

Pounce Pet Insurance

Combined product disclosure statement, policy terms & conditions and financial services guide

Basic Cover

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Pounce Pet Insurance is distributed and promoted by:

Insurance Australia Limited (IAL) trading as Pounce Pet Insurance ABN 11 000 016 722, AFSL 227681 of Tower 2, Darling Park, 201 Sussex St, Sydney NSW 2000.

Pounce Pet Insurance is arranged and administered through:

PetSure (Australia) Pty Ltd (PetSure) ABN 95 075 949 923, AFSL 420183 of Level 1, 465 Victoria Avenue, Chatswood, NSW 2067.

Pounce Pet Insurance is issued by:

The Hollard Insurance Company Pty Ltd (Hollard) ABN 78 090 584 473, AFSL 241436 of Level 12, 465 Victoria Avenue, Chatswood, NSW 2067.

Introduction

This policy booklet contains three parts, your:

- Product Disclosure Statement
- Policy Terms and Conditions
- Financial Services Guide

Product Disclosure Statement (PDS)

The PDS is designed to help you understand what you need to know about Pounce Pet Insurance so that you can decide whether to proceed with this cover. The PDS has been prepared by Hollard, who is the insurer and product issuer. Hollard has sole responsibility for the PDS, for each Pounce Pet Insurance policy issued, and for the assessment and payment of claims.

Pounce Pet Insurance is not issued or guaranteed by Insurance Australia Limited (IAL) and IAL is not involved, nor liable, in any manner in respect to the assessment and payment of benefits under Pounce Pet Insurance.

The PDS describes the main features and benefits of Pounce Pet Insurance. Any information contained in the PDS is general information only and does not take into account your individual objectives, financial situation or needs. Before acting on this general information, you should consider the appropriateness of the general information having regard to your individual objectives, financial situation and needs.

Policy Terms and Conditions

The Policy Terms and Conditions of Pounce Pet Insurance have been written in plain language to help you understand the insurance cover offered, as well as insured's rights and obligations under a Pounce Pet Insurance policy.

You should carefully read the PDS and the Policy Terms and Conditions in this booklet before making any decision about whether to purchase Pounce Pet Insurance. You also have a 21-day cooling off period and certain cancellation rights.

Financial Services Guide (FSG)

The FSG contains important information about the services provided by IAL and other persons or organisations listed in the FSG in relation to Pounce Pet Insurance; how they are remunerated in relation to the services offered, and their internal and external dispute resolution procedures. It is designed to assist you in deciding whether to use any of their services. IAL and other persons or organisations providing the services are responsible for information relevant to them in the FSG.

In addition, references to:

- we, our, us, insurer and Hollard, mean The Hollard Insurance Company Pty Ltd.
- you and your mean the applicant for a Pounce Pet Insurance policy and, if a policy is issued, the insured.

Where words or expressions used in the PDS and Policy Terms and Conditions have a special meaning, we have used the same terms in both sections. Refer to 'Section 1 — Definitions' for a full explanation.

IF YOU HAVE ANY QUESTIONS CONTACT OUR FRIENDLY CUSTOMER SERVICE TEAM ON:

Call us: 1300 457 046, Monday to Friday (except public holidays) 8am to 8:00pm (AEST)

Write to us: Pounce Pet Insurance, Locked Bag 9021, Castle Hill, NSW 1765

Visit us: www.pouncepetinsurance.com.au

Email us: contact@pouncepetinsurance.com.au

Frequently Asked Questions

Information about insurance coverage in this section is a summary only. You should read the Combined PDS, Policy Terms & Conditions and FSG for full details of Terms and Conditions, Waiting Periods and Exclusions.

What cover types are offered by Pounce?

Pounce offers four different levels of cover that you can choose from. Details of the level of cover available under this Policy are set out in 'Section 2 – Your Cover' to 'Section 5 – Optional Benefits' and we have included a brief outline of our cover below:

- **Pet Basic Cover:** A basic plan that provides a contribution towards eligible Vet Expenses for your Pet suffering any Illness or Specified Accidental Injury, as long as it isn't an excluded general exclusion.
- **Standard Cover:** A broad plan that covers eligible Vet Expenses for your Pet suffering any Illness or Specified Accidental Injury, as long as it isn't an excluded general exclusion.
- **Premium Cover:** Our most comprehensive plan that covers eligible Vet Expenses for your Pet suffering any Illness or Specified Accidental Injury, as long as it isn't an excluded general exclusion. Routine Care is included in this plan and provides coverage for some preventative health care expenses. Dental Illness is an optional extra on this plan.
- Pounce also offers **Indoor Cat Cover** which offers coverage for a range of Specified Illnesses.

The policy booklets for these cover options are available at www.pouncepetinsurance.com.au.

Are all accidents covered under 'Specified Accidental Injury' cover?

A broad range of specified accidental injuries are covered as specified under the Specified Accidental Injuries.

Specified Accidental Injuries not specified may be covered under the Illness Cover section, subject to the policy Terms and Conditions.

(Refer to your Certificate of Insurance for details of your cover).

What percentage of my vet expenses am I covered for?

We will reimburse you the Benefit Percentage which will be shown on your current Certificate of Insurance.

The Benefit Percentage for pets aged eight weeks old to seven years is 90%.

Once your pet reaches his/her eighth birthday, the Benefit Percentage will reduce to 65% on the next policy renewal. For example, for a 65% Benefit Percentage we will reimburse you up to 65% of the eligible Vet Expenses. (Benefit Limits (which includes Annual Condition Limits and Annual Policy Limits) will also apply. For examples of how claim benefits are calculated, please see 'Section 7 - Claims').

What is the Annual Condition Limit?

This limit applies to each Condition you claim. We will not pay more than the Annual Condition Limit shown on your Certificate of Insurance for any one Condition during a Policy Period. There is no limit on the number of Conditions you can claim in each Policy Period. The Annual Condition Limit resets on renewal each year.

What is the overall annual Benefit Limit?

This limit is the maximum benefit that will be paid to you in any one Policy Period. We will not pay more than the overall Benefit Limit shown on your Certificate of Insurance in any Policy Period. The annual Benefit Limit resets on renewal each year.

Note: Benefits cannot be accumulated across Policy periods.

What Waiting Periods apply?

The Waiting Periods that apply are:

- 30 days – for Conditions covered under the Illness section.
- 0 days – for Specified Accidental Injury.

What exclusions apply?

As with most insurance products, there are certain situations where you will not be covered. There are some general exclusions such as Consultation fees, Cancer, Cruciate Ligament Conditions, Pre-existing Conditions, dental procedures, fractured teeth, routine or preventative Treatments, some Elective Treatments and procedures and breeding and obstetrics. There may also be specific exclusions which may apply to specific levels of Cover.

