

Invoice # 050-458013  
Policy # 2500012346  
Country Fire Service Volunteers Association Inc



**INSURED:** Members of the Country Fire Service Volunteers Association Inc. as declared including subsidiary or controlled companies now or previously existing or hereafter formed or acquired.

**ABN AND ITC DETAILS:** ABN: 42 568 408 334 ITC: 0.00%

**BUSINESS:** Principally Representation of the interest and welfare of the Country Fire Service Volunteers including Property Owners / Occupiers and any other incidental occupation.

**TERRITORIAL LIMIT:** Worldwide

**GOVERNING LAW OF CONTRACT:** Australian

**PERIOD OF INSURANCE:** From: 30 September 2018 at 4.00pm Local Time (SA).  
To: 30 September 2019 at 4.00pm Local Time (SA).

**SCOPE OF COVER:** The Compensation provided will only be payable if an Event listed in this document happens to You whilst:  
(a) You are actually engaged in official activities authorised and under the control of the Insured; or  
(b) You are engaged in necessary direct travel between Your normal place of residence or employment and the place of Your activities

**AGE LIMITATION:** Between the ages of 16 and 90 years

**BENEFITS:**

**Section A**

**Death & Capital Benefits (Events 1 - 19)**

1. Volunteers Fire Fighters \$100,000

**Event 1**

Death for Insured Person under 18 years is limited to: \$20,000

**Section B**

**Weekly Injury Benefits (Event 20)** Not Included

**Section C**

**Weekly Sickness Benefits (Event 22)** Not Included

**AGGREGATE LIMIT OF LIABILITY:** Any Policy period except non-schedule flights: \$1,000,000  
Any Policy period relating to non-schedule flights: \$500,000



**BENEFITS:**

**Events 1 to 19**

1. Death	100%
2. Permanent Total Disablement	100%
3. Permanent Paraplegia or Quadriplegia	100%
4. Permanent Total Loss of sight of both eyes	100%
5. Permanent Total Loss of sight of one eye	100%
6. Permanent Total Loss of use of two limbs	100%
7. Permanent Total Loss of use of one limb	100%
8. Permanent Total Loss of the lens of both eyes	100%
9. Permanent Total Loss of the lens of one eye	50%
10. Permanent Total Loss of hearing in	
(a) both ears	75%
(b) one ear	30%
11. Third degree burns and/or resultant disfigurement received from fire or chemical reaction which extend to cover more than 40% of the entire external body	50%
12. Permanent Total Loss of use of four fingers and thumb of either hand	80%
13. Permanent Total Loss of use of four fingers of either hand	50%
14. Permanent Total Loss of use of one thumb of either Hand	
(a) both joints	30%
(b) one joint	15%
15. Permanent Total Loss of use of fingers of either hand	
(a) three joints	10%
(b) two joints	7%
(c) one joint	5%
16. Permanent Total Loss of use of toes of either foot	
(a) all – one foot	15%
(b) great – both joints	5%
(c) great – one joint	3%
(d) other than great, each toe	1%
17. Loss of at least 50% of all sound and natural teeth, including capped or crowned teeth, but excluding first teeth and dentures	1% per tooth (to \$10,000 in total for all teeth)
18. Shortening of leg by at least 5cm	7%
19. Permanent Partial Disablement not otherwise provided for under Events 8 to 18 inclusive	Such percentage of the Capital Sum Insured as We in Our absolute discretion shall determine and being in Our opinion not inconsistent with the Compensation provided under Events 9 to 18. The maximum amount payable under Event 19 is 85% of the



Capital Sum Insured shown  
in the Policy Schedule.

It is further declared and agreed that Event 1:

Death in respect of Insured Persons aged 81 years to 90 years shall be limited to \$50,000.

