



Student Accident Insurance – Platinum Protect

TABLE OF EVENTS

Injury as defined, resulting in;	Compensation Payable
Section 1	
Permanent Disabilities <i>(In each case the Injury suffered must be Permanent).</i>	
Quadriplegia, Paraplegia	1,250,000
Loss of Mental Powers	1,250,000
Loss of sight of both eyes	1,000,000
Loss of sight of one (1) eye	500,000
Partial Loss of the sight of both eyes or of one (1) eye only	200,000
Loss of use of two (2) Limbs	1,000,000
Loss of use of one (1) Limb	500,000
Loss of hearing in:	
(a) both ears	750,000
(b) one (1) ear	150,000
Partial Loss of the hearing in both ears or in one (1) ear only	100,000
Loss of speech	150,000
Loss of use of either hand	250,000
Loss of use of four (4) fingers of either hand	100,000
Loss of one (1) thumb of either hand	100,000
Loss of use of fingers of either hand	50,000
Loss of use of toes of either foot	75,000
Permanent disability not otherwise 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
Broken or Fractured Bones	
(a) finger, toe, hand, foot, rib	200
(b) arm, elbow, wrist, leg, ankle or knee	500
(c) neck, skull, spine, pelvis or hip	5,000
(d) all other breaks	550
(f) fractured leg or patella with established non-union	20,000
(g) shortening of the leg by at least five (5) centimetres	15,000
The maximum amount payable for any one (1) accident	100,000
Dislocations	
(a) hip	500
(b) knee, shoulder blade, collarbone or jaw,	250
(c) all other dislocations	150
Ligament and Organ Damage	
(a) ligament – knee, ankle, hip, spine, neck, shoulder	2,000
(b) organ – spleen, kidney, liver, lung, heart	2,000
Dental <i>(Lump sum payment, regardless of actual costs involved, provided the event occurs within five (5) years from the date of Injury).</i>	
(a) Loss of teeth	
-second (not being dentures or fillings)	300 (per tooth)
-first (milk)	100 (per tooth)
(b) crowning of damaged teeth (with cast metal or porcelain or similar restorations)	300 (per tooth)
(c) other damage	50 (per tooth)
The maximum amount payable for any one (1) accident	5,000 (per accident)



Death Death as a result of Injury	50,000
Burns (a) 40% of the entire body or greater (b) between 20% and 40% of the entire body	800,000 250,000
Out of Pocket Expenses <ul style="list-style-type: none"> • Home Help • Student Home Tutorial • Extra Travel Maximum period payable up to fifty-two (52) weeks. (After Excess period of fifteen (15) days)	300 (per week, per benefit)
Bed Care Patient Maximum period payable up to fifty-two (52) weeks.	500 (per week)
Emergency Transport/Rescue	100% of incurred expenses up to \$7,500 (per accident, per student)
Fee Relief Maximum of four (4) terms of school fees (tuition and boarding) paid to the school on the death of the student's parent/guardian.	20,000
Non-Medicare Medical Expenses	100% of incurred expense to a maximum of \$10,000
Clothing Educational and/or Sporting Equipment	500 (per accident, per student)
Parent/Guardian Visitation	2,500
Section 2	
Kidnap and Ransom/Extortion and Personal Assets	400,000
Section 3	
Trauma Counselling Benefit (any one (1) event)	20,000

Aon's Student Accident Protection Plan

School student accident claim form



This form should be completed and returned to ACE Insurance promptly.

ACE Insurance Limited GPO Box 4065 Sydney 2001 Phone 1800 688 640 Fax (02) 9231 3697 Email a&hclaims.au@acegroup.com

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 Private Health insurance claims, as the insurer's obligation is only for any portion not covered by Private Health.
4. 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 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.

5. Fill in the School student accident claim form (note that there is a section to be completed by the school).
6. Ask the attending doctor to fill in 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 ACE Insurance Limited at GPO Box 4065 Sydney 2001.

PERSONAL DETAILS

Name of school

Student's full name

Street address

City

State

Postcode

Date of birth

Parent name

Parent telephone number

Parent email address

ELECTRONIC FUNDS TRANSFER

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

Bank name

Account name

BSB no.

Swift code (if applicable)

1. INJURY DESCRIPTION

Give full description of the injury from which you are suffering. State when, where and how it happened.

Injury

How it was sustained

Where

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

Yes No

(a) Give exact date when injury occurred

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

(c) When did you become totally disabled (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 yes, state the nature of the condition, dates of the treatment, names and addresses of treating doctors, hospitals and clinics.

Condition(s)

Date

Treated by

Name of hospital/clinic

2. ATTENDING PHYSICIAN(S)

Give names, addresses and telephone numbers of all attending physicians.

Name

Phone

Address

2. ATTENDING PHYSICIAN(S) continued...

Name

Phone

Address

Give names, addresses and telephone numbers of usual family physician.

Name

Phone

Address

3. PRIVATE HEALTH INSURANCE

Are you covered by private health insurance? Yes No

If "yes", name of insurer

Give membership number and branch

Have you claimed yet? Yes No 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 ACE Insurance 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 ACE Insurance and their service providers in order to assess the claim. ACE Insurance 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

Signed

Signed



Please complete claim form and return to:
ACE Insurance Limited GPO Box 4065 Sydney 2001
Phone 1800 688 640 Fax (02) 9231 3697
Email a&hclaims.au@acegroup.com