It is important that you read all of your policy documentation for full details (including 'Section 2 – Your Cover', 'Section 3 – Additional Benefits', your Certificate of Insurance and 'Section 4 – General Exclusions'.

What is a Pre-existing Condition?

If any Condition existed or occurred prior to the Commencement Date of the First Policy Period or within any applicable Waiting Period, and you or your Vet were aware of the Condition, or a reasonable person in your circumstances would have been aware of the Condition, then it may be considered to be a Pre-existing Condition and excluded from Cover. This is the case, irrespective of whether the underlying or causative Condition was diagnosed at the time.

Whether such a Condition is a Pre-existing Condition will depend on its nature and experience. If your Pet has a Temporary Condition that has not existed, occurred or shown noticeable signs, symptoms or an abnormality in the 18-month period immediately prior to your claim Treatment date, it will no longer be excluded from Cover as a Pre-existing Condition. Chronic Conditions and several other specified Conditions cannot fall within this category. Hereditary Conditions and congenital Conditions will also not be considered to be a Pre-existing Condition if they have not shown noticeable signs, symptoms or an abnormality at any time before the Commencement Date of the First Policy Period or during any applicable Waiting Period.

Pre-existing Condition claim examples:

A pre-existing
Temporary
Condition that
is covered

1. Prior the Commencement Date of the First Policy Period, your Pet has a case of gastroenteritis due to some dietary indiscretion. The Condition is treated and your Pet recovers. You then purchase a pet insurance policy. Two years later, your Pet has another unrelated case of gastroenteritis.

Your claim would be eligible for benefits because:

- The first gastroenteritis episode was a Temporary Condition, given that it normally resolves with Treatment that was treated and is not on the list of excluded Conditions in that definition.
- There was more than an 18-month gap between the Conditions.
- The second episode of gastroenteritis was not a Related Condition.
- The Condition was not specifically excluded in the PDS.

2. Your Pet had a case of demodectic mange 18 months prior to the Commencement Date of the First Policy Period. The Condition is resolved after your Pet receives Treatment. Two years into the policy, your Pet contracts another case of demodectic mange. This claim would be eligible for benefits because:

- The first Condition was a Temporary Condition that is normally resolved with Treatment and is not on the list of excluded Conditions in that definition.
- Your Pet did not have demodectic mange, or show any noticeable signs, symptoms or abnormality in relation to that Condition for more than an 18-month period.
- The Condition was not specifically excluded in the PDS.

**A pre-existing
Chronic**

**Condition that
is not covered**

3. Your Pet is limping and is diagnosed with a grade two luxating patella (dislocating kneecap) within the applicable Waiting Period of the policy. Your Vet prescribes anti-inflammatory medication. This claim is not covered, because you and your Vet became aware of the Condition within the 30-day Waiting Period for this Condition.

Two years later, your Pet requires surgery for the patella luxation. This Condition is excluded from Cover because:

- You and your Vet first became aware of the Condition in the applicable Waiting Period.
- The Condition (patella luxation) is not a Temporary Condition, as it is specifically excluded from that definition.
- As a result, it remains a Pre-existing Condition two years later.

4. Your Pet has had recurring seasonal allergies every spring and summer since it was two-months old. This recurs for a period greater than three months. You purchase a pet insurance policy and two years later make a claim for another round of allergy treatment.

Your claim would not be eligible for benefits because:

- The Condition is a Pre-existing Condition, given that you were aware of it prior to Commencement of your First Policy Period.
- Your Pet's seasonal allergy condition is not a Temporary Condition, as it is specifically excluded as a Chronic Condition. This is because it was long-lasting, recurring and affected your Pet for a period greater than three months.
- As a result, it remains a Pre-existing Condition two years later.

What is a Bilateral Condition?

A Bilateral Condition is a Condition affecting body parts of which the Pet has at least two, one on each side of the body (for example, ears, eyes, knees and elbows). Bilateral Conditions will generally be covered if you have the appropriate level of Cover, and the Condition is not a Pre-existing Condition or subject to a general exclusion.

However, when applying a limit or exclusion, a Bilateral Condition will be considered a single Condition. For example, if your Pet displays signs or symptoms of an ear Condition in the left ear prior to the Commencement Date of your First Policy Period or during the applicable Waiting Period, a subsequent ear infection in the right ear will still be considered to be a Pre-existing Condition (refer to the 'Bilateral Condition' definition).

What is a Temporary Condition?

A Temporary Condition is a Condition, which normally resolves with Treatment and which is not on the list of excluded Conditions in that definition. If your Pet has a Temporary Condition that occurred or existed prior to the Commencement Date of the First Policy Period or during any applicable Waiting Period, but the Condition has not existed, occurred or shown noticeable signs, symptoms or an abnormality in the 18 month period prior to your claim Treatment, it will no longer be excluded from your policy as a Pre-existing Condition. Refer to the 'Temporary Condition' definition for more information.

What is a Chronic Condition?

A Chronic Condition is long-lasting or recurring in its effects and affects (or is present in) a Pet over a period greater than three months in total. Chronic Conditions may also be intermittent or managed with medication and/or prescription diets with intervals of remission. If your Pet has a Chronic Condition that occurred or existed prior to the Commencement Date of the First Policy Period or during any applicable Waiting Period, it will always be excluded from your policy as a Pre-existing Condition.

For example:

Your Pet first showed signs of diabetes and has been receiving ongoing Treatment for four months immediately prior to the Commencement Date of your First Policy Period. Diabetes is considered:

- a Pre-existing Condition because it occurred before the Commencement Date of the First Policy Period; and
- a Chronic Condition as it lasted for more than three months in total

Therefore, all expenses incurred for diabetes or related to diabetes will not be covered.

What if my claim reaches my annual Benefit Limit, Annual Condition Limit or Sub-limit?

Your annual Benefit Limit, Annual Condition Limit and Sub-limits are the maximum benefits that can be paid to you in any one Policy Period. If you do make a large claim (or several claims) and reach your policy limits, your policy limits will reset on your renewal date.

See the 'Benefit Limit(s) and Sub-limit(s)' and 'Annual Condition Limit' definitions for more information.

Can I seek pre-approval of my Pet's upcoming Treatment?

Yes. If your Pet requires Treatment and you wish to seek pre-approval of those costs, you can provide us with the itemised estimate of costs from your Vet, along with the Treatment required and relevant clinical records and/or veterinary history, and we will respond to you in writing with the outcome.

For more information see 'Section 7.1 – Claim Pre-approval'.

Note: Pre-approvals are not mandatory or required in order to make a claim under your policy.

Will I have lifelong cover for my pet?

