

**Flight Attendants
WageCover Income Protection Plan
Product Disclosure Statement
and Policy Wording.**

Product Disclosure Statement

Underwritten by Lloyd's Of London

Welcome

This Product Disclosure Statement is an important legal document that contains details of your Group Personal Injury Insurance Policy.

Before you decide to buy insurance from us, please read this PDS thoroughly.

This product disclosure statement is dated 28 February 2005

What is a Product Disclosure Statement?

The Corporations Act 2001 (Cth) requires that any 'retail client' must receive a 'Product Disclosure Statement' (PDS) prepared by the Insurer which contains certain information that is designed to assist retail clients in deciding whether to buy the relevant cover.

This PDS is designed to provide you with the necessary information regarding the features of AFA's Income Protection product in order that you can make an informed choice about purchasing this product.

In this PDS you will find all the information you need to know about the type of cover(s) available, our terms and conditions, benefits and risks and making a claim.

Please read this booklet and make sure that you are satisfied with the terms and conditions that we offer.

Income Protection only begins when we have agreed to accept the insurance and a policy schedule has been issued.

This PDS and Policy Wording and the insurance policy schedule we send you are your policy documents and form your legal contract with us. Please keep them together in a safe place. You should also keep documents you will need in case of a claim – for example, documents which substantiate your earnings and medical certificates.

Please do not hesitate to contact your insurance adviser if you have any questions about this policy booklet or your insurance cover.

Group Policy Clause

If you are an association, group, corporation, university or any type of group or association, that is not a natural person, and you collect monies from your members, employees, or students to pay for and provide the benefits of this policy, you must then give the PDS and policy wording to each member, employee or student in your group from whom you collect monies and pass on the benefits of this policy to. If new members, employees or students join your group you must give them the PDS and policy wording when they join the group.

General Insurance Code of Practice

AFA Pty Ltd and Underwriters at Lloyd's proudly support the General Insurance Code of Practice. The purpose of the Code is to raise standards and service in the general insurance industry. If you require further information on the Code please contact us.

Who is the Insurer?

About [AFA Pty Ltd](#)

AFA Pty Ltd (AFA) ABN (83 067 084 333) is an authorised coverholder for Lloyd's and acts under a binding authority to arrange and enter into Accident & Health business, collect premiums and handle and settle claims

on behalf of certain underwriters at Lloyd's. AFA has entered into the contract as an agent of certain underwriters at Lloyd's and not as agent of the insured.

About Lloyd's (The Insurer)

Lloyd's is authorised to carry on general insurance business in Australia by the Australian Prudential Regulation Authority. This government authority requires Lloyd's to maintain sufficient capital to meet their insurance obligations to policyholders and regularly monitors their financial position.

Applicable Sections Clause

Not all sections of this PDS document will apply to you. The precise coverage afforded is subject to the terms and conditions outlined in the PDS, Schedule, Schedule of Sums Insured, Policy Wording and any Endorsements, as issued by us.

Policy Features and Benefits

Insurance provided for loss of income due to accident & sickness.

Payment of a weekly benefit to cover up to 85% of your weekly income or an agreed amount, whichever is the lesser, when you suffer a disability as a result of an accident or sickness.

Available to people between the ages of 18-65 or as otherwise stated in your policy schedule or by endorsement.

Weekly benefits are payable for a maximum period of 104 Weeks or as otherwise stated in your policy schedule.

Significant Risks

Incorrect product or cover: - You should ensure that the sums insured are sufficient to cover the insured person(s) loss of weekly income. For example: if you select a sum insured that is less than the insured persons weekly income, we will only pay up to the sum insured stated in the policy schedule.

Pre-existing conditions: - AFA may not pay a benefit to you for any injury or sickness for which you have received treatment, or advice for treatment or have been prescribed medication or have consulted a medical practitioner or other health professional, prior to the period of insurance stated in the policy schedule. Should you be replacing insurance that you currently have with another insurer, please note that current injuries or illnesses covered under your present insurance policy may not be covered under this replacement policy. This will depend on the specific pre-existing clause in the policy wording.

Reduced Payments: - AFA will reduce our payments to you by any weekly benefits that you are entitled to receive from Workers Compensation or other legislative benefits.

General exclusions applicable to all sections of this policy

This insurance policy is designed to provide protection for you in the event of something happening which has been insured against. However, in certain circumstances, this policy will not provide any insurance cover to you. For example we do not pay a benefit in the following circumstances:

Suicide or attempted suicide or intentional self-injury or organ donation or cosmetic surgery.

