



# ANDREWS

INSURANCE  
SERVICES  
TO BUSINESS

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Federation of Parents and Citizens Associations  
of New South Wales  
Appointed Insurance Broker



[andrewsinsurance.com.au](http://andrewsinsurance.com.au)

Member of the National  
Insurance Brokers Association



*Thank you for placing this insurance with us. Please check the details and advise if there are any discrepancies. Acceptance and premium calculation is based on information provided and is subject to acceptance by the Insurer(s). \*\*\*Kindly return any forms enclosed completed in full\*\*\**

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## TAX INVOICE

This document is a tax invoice for GST

Glenhaven Public School P&C Association  
Glenhaven Road  
GLENHAVEN NSW 2156

**Invoice Date:** 4/05/2020  
**Invoice No:** 04631  
**Our Reference:** PC GLENHA

Should you have any queries in relation to this account,  
please contact your Account Manager  
Ela Comerpay

**Class of Policy:** P&C STUDENT INJURY COVER  
**Insurer:** P&C ACCIDENT & HEALTH INTERNATIONAL UW AGEN  
LEVEL 4, 33 YORK STREET SYDNEY 2000  
ABN: 26 053 335 952  
**The Insured:** Glenhaven Public School P&C Association

### NEW POLICY

**Policy No:** 0005365  
**Period of Cover:**  
From **4/05/2020**  
to **1/02/2021** at 4:00 pm

**Details:** See attached schedule for a description of the risk(s) insured

420

### Your Premium:

Premium	UW Levy	Fire Levy	GST	Stamp Duty	Special Fee	Admin Fee
\$1,668.55	\$0.00	\$0.00	\$166.85	\$0.00	\$0.00	\$0.00

**TOTAL \$1,835.40**

(A processing fee applies for Credit Card payments)

### Andrews Insurance Services Pty Ltd

**Our Reference:** PC GLENHA  
**Invoice No:** 04631  
**Due Date:** 4/05/2020

Premium	\$1,668.55
U'writer Levy	\$0.00
Fire Levy	\$0.00
GST	\$166.85
Stamp Duty	\$0.00
Admin Fee	\$0.00
Special Fee	\$0.00

**AMOUNT DUE \$0.00**

**PLEASE READ THIS IMPORTANT NOTICE**

FOLLOWING THE INTRODUCTION OF THE INSURANCE CONTRACTS ACT 1984 BY THE FEDERAL GOVERNMENT AND FOR YOUR PROTECTION WE DRAW YOUR ATTENTION TO SOME IMPORTANT MATTERS OF WHICH YOU SHOULD NOW BE AWARE.

**DUTY OF DISCLOSURE**

Before you enter into a contract of General Insurance with an Insurer, you have a duty under the Insurance Contracts Act 1984, to disclose to that Insurer every matter that you know is relevant to the Insurer's decision whether to accept the risk of insurance and, if so, on what terms. You have the same duty to disclose those matters to the Insurer before you renew, extend, vary or reinstate a contract of General Insurance. Your duty; however, does not require disclosure of matters:

That diminish the risk to be undertaken by the insurer; That are of common knowledge;

That the insurer knows, or, in the ordinary course of business ought to know; As to which compliance with your duty is waived by the Insurer.

**NON DISCLOSURE**

If you fail to comply with your duty of disclosure, the Insurer may be entitled to reduce their liability under the contract in respect of a claim or may cancel the contract. If your non disclosure is fraudulent, the Insurer may have the option of avoiding the contract from its beginning. **PLEASE BEAR IN MIND** Your Duty of Disclosure is not limited to information requested from you prior to the issue of the policy. You may be aware of other matters which are relevant. If you are in doubt it is better to disclose the information rather than take the risk of failing on your duty of disclosure.

**PARTIES TO BE COVERED**

The contract provides cover only for those named in the contract, therefore you should ensure that all parties that are to be covered or may have financial interest are named in the contract. The amount that you will be able to recover under the contract will be limited to the amount of the actual interest.

**UTMOST GOOD FAITH**

The insurance is a contract based on the utmost good faith requiring the Insurer and you to act towards each other with the utmost good faith in respect of any matter arising in relation to this contract of insurance.

**TAX INVOICE**

This Tax Invoice is a summary of the insurance policy (errors and omissions excepted) and does not purport to be a copy of the insurance underwriter's policy or other documents. In case of any discrepancy, the underwriter's documents will prevail.

**BROKER'S FEE**

Please note that this fee is for the placement and for the professional management of your insurance and as such is not refundable.