Once your pet is accepted and as long as we continue to provide this product, you continue to hold the policy without a break in cover and renew your policy, your Pet will be covered for eligible Vet Expenses for life, with cover subject to the applicable terms and conditions of the policy for each renewal period.

You can apply for Cover as long as your pet is over eight weeks old and younger than six years. The Benefit Percentage payable after your pet turns eight years of age will be reduced to 65% of eligible Vet Expenses.

What are the claim requirements for adopted Pets?

For adopted Pets, if you can provide us with proof of adoption or transfer of ownership papers we will only request veterinary history from the date you took ownership onwards. Refer to 'Section 7 – Claims' for full details on how to submit a claim and required documents.

Are x-rays, blood tests and other diagnostic tests covered?

Yes, you can claim for diagnostic expenses in relation to eligible. Conditions covered by your Policy and up to your applicable Annual Condition Limit. This means that elective or routine tests are not covered, nor are any tests related to a Pre-existing Condition.

Benefit Summary Table

Feature	Basic Cover
Entry Age	From eight weeks of age up to your Pet's sixth birthday
Cover for Life	Provided there is no break in Cover and as long as we continue to offer the Cover. Policy terms and conditions may vary across each Policy Period.
Benefit % before my Pet's eighth birthday	90%
Benefit % after my Pet's eighth birthday	65%
Annual Policy Limit	\$5,000
Annual Condition Limit	\$1,000
Covers Specified Accidental Injuries	✓ Up to the Annual Condition Limit for each Specified Accidental Injury
Covers Illnesses	✓ Up to the Annual Condition Limit for each Illness
Consultation Fees	✗
Cruciate Ligament Conditions	✗
Cancer Conditions or Treatment	✗
Dental Illnesses or Treatment	✗
Emergency Boarding (annual limit)	\$500
Pre-existing Condition(s) (certain conditions are eligible for a Pre-existing Conditions review)	✗
Waiting Periods	30 Days for Illnesses No Waiting Period for Specified Accidental Injuries

Full details are specified in the Policy Terms & Conditions section.

Product Disclosure Statement

Hollard is solely responsible for the PDS and is the insurer under each Pounce Pet Insurance policy issued. PetSure has been given a binding authority by Hollard which authorises it to enter into, vary and cancel Pounce Pet Insurance on behalf of Hollard as if it were Hollard, subject to the limits of authority agreed with Hollard. PetSure does not act for you. IAL is authorised to distribute and promote Pounce Pet Insurance but does not issue policies and is not involved in the assessment or payment of claims.

This PDS contains important information about:

- significant features and benefits of Pounce Pet Insurance;
- your duty of disclosure or your duty to take reasonable steps not to make a misrepresentation when applying for Pounce Pet Insurance;
- our internal and external dispute resolution procedures; and
- your cooling off rights when purchasing Pounce Pet Insurance.

Please note that, while this PDS provides a summary of the significant features and benefits of Pounce Pet Insurance, you must also read the Policy Terms & Conditions in this booklet to understand the insurance provided (including what terms, conditions, exclusions and limitations may apply to your Cover). Sometimes we need to change the wording of the policy before it is issued to you because your insurance varies depending on a number of factors. We do this by adding what is called an endorsement. You will find any endorsements that apply to your policy printed on your Certificate of Insurance.

We may need to update this PDS from time to time. We'll do this if certain changes occur, and we are required and permitted by law to do so. We will issue you with a new PDS or a Supplementary PDS or other compliant document to update the relevant information except in limited cases. Where the information is not something that would be materially adverse from the point of view of a reasonable person considering whether to buy this insurance, we may issue you with notice of this information in other forms or keep an internal record of such changes. You can get a paper copy, or an electronic copy will be made available, of any changes free of charge by contacting us using the contact details on the back of this PDS.

Protection for your pets

Subject to the terms, conditions, exclusions and limitations that apply to your Cover (as set out in this document), Pounce Pet Insurance provides:

- financial assistance for Vet Expenses in respect of the insured Pet occurring or showing signs or symptoms of a Condition within the Policy Period and after any applicable Waiting Period and subject to any excluded Pre-existing Conditions or general exclusions; and
- Cover for eligible Vet Expenses (as well as allowing you to use the services of any Vet in Australia and, in some cases, overseas). 'Vet Expenses' are defined in 'Section 1 – Definitions' and may be subject to stated limits and applicable Waiting Periods.

If a Condition exists or occurs before the Commencement Date of the First Policy Period or within an applicable Waiting Period, and you or your Vet were aware of the Condition, or a reasonable person in your circumstances would have been aware of the Condition, it may be excluded from Cover as a Pre-existing Condition. Whether that is the case will depend on the nature and experience of the Condition (please refer to the definition of 'Pre-existing Condition').

If your Pet has a Temporary Condition that has not existed, occurred or shown noticeable signs, symptoms or an abnormality in the 18-month period immediately prior to your claim Treatment date, it will no longer be excluded from Cover as a Pre-existing Condition. Chronic Conditions and several other specified Conditions that occur prior to the Commencement Date of the First Policy Period or during any applicable Waiting Period cannot fall within this category and will always be excluded from Cover.

Understanding the limits of this insurance policy

Pounce Pet Insurance transfers some of the financial risks Pet owners face for Vet Expenses from the insured to the insurer. However, Pounce Pet Insurance does not cover every circumstance or expense and we have certain terms, conditions, exclusions and limitations like other forms of general insurance.

These include (but are not limited to) Conditions such as Cancer Conditions, Cruciate Ligament Conditions, Consultation fees, pregnancy, Elective Treatments and procedures, pet foods/diets and grooming. Medical Conditions that are present or that you were aware of (or that a reasonable person in your circumstances should have been aware of) prior to the Commencement Date of the First Policy Period or that arise during the applicable Waiting Period are considered Pre-existing Conditions and may be excluded from Cover. Pre-existing Conditions are assessed differently depending on whether they are Chronic Conditions or Temporary Conditions for your Pet. See the Pre-existing Condition definition for more information.

Like most pet insurance policies, we also do not provide cover for Pre-existing Conditions. These are Conditions that are present or that you were aware of (or that a reasonable person in your circumstances should have been aware of) prior to the policy Commencement Date or that arise during the applicable Waiting Period.

Maximum monetary limits also apply to the amount of benefits payable in any one Policy Period per Condition. This includes:

- Overall annual Benefit Limit and Sub-limits; and
- Annual Condition Limit.

You should be aware that this means there will also be a significant portion of the Vet bill that you will need to pay yourself in addition to the portion that is covered.

You will need to pay in full any Vet Expenses for each particular Condition once you reach the Annual Condition Limit or Sub-limit for that Condition.

You will also need to pay at least 35% of all Vet Expenses from the first renewal date and onwards after your Pet's eighth birthday.