Neurosis, psychoneurosis, psychosis, mental, emotional, depression, stress or anxiety condition, disease or disorder.

Driving a motor vehicle whilst having a percentage of alcohol in your breath or blood in excess of that permitted by law.

For full details of all relevant policy exclusions, where cover does not apply, you should read the policy wording and make yourself aware of all the exclusions that apply to this insurance.

Deductibles and or Excesses

If you make a claim under the policy you may be required to pay one or more excesses.

Cooling off period

You may return this policy to us within 14 days of the date we enter into it provided that no right or power under your policy has been exercised (eg no claim has been made).

Where you return it within the above 14 day period we will cancel the policy and give you a full refund of premium. Please note you still have cancellation rights that you can use after this period expires.

Keeping Us Up to date

You must notify us immediately:

If you become aware that you are suffering from any Injury or medical condition which is likely to affect your ability to work. If you do not do so, we may cancel the policy or reduce or refuse to pay a claim.

Change of Occupation

We only cover you for the occupation shown in the application for insurance so you should notify us immediately if there is any change in your occupation. We will then decide whether to insure you for your new occupation and if so on what terms.

Cost of the Policy and paying for Insurance

The cost of your policy is made up of your premium plus any applicable government taxes.

What happens if you do not pay the cost of your policy?

You cannot claim under this policy if at the time the Injury occurred or Sickness manifested itself, any instalment of premium remained unpaid for 30 days or more.

We may cancel this policy by giving notice if any instalment of premium has remained unpaid for 1 month or more.

Other than in the above circumstances we may deduct from any claim paid or payable, any unpaid premium or instalment of premium.

Commission

AFA pay a commission to your insurance adviser when you decide to take out an AFA insurance policy. The amount of commission paid will be paid from your premium amount and is not an additional expense to you. Your insurance adviser may also charge you a fee for their service.

Claims Procedures:

1. Notification of Claim

Any event which may give rise to a claim under this policy, must be reported to us in writing within thirty days of the occurrence of the event.

2. Claim Forms

When you report such an event, we will issue you with a claim form which you and your legally registered medical practitioner must fully complete and return to us.

In the event of an ongoing claim we will periodically provide you with Progress Claim Forms, which you and your legally registered medical practitioner must fully complete and return to us on an ongoing basis.

3. Proof of Loss

Where we request further proof of loss in addition to the completed claim forms (eg, medical records, financial records, employment records, etc.) the proof of loss must be provided to us as soon as possible and, in any event, within thirty days of the proof being requested, together with copies of all relevant documentation.

You or the insured person shall, at your or their expense, provide us with all such certificates, information, and other evidence as we may require from time to time, in a format prescribed by us.

Physical Examinations & Vocational Assessments

We may require the insured person to undergo a medical examination or examinations by a legally registered medical practitioner of our choice in the event of a claim. We may require the insured person to undergo a vocational assessment by a qualified assessor in the event of a claim.

Claims Investigation

In the event of a claim we may investigate the claim as we deem necessary and require both you and the insured person to cooperate fully with such an investigation, which may include an interview with you, the insured person or both you and the insured person. A failure by you or the insured person to fully cooperate with such an investigation may result in denial of the claim, the cancellation of the policy, or both.

Payment of the Claim

Payment of indemnity resulting from the death of the insured person will be made to the estate of the deceased insured person.

In the event we agree to assist the insured person with rehabilitation benefits they will be made payable directly to the provider of the rehabilitation service or rehabilitation aids.

Unless otherwise specified in a particular coverage section, all other indemnities shall be payable to the insured person.

Code of Practice

Enquiries, Confirmation Facility and Complaints

If for any reason You wish to make an enquiry about Your policy, obtain confirmation of any policy transaction or have cause for complaint please contact Us on (02) 9948 2711 or in writing by fax (02) 9948 4326 or at Unit 1, 28 – 34 Roseberry Street, Balgowlah NSW 2093.

If you have a problem about anything to do with this insurance which you feel we have not resolved to your satisfaction please contact us on (02) 9948 2711 or phone 1300 728 997. The staff will refer you to a senior person with authority to deal with your complaint who will attend to your complaint within 15 working days.

If you are not satisfied with the response, you may lodge a further complaint which will be handled by our Disputes Resolution Committee. If you are not satisfied with the response, you may contact Lloyd's Underwriters' General Representative in Australia, Suite 2, Level 21, Angel Place, 123 Pitt Street, Sydney NSW 2000, Telephone number (02) 9223 1433.