**CO-INSURANCE, AVERAGE OR UNDER INSURANCE**

Most Fire, Loss of Profits (also known as Business Interruption or Consequential Loss) Industrial Special Risks, Construction, Machinery/ Electronic Breakdown, Marine, Goods in Transit and some Home Insurance policies contain a Co-Insurance, Average or Under Insurance Clause. This means that you must insure for full value and this of course varies with the type of insurance cover you have, that is, Market Value, Indemnity or Replacement options. If you are underinsured the insurer may reduce the amount of your claim by the proportion by which you are underinsured. For your protection we suggest you review your sums insured regularly and obtain a professional evaluation.

**SUBROGATION RIGHTS**

Where another party is liable to compensate you for any loss, damage or liability which is covered by this contract of insurance but you have agreed not to seek compensation or recovery from the other party then the insurer will not cover you for that loss, damage or liability unless agreed in writing by the insurer.

**PAYMENT OF PREMIUMS BY INSTALMENT**

Should you require this facility please contact this office to discuss terms.

When premiums are paid by instalment and any remaining instalment remains unpaid for at least 14 days the insurer may refuse to pay a claim or limit their liability in respect of a claim.

If a premium instalment remains unpaid for at least a month the Insurer may cancel the policy by giving written notice to you.

**CLAIMS**

Please notify this office during normal business hours of any event likely to give

rise to a claim. If applicable you should always notify the Police as soon as possible. Do not admit liability or make any offer of settlement.

You must take all reasonable precautions for the safety of the property insured and to prevent further loss or damage.

**WORKERS' COMPENSATION**

Unless otherwise stated this policy does NOT cover Workers' Compensation. If you do not have this cover or require further information in relation to this Statutory Requirement please contact our office immediately.

**AUSTRALIAN FINANCIAL COMPLAINTS AUTHORITY & INSURANCE BROKERS CODE OF PRACTICE**

Andrews Insurance Services Pty Ltd subscribes to the Australian Financial Complaints Authority, a free customer service, and the Insurance Brokers Code of Practice. If you are not fully satisfied with our services or require further information regarding the facility please call our Customer Relations / Complaints Officer.

**CHANGE OF RISK OR CIRCUMSTANCES**

To enable us to provide you with sound advice and to ensure the proper insurance protection please keep us informed of any changes during the period of insurance. If you are in doubt as to whether the insurer should or should not be told of certain changes, we would rather you consult us and give you extra service by answering your queries than allow you to take the risk of producing a claim.

**PLEASE ADVISE IN WRITING:**

1. Any information which you wish to disclose;
2. Any change of circumstances to the risk now being insured;
3. Any details which could affect the Insurer's decision to invite renewal on similar terms to last year;
4. Any change in occupancy or if the property becomes vacant;
5. Any alteration to your sum /s insured;
6. Any changes of address, phone number or other details.

**PRIVACY ACT**

We are committed to protecting your privacy. We use the information you provide us to arrange for and quote on the financial services we provide to you. We only provide personal information to the financial service providers and their representatives & those appointed to assist you with claims under policies of insurance. We will not trade rent or sell the information. Andrews Insurance Services Pty Ltd has developed a privacy policy which is available upon request.

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<b>Class of Policy:</b>	P&C STUDENT INJURY COVER	<b>Policy No:</b>	0005365
<b>The Insured:</b>	Glenhaven Public School P&C Association	<b>Invoice No:</b>	04631
		<b>Our Ref:</b>	PC GLENHA

**Student Injury Insurance  
Summary Only - Details of policy, refer to the PDS**

<b>Insured</b>	Federation of Parents' and Citizens Associations of NSW
<b>Policy Type:</b>	Student Injury
<b>Policy Number:</b>	0005365
<b>Insured Persons:</b>	Students - All students of the schools nominated by the Insured during School Activities Parents - All parents of Insured Students During School Activities Teachers - All Teachers of the schools nominated by the Insured, During School Activities Students - Outside School Activities - All students of the schools nominated by the Insured not including School Activities
<b>Insurer:</b>	Accident & Health International Underwriting Pty Ltd
<b>Exclusions:</b>	Medicare Medical Expenses (Health insurance Act)
<b>Policy Wording: Scope of Cover:</b>	Students, Parents, Teachers, Students - Outside School Activities Custom
<b>Territorial Limits:</b>	Worldwide
<b>Aggregate Limit of Liability</b>	\$15,000,000

**SCHEDULE OF BENEFITS**

	Cover 1 (School Activities)	Cover 2 (Outside School Activities)
Maximum Benefits Payable Each Insured Person		
<b>Death</b>	\$25,000	\$25,000
<b>Broken / Fractured Bones Benefits</b>	\$7,500	\$ 5,000
<b>Neck or spine (Full-Break)</b>	\$ 7,500	\$ 5,000
<b>Neck or spine (not being a Full-Break)</b>	\$ 3,750	\$ 2,500
<b>Pelvis girdle (Hip bone)</b>	\$ 1,87	\$ 1,250
<b>Skull, shoulder blade</b>	\$ 750	\$ 500
<b>Collar bone, upper leg</b>	\$ 750	\$ 500
<b>Upper arm, kneecap, forearm, elbow</b>	\$ 562	\$ 375
<b>Lower leg, jaw, wrist, cheek, ankle, Hand,foot</b>	\$ 375	\$ 250
<b>Ribs</b>	\$ 375	\$ 250