Once you reach the Annual Condition Limit for each particular Condition, you will need to pay the Vet Expenses in full for that Condition.

Full details are specified in the Policy Terms & Conditions.

Your Duty of Disclosure

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, which may affect our decision to insure you and on what terms. You have this duty until we agree to insure you. You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about. If you do not tell us something

If you do not tell us something

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

For contracts incepting and renewing from 5 October 2021, a different duty applies, and this is found under 'Duty to take reasonable care not to make a misrepresentation'.

Your duty to take reasonable care not to make a misrepresentation

For all contracts of insurance incepting and renewing on or after 5 October, the following duty to take reasonable care not to make a misrepresentation applies.

Before you enter into this insurance with us, you have a duty to take reasonable care not to make a misrepresentation under the Insurance Contracts Act 1984 (Cth).

The duty to take reasonable care not to make a misrepresentation applies until the contract is entered into (or renewed, varied, extended or reinstated as applicable).

Your duty to take reasonable care not to make a misrepresentation when you enter into the contract with us for the first time

Before you enter into this contract of insurance, you have a duty to take reasonable care not to make a misrepresentation. What that

means is that you need to take reasonable care to provide honest, accurate and complete answers to any questions that we ask.

If you are not sure of the answers to any of our questions, you should take the time to find them. It is also important to understand that, in answering the questions, you are answering for yourself and anyone else to whom the questions apply.

If any of our questions are not clear to you and you need help, please contact us.

Your duty to take reasonable care not to make a misrepresentation when you renew, vary, extend or reinstate the contract

Before you renew, vary, extend or reinstate the contract of insurance, you have a duty to take reasonable care not to make a misrepresentation. What that means is that you need to take reasonable care to review the information included in your in your policy documentation (e.g. your renewal notice, Certificate of Insurance) and to inform us of any changes, where the information is no longer honest, accurate and complete.

If you are not sure if any of the information remains honest, accurate and complete, you should take the time to find out. It is also important to understand that, in reviewing the information, you are doing so for yourself and anyone else to whom the information applies.

If you need to inform us of changes to the information set out in your policy documentation e.g. your renewal notice, Certificate of Insurance, or if any of it is not clear to you and you need help, please contact us.

If you do not contact us, we will take it that you agree that the information remains honest, accurate and complete, so it is essential that you contact us if you have any doubts.

If you do not comply with your duty to take reasonable care not to make a misrepresentation

If you do not take reasonable care in answering our questions or inform us of changes to the information set out in your policy documentation, you may breach your duty. If that happens, your policy may be cancelled, or treated as if never existed, and any claim may be denied or not paid in full.

Calculating your premium

Your premium is calculated when your Pounce Pet Insurance policy begins, and at each policy anniversary (and if you vary or extend cover) and is printed on the relevant Certificate of Insurance.

The premium for new policies is calculated based on a number of factors. Some are pre-set and don't vary for each insured (e.g. amounts we take into account for certain internal costs and expenses). Others can affect the premium amount up or down depending upon whether we believe it increases or decreases the risk to us, such as the Cover you have chosen, the Benefit Percentage applicable to the Cover you have chosen, where you and your Pet permanently live and the species, breed, gender of your Pet, the current age of your Pet, the age you first insured your Pet, and other factors related to the cost of doing business. These same factors may be used to calculate your premium when you amend your coverage. Further information about renewal premiums can be found under 'Automatic renewal of your policy'. The amount you pay includes allowances for government fees, taxes and charges (including stamp duty and GST). You can ask us for further information.

Minimum premiums and discounts / entitlements may apply, subject to certain criteria. Discounts / entitlements / premiums may be rounded up or down and only apply to the extent any minimum premium is not reached. They are also applied in a predetermined order (excluding amounts for government taxes and charges) as reduced by any prior applied discounts / entitlements. They are applied to the base premium calculated prior to any taxes being added.

Cooling off period

You have 21 days from the policy Commencement Date (or any renewal date) to make sure you are happy with every aspect of your Pounce Pet Insurance policy. This is known as the "cooling off" period. During this time, you may cancel the policy simply by contacting us. If we receive your request to cancel your policy within the 21-day period after the policy Commencement Date (or any renewal date), we will give you a refund of any monies received since commencement or renewal, less any reasonable

administrative and other transaction costs incurred by us, which we are unable to recover and any taxes or duties that we are unable to refund. You cannot return your Pounce Pet Insurance policy if you have exercised any of your rights or powers under the policy (e.g. you have made a claim) within the 21-day cooling off period. After the cooling off period ends you continue to be able to cancel your policy and you have rights upon cancellation in certain circumstances under the policy. These rights are set out in 'Section 6 – Cancellations'.

Your privacy

Hollard, IAL and PetSure (each a “Recipient” and referred to as “we”, “us” or “our” in this Your Privacy section) are subject to the Australian Privacy Principles under the Privacy Act 1988 (Cth).

In connection with each Recipient:

- personal information is collected in various ways, including via telephone, our website, hard copy forms or email. Whenever you deal with us we will collect this information directly from you unless it is unreasonable or impracticable for us to do so. In some instances, we may collect your information from someone else. This may include our authorised representatives, our distributors or referrers, agents or related entities, veterinary service providers, another party involved in a claim, family members, anyone you have authorised to deal with us on your behalf, and/or our legal or other advisers;
- personal information is collected that is reasonably necessary in order for us to provide and offer you our products and services, or otherwise as permitted by law. Such purposes include responding to your enquiries, providing you with assistance you request of us, maintaining and administering our products and services (for example processing requests for quotes, applications for insurance, underwriting and pricing policies, issuing you with a policy, managing claims, processing payments); processing your survey or questionnaire responses; market research and the collection of general statistical information using common internet technologies such as cookies; providing you with marketing information regarding other products and services (of ours or a third party); quality assurance and training purposes;

performing administrative operations (including accounting and risk management) and any other purpose identified at the time of collecting your information;

- if you do not consent to us collecting and using, or disclosing all or some of the personal information we request, we may not be able to provide you with our products or services, such as processing your application for insurance, your claim or any payment due to you. It may also prevent us from maintaining or administering your policy or the provision of information regarding our products or services or those of any third party;
- we may collect your personal information so that we or our related entities or other third parties with whom we have a relationship can develop or offer you products and services which we believe may be of interest to you, but will not do so if you tell us not to by contacting us (our contact details are provided in this section);
- where appropriate, we will disclose your information to our related entities and third parties who provide services to us or on our behalf, including our authorised representatives, distributors or referrers, mailing houses and marketing companies, insurance reference bureaus, reinsurers, credit providers, external IT service providers, other insurance providers and advisers. In the case of claims (or likely claims) it may be disclosed to persons involved in the claim, veterinary service providers, external claims data collectors and verifiers. Your personal information may also be disclosed to the Australian Financial Complaints Authority (AFCA) or other dispute resolution providers, government bodies, regulators, law enforcement agencies and any other parties where required by law;
- your personal information may also be disclosed to some of our service providers and in the case of PetSure, some of these may be located overseas, including (but not limited to) the Philippines, South Africa, New Zealand, United States of America and the United Kingdom. Details of who they are may change from time to time. You can contact PetSure for details. In some cases, we may not be able to take reasonable steps to ensure they do not breach the Privacy Act and they may not be

subject to the same level of protection or obligations that are offered by the Act. By proceeding to acquire our services and products you agree that you cannot seek redress under the Act or against us (to the extent permitted by law) and may not be able to seek redress overseas.

