



AVANTI | FINANCE



Payment Protection
Insurance

Welcome

Thank **you** for choosing **us** to provide **you** with one of the most comprehensive Payment Protection Insurance covers available today.

The Insurer

This insurance policy is underwritten by DPL Insurance Limited, a licensed insurer under the Insurance (Prudential Supervision) Act 2010. The Insurance (Prudential Supervision) Act 2010 requires all licensed insurers to have a current Financial Strength Rating, given by an approved rating entity. For more information and details on **our** Financial Strength Rating and Solvency Calculation go to www.dplinsurance.co.nz.

Customer Commitment

We are committed to treating **our** customers with fairness, respect and dignity. This means that **we** will:

- Act with integrity at all times;
- Provide high quality service;
- Listen to **our** customers' concerns;
- Be open and transparent in all of **our** dealings; and
- Take the time to answer any questions **our** customers have.

Complaints

We are committed to resolving all complaints and concerns quickly, respectfully and in good faith. If **you** have a complaint relating to **our** activities, in the first instance, please contact **us**. Any dispute which **we** cannot resolve can be referred to **our** disputes resolution provider by contacting:

The Insurance and Financial Services Ombudsman
P. 0800 888 202, PO Box 10845, Wellington 6143, www.ifso.nz

Our Guarantee

If **you** are not completely happy with the cover provided by **your** policy, **you** can cancel it within 15 days of the start of the **period of insurance**, provided **you** have not made a claim under **your** policy. **We** will refund any premiums **you** have paid **us**.

Welcome

Thank you for choosing Autosure to provide you with insurance cover.

Customer Commitment

We are committed to treating **our** customers with fairness, respect and dignity. This means that **we** will:

- Act with integrity at all times;
- Provide high quality service;
- Listen to **our** customers' concerns;
- Be open and transparent in all **our** dealings; and
- Take the time to answer any questions **our** customers have.

Reading Your Policy

It is important **you** read **your** policy in full and understand **your** benefits and the terms and conditions of **your** policy. If there is anything **you** don't understand, or if **you** have any questions, please contact **us**.

Complaints

We are committed to resolving all complaints and concerns quickly, respectfully and in good faith. If **you** have a complaint relating to **our** activities, in the first instance, please contact **us**. Any dispute which **we** cannot resolve can be referred to **our** disputes resolution provider by contacting:

The Insurance and Financial Services Ombudsman
P. 0800 888 202
PO Box 10845, Wellington 6143.

Our Guarantee

If **you** are not completely happy with the cover provided by **your** policy, **you** can cancel it within 15 days of the start of the **period of insurance**, provided **you** have not made a claim under **your** policy. **We** will refund any premiums **you** have paid **us**.

About Your Policy

Your policy is a contract between **you** and **us** and is comprised of:

- **Your** online application or application form;
- **Your** policy wording; and
- **Your** current **policy certificate**.

Payment Protection Insurance

Payment Protection Insurance (PPI) covers **you** for the repayment of **your loan** obligations to the **financier**, if **you** suffer an **insured event**.

Claim Payments

Subject to the terms and conditions of **your** policy, claim payments will be made to **your financier** to reduce or repay **your loan** obligations.

Duty of Disclosure

You have a legal duty of disclosure when **you** apply for insurance and make changes to **your** policy, to tell **us** everything that a prudent insurer would want to take into account in deciding whether to issue or alter **your** policy.

If **you** breach the duty of disclosure, **we** may cancel **your** policy retrospectively and **you** will not be insured at all.

What You Are Insured For

Payment Protection Insurance offers various cover options. Cover will only apply to the **insured events** and benefits, which are shown in **your policy certificate**.

The cover options are:

- Employee – For people in fulltime permanent employment;
- Self-Employed – For people who are self-employed; and
- Everyday Essential – For everyone not listed above.

The cover types are:

- Individual Cover – Insured person is covered for 100% of benefits; and
- Double Cover – Both insured persons are covered for 100% of benefits.

Employee Cover

Insured Event	Benefit
DEATH If you die during the period of insurance	We will pay your loan balance outstanding at the date of your death , excluding any arrears of more than 90 days.
TERMINAL ILLNESS If you are diagnosed with a terminal illness during the period of insurance	We will pay your loan balance outstanding at the date of your diagnosis , excluding any arrears of more than 90 days.
ACCIDENT, ILLNESS AND DISABILITY If you become disabled for more than seven consecutive days or permanently disabled during the period of insurance	Total Permanent Disablement – We will pay your loan balance outstanding at the date of your total permanent disablement , excluding any arrears. Disablement – We will pay your monthly loan repayment , calculated on a daily basis, for each day of your disablement , until the earliest of: <ul style="list-style-type: none"> • You are no longer disabled; • A medical practitioner certifies that you are no longer disabled; or • The end of the period of insurance.
HOSPITALISATION If you are hospitalised during the period of insurance for more than three consecutive days	We will pay your monthly loan repayment , calculated on a daily basis, for each day of your hospitalisation , excluding the first three days, until the earliest of: <ul style="list-style-type: none"> • You are discharged as certified by a medical practitioner; • You have been hospitalised for 185 days; or • The end of the period of insurance.
CARER If you become the carer of an immediate family member during the period of insurance for more than 28 consecutive days	We will pay your monthly loan repayment , calculated on a daily basis, for each day from when you become a carer , until the earliest of: <ul style="list-style-type: none"> • You are no longer a carer; • You have been a carer for 185 days; or • The end of the period of insurance.
REDUNDANCY If you are made redundant during the period of insurance for more than 28 consecutive days	We will pay your monthly loan repayment , calculated on a daily basis, for each day of your redundancy , until the earliest of: <ul style="list-style-type: none"> • You return to fulltime permanent employment; • You have been redundant for 365 days; or • The end of the period of insurance.
SUSPENSION If you are suspended during the period of insurance for more than 28 consecutive days	We will pay your monthly loan repayment , calculated on a daily basis, for each day of your suspension , until the earliest of: <ul style="list-style-type: none"> • Your suspension ends; • You have been suspended for 185 days; or • The end of the period of insurance.
BANKRUPTCY If you are declared bankrupt during the period of insurance	We will pay your monthly loan repayment , calculated on a daily basis, for each day of your bankruptcy , until the earliest of: <ul style="list-style-type: none"> • You discharge from bankruptcy; • You have been bankrupt for 185 days; or • The end of the period of insurance.

Self-Employed Cover

Insured Event	Benefit
DEATH If you die during the period of insurance	We will pay your loan balance outstanding at the date of your death , excluding any arrears of more than 90 days.
TERMINAL ILLNESS If you are diagnosed with a terminal illness during the period of insurance	We will pay your loan balance outstanding at the date of your diagnosis , excluding any arrears of more than 90 days.
ACCIDENT, ILLNESS AND DISABILITY If you become disabled for more than seven consecutive days or permanently disabled during the period of insurance	Total Permanent Disablement – We will pay your loan balance outstanding at the date of your total permanent disablement , excluding any arrears. Disablement – We will pay your monthly loan repayment , calculated on a daily basis, for each day of your disablement , until the earliest of: <ul style="list-style-type: none"> • You are no longer disabled; • A medical practitioner certifies that you are no longer disabled; or • The end of the period of insurance.
HOSPITALISATION If you are hospitalised during the period of insurance for more than three consecutive days	We will pay your monthly loan repayment , calculated on a daily basis, for each day of your hospitalisation , excluding the first three days, until the earliest of: <ul style="list-style-type: none"> • You are discharged as certified by a medical practitioner; • You have been hospitalised for 185 days; or • The end of the period of insurance.
CARER If you become the carer of an immediate family member during the period of insurance for more than 28 consecutive days	We will pay your monthly loan repayment , calculated on a daily basis, for each day from when you become a carer , until the earliest of: <ul style="list-style-type: none"> • You are no longer a carer; • You have been a carer for 185 days; or • The end of the period of insurance.
BUSINESS INTERRUPTION If your business suffers a business interruption during the period of insurance for more than 28 consecutive days.	We will pay your monthly loan repayment , calculated on a daily basis, for each day of your business interruption , until the earliest of: <ul style="list-style-type: none"> • Your business interruption ends; • Your business interruption has continued for 185 days; or • The end of the period of insurance.
BANKRUPTCY If you are declared bankrupt during the period of insurance	We will pay your monthly loan repayment , calculated on a daily basis, for each day of your bankruptcy , until the earliest of: <ul style="list-style-type: none"> • You discharge from bankruptcy; • You have been bankrupt for 185 days; or • The end of the period of insurance.

Everyday Essential Cover

Insured Event	Benefit
DEATH If you die during the period of insurance	We will pay your loan balance outstanding at the date of your death , excluding any arrears of more than 90 days.
TERMINAL ILLNESS If you are diagnosed with a terminal illness during the period of insurance	We will pay your loan balance outstanding at the date of your diagnosis , excluding any arrears of more than 90 days.
PERMANENT DISABILITY If you become permanently disabled during the period of insurance	We will pay your loan balance outstanding at the date of your total permanent disablement , excluding any arrears.
HOSPITALISATION If you are hospitalised during the period of insurance for more than three consecutive days	We will pay the monthly loan repayment , calculated on a daily basis, for each day of your hospitalisation , excluding the first three days, until the earliest of: <ul style="list-style-type: none"> • You are discharged as certified by a medical practitioner; • You have been hospitalised for 185 days; or • The end of the period of insurance.
BANKRUPTCY If you are declared bankrupt during the period of insurance	We will pay your monthly loan repayment , calculated on a daily basis, for each day of your bankruptcy , until the earliest of: <ul style="list-style-type: none"> • Your discharge from bankruptcy; • You have been bankrupt for 185 days; or • The end of the period of insurance.

What You Are Not Insured For

Alcohol or Drugs

There is no cover for any claim attributable either wholly or in part to alcoholism or drug addiction, or being under the influence of intoxicating liquor or drugs.

Bankruptcy

There is no **self-employed** cover for **bankruptcy**, if **you** have not been trading in the same style and in the same business for at least six months prior to the start of the **period of insurance**.

Business Interruption

There is no cover for **business interruption**, if **you** have not been trading in the same style and in the same business for at least six months prior to the start of the **period of insurance**.

Criminal Act

There is no cover for any claim attributable either wholly or in part to **you** engaging in a criminal act.

Disappearance

Death will not be presumed by **your** disappearance, except in the event that **your** body is still missing 12 months after the officially reported disappearance, sinking, or wrecking of **your** transport.

Elective

There is no cover for any claim attributable either wholly or in part to any medical treatment or surgical procedure, which is not essential for medical reasons and is requested by **you** for psychological, personal or cosmetic reasons.

Hazardous Activities

There is no cover for any claim attributable either wholly or in part to **your** engagement in professional sporting activities, flying (other than as the passenger in an aircraft licensed for the carriage of passengers), parachuting, hang-gliding or competitive racing (either on horseback or in motor powered vehicles).

Human Immunodeficiency Virus

There is no cover for any claim attributable either wholly or in part to Human Immunodeficiency Virus (HIV), including Acquired Immunodeficiency Syndrome (AIDs).

Natural Disaster

There is no cover for any claim attributable either wholly or in part to an earthquake, volcanic eruption, tsunami, or any other seismic event.

Pandemic

There is no cover for any claim attributable either wholly or in part to avian influenza, or any other virus or disease that is declared to be an outbreak or epidemic by the World Health Organisation, or the New Zealand Government.

Pregnancy, Childbirth, Miscarriage and Menopause

There is no cover for any claim attributable either wholly or in part to the normal effects of pregnancy, childbirth, menopause, abortion or miscarriage. No benefit is payable for parental leave.

Pre-Existing Conditions

There is no cover for any claim attributable either wholly or in part to any illness, **injury** or condition:

- **You** had known about;
- **You** had symptoms of;
- **You** had any treatment for in the six months prior to the start of the **period of insurance**; or
- Where a symptom existed that would cause a reasonable person in the circumstances to seek diagnosis, care or treatment.

Prior Knowledge

There is no cover for any claim attributable either wholly or in part to any cause or condition that **you** knew about or ought to have reasonably known or foreseen, prior to the **period of insurance**.

Psychiatric Disorder

There is no cover for any claim attributable either wholly or in part to any psychological, psychiatric or nervous condition or disorder, including (but not limited to) anxiety, stress, depression or insanity.

Redundancy

There is no cover for any **redundancy** claim:

- If **you** are **self-employed**;
- Due to cessation of work, where the work is of a seasonal, contractual, or temporary nature or where **you** are employed for a specific period or by reference to specific work and become unemployed at the expiration of the period or on completion of the work

- If **you** have accepted the **redundancy** voluntarily; or
- If **you** are not actively engaged in **fulltime permanent employment** during the **period of insurance**.

Self-injury or Suicide

There is no cover for any claim attributable either wholly or in part to **you** attempting to commit suicide or committing suicide, intentionally injuring yourself or deliberately exposing yourself to exceptional danger (except in an attempt to save human life).

Sexually Transmitted Diseases

There is no cover for any claim attributable either wholly or in part to a sexually transmitted disease.

Vandalism

There is no cover for any **business interruption** claim attributable either wholly or in part to a wilful and malicious act that causes damage or destruction.

War, Radioactivity and Terrorism

There is no cover for any claim attributable either wholly or in part to:

- War, invasion, act of foreign enemy, hostilities or war-like operations (whether war is declared or not), civil war, mutiny, rebellion, revolution, insurrection, military coup, destruction or acquisition by government or local authorities;
- Nuclear weapon materials or ionizing radiation or contamination by radioactivity from nuclear fuel or the combustion of waste from nuclear fuel; or
- Acts of terrorism or action taken in controlling, preventing, suppressing, or in any way relating to an act of terrorism.

Claim Limits

Individual and Double Covers

- Individual Cover
If an insured person named in the **policy certificate** suffers an **insured event**, we will pay 100% of the relevant benefit.
- Double Cover
If either insured person named in the **policy certificate** suffers an **insured event**, we will

pay for a person who suffered an **insured event** 100% of the relevant benefit. If both persons named in the **policy certificate** suffer an **insured event** simultaneously we will pay for each person 50% of the relevant benefit.

One Benefit

You are only entitled to one claim payment at any one time and only for the **insured events** and benefits which are shown in **your policy certificate**.

Recurring Disablement

If **your disablement** recurs within three months of **your** last claim payment, **we** will consider **your disablement** as being recurring and **your** claim can recommence, but only for the remaining part of the maximum benefit period.

Total Benefit

The maximum amount **we** will pay for all claims under **your** policy during the **period of insurance** is limited to the lesser of:

- **Your loan** obligations to **your financier** as a result of an **insured event**; or
- A total of \$200,000.

Period of Cover

The period of cover under **your** policy is set out in **your policy certificate**. The maximum period of cover, regardless of the term of **your loan**, is 60 months.

Making a Claim

If an event happens that may lead to a claim under **your** policy **you** must:

- Take all reasonable steps to minimise the claim and prevent any further claim;
- Immediately notify **us** of the event by calling 0800 809 700;
- Complete any claim forms required by **us**;
- Provide **us** with written statements, certificates and any other supporting information that **we** may require, at **your** expense; and
- Assist **us** with **your** claim in any way **we** request. **We** may require **you** to authorise the disclosure of medical information and financial information that may be relevant to the claim, including information held by **your medical practitioner, financier, accountant** or employer.

It is **your** responsibility, at **your** own expense, to provide documentation to **us** demonstrating that the loss, damage or expense that **you** claim for is the result of an **insured event** covered under **your** policy. It is also **your** responsibility to calculate the dollar amount of the loss, damage and expense **you** are claiming.

All claim payments will be made to **your financier** to reduce or repay **your loan** obligation. **We** have the right to make any reasonable enquiries in relation to a claim. **We** have the right, at **our** expense, to have **you** medically examined.

In the case of death **we** have the right, at **our** expense, to have a post-mortem examination of **you**.

Any payment of a claim is conditional on the following:

- Death - proof of **your** death (death certificate or coroner's final findings report as applicable), age and identity.
- **Terminal illness** - evidence from a **medical practitioner** of **your terminal illness** and evidence that **you** have obtained and are following the advice of a **medical practitioner**.
- Accident, illness and disability - that **you** consult a **medical practitioner** at **your** cost, as soon as possible after suffering a disability and, as required, continue consulting and following the advice of a **medical practitioner**, until **you** are fit to resume **fulltime permanent employment**.
- **Hospitalisation** - evidence from a **medical practitioner** or a hospital of **your hospitalisation**.
- **Carer** - evidence of **your fulltime permanent employment** before becoming a carer and evidence that **you** spend at least 35 hours a week caring for a member of **your immediate family**.
- **Redundancy** - evidence of **your redundancy** from **your** former employer and that **you** are registered with Work and Income New Zealand as a job seeker. Evidence that **you** are actively seeking alternative **fulltime permanent employment**.
- **Suspension** - evidence of **your suspension** by **your** employer.
- **Business interruption** - evidence of loss

or damage to **your** business as a result of **business interruption**. Evidence of the actual experience of **your** business before the **business interruption** and the probable experience **you** would have had without the **business interruption**.

- **Bankruptcy** - evidence of **your bankruptcy** by the High Court.

Policy Conditions

To be eligible to make a claim **you** must comply with all the terms of **your** policy. If **you** or anyone acting on **your** behalf breaches **your** policy, **we** may, at **our** sole discretion:

- Decline **your** claim in part or whole; or
- Cancel **your** policy.

Accuracy of Statements and Fraud

All statements and answers made by **you** or on **your** behalf in the application for this insurance, when making changes to it and in any claim must be true, correct and complete in every respect.

Amounts

All amounts stated in **your** policy are in New Zealand dollars and include Goods and Services Tax (GST).

Change in Circumstance

You must notify **us** immediately if there are any material changes to any circumstances that existed when **you** took out **your** policy.

Ending Your Policy

You are entitled to end **your** policy at any time, by notifying **us** in writing to **our** address stated in **your policy certificate**. **We** will refund **your** premium relating to the balance of the **period of insurance** (calculated on a Rule of 78 basis). If **your** premium has been added to **your loan** amount, any refund of premium will be made to **your financier**.

We are entitled to end **your** policy at any time, by notifying **you** of this in writing to **your** address, as stated in **your policy certificate**. **We** will refund **your** premium relating to the balance of the **period of insurance** (calculated on a Rule of 78 basis).

False / Fraudulent Claims

You or anyone acting on **your** behalf must not make a claim that is false or fraudulent in any way, or make any false or incorrect statement in connection with any claim.

Governing Law

The Laws of New Zealand apply to **your** policy. Any proceedings relating to **your** policy must be brought and heard in New Zealand.

Privacy Act 2020

Your policy certificate contains personal information necessary for **us** to evaluate **your** application for insurance, in order to decide whether to issue insurance cover and if so on what terms. The information collected will be held by Autosure, PO Box 33 1248, Takapuna, 0740 and **our** agents. **You** have the right to request access to and correction of **your** personal information subject to the Privacy Act 2020.

Definitions

These definitions apply to the plural and any derivatives of these words. Where these words are used in the policy wording (in bold font), this is what they mean.

Act of Terrorism

Means an act of any person or group(s), including but not limited to, the use of force or violence or the threat thereof, which from its nature and context is done for, or in connection with, political, religious, ideological, ethnic or similar purposes, including the intention to influence any Government and/or to put the public or any section of the public in fear.

Bankruptcy (Declared Bankrupt)

Means **you** have been adjudged bankrupt by the New Zealand High Court, as a result of a Creditor's Petition under the Insolvency Act 2006.

Business Interruption

Means the interruption of normal business activity of the business operated by **you** in New Zealand caused by:

- Total physical loss or damage to **your** business premises;
- Prevention or hindrance of access to **your**

business premises as a consequence of damage to property within a 10km radius of **your** business premises; or

- Damage to any electricity, gas, water, sewerage or telecommunications system that is directly connected to **your** business premises.

Carer

Means **you** have been in **fulltime permanent employment** in New Zealand for at least six months and **you** voluntarily become an unpaid caregiver to a member of **your immediate family** for at least 35 hours a week.

Disablement

Means any illness or **injury** that causes **your** total and continuous inability to perform **your** usual business or occupation, as certified by a **medical practitioner**.

Financier

Means the finance company for **your loan** contract stated in the **policy certificate**, to which **your** policy relates.

Fulltime Permanent Employment

Means **you** are in continuous fulltime employment in New Zealand for wages or income and are working a minimum of 20 hours every week.

Hospitalisation

Means **you** are placed in medical care in a hospital, as certified by a **medical practitioner**.

Immediate Family

Means **your** partner, children, brothers, sisters and parents. Partner is a marriage partner or de facto partner, as defined in the Property (Relationships) Act 1976 or civil union partner as defined by the Civil Union Act 2004.

Injury

Means an external or internal bodily **injury** caused to **you** solely and directly by violent, accidental, external and visible means.

Insured Event

The events as described in **your** policy, which result in the risk of **you** defaulting on **your** obligations to **your financier** under **your loan**.

Loan

Means the credit contract between **your financier** and **you**, to which **your** policy relates.

Medical Practitioner

Means a registered person who holds a current practising certificate issued by the Medical Council of New Zealand.

Monthly Loan Repayment

Means the monthly instalment (excluding any arrears, residual amount or balloon payment) **you** are required to pay to **your financier**, as shown on **your loan** contract. If **your loan** contract shows a repayment frequency other than monthly, **we** will calculate the **monthly loan repayment** instalment as a sum of the repayments **you** are required to pay to **your financier** a month (excluding any arrears, residual amount or balloon payment). **Monthly loan repayment** calculated on a daily basis means, dividing the total amount of **your monthly loan repayments** for the term of **your loan** contract, by the number of days of **your loan** contract and multiplying the result by the number of days of the **insured event**.

Period of Insurance

Means the period starting on the date shown on **your policy certificate** and the earliest of:

- The date that **your loan** obligation is assigned, discharged, refinanced or repayments are completed;
- The date **you** default on **your loan** obligations and **your financier** takes steps to enforce its rights;
- **Your** 70th birthday;
- The date of **your** death, or the date your **terminal illness** benefit is paid on this policy; or
- 4pm on the end date shown on **your policy certificate**.

Policy Certificate

Means the most recent certificate of insurance **we** have issued to **you** for **your** policy, including any amendments and endorsements that **we** send **you** in writing.

Redundancy

Means the involuntary termination of **your fulltime permanent employment**, by notice of **redundancy** in writing from **your** employer, as **your** position has been deemed superfluous to the needs of **your** employer.

Terminal Illness

Means **you** are diagnosed by a **medical practitioner** as suffering a medical condition that will result in **your** death in less than six months.

Total Permanent Disablement

Means any illness or **injury** that causes **your** total and permanent inability to perform **your** usual business or occupation, as certified by a **medical practitioner**.

Self-Employed

Means **you** are not an employee (other than of **your** own business), generally **you** find **your** own work rather than being provided with work by an employer and **you** earn income from a trade or business **you** operate in New Zealand.

Suspension

Means a **suspension** from **your fulltime permanent employment** in New Zealand, where **your** employer is legally entitled to withhold **your** remuneration for the period of **suspension**, as a direct result of lawful strike-related action or a lockout.

We, Us, and Our

Means Autosure, a business division of DPL Insurance Limited.

You and Your

Means the insured person(s) named in **your policy certificate**.



PO Box 33 1248
Takapuna, Auckland 0740
E: sales@autosure.co.nz
www.autosure.co.nz
Freephone: 0800 267 873