**Additional Benefits included**

- |                             |  |
|-----------------------------|--|
| 1. Rehabilitation Costs:    | up to \$500 per month,<br>Max. of 6 months |
| 2. Escalation of Claim      | 5% compound p.a.                           |
| 3. a. Spouse                | \$5,000                                    |
| b. Dependent Children       | \$5,000 per child, max of \$15,000         |
| 4. Home Renovation Benefit  | 80% to a maximum of \$10,000               |
| 5. Accidental HIV Infection | \$25,000                                   |

**SPECIAL CLAUSE**

At the request of CFSVAI, for a claim to exist:

- (1) The injured person must be a CFS registered volunteer, and
- (2) The claim must be recognised by Workcover, and
- (3) Undertaking a CFS activity (as set out below)

**South Australia Workers Rehabilitation and Compensation (Claims and Registration) Regulations 1999 under the Workers Rehabilitation and Compensation Act 1986**

**17-Volunteers**

- (1) In this regulation volunteer fire-fighter means-
  - (a) a member of the C.F.S.; or
  - (b) a fire control officer under the Country Fires Act 1989; or
  - (c) a person who, at the request or with the approval of a person who is apparently in command pursuant to the Country Fires Act 1989, at the scene of a fire or other emergency, assist in fire-fighting or dealing with the emergency, who receives no remuneration in respect of his or her service in that capacity.
- (2) For the purposes of section 103A of the Act-
  - (a) volunteer fire-fighters are prescribed as a class of persons under that section; and
  - (b) the following activities are prescribed as a class of work:
    - (i) any activity directed towards preventing, controlling or extinguishing a fire; dealing with any other emergency that requires the C.F.S. to act to protect life or property;
    - (ii) attending in response to a call for assistance by the C.F.S.;





- (iii) attending a C.F.S. meeting, competition, training exercise or other organised activity;
- (iv) carrying out any other function or duty under the Country Fires Act 1989.

**DEDUCTIBLE / EXCESS:**

The Insured shall bear the first Nil of each and every accident claim or series of claims and the first N/A of every sickness claim or series of claims arising out of the one Event.

All indemnifiable liability attributable to one source or original cause shall be deemed one Event for the purpose of the application of the above deductible.

**POLICY WORDING & CONDITIONS**

AIG Group Injury & Sickness Policy Wording  
(Reference No: AH610/7 S/O PDS JM 09/00064.6)

**ENDORSEMENT:**

Notwithstanding anything contained in the Group Injury & Sickness AH610/7 S/O PDS JM 09/00064.6 "Policy" to the contrary, the following Additional Benefits are added to the policy:

**Additional Benefits**

**Domestic Help Benefit**

If an Insured Person suffers an Injury resulting in Events 2-13, and is wholly and continuously prevented from engaging in his or her normal household duties, we will pay up to 85% of the actual cost incurred of Domestic Help certified as necessary by the attending medical practitioner, who is not the Insured Person or a family member of the Insured Person.

**Student Tutorial Benefit Event**

If an Insured Person, who is a full time student, suffers an Injury resulting in Events 2-13 we will pay up to 85% of the actual cost incurred of Home Tutorial Expenses certified as necessary by a qualified Physician provided that the Home Tutorial is performed by a person who is not a relative of the Insured Person.

The most we will pay is of \$300 per week and a maximum of 52 weeks for any one event, subject to an Elimination Period of 7 days.

**Out of Pocket Expenses**

We will pay for reasonable out of pocket expenses incurred within twelve consecutive months of sustaining Injury covered by this Policy and paid by the Insured person or paid on his or her behalf, for additional costs and/or services rendered necessary by the Injury and that are not covered or excluded anywhere else in this Policy to a maximum benefit of \$2,000 each and every claim. Provided we shall not be liable for the first \$50.00 of each and every loss.

This includes but is not limited to public transport expenses and clothing. Out of Pocket Expenses does not include costs incurred for medical or dental services or the provision of any health services or

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similar expenses, or any expense where a Medicare or Private Health  
Fund benefit is paid or payable in part or in full.