## Schedule of Insurance

<b>Class of Policy:</b>	P&C STUDENT INJURY COVER	<b>Policy No:</b>	0005365
<b>The Insured:</b>	Glenhaven Public School P&C Association	<b>Invoice No:</b>	04631
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<b>Finger, thumb, toe</b>	\$ 187	\$ 125
<b>Non-Medicare Medical Expenses</b> (exclusions: Teachers)	\$4,250	\$ 2,125
<b>Loss of Teeth or Dental Procedures</b> (exclusions: Teachers)	\$10,000	\$ 2,500
<b>Student Tutorial Benefit</b>	\$ 300 per week (limit 26 weeks)	Not insured
<b>Out of Pocket Expenses Benefit</b>	\$ 300	\$ 300
<b>Bed Care Benefit</b>	15,600 (dailey benefit 42.86)	Not insured
<b>Emergency Transport Benefit</b>	\$1,000	\$1,000
<b>Cash Benefit (exclusions: Teachers)</b>	\$100 per day (limit \$1,500)	Not Insured
<b>Education Fund Benefit</b>	\$1,000	\$1,000 (Cover 2 Excludes Teachers)
<b>Permanent Total Disablement</b>	\$ 250,000	\$ 100,000
<b>Paraplegia/Quadriplegia</b>	\$ 250,000	\$ 100,000
<b>Permanent and incurable paralysis of all limbs</b>	\$ 250,000	\$ 100,000
<b>Permanent and incurable insanity</b>	\$ 250,000	\$ 100,000
Permanent total loss of sight in:		
a. Both eyes	\$ 250,000	\$ 100,000
b. One (1) eye	\$ 250,000	\$ 100,000
Permanent total Loss of Use of:		
a. Two (2) limbs	\$ 250,000	\$ 100,000
b. One (1) limb	\$ 250,000	\$ 100,000
Permanent total Loss of Use of:		
a. The lens in both eyes	\$ 250,000	\$ 100,000
b. Hearing in both ears	\$ 250,000	\$ 100,000
Permanent total Loss of Use four fingers and thumb of either hand	\$ 200,000	\$ 80,000
Permanent total Loss of Use of four fingers of either hand	\$ 125,000	\$ 50,000
Permanent total Loss of Use of:		
a. The lens in one (1) eye	\$ 150,000	\$ 60,000
b. Hearing in one (1) ear	\$ 50,000	\$ 20,000
Burns:		
a. Third degree burns and/or resultant disfigurement which covers more than 40% of the entire external body	\$ 125,000	\$ 50,000
b. Second degree burns and/or resultant disfigurement which covers more		

## Schedule of Insurance

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	<b>Our Ref:</b> PC GLENHA

than 40% of the entire external body	\$ 62,500	\$ 25,000
Permanent total Loss of Use of one thumb of either hand:		
a. both joints	\$ 75,000	\$ 30,000
b. one (1) joint	\$ 37,500	\$ 15,000
Permanent total Loss of Use of fingers of either hand:		
a. three (3) joints	\$ 25,000	\$ 10,000
b. two (2) Joints	\$ 20,000	\$ 8,000
c. one (1) joint	\$ 12,500	\$ 5,000
Permanent total Loss of Use of toes of either foot:		
a. all – one (1) foot	\$ 37,500	\$ 15,000
b. great - both joints	\$ 12,500	\$ 5,000
c. great – one (1) joint	\$ 7,500	\$ 3,000
d. other than great, each toe	\$ 2,500	\$ 1,000
Fractured leg or patella with established non-union	\$ 25,000	\$ 10,000
Shortening of leg by at least 5cm	\$ 18,750	\$ 7,500

## ENDORSEMENTS TO POLICY WORDING / SCHEDULE

### Client Specific Endorsements

The premium for this Policy is adjustable annually by applying the agreed premium rates based on the number of students enrolled at each school

### Loss of Teeth or Dental Procedures

Extent of Cover

If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person sustains an Injury which results in any of the following Insured Events which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Insured Events Percentage of Benefit Payable

Loss of Teeth or full capping of Teeth: 100%

Partial capping of Teeth: 50%

### Compensation

We will pay the Percentage of Benefit Payable stated for the Insured Event, of the amount shown in the Policy Schedule against "Loss of Teeth or Dental Procedures".