If you are still not satisfied and your problem:

* is for a claim covered by the Insurance Ombudsman Service Limited you may contact them at PO Box 561 Collins Street West, Melbourne, Victoria 8007, or phone 1300 363 683 or fax (03) 9261 2060. Their web site is <http://www.iecltd.com.au>. This is a free service established to resolve disputes between customers and insurers;

* is not covered by the Service, we will advise you of the other options for resolution.

Please note that this organisation is independent from us. It will not accept a complaint unless you have first tried to resolve the problem with us. Please let us know if you would like us to send you a brochure containing more information about the Code.

Who should you talk to if you have questions, concerns or a complaint about your claim?

The Claim Department Manager should be contacted if your complaint is regarding how we or any of our investigators, assessors or loss adjusters, have handled your claim under your Group Personal Accident & Sickness policy.

The Customer Services Department Manager should be contacted regarding any other complaint you have with your Personal Accident & Sickness policy or any other service that you have received.

If in doubt as to whom you should refer your complaint, please contact the Customer Services Department Manager. To contact any of the above mentioned, please call AFA on (02) 9948 2711 or 1300 728 997.

Cancelling your policy

You may cancel your policy at any time by notifying us in writing. If you cancel we will refund the premium for your policy less any amount which covers the period for which you were insured. We will not refund your premium if we have paid any claim made by you prior to receipt of your written cancellation.

We may cancel this policy by giving three working days notice in writing to you at your address on our file upon breach by you of any of its conditions, including a condition relating to the payment of premium, or for any other reason available to us at law.

Upon cancellation of the policy by us, we will refund the premium for the unexpired period of insurance.

Taxation

AFA shows all taxes and charges as separate items on all schedules, for example stamp duty and Goods and Services tax (GST) at the rate set by government from time to time. If required by law we may adjust your

premium to reflect this change. Stamp Duty is imposed on your policy at the rate set by government from time to time. The amount varies depending on your state of residence. We may adjust your premium to reflect this change.

AFA's Privacy Policy

We are committed to complying with the principles of the Privacy Act 1998 (Cth) concerning the collection, use and management of personal information about individuals.

We will collect and use the personal information to arrange your cover and administer and manage your and our rights and obligations in relation to it.

We disclose personal information to third parties who we believe are necessary to allow us to do the above. For example:

to our relevant staff and contractors involved in delivering our services;
if an agent or broker collects this form from you, to that agent or broker;
your employer (in connection to a claim);
to reinsurers or reinsurance brokers (which may include reinsurers located outside Australia);
facilitators such as legal firms, accountants, actuaries, loss adjustors and claims investigators;
to insurance reference bureaus or credit reference bureaus;
to our agents such as doctors and other medical service providers engaged by us; and
we may be required to provide your personal information to others for purposes of public safety and or to enforce our rights of subrogation.

We limit the use and disclosure of any personal information provided by us to them to the specific purposes we supplied it.

If you would like a copy of our Privacy Policy, wish to opt-out of receiving marketing material we send or wish to seek access to or correct the personal information we have collected or disclosed about you then please contact Us (See Enquiries/Contact Details at www.afainsurance.com).

When you give us personal information about other individuals, we rely on you to have made or make them aware that you will or may provide their information to us and the types of third parties we may provide it to, the relevant purposes we and the third parties will use it for, and how they can access it. If it is sensitive information we rely on you to obtain their consent on these matters. If you have not done or will not do either of these things, you must tell us before you provide the relevant information.

What makes up your insurance contract

When we accept your application, or your existing policy is renewed or amended, your insurance contract is made up of the following documents.

The policy wording in the section of this document; and
Your current Schedule, Schedule of Sums Insured, Policy Wording and Endorsements.

You cannot give your rights away

You cannot give anyone else an interest in this policy without our written consent.

The law that applies to this policy

Any disputes arising from this policy will be determined by the courts, and in accordance with the laws, of the state or territory of Australia where this policy is issued.

Important Information

Any advice in this PDS has been prepared without taking account of your objectives, financial situation or insurance requirements. Therefore, before acting on any advice in this PDS, you should consider whether it is appropriate to your objectives, financial situation and needs.

