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Skate Victoria

Insurance Program Summary

Dear Skate Victoria Registered Members

We are pleased to present this quick guide to the 2011-12 Skate Victoria Personal Accident Insurance Program.

The purpose of this quick guide is to provide an overview of some of the main covers of the policies as well as instructions on how to make a claim. For full details of cover please refer to the policy documents available on www.oamps.com.au or call OAMPS on 1800 SPORT 5 (1800 776 785).

The cover provided is not "comprehensive" and as such we encourage all participants to take out Private Health, Life and Income Protection Insurance according to their own individual needs and circumstances. It is an individual's responsibility to ensure that he/she has adequate insurance cover for his/her needs.

We wish all participants a safe and enjoyable 2011-12 Skate Victoria season.

Yours sincerely

Robert Richard
Senior Account Executive
OAMPS Insurance Brokers

Endorsed by

Gloria Hawken
Executive Officer
Skate Victoria



NAME OF INSURED:

All registered members of Skate Victoria Inc..

PERIOD OF COVER:

30th June 2011 to 30th June 2012 at 4pm local time

SCOPE OF COVER:

The sports Personal Accident policy provides cover to the insured for death, disability or injury due to an accident that occurs whilst they are:

- (a) Taking part in a competition, game, performance or training session.
- (b) Attending a training session.
- (c) Traveling to or from a competition, game, performance, social function, training session, administrative, fundraising or volunteer activity. (Note: Benefits for Death and Permanent Disability are restricted to 20% of the Capital Sum Insured for accidents that occur whilst traveling).
- (d) Staying away from home to take part in a competition, game, performance, social function, training session or administrative activity.
- (e) Engaged in administrative, fundraising or volunteer activities.

ACCIDENT means:

A sudden, unexpected specific event which occurs at an identifiable time and place causing injury or disability which is not any sickness or disease or degenerative condition.

PERSONAL INJURY: means

1. Death, bodily injury, disability, disease, sickness, shock, fright, mental anguish and mental injury.
2. The effects of:
 - a) Assault or battery that is not committed by you or at your direction.
 - b) Assault or battery that is due to you using, or someone at your direction using, reasonable force necessary to prevent harm to a person or property.
 - c) Eviction.
 - d) False arrest, wrongful restraint, wrongful eviction, denial of liberty, malicious prosecution and humiliation.
 - e) Libel, slander, defamation of character or invasion of right of privacy.
 - f) Malicious prosecution.
 - g) Wrongful entry.

Sports Injury – Policy Schedule

Capital Benefits	The percentage of this amount which is Payable for each of Events 1 to 32 is set out in the policy	\$50,000
Medical Benefits	The percentage of the Medical Expenses covered under this section	85%
The Excess payable for each claim under Medical Benefits section is \$50 Excess The maximum amount payable per claim for Medical Benefits is \$3,000		
Loss of Income	The amount payable is 100% of the member's actual weekly income, up to	Not Insured
	The Maximum Benefit Period is	Not Insured
Student Help		Not Insured
Home Help		Not Insured
The Excess Period under the above 3 sections is		n/a
All benefits excluding 4.4.1		See overleaf
Ancillary Non Medical Expenses	The maximum amount payable is	\$1,500 Limit

BENEFITS

CAPITAL BENEFITS

Maximum Capital Benefit \$50,000

Events:

1. Permanent total disablement	100%
2. Permanent paralysis of all limbs	100%
3. Permanent loss of use of two limbs	100%
4. Permanent loss of use of one limb	100%
5. Permanent total loss of sight	100%
6. Permanent total loss of sight in a eye remaining	100%
7. Permanent total loss of sight or the lens in one eye	50%
8. Permanent total loss of hearing	75%
9. Permanent total loss of hearing in one ear	25%
10. Permanent Total Loss of : - Liver	75%
11. Two kidneys	75%
12. One kidney	35%
13. Sexual function	45%
14. Two testicles	40%
15. One testicle	7.5%
16. Spleen	30%
17. Permanent disfigurement to 100% of the surface of the head and neck	50%
18. Permanent disfigurement to 100% of the surface of the remainder of the body	25%
19. Permanent total loss of use of a thumb and all fingers on one hand	70%
20. Permanent total loss of use of all the fingers on one hand	40%
21. Permanent total loss of use of a thumb	30%
22. Permanent total loss of use of one joint of a thumb	15%
23. Permanent total loss of use of a finger	10%
24. Permanent total loss of use of two joints of a finger	7.5%
25. Permanent total loss of use of one joint of a finger	5%
26. Permanent total loss of use of a foot	15%
27. Permanent total loss of use of a big toe	5%
28. Permanent total loss of use of one joint of a big toe	3%
29. Permanent total loss of use of each other toe	3%
30. Broken leg or kneecap that will not join	10%
31. Shortening of a leg by at least 5 centimetres	7.5%
32. Any Permanent Disability or Disfigurement that is not total or is not listed under Events 7 to 31, will be paid for in proportion to the degree of Permanent Disability as compared with the cases as listed in the Schedule of Capital Benefits without taking into account the occupation of the Member.	

MEDICAL AND DENTAL COSTS

This section reimburses 85% of non-Medicare Medical treatment including:

- Hospital Accommodation
 - Theatre Fees
 - Splints
 - Treatments given by a Dentist
 - Ambulance
 - Orthotics
 - Prosthesis
 - Chiropractor
 - Physiotherapist
 - Osteopath
 - Naturopath
 - Masseur
- The maximum benefit for this section is \$3,000
 - All treatment must be certified by a registered medical practitioner and not subject to any Medicare rebate
 - All claims are subject to a \$50 excess if no private health cover
 - Any expenses must be incurred within 12 months of the insured person sustaining the injury

WEEKLY BENEFITS

1. Loss of Earnings

Weekly benefit limit	Not Insured
Benefit %	n/a
Maximum Benefit period	n/a
Excess	n/a

2. Student Help

Weekly benefit limit	Not Insured
Benefit %	n/a
Maximum Benefit period	n/a
Excess	n/a

3. Home Help

Weekly benefit limit	Not Insured
Benefit %	n/a
Maximum Benefit period	n/a
Excess	n/a

OTHER BENEFITS

- **Modification Expenses** – Up to \$10,000 if Member is entitled to 100% of the Capital Benefit
- **Funeral Expenses** – Up to a maximum of \$5,000
- **In Memoriam Expenses** – Up to a maximum of \$1,000
- **Parents Allowance** - \$25 per day up to \$1,500
- **Dependant Children's Allowance** – Limit of \$500
- **Home Nursing Care** – Up to \$300 per week
- **Ancillary Non Medical Expenses** – Up to \$1,500
- **Rehabilitation Benefits** – Up to \$500
- **Unexpired Membership Reimbursement** – Up to \$500
- **Miscarriage and Premature Childbirth** – Up to \$2,500
- **HIV** – 10% of Permanent Total Disability Benefit 1
- **Kidnapping** - 10% of Permanent Total Disability Benefit 1
- **Double Capital Sum Insured** – for persons under 12 years of age who suffers permanent total disablement or permanent paralysis of all limbs

How do I make a claim?

To make a claim for injury, take the following steps within 30 days of the injury occurring.

Step 1:

Obtain a claim form from OAMPS Insurance Brokers by calling 1800 SPORT 5 (1800 776 785) or download by visiting www.oamps.com.au

Step 2:

Arrange for your doctor to complete the "Medical Statement"

Step 3:

Arrange for your club secretary to complete "The Club's Declaration"

If claiming loss of income have the employer complete "The member's Employment Details".

Step 4:

Return the completed claim form to OAMPS Insurance Brokers within 30 days of the injury occurring.

How do I find out more?

OAMPS Insurance Brokers Ltd – Sport & Recreation Unit
289 Wellington Parade South PO Box 852
East Melbourne VIC 3002 East Melbourne VIC 8002

Phone: (03) 9412 1142 1800 SPORT 5 (1800 776 785)

Fax: (03) 9412 2426

Email: sport.melbourne@oamps.com.au

Website: www.oamps.com.au

NOTE: PLEASE REFER TO POLICY WORDING FOR FULL TERMS, CONDITIONS, AND EXCLUSIONS.