

Australian National Drag Racing Personal Accident Insurance Program

Summary of Cover

The Summary of Cover below provides a general overview of the ANDRA Personal Accident Insurance Program.

The ANDRA Insurance Program has been arranged by Gallagher on behalf of the ANDRA. With this in mind, the program is placed with the insurance providers on a group basis and therefore it is not issued on behalf of each individual license holder.

Please refer to the information below to see if this coverage is right for you and the activities in which you intend to participate. For further advice please contact our Gallagher Motorsport Team.

Group Personal Accident Cover

Personal Accident insurance can provide financial assistance for Insured Persons for certain costs associated with an injury sustained during a Australian National Drag Racing Association Ltd event.

Please note: The Health Insurance Act 1973 (Cth) prohibits general insurers from covering any item listed within the Medicare Benefits Schedule (MBS). For further information, please refer to our web site or visit www.medicare.gov.au

Who is covered (i.e. Insured Persons):

Insured: Australian National Drag Racing Association Ltd, Evolve Facility Management Pty Ltd including subsidiary or controlled companies now or previously existing or hereafter formed or acquired, including mortgagees, lessors and other interested parties for their respective rights and interests.

Insured Persons: Category 1: All Drivers, Pit Crew and Crew Members (including Guest Overseas Drivers), Guests, Authorised Officials and Voluntary Workers
Category 2: All Street Drag Race Drivers

Scope of Cover:

Category 1: Whilst Engaged in Club Organised and Sanctioned Events of the named insured

Category 2: Whilst Engaged in Club Organised and Sanctioned Events of the named insured

Insurance Period:

From: 30th September 2022 at 4.00pm CST

To: 30th September 2023 at 4.00pm CST

Territorial Limits:

Within Australia

Insurer:
 HDI Global SE

Policy Wording:
 HDI Global SE, Australia Group Personal Accident Only April 2022

Schedule of Benefits	
Maximum Age Limit:	75 years
Aggregate Limit of Liability:	\$1,000,000
Aggregate Limit of Liability per Event for Charter/Non-scheduled flights:	Nil
Aggregate Limit of Liability per Event for Nuclear, Biological, Chemical Terrorism:	\$1,000,000

Maximum Lump Sum Benefits	Category 1	Category 2
Lump Sum Injury and Accidental Death Benefits	\$75,000	\$30,000
Accidental Death if aged under 18 years	\$20,000	\$20,000
Broken / Fractured Bones Benefit	Not Covered	
Accidental HIV Infection Lump Sum Benefit	Not Covered	
Cosmetic and Reconstructive Surgery Benefit	\$2,500	
Executor Expenses Benefit	\$5,000	
Air or Road Rage Benefit	\$5,000	
Carjacking Benefit	Not Covered	
Premature Childbirth/Miscarriage Benefit	Not Covered	
Prosthetic Limbs and Eye Benefit	\$5,000	
Terrorism Injury Benefit	\$5,000	
Trauma Counselling Benefit	\$5,000	
Dependent Child Supplement Benefit	\$30,000	
Maximum Payable per Dependent Child	\$10,000	
Orphaned Benefit	\$50,000	
Prosthetic Limbs and Eye Benefit	\$5,000	

We will pay the following Benefits for each Insured Person for the Insured Events listed below as a percentage of the Maximum Benefit for 'Lump Sum Injury and Death Benefits' shown on Your Policy Schedule:

Insured Events Percentage of Maximum Benefit Payable

Accidental Death:	100%
Permanent and Total Disablement:	100%
Paraplegia/Quadriplegia:	100%
Permanent and incurable paralysis of all Limbs:	100%
Permanent and Incurable Insanity:	100%

Permanent total loss of the following body organs:	
• both kidneys:	75%
• one (1) kidney:	30%
• liver:	70%
• spleen:	25%
• reproductive organs:	45%
Permanent facial scarring, the greater of:	
• More than 10% of the entire face:	0.5%
• More than 20% of the entire face:	1%
• More than 50% of the entire face:	5%
Permanent total loss of sight in one (1) eye or both eyes:	100%
Permanent total Loss of Use of the lens in:	
• one (1) eye:	60%
• both eyes:	100%
Permanent total loss of hearing in:	
• one (1) ear:	30%
• both ears:	100%
Permanent total Loss of Use of one (1) or more Limbs:	100%
Fractured leg or patella with established non-union:	10%
Shortening of leg by at least 5cm:	7.5%
Permanent total Loss of Use of one (1) thumb of either hand:	
• both joints:	30%
• one (1) joint:	15%
Permanent total Loss of Use of one (1) finger of either hand:	
• three (3) joints:	10%
• two (2) joints:	8%
• one(1) joint:	5%
Permanent total Loss of Use of toes of either foot:	
• all the toes on one (1) foot:	15%
• the great toe, both joints:	5%
• the great toe, one (1) joint:	3%
• other than the great toe, each toe:	1%
Burns:	
• Third degree burns and resultant permanent disfigurement which covers more than 20% of the entire external body:	50%
• Second degree burns and resultant disfigurement which covers more than 20% of the entire external body:	25%

- Loss of at least 50% of all natural Teeth, including capped or crowned Teeth, but excluding first Teeth and dentures: 1%, but only up to a maximum of \$10,000.