You consent to the use and disclosure of your personal information as set out in this section. Your consent applies whether you become or remain the insured unless you tell us otherwise by contacting us. You can read more about how we collect, use and disclose your personal information or how to make a complaint about a breach of the Australian Privacy Principles in our respective Privacy Policy which is available on our website or you can request a copy.

If you wish to gain access to your personal information (including correcting or updating it), have a complaint about a breach of your privacy or have any other query relating to privacy, please contact the Privacy Officer at:

HOLLARD

Phone: (02) 9253 6600 **Email:** privacy@hollard.com.au

Mail: Hollard Privacy Officer, The Hollard Insurance Company Pty Ltd, Locked Bag 2010, St Leonards, NSW 1590

Web: www.hollard.com.au

POUNCE PET INSURANCE

Phone: 1800 045 517 **Email:** customer.relations@iag.com.au

Mail: Customer Relations, Reply Paid 62759, Sydney, NSW 2000
Toll Free Fax 1800 649 290

Web: www.pouncepetinsurance.com.au

PETSURE

Phone: (02) 9842 4800 **Email:** privacy@petsure.com.au

Mail: PetSure Privacy Officer, PetSure (Australia) Pty Ltd
Locked Bag 9021, Castle Hill, NSW 1765

Web: www.petsure.com.au

Code of Practice

Hollard and PetSure are members of the Insurance Council of Australia and also signatories of the General Insurance Code of Practice. The objectives of the Code are to:

- commit insurers to high standards of service;
- promote better, more informed relations between insurers and their customers;
- maintain and promote trust and confidence in the general insurance industry;
- provide fair and effective mechanisms for the resolution of complaints and disputes between insurers and their customers; and
- promote continuous improvement of the general insurance industry through education and training.

The Code Governance Committee is an independent body that monitors and enforces compliance with the Code. The Code Governance Committee is also responsible for imposing sanctions for breaches of the Code as well as improvement of the Code and assisting the general insurance industry understand and comply with the Code.

You can obtain a copy of the Code from the Code of Practice website codeofpractice.com.au.

Goods and Services Tax (GST)

All monetary limits in your policy are inclusive of GST. In the event of a claim, if you are not registered for GST, we will reimburse you the GST component in addition to the amount we pay you. If you are registered for GST, we will not pay you the GST component, you will need to claim the GST component from the Australian Taxation Office.

You must advise us of your correct input tax credit percentage where you are registered as a business and have an Australian Business Number. You are liable to us for any GST liability we incur arising from your incorrect advice or inaction.

If you have any questions

For more information about Pounce Pet Insurance, to confirm policy transactions, or if you have any questions about the information contained in the PDS or Policy Terms and Conditions, please call us on 1300 457 046.

Our lines are open Monday to Friday (except public holidays) 8:00am to 8:00pm (AEST). Alternatively, you can write to Pounce Pet Insurance, Locked Bag 9021, Castle Hill NSW 1765.

FOR ALL CONTRACTS OF INSURANCE INCEPTING AND RENEWING PRIOR TO 5 OCTOBER 2021, THE FOLLOWING COMPLAINTS PROCESS APPLIES:

If you have a complaint

We hope that you never have reason to complain, but if you do we will do our best to work with you to resolve it. Our complaints resolution process has three steps.

1. Immediate Response

Phone: 1300 457 046 (Weekdays between 8:00am to 8:00pm AEST – except public holidays)

Writing: Customer Service Complaints, Pounce Pet Insurance Locked Bag 9021 Castle Hill NSW 1765

Please supply your policy number to enable the enquiry to be dealt with promptly. Your complaint or enquiry will be dealt with by someone with appropriate authority.

2. Internal Dispute Resolution

If we haven't resolved your matter to your satisfaction, at your request (refer to contact details provided for '1 – Immediate Response'), we will escalate your complaint for review by our Internal Disputes Resolution team.

All escalated matters will be acknowledged within two business days of being escalated.

After full consideration of the matter a written final response will be provided that will outline the decision reached and the reasons for the decision.

3. External Dispute Resolution

In the event that your complaint is not resolved to your satisfaction, or a final response has not been provided within 45 days, you can refer your matter to the Australian Financial Complaints Authority (AFCA), providing your complaint is within the scope of the AFCA Rules:

You may contact AFCA at:

Australian Financial Complaints Authority (AFCA)

Mail: GPO Box 3, Melbourne VIC 3001

Phone: 1800 931 678

Website: www.afca.org.au

Email: info@afca.org.au

FOR ALL CONTRACTS OF INSURANCE INCEPTING AND RENEWING ON OR AFTER 5 OCTOBER 2021, THE FOLLOWING COMPLAINTS PROCESS APPLIES:

If you have a complaint

We hope that you never have reason to complain, but if you do we will do our best to work with you to resolve it. Our complaints resolution process has three steps. Please let us know if you require additional assistance to lodge a complaint.

1. Immediate Response

Usually when you have a concern, we can resolve it immediately on the phone. If we can't immediately resolve your concern we will treat it as a complaint and take steps to resolve your complaint as soon as possible. We will acknowledge your complaint within one business day of receiving it.

Please contact us using one of the following means:

Phone: 1300 457 046 (Weekdays between 8:00am to 8:00pm AEST – except public holidays)

Writing: Customer Service Complaints, Pounce Pet Insurance Locked Bag 9021 Castle Hill NSW 1765

Please supply your policy number to enable the complaint or enquiry to be dealt with promptly. Your complaint or enquiry will be dealt with by someone with appropriate authority.

2. Internal Dispute Resolution

If we haven't resolved your complaint to your satisfaction, at your request (refer to contact details provided for '1 – Immediate Response'), we will escalate your complaint for review by our Internal Dispute Resolution team. All escalated complaints will be acknowledged within one business days of being escalated. The Internal Dispute Resolution team will review your matter and any supporting evidence. After full consideration of the complaint a written final response will be provided that will outline the decision reached and the reasons for the decision.

3. External Dispute Resolution

In the event that your complaint is not resolved to your satisfaction, or a final written response has not been provided within 30 days, you can refer your complaint to the Australian Financial Complaints Authority (AFCA), provided your complaint is within the scope of the AFCA Rules.

AFCA is an independent dispute resolution service provided free of charge.

You may contact AFCA at:

Australian Financial Complaints Authority (AFCA)

Mail: GPO Box 3, Melbourne VIC 3001

Phone: 1800 931 678

Website: www.afca.org.au

Email: info@afca.org.au

Financial Claims Scheme and Compensation Arrangements

Hollard is an insurance company authorised under the Insurance Act 1973 (Cth) (Insurance Act) to carry on general insurance business in Australia by the Australian Prudential Regulation Authority (APRA) and is subject to the prudential requirements of the Insurance Act.

The Insurance Act contains standards designed to ensure that, under all reasonable circumstances, financial promises made by us are met within a stable, efficient and competitive financial system. Because of this we are exempted by the Corporations Act 2001 (Cth) from the requirement to meet the compensation arrangements Australian Financial Services licensees must have in place to compensate retail clients for loss or damage suffered because of breaches by the licensee or its representatives of Chapter 7 of that Act. We have compensation arrangements in place that are in accordance with the Insurance Act.

If we were to fail and were unable to meet our obligations under your policy, a person entitled to claim under insurance cover under the policy may be entitled to payment under the Financial Claims Scheme (access to the Scheme is subject to eligibility criteria). Information about the Financial Claims Scheme can be obtained from the APRA website at fcs.gov.au.

Authorised for issue

This PDS including the Policy Terms and Conditions was prepared by Hollard. IAL and PetSure have given their consent to all statements by or about them in the form and context in which they are included and have not withdrawn as at the date of the PDS. These statements appear throughout the PDS.

Policy Terms & Conditions

The Pounce Pet Insurance policy

Upon acceptance of application for your Cover, you will be issued a Certificate of Insurance. We will issue a new Certificate of Insurance:

- on renewal of your policy each year; or
- if you or we change your Cover.

Your policy will continue for a period of 12 months from the policy Commencement Date unless cancelled by you under the cooling off period or cancellation provisions of the policy as explained in 'Section 6 – Cancellations'. We also have certain cancellation rights at law. For your convenience and to ensure continuity of cover for your Pet, we will automatically renew your policy each year (unless you have opted out of automatic renewals or contact us that you do not want to renew on the terms of the renewal notice) for as long as we continue to provide this product - refer to the 'Automatic renewal of your policy' section.

Your policy comprises the Certificate of Insurance, PDS, Policy Terms and Conditions, FSG and any endorsements issued by us from time to time.

The basis on which we insure you

Subject to the Terms and Conditions of the policy, we will reimburse the Vet Expenses incurred by you as a result of a Treatment to the insured Pet as per your selected Cover up to the specified Benefit Percentage, but subject to any applicable Benefit Limit which may apply, provided that:

- you have paid or agreed to pay the premium to us for the Cover provided;
- the Condition(s) arose during the Policy Period; and
- the Treatment occurred during the Policy Period.

Where we agree to provide Cover under the policy we rely on the representations made by you during your application for insurance.

Coverage under the policy will depend on the level of Cover you have chosen. Your Certificate of Insurance will state your level of Cover as detailed in Section 2.

Additional and optional benefit(s) may also be provided if specified on your Certificate of Insurance.

Automatic renewal of your policy

We will offer renewal of your policy every year for so long as we continue to provide this product. At least 14 days prior before your current policy expires we will send you a renewal notice confirming when your insurance will expire and the premium and terms on which your insurance will automatically renew for a further Policy Period. It will also remind you that you can opt out of the automatic renewal process and to check the limits of cover provided under the policy to see if your level of insurance cover remains appropriate for you.

Your Cover will be automatically renewed on the terms contained in the renewal notice (unless you have opted out of automatic renewals or contact us to tell us that you do not want to renew on the terms of the renewal notice) and we will deduct/charge the renewal premium from your nominated account/credit card. If the account/credit card is not yours, you confirm you have the authority of the relevant person to use it and they have agreed to these terms.

Every year, we review the cost of everyone's insurance with regards to a combination of factors across all our insured Pets. These factors include your Pet's age, breed, location, duration for which your Pet has been insured, claims history, as well as data relating to the health of Pets that are a similar age and breed. Your premium takes into account the average cost of care for Pets like yours.

We may also change the terms and conditions of the policy upon renewal based on the risk associated with insuring Pets like yours.

Should you renew your policy, you must tell us if the information you have previously supplied is incorrect or incomplete in order to comply with your Duty of Disclosure and duty to take reasonable care not to make a misrepresentation. If you do not, we may reduce or refuse to pay a claim or cancel the policy.

Delivery of your policy documents and policy related communications

Unless you tell us otherwise or we tell you it is no longer suitable, we will send your policy documents and policy related communications electronically. This includes email and/or other methods of electronic communication. You will need to provide us with your current email address and your current mobile phone number. Each electronic communication will be deemed to be received by you on the transmission date recorded in our systems. Where we deliver your policy documents and policy related communications by mail in printed form, all such communications will be deemed to have been successfully delivered once mailed by us to your last notified postal address.

Some important things you should know

Benefits do not accumulate across Policy Periods. The Policy benefits will expire at the end of each Policy Period.

Your rights and duties under the Policy cannot be transferred without our prior written consent.

It is a condition of Cover that your Pet must regularly reside with you and be under your regular care and supervision at the physical address you provided to us.

It's important to remember that insurance policies cannot cover every scenario, and have certain Benefit Limits. This means you may still have a portion of the bill that you will need to cover yourself.

If you feel this Cover does not suit your needs, we have more comprehensive policies available. You can contact us to discuss other insurance options.

Section 1 – Definitions

When interpreting these Policy Terms and Conditions:

- references to the singular include the plural and vice versa, and to the masculine include the feminine and vice versa;
- monetary references are in Australian dollars; and
- a reference to any legislation contained in the policy includes any amendment, replacement, re-enactment or successor legislation.

Words that are capitalised have the special meaning explained below:

Accident means:

- a single event which is unexpected and unintended by you; and
- is independent of any illness or any Pre-existing Condition.

Annual Condition Limit means the limit applied to each Condition for which you claim. We will not pay more than the Annual Condition Limit shown on your Certificate of Insurance for any one Condition. There is no limit on the number of Conditions you can claim in each Policy Period, subject to the overall annual Benefit Limit.

Note: The Annual Condition Limit resets on renewal each year.

Benefit Limit(s) and Sub-limit(s) mean the applicable amount(s) payable in any one Policy Period, in relation to the relevant Cover as specified on your Certificate of Insurance (determined as follows):

- if a Sub-limit for a particular Cover, item, Condition or Treatment on an individual or per claim basis is specified to apply on your Certificate of Insurance, we will not pay more than that amount (subject also to the overall annual Benefit Limit or other relevant Sub-limit not having been exceeded; and
- we will never pay more than the overall annual Benefit Limit specified on your Certificate of Insurance.

Note: Benefit Limits and Sub-limits reset on renewal.

Benefit Percentage means the stated percentage of each claim for eligible Vet Expenses for which we will reimburse you, subject to any applicable Benefit Limits and Sub-limits. The Benefit Percentage for pets aged older than eight weeks and younger than eight years is 90%.

Once your pet reaches his/her eighth birthday, the Benefit Percentage will reduce to 65% on the next policy renewal, and will remain at 65% for all Policy Periods thereafter.

For example: for a 65% Benefit Percentage, we will reimburse you for 65% of the eligible Vet Expenses, subject to Benefit Limits and Sub-limits. Refer to 'Section 7 - Claims' for an example of how claim payments are calculated.

Note: The applicable Benefit Percentage will be shown on your Certificate of Insurance.

Bilateral Condition means any Condition affecting body parts of which the Pet has at least two, one each side of the body (e.g. ears, eyes, knees, elbows).

Note: When applying a Benefit Limit or exclusion, a Bilateral Condition will be considered a single Condition.

For example:

1. If your Pet has had elbow dysplasia in the left elbow prior to the Commencement Date of the First Policy Period or during the applicable Waiting Period, which falls within the definition of Pre-existing Condition, subsequent elbow dysplasia in the right elbow will still be considered a Pre-existing Condition.
2. If your Pet suffers from a patella luxation in its left hind leg and arthritis in its right hind leg, this is not a Bilateral Condition, as patella luxation and arthritis are not the same Condition.

Cancer means a Condition in which any cell or group of cells in the body of a Pet undergoes malignant transformation.

Certificate of Insurance means the relevant certificate we provide outlining the key details of the contract of insurance between you and us, and identifying the policy number, Commencement Date, End Date, Cover, insured Pet, schedule of benefits including Benefit Limits and Sub-limits.

Chronic Condition means a Condition that is long-lasting or recurring in its effects and affects (or is present in) your Pet over a period that is greater than three months in total (the three month period need not be consecutive). Chronic Conditions may also be intermittent or managed with medication and/or prescription diets with intervals of remission.

Examples include but are not limited to chronic or seasonal allergies, inflammatory bowel disease, diabetes, osteoarthritis, cancer and some autoimmune diseases.

This definition is relevant to determining whether a Condition is a Pre-existing Condition (please refer to the definitions of 'Pre-existing Condition' and 'Temporary Condition'). If a Chronic Condition is Pre-existing Condition, it will be excluded from Cover.

For example:

1. Prior to the Commencement Date of your First Policy Period your Pet experienced symptoms of seasonal allergies for more than three months in total. The Condition would be a Chronic Condition, given that it is recurring in its effects. If the Condition otherwise falls within the definition of "Pre-existing Condition" it will be excluded from coverage.
2. Your Pet showed signs of diabetes for at least three months prior to the Commencement Date of your First Policy Period. This would also be a Chronic Condition, given its long-lasting and recurring effects. If the Condition otherwise falls within the definition of 'Pre-existing Condition', it will be excluded from coverage and all expenses related to diabetes will be excluded.

Commencement Date means 11:59pm on the date when Cover for your Pet first started as shown on your Certificate of Insurance. Unless otherwise specified, this relates to the Commencement Date of your current Policy Period.

Condition means any Specified Accidental Injury, or any manifestation of an Illness.

Consultation and other derivations means an examination performed by or under the supervision of a Vet, including a physical consultation, inpatient examination, in-hospital examination, health certificate, consultation or recheck consultation/visit, referral/ specialist consultation/visits, emergency and after-hours consultations/visits.

Cover means

- the Benefit Limits, Sub-limits, Benefit Percentage and any other options applicable to the policy you have selected; and
- where relevant, the Cover applicable under any previous policies

you have held with us where the same or a substantially similar or a higher level of Cover was provided in the current Policy Period.

Information about the Cover can be found in Section 2 to Section 4.

Note: The Cover applying to your Pet for your current Policy Period is shown on your Certificate of Insurance. The Cover includes the Additional Benefits explained in Section 3.

Cruciate Ligament Condition means partial or complete rupture of the cruciate ligament(s). This includes meniscal tears, any looseness of the cruciate ligaments along with any complications following Treatment for this Condition.

Note: A Cruciate Ligament Condition is considered a single Condition irrespective of whether one or both legs are affected. Please refer to the 'Bilateral Condition' and 'Benefit Limit(s) and Sub-limit(s)' definitions.

Elective Treatment means a Treatment or surgery that is beneficial to your Pet but is not essential for your Pet's survival or does not form part of the Treatment for a Condition. Refer to Section 4 – General Exclusions.

End Date means 11:59pm on the date upon which your policy terminates and benefits cease as shown on your Certificate of Insurance. Unless otherwise specified, this relates to the End Date of your current Policy Period. **Note:** If the policy is cancelled, then the date of cancellation will be deemed to be the End Date.

First Policy Period means the time during which we first provided Cover to you.

GST means the Australian Goods and Services Tax at the officially published tax rate.

Illness means a sickness or disease which:

- is not included under Section 2.1 Specified Accidental Injury Cover; and
- is independent of any Pre-existing Condition.

Pet means a dog or cat covered under the policy and named on your Certificate of Insurance.

Policy Period means the time during which we provide Cover as

specified on your Certificate of Insurance.

Pre-existing Condition means a Condition that existed or occurred prior to the Commencement Date of your First Policy Period or within any applicable Waiting Period, of which you or your Vet were aware or a reasonable person in your circumstances would have been aware, irrespective of whether the underlying or causative Condition has been diagnosed, subject to the following:

- a Temporary Condition which has not existed, occurred or shown noticeable signs, symptoms or an abnormality in the 18-month period immediately prior to your claim Treatment date will not be a Pre-existing Condition (please refer to the definitions of 'Temporary Condition' and 'Chronic Condition');
- a Temporary Condition which we have agreed in writing will not be a Pre-existing Condition, following a Pre-existing Condition Review, will not be a Pre-existing Condition (please refer to the terms of a Pre-existing Condition Review) and;
- a Related Condition of a Pre-existing Condition will also be a Pre-existing Condition.

(Please also refer to the definition of 'Condition', which includes a 'Bilateral Condition' and 'Related Condition').

For example: Six weeks prior to the Commencement Date of your First Policy Period, you notice your Pet has a Condition involving limping on its left back leg and you take it to the Vet. Your Vet prescribes anti-inflammatory medication. 12 weeks after purchasing a policy the limping is diagnosed as degenerative joint disease. The Condition would be a Pre-existing Condition and excluded from Cover, notwithstanding that the diagnosis was not provided until after the Commencement Date.

Related Condition means a Condition that results from the same disease process, arises as a consequence of or has the same diagnostic classification as another Condition, regardless of the number of areas of your Pet's body that are affected.

For example:

1. If your Pet suffers from arthritis in its legs, all future occurrences of arthritis (e.g. in the back or neck) will be considered to be Related Conditions.

2. If your Pet suffers from diabetes and then develops a cataract as a consequence of the diabetes, the cataract will then be considered a Related Condition.
3. If your Pet suffers from a skin hotspot, then later suffers from ringworm on its skin, these are not Related Conditions, as the ringworm is not as a consequence of the hotspot, nor do they follow the same disease process or diagnostic classification

Specified Accidental Injury means physical harm or injury arising from an Accident that:

a) is a consequence of one of the following:

- a motor vehicle incident;
- a burn or electrocution;
- an insect and arachnid bite;
- a snake bite; or

b) results in:

- a bone fracture;
- a ligament or tendon injury;
- a bite wound or fight wound abscess; or
- lacerations or abrasion of tissue, skin or mucous membranes.

See 'Section 2.1 – Specified Accidental Injury Cover' for more information.

Temporary Condition means a Condition which normally resolves with Treatment, other than:

- Cruciate Ligament Conditions;
- intervertebral disc disease;
- hip dysplasia;
- elbow dysplasia;
- patella luxation;
- endocrine diseases; and
- any other Chronic Condition.

This definition is relevant to determining whether a Condition is a Pre-existing Condition (please refer to the definition of 'Pre-existing Condition').

For example: Your Pet has dietary related gastroenteritis prior to the Commencement Date of your First Policy Period that is

resolved with medication. Your Pet does not suffer any further instances of dietary related gastroenteritis until three years later, when your Pet suffers another gastroenteritis episode. This Condition would be a Temporary Condition which has not existed, occurred or shown noticeable signs, symptoms or an abnormality in the 18-month period immediately prior to the second gastroenteritis episode, so would not be a Pre-existing Condition and would be coverable subject to your policy terms and conditions.

Treatment means reasonable and customary examinations, hospitalisation, surgery, x-rays, medication, diagnostic tests, nursing and other care and procedures provided by a Vet to relieve or cure a disease, Illness or Specified Accidental Injury during the Policy Period.

Vet means any veterinarian, veterinary specialist, animal hospital, animal clinic, or animal surgery, other than yourself, who is licensed in and currently registered in Australia (with the exception of additional benefits provided under 'Section 3 – Additional Benefits').

Vet Expenses means the reasonable and essential expenses incurred and paid in respect of Treatment provided by a Vet during the Policy Period, having regard to the circumstances in which the Treatment was provided.

Waiting Period means a period starting from the Commencement Date of the First Policy Period during which a Condition that exists or occurs of which you or your Vet are aware or a reasonable person in your circumstances would be aware, will be considered a Pre-existing Condition, subject to the terms of the definition of 'Pre-existing Condition' and unless otherwise stated on your Certificate of Insurance. See 'Section 2 – Your Cover' and 'Section 3 – Additional Benefits' for Waiting Periods that apply.

Section 2 – Your Cover

Basic Cover is applicable if:

- it is shown on your Certificate of Insurance; and
- your Pet was over eight weeks old and younger than six years of age when Cover first commenced.

Pets over six years of age will not qualify for Basic Cover where there has been a break, lapse or change in the level of Cover after reaching the age of six.

The Cover applying to your Pet is shown on your Certificate of Insurance. The Cover includes the additional benefits explained in Section 3.

2.1 Specified Accidental Injury Cover

What you are covered for

We will pay you the Benefit Percentage for the Vet Expenses incurred by you for Treatment during the Policy Period up to the Annual Condition Limit and Benefit Limits, as a result of your Pet suffering a Specified Accidental Injury in one of the circumstances described below. The Annual Condition Limit and Benefit Limits are stated on your Policy Schedule.

To qualify for Cover under this section of the policy, the Specified Injury must have occurred during the Policy Period and:

- a) is a consequence of one of the following:
- motor vehicle incident;
 - a burn or electrocution;
 - an insect or arachnid bite:
 - i. ants;
 - ii. bees;
 - iii. flies;
 - iv. mosquitoes;
 - v. scorpions;
 - vi. spiders; and
 - vii. wasps.
 - a snake bite; or
- b) results in:
- a bone fracture;
 - a ligament or tendon injury;
 - a bite wound or fight wound abscess; or
 - lacerations or abrasion of tissue, skin or mucous membranes.

Waiting Period

There is no Waiting Period after the Commencement Date of the First Policy Period for Specified Accidental Injury items.

When you are not covered

We will not pay any Vet Expenses attributable to or resulting from:

1. any amount greater than the Benefit Limit or Annual Condition Limit specified on your Certificate of Insurance;
2. Conditions resulting from external parasites such as ticks, fleas or skin/ear mites, patella luxations (dislocating kneecap), elbow dysplasia, hip dysplasia, ingestion of a foreign object, toxicity (other than that resulting from a confirmed snake bite), intervertebral disc disease (IVDD), and desexing procedure complications under Specified Accidental Injury Cover no matter how the Condition arises. **These Conditions will only be covered (where eligible) under Section 2.2 'Illness Cover';**
3. any Dental Treatment, including fractured teeth;
4. any Cruciate Ligament Conditions;
5. any Consultation fees (the fee charged by your Vet for examining your Pet; or
6. any of the excluded matters listed in Section 4 - General Exclusions.

2.2 Illness Cover

Illness Cover is applicable if your Pet was over eight weeks old and younger than six years of age on the Commencement Date of the First Policy Period.

What you are covered for

We will pay you the Benefit Percentage for Vet Expenses incurred by you for Treatment provided during the Policy Period up to the Benefit Limits and Annual Condition Limit, as a result of your Pet suffering an Illness.

To qualify for Cover under this section of the policy, the Condition must be as a result of your Pet suffering an Illness.

Examples of Illnesses covered, subject to any policy exclusions

that may apply, include (but are not limited to):

- a) eye-ear Conditions;
- b) ingestion of a foreign object;
- c) gastrointestinal problems;
- d) hereditary and congenital Conditions (excluding Pre-existing Conditions);
- e) tick paralysis
- f) intervertebral disc disease (IVDD); or
- g) poisoning

Waiