and knowledge, true and correct.

Date

Witness Name

Signed

Witness Signature

CHUBB

Please complete claim form and return to:
a&hclaims.au@chubb.com
Chubb Insurance Australia Limited
Level 38, 225 George Street, Sydney NSW 2000
Phone: 1300 722 032 Fax: (02) 9231 3697

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