Updating our Product Disclosure Statement

We may update the information contained in our PDS when necessary. A paper copy of any updated information is available to you at no cost by calling us. We will issue you with a new PDS or a supplementary PDS, where the update is to rectify a misleading or deceptive statement or an omission, which is materially adverse from the point of view of a reasonable person deciding whether to obtain this insurance.

POLICY WORDING

Definitions:

The words below have a special meaning for the purpose of this policy.

Accident: Means a specific physical injury

caused in and of itself by a single, unexpected, sudden and unintended event which occurs at an identifiable time and place to an Insured Person during the period of insurance and results solely and independently of all other causes (including and known or unknown pre-existing physical congenital or degenerative condition) within twelve (12) calendar months of the date of the occurrence of such injury.

Certificate: the policy schedule, policy certificate, endorsement certificate or any renewal certificate.

Earnings: basic pay plus pay equalisation and includes all other allowances and payments that make up a Flight Attendants gross income. Averaged over a 52 week period prior to any claim (or such shorter period as may be applicable).

Sickness: Any illness or sickness which first manifests itself during the period of insurance.

Injury: Bodily injury resulting from an Accident which is not a Sickness and which occurs while this policy is in force and this includes any condition resulting from exposure to the elements as a result of such bodily injury, other than as excluded by the Exclusions section of this policy.

Pre-existing Sickness or Injury:

Means any sickness or Injury which is attributable to any Injury, Sickness, Medical Condition, Infirmary or weakness either:

Suffered by you: or

Known by you to have existed; or

For which you have received treatment, advice or taken prescribed medicines or drugs, prior to the commencement date of the Period of Insurance.

Occupation: Your usual occupation as a Flight Attendant.

Total Disability: means disablement resulting from an Injury or Sickness that entirely prevents you from engaging in your usual occupation, profession or business or from such occupation, profession or business which You are reasonably qualified to perform based on Your education, training or experience.

Treatment: Treatment includes the period for which a course of medication was prescribed by a registered medical practitioner or health professional, whether the Insured Person complied with this advice or not.

We/Our/Us: AFA Agencies acting on behalf of certain underwriters at Lloyds.

You/Your:

a. The Insured Person named in the Certificate. All benefits will be paid to this person,

b. If the person who applied for this insurance and paid the premium

(i) is someone other than the insured person and

(ii) is shown in the Certificate as the insured all benefits will be paid to the insured and for the purpose of making a claim, paying a premium and receiving benefits, You/Your will also refer to the insured.

BENEFITS

Weekly Benefits

Total Disability

We will pay a Total Disability Weekly Benefit in accordance with the amount shown in the Certificate. If, because of Injury or Sickness You are Entirely prevented from working in Your Occupation within 12 months of the Injury or Sickness, We will pay You 85% of the Earnings You have lost or the Weekly sum insured shown in the Certificate, whichever is the lesser, to the maximum period shown in the Certificate as the benefit period.

But We will not pay any Weekly Benefit

(i) for the first period that You cannot work which is shown in the Certificate as the excluded period of claim.

(ii) in respect of any Injury or Sickness if, whilst You are receiving Weekly Benefits, You commence any paid occupation.

(iii) for more than one Injury or Sickness at any one time.

(iv) which is more than 85% of the amount of Your Earnings for that period.

Note: You may be required to substantiate the amount of Your Earnings.

Injury and Sickness

We will reduce Our payment by any Weekly Benefits You are entitled to receive, and where allowed by law will reclaim any Weekly Benefit paid under another insurance policy, or any other income which forms part of a

past economic loss award, any salary, wage or other payment including sick leave receivable from any Employer or Principal and/or under any statutory worker's compensation or transport accident scheme.

Recurrent Injury or Sickness

Where You suffer recurrence of an Injury or Sickness for which You have claimed Weekly Benefits while this policy is in force and there has been a period of less than 6 months between Your return to work and the recurrence, it will be treated as a continuation of the original claim.

If it is 6 months or more between when You last qualified for a Weekly Benefit for that Injury or Sickness and when You again qualify to receive a Weekly Benefit for that Injury or Sickness under this policy, We will treat the later Injury or Sickness as a new Injury or Sickness. This means that a new Excluded Period of Claim applies and there is a new Maximum Benefit Period and the maximum amount We pay is not reduced by payments for the original Injury or Sickness.

Expiry of Your Policy

Your Policy expires at 4pm on the date shown on Your Certificate.

Renewal Terms

We will write to You at least 14 days before Your Policy expires to confirm the date and time Your Policy expires. When We write to You We may offer a new policy on the same terms or on different terms or We may refuse to renew the policy. We will offer You a new policy by sending a renewal notice to You identifying the new premium and any other changes to the terms of this policy. You accept by paying the new premium or giving Us notice of acceptance.

Who can cancel this Policy

(a) You may cancel Your policy at any time by notifying Us in writing. The cancellation will take effect from the date of Your written cancellation or at 12.01am Australian Eastern Standard Time on the date We receive Your written cancellation, whichever is the earlier. If You cancel We will refund the premium for Your policy at our standard short term rates less any amount which covers the period for which You were insured. We will not refund Your premium if We have paid any claim made by You prior to receipt of Your written cancellation.

(b) We may cancel this policy by giving three working days notice in writing to You at Your address on our file upon breach by You of any of its conditions, including a condition relating to the payment of premium, or for any other reason available to Us at law. Upon cancellation of the policy by Us, We will refund the premium for the unexpired period of insurance.

EXCLUSIONS

Exclusions apply to all parts of this policy

1. Notwithstanding any provision to the contrary within this insurance, or any endorsement thereto, it is agreed that this insurance excludes any loss or expense of whatsoever nature directly or indirectly caused by, or resulting from, or in connection with any of the following regardless of any other cause or event contributing concurrently or in any other sequence to the loss;

- (a) War, hostilities or warlike operations (whether war be declared or not),
- (b) Invasion,
- (c) Act of an enemy foreign to the nationality of the insured person or the country in, or over, which the act occurs,
- (d) Civil war,
- (e) Riot,
- (f) Rebellion,
- (g) Insurrection,
- (h) Revolution,
- (i) Overthrow of the legally constituted government,
- (j) Civil commotion assuming the proportions of, or amounting to, an uprising,
- (k) Military or usurped power,
- (l) Explosions of war weapons,
- (m) Utilisation of Nuclear, Chemical or Biological weapons of mass destruction howsoever these may be distributed or combined,
- (n) Release of weapons of mass destruction that do not involve an explosive sequence,
- (o) Murder or Assault subsequently proved beyond reasonable doubt to have been the act of agents of a foreign state to the nationality of the insured person whether war be declared with that State or not,
- (p) Terrorist activity.

For the purpose of this exclusion terrorist activity means an act, or acts, of any person, or groups(s) of persons,

committed for political, religious, ideological or similar purposes with the intention to influence any government and/or to put the public, or any section of the public, in fear. Terrorist activity can include, but not be limited to, the use of force or violence and/or the threat thereof. Furthermore the perpetrators of terrorist activity can either be acting alone, or on behalf of, or in, connection with any organisation(s) or government(s).

Utilisation of Nuclear weapons of mass destruction means the use of any explosive nuclear weapon or device or the emission, discharge, dispersal, release or escape of fissile material emitting a level of radioactivity capable of causing incapacitating disablement or death amongst people or animals.

Utilisation of Chemical weapons of mass destruction means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing incapacitating disablement or death amongst people or animals.

Utilisation of Biological weapons of mass destruction means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organism (s) and/or biologically produced toxin (s) (including genetically modified organisms and chemically synthesised toxins) which are capable of causing incapacitating disablement or death amongst people or animals.

Also excluded hereon is any loss or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, or suppressing any, or all, of (a) to (o) above.

In the event any portion of this exclusion is found to be invalid or unenforceable, the remainder shall remain in full force and effect.

Exclusions apply to all parts of this policy.

This Policy does not cover claims arising directly or indirectly from:

2. driving a motor vehicle whilst having a percentage of alcohol in Your breath or blood in excess of that permitted by law;
3. professional sporting activities, which includes participation in, or training for, any such activity;
4. The Insured Person engaging in or training for any code of football (except touch football)
5. engaging in Air Travel except as a Flight Attendant or passenger in a properly licensed multi-engined aircraft being operated by a licensed commercial air carrier or owned and operated by a commercial concern;
6. suicide or attempted suicide or intentional self-injury or organ donation or cosmetic surgery; or
7. driving or riding on motor cycles or motor scooters of any kind (i.e. Bi, Tri or Quad) other than as a means of transport directly to and from your normal place of business;
8. the use, existence or escape of nuclear weapons material or ionizing radiation, or contamination by radioactivity from any nuclear fuel or other nuclear substance;
9. deliberate exposure to exceptional danger (except in an attempt to save human life), or the Insured Person's own criminal act, or the Insured Person being under the influence of alcohol or drugs (other than drugs prescribed by a registered medical practitioner and taken in accordance with the registered medical practitioner's instructions);
10. childbirth or pregnancy;
11. venereal disease or Acquired Immune Deficiency Syndrome (AIDS) or AIDS related Complex (ARC) howsoever this syndrome has been acquired or may be named;
12. neurosis, psychoneurosis, psychosis; mental, emotional, depression, stress or anxiety condition, disease or disorder.
13. any pre-existing sickness or Injury which is attributable to any Injury, Sickness, Medical Condition, Infirmary or weakness either:
 - a) Suffered by you; or
 - b) Known by you to have existed; or
 - c) For which you have received treatment, advice or taken prescribed medicines or drugs, prior to the commencement date of the Period of Insurance.
14. this Insurance will not indemnify the Insured for any losses whatsoever arising from Occupational Disease. These following definitions apply:-

"OCCUPATIONAL DISEASE" means any abnormal condition, howsoever it may be named, that fulfils both of the following conditions:-

 - (a) It is not traceable to an Accident occurring over a period of twenty four (24) hours or less during the course and scope of employment and during the period of this insurance.
 - (b) It has been caused by exposure to a disease producing agent or agents present in the Insured Person's occupational environment.
15. The Insurer retains the right of subrogation and repayment in respect of regular payments made under the Policy where the Insured Person is entitled to benefit under Transport Accident Legislation, other statutory compensation scheme or at common law.

16. Parachuting, gliding, hang gliding, any motor sports or recreations involving heights, underground sports or underground water sports.

Condition

If the consequences of an Accident or Sickness shall be aggravated by any condition or physical disability of the Insured Person which existed before the Accident or Sickness occurred, the amount of any compensation payable under this Insurance in respect of the consequences of the Accident or Sickness shall be the amount which it is reasonably considered would have been payable if such consequences had not been so aggravated.

Claims

Notice must be given to Us as soon as reasonably practicable, but no later than 14 days of any Accident or Sickness which causes or may cause disablement of the Insured Person. If You or Your legal representative want to make a claim You or They must complete Our claim form.

- (a) You must get proper medical advice from a qualified medical practitioner as soon as possible after sustaining Injury or Sickness and provide Us, at your own expense with any medical and other certificates and evidence required by Us that is reasonably required to assess Your claim.
- (b) You must give Us details of any other insurance covering the same Injury or Sickness.
- (c) You must undergo any medical examination We may reasonably require to assess the claim; and which We will arrange at our own expense.
- (d) You must continue to be a resident of Australia.
- (e) We must be furnished with such evidence as We require, including in respect of Your state of health, level of disability and medical history, otherwise no Benefits will be payable.

When We pay the Weekly Benefit

We pay the Weekly Benefit fortnightly in arrears following the end of each fortnight calculated at 1/7th of the Weekly Benefit for each day that You are entitled to receive it in that month.

We proudly support the General Insurance Code of Practice. The purpose of the Code is to raise standards and service in the general insurance industry. If you require further information on the Code please contact us.

If You have a problem about anything to do with this insurance which You feel We have not resolved to Your satisfaction please contact Us on 1300 728 997. The staff will refer You to a senior person with authority to deal with Your complaint who will attend to Your complaint within 15 days.

If You are not satisfied with the response: You may lodge a further complaint which will be handled by Our Disputes Resolution Committee. If You are still not satisfied, if Your problem or complaint relates to a claim You may refer Your complaint to the insurance industry's review body, Insurance Enquiries and Complaints Limited. This is a free service established to resolve disputes between customers and insurers.

For a claim covered by the (IEC) Scheme you may contact IEC at:
PO Box 561 Collins Street West Post Office, Melbourne, Victoria 8007.
Or phone 1300 363 683
or fax (03)9261 2060.

Their web site is <http://www.iecltd.com.au>

This is a free service established to resolve disputes between customers and insurers;

Please note that this organisation is independent from Us. It will not accept a complaint unless You have first tried to resolve the problem with Us. Please let Us know if You would like Us to send You a brochure containing more information about the Code.

Headings

Headings have been included for ease of reference and it is understood and agreed that the Terms and Conditions of this Policy are not to be construed or interpreted by reference to such headings.

This product is issued by

AFA Pty Ltd on behalf of Certain Underwriters at Lloyds

ABN 83 067 084 333

AFSL No: 247122

How to contact Us:

You may contact Us by writing to AFA Pty Ltd, PO Box 761, Balgowlah NSW 2093.