The maximum We will pay for this Benefit for any one (1) Insured Person is the amount shown in the Policy Schedule for 'Lump Sum Injury and Death Benefits'.

The maximum amount payable for an Insured Person who is a Dependent Child is 10% of the listed Event for 'Lump Sum Injury and Death Benefits'.

Weekly Benefits

Weekly Injury Benefit	\$1,000	\$250
Income Limitation	100%	100%
Deferral Period	7 Days	7 Days
Benefit Period	104 Weeks	52 Weeks

Coma Benefit

Not Covered

Other Benefits Consequent of an Injury or Illness

Family Accommodation and Transport Expenses Benefit	\$1,000
Bed Care Benefit	\$2,000
Daily Amount	\$100
Childcare Services Benefit	\$5,000
Education Fund Benefit	\$30,000
Maximum Payable per Dependent Child	\$10,000
Home, Workplace and Vehicle Modification Benefit	\$25,000
Retraining and Rehabilitation Expenses Benefit	\$25,000
Unexpired Membership Benefit	\$1,000
Partner Employment Training Benefit	\$15,000
Financial Advice Benefit	\$5,000
Corporate Image Protection Benefit	\$10,000
Funeral Expenses Benefit	\$10,000

The above only provides summary of the cover, please refer to the policy wording for full terms, conditions and exclusions.

Endorsements

Non-Medicare Medical Benefits

If during the Period of Insurance and during the Scope of Cover, an Insured Person is suffers an Injury and incurs Non-Medicare Medical Expenses, We will pay the Non-Medicare Medical Expenses incurred by the Insured Person as shown below:

Limit per Insured Person: \$10,000

Excess applied per claim: \$50

Non-Medicare Medical Expenses means expenses incurred by an Insured Person or the Insured with-in twelve (12) calendar months of the Injury suffered by the Insured Person, that are not subject to any full or partial Medicare rebate, for treatment of an Injury certified necessary by a Medical Practitioner to a registered private hospital, physiotherapist, chiropractor, osteopath, nurse or similar provider of medical services. It does not mean dental treatment, unless such treatment is necessarily required, to Teeth other than dentures and is caused by an Injury.

Passengers

The definition of Insured Persons extends to include passengers if the insurance cover is selected. Passengers and day licence holders do not automatically have coverage unless they are specifically nominated to the Insured or if they are entered into a Pro-Am event level or above where such cover is compulsory.

Non-Income Earners – Category 1

It is hereby noted and agreed that with respect to Category 1 who are not in receipt of any Income, the maximum Weekly Benefits We will pay is \$250 per week to a maximum of fifty two (52) weeks. A seven day excess shall apply.

How to make a Claim

Claims Procedure

- All claims must be reported to ANDRA as soon as possible following an accidental injury. Failure to do so may enable the Insurer to reduce or avoid any liability should the Insurers rights be prejudiced.
- Claim forms are available from ANDRA.
- Fully complete all sections of the claim form (all questions must be answered – if not applicable, write N/A).
- Your Medical Practitioner must complete the attending physician's statement and provide any relevant medical reports. Any expenses for this statement or reports are the responsibility of the patient/claimant.
- When the claim form has been completed in full, signed and dated, please send it with attachments as a PDF file to ANDRA.
- Once ANDRA have certified the claim form, it will be forwarded to the insurers who will make direct contact with you.

***Please note the following:**

Limitations of Coverage:

The cover provided under this program is not "comprehensive" and is intended to compliment other insurance cover you may have in place. You will need to be mindful of any undertakings that are relevant to your own personal situation and we encourage all participants to consider their own individual needs and circumstances in relation to Private Health, Life and Income Protection insurance. It is an individual's responsibility to ensure that they have adequate insurance cover for their individual needs.

General Advice Warning:

This information provided by Gallagher is considered general advice only and does not take into account your personal or financial situation. This information must be read in conjunction with the Policy documentation which can be accessed by contacting Gallagher.