### Conditions

1. The maximum amount We will pay for any one Tooth is shown in the Policy Schedule against "Maximum per Tooth".

2. The maximum Compensation payable for any one Injury is the amount shown in the Policy Schedule against "Loss of Teeth or Dental Procedures".

### Exclusions

1. No cover is provided for any Pre-Existing Condition.

### Out of Pocket Expenses Benefit

### Extent of Cover

<b>Class of Policy:</b> P&C STUDENT INJURY COVER	<b>Policy No:</b> 0005365
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	<b>Our Ref:</b> PC GLENHA

If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person sustains an Injury and as a direct result incurs otherwise unforeseeable, reasonable expenses for:

1. Medical Mobility Equipment; and/or
2. local transportation (other than in an ambulance) for the purpose of seeking medical treatment; and/or
3. replacement of items damaged as a result of the Injury,

which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

**Compensation**

We will reimburse the above expenses. The maximum amount We will pay is shown in the Policy Schedule against "Out of Pocket Expenses".

**Conditions**

1. Payment under this Benefits is made, provided:
  - a. that those costs are not insured elsewhere under this Policy; or
  - b. the payment of the Benefit does not constitute the carrying on of a "Health Insurance Business" as defined under the Private Health Insurance Act 2007 (Cth) or any succeeding legislation to that Act or would result in a breach of the provisions of the Health Insurance Act 1973 (Cth).
2. The requirement for Medical Mobility Equipment must be certified by a Medical Practitioner.

**Exclusions**

No specific exclusions apply to this Benefit, only the General Exclusions.

**Bed Care Benefit****Extent of Cover**

If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person sustains an Injury and as a result is unable to perform the 'activities of daily living' such as washing, cooking, bathing, dressing and movement around the Insured Person's principal residence and the Insured Person is confined to bed (other than in a Hospital or other medical facility), which is not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

**Compensation**

We will pay the amount shown in the Policy Schedule against "Daily Benefit" for each completed twenty-four (24) hours of continued bed confinement.

The maximum We will pay is the amount shown in the Policy Schedule against "Bed Care Benefit".

**Conditions**

1. A Medical Practitioner must certify that the Insured Person is unable to perform the 'activities of daily living' and therefore necessitated the confinement to bed.

**Exclusions**

1. No cover is provided for bed confinement which lasts less than a period of forty-eight (48) consecutive hours.

**Client Specific Endorsements****Cash Benefit****Extent of Cover**

If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person sustains an Injury, We will pay the Compensation as shown in the Policy Schedule, which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.  
Compensation

We will pay the daily Benefit amount as shown in the Policy Schedule against "Cash Benefit" for up to a maximum fifteen (15) consecutive days if the Insured Person is unable to attend school as a result of an Injury.

**Conditions**

<b>Class of Policy:</b> P&C STUDENT INJURY COVER	<b>Policy No:</b> 0005365
<b>The Insured:</b> Glenhaven Public School P&C Association	<b>Invoice No:</b> 04631
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1. The Insured Person must be unable to attend school for a minimum of two (2) days before this Benefit becomes payable.
2. A Medical Practitioner must certify that the Insured Person is unable to attend school as a result of the Injury.
3. The inability of the Insured Person to attend school must occur within three hundred and sixty-five (365) consecutive days from the date of the Insured Person's Injury.

**Exclusions**

1. No specific exclusions apply to this Benefit, only the General Exclusions.

**Education Fund Benefit****Extent of Cover**

If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person sustains an Injury which results in a claim that We accept against this Policy for one of the following Insured Events under Death and Capital Benefits:

- Death
- Disappearance

and their Dependent Children subsequently incurs expenses for school, university or institute of higher learning fees which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

**Compensation**

We will pay for or reimburse the above expenses for each Dependent Child of the Insured Person. The maximum amount We will pay is shown in the Policy Schedule against "Education Fund Benefit".

**Conditions**

No specific conditions apply to this Benefit, only the General Conditions and Limitations.

**Exclusions**

No specific exclusions apply to this Benefit, only the General Exclusions.

**Client Specific Endorsements****Emergency Transport Benefit****Extent of Cover**

If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person suffers a lifethreatening serious Injury or a serious Sickness that requires immediate emergency medical care, which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

**Compensation**

We will pay up to the maximum amount shown in the Policy Schedule against "Emergency Transport Benefit".

**Conditions**

1. The attending Medical Practitioner must certify the condition was a life-threatening serious Injury or a serious Sickness that required immediate emergency medical care.
2. Emergency Transportation is to the nearest medical facility.

**Exclusions**

1. No cover is provided where the payment of the Benefit would constitute the carrying on of a "Health Insurance Business" as defined under the Private Health Insurance Act 2007 (Cth) or any succeeding legislation to that Act or would result in a breach of the provisions of the Health Insurance Act 1973 (Cth) or any similar legislation.