



C.G.A. FIRE & ACCIDENT INSURANCE COMPANY LIMITED

Form A

(Incorporated in New South Wales)

C.G.A. SCHOOL PUPILS' ACCIDENT POLICY

A NEW CARD MUST BE COMPLETED EACH YEAR TO RENEW

POLICY COVER:

The policy provides for refund of amounts paid up to \$200 in respect of any one claim. The extent of the cover granted and the terms and conditions are shown on the back hereof.

PERIOD OF INSURANCE:

From the date the premium is paid until the 30th June, 1970, or 12 months from the date of application (if after 30th June preceding). Current policies will continue to give cover to an insured pupil attending the School where the issue of new Policies and collection of premiums are made by our Representatives until date of such collections.

HOW TO INSURE YOUR CHILD:

(1) Read forms (A) and (B) carefully and fill in blank spaces where denoted thus ●. **DO NOT DETACH FORM (B).**

(2) Send the completed forms (A) and (B) to the school on the day advised, together with \$3 or \$1 depending on the cover required.

If this form is not sent to the school on the day advised your child can still be insured by either posting or delivering the completed form together with the premium to the office at the above address. This policy does not become valid until premium is paid and card is stamped by an authorised officer of the Company. The issue of this stamped card subject to the terms and conditions on the back hereof is acknowledgment of payment of premium.

HOW TO MAKE A CLAIM:

(1) Write or telephone the company requesting a claim form within 21 days of the date of injury.

(2) Complete and send claim form in with itemised accounts and receipts after completion of treatment together with this policy.

There is no limit to the number of claims in respect of the insured pupil that may be submitted under this Policy during the period of insurance.

MARK WITH ✓ AMOUNT PAID.

 24 Hours \$3.00

 OR

 School Hours \$1.00

PAID 12 AUG 1969

● NAME OF PUPIL (SURNAME) LUMMIS (CHRISTIAN NAMES) STEVEN JOSEPH

● PRIVATE ADDRESS 266 MCKENZIE ST. GOLDEN SQUARE (Use Block Letters)

● SUBURB OR TOWN 3555

● SCHOOL GOLDEN SQUARE HIGH ● CLASS GRADE 1 ● DATE 11-8-69

THIS CARD MUST BE PRESENTED WHEN MAKING A CLAIM

C.G.A. FIRE & ACCIDENT INSURANCE CO. LTD.

<p>Until 31st August, 1969 18 Collins Street, Melbourne. Phone: 63-8751.</p>	<p>From 1st September, 1969 491 Bourke Street, Melbourne Phone: 67-9441.</p>
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Address all Correspondence to Box 232 E, G.P.O. Melbourne, 3001

C.G.A. SCHOOL PUPILS' ACCIDENT POLICY

In consideration of the Parent or Guardian of the insured pupil named in the schedule herein having paid to C.G.A. Fire & Accident Insurance Company Limited, the premium noted on the front hereof, the pupil is covered in accordance with the following:—
The Company undertakes to refund, on behalf of the declared pupil or person hereby insured, amounts paid to a duly qualified and registered medical practitioner, optician, dentist, chemist, surgeon, physiotherapist, qualified nurse, hospital or recognized nursing home for medical or other treatment, ambulance fees and funeral expenses in respect of any one accident or series of accidents arising out of one event as the result of bodily injury caused solely and directly by violent, accidental, external and visible means, incurred by the insured pupil

- (a) **AT ANY TIME WITHIN THE INSURED PERIOD** for a premium of \$3.00 inclusive of Stamp Duty, or
- (b) Whilst such pupil or person is travelling to or from or is in attendance at any school at which he or she is enrolled or whilst participating in any school activity under school supervision, for a premium of \$1.00 inclusive of Stamp Duty.

PROVIDED—

- (1) The maximum liability for dental treatment shall be limited to \$50.
- (2) The maximum liability for X-Rays shall be limited to 50% of fees charged.
- (3) The total liability inclusive of (1) and (2) above shall not exceed \$200.

CONDITIONS

- (1) Should the insured sustain any injury (as defined above) giving rise to a claim within the scope of this policy, notification must be given to the Company as soon as possible and in any case within 21 days of sustaining such injury.
- (2) All evidence in support of any claim made under the policy must be furnished at the expense of the insured and shall be in such form and of such nature as the Company shall prescribe and in accordance with the requirements defined on the claim form.
- (3) The insured will submit (at the Company's expense) to an examination on behalf of the Company when required in respect of any in-

jury which is the subject of a claim under this policy.

- (4) Any benefits under this insurance will not be reduced by the amount of any payments or entitlements by virtue of the parent or guardian or pupil being a member of any Friendly Society, Lodge, Mutual Hospital and/or Medical Society.
- (5) The Company reserves the right to finalise any claim where settlement may be delayed owing to protracted treatment extending beyond 12 months from the date of such accident by making payment of a sum not exceeding the amount estimated for that particular treatment.
- (6) This policy is automatically terminated upon completion of the insured pupil's full-time school education and when so terminated no refund of premium is allowable.

EXCLUSIONS

The policy does not cover claims for:—

- (1) Any injury arising out of any constitutional disability.
- (2) Any injury which is directly attributable to or consequential upon hernia, however caused.
- (3) Repairs to or replacement of clothing, damaged spectacles dentures, dental fillings or artificial aids.
- (4) Any injury arising when the insured pupil's full-time school education is complete whether at the school specified or any other school.
- (5) Any injury when the insured, his heirs or executors are entitled to recover under any Worker's Compensation Act or at Common Law or under any Motor Vehicle (Third Party Insurance) Act.
- (6) Any injury sustained whilst the insured pupil is engaged in motor cycling (either as driver or passenger).
- (7) Travelling expenses occasioned by use of privately owned motor vehicles, taxis, hire cars or public transport.
- (8) Any injury sustained outside the Commonwealth of Australia.

E. LAHM,
Manager for Victoria.

CLAIMS ARE PAID IN ADDITION TO ANY PAYMENTS

RECEIVED FROM ANY LODGE, HOSPITAL

AND/OR MEDICAL BENEFIT SOCIETY ETC.

**BENDIGO MUTUAL PERMANENT
LAND AND BUILDING SOCIETY**

61-65 Bull Street, Bendigo

MR. L. H. + MRS G. M. LUMMIS

268 MACKENZIE STREET WEST

KANGAROO FLAT.

**PLEASE PRODUCE THIS FOLDER WHEN
MAKING REPAYMENTS
AT THE SOCIETY'S OFFICE**

OFFICE HOURS:

9.30 a.m. to 4.30 p.m.

Saturdays 9.15 a.m. to 11.30 a.m.

ACCOUNT No. 35748

**BENDIGO MUTUAL PERMANENT LAND
AND BUILDING SOCIETY**
61 - 65 Bull Street, Bendigo
 Phone Bendigo 43 1833 P.O. Box 480
 (Area Code 054)

Date	Amount of Loan	Fortnightly Repayment
29.8.73	\$ 11,000 00	\$ 44.00 OR Calendar Monthly Repayment \$ 95.35

VALUATION FEE RECEIVED..... PAID.....
 DATE FIRST REPAYMENT..... 10.9.73.....

T. F. PERROW, Manager.

FORTNIGHTLY REPAYMENT DATES

1972 - 73		1973 - 74		1974 - 75		1975 - 76		1976 - 77	
1972		1973		1974		1975		1976	
Oct.	23	Oct.	22	Oct.	21	Oct.	20	Oct.	18
Nov.	6	Nov.	5	Nov.	4	Nov.	3	Nov.	1
	20		19		18		17		15
Dec.	4	Dec.	3	Dec.	2	Dec.	1	Dec.	29
	18		17		16		15		13
			31		30		29		27
1973		1974		1975		1976		1977	
Jan.	1	Jan.	14	Jan.	13	Jan.	12	Jan.	10
	15		28		30 27		26		24
	29				50 10		9		7
Feb.	12	Feb.	11	Feb.	24	Feb.	23	Feb.	21
	26		25		50 10		8		7
Mar.	12	Mar.	11	Mar.	24	Mar.	22	Mar.	21
	26		25		50 10		22		21
April	9	Apr.	8	April	7	April	5	April	4
	23		22		21		19		18
May	7	May	6	May	5	May	3	May	2
	21		20		15 19		3		16
June	4	June	3	June	2		17	June	30
	18		17		16		31	June	13
July	2	July	1	July	14	June	14	July	27
	16		15		30		28	July	11
	30		29		28	July	12	July	25
Aug.	13	Aug.	12	Aug.	11	Aug.	26	Aug.	8
	27		26		25		9	Aug.	22
Sept.	10	Sept.	9	Sept.	8	Sept.	23	Sept.	5
	24		23		22		6	Sept.	19
Oct.	8	Oct.	7	Oct.	6	Oct.	20	Oct.	3
			6		5		4		17

- ★ Financial Year ends 17th October.
- ★ Retain receipts until Statement is received at close of each Financial Year, to verify that all Payments made have been correctly credited.
- ★ Kindly Notify Any Change of Address.
- ★ **Note.** Some months require 3 repayments. As there are 26 fortnightly repayments per year.

BENDIGO MUTUAL PERMANENT LAND AND BUILDING SOCIETY
Phone 43 1833 61 - 65 BULL STREET, BENDIGO VIC. 3550 P.O. BOX 480

REPAYMENT RECEIPT N^o 29924H

.....24.10.14..... ACCOUNT No. 35748.....

ACCOUNT..... B.....

RECEIVED from..... L + Z Lummis..... the sum of
..... forty five..... Dollars Cents

\$ 45 - 00

F. T. PERROW, MANAGER
per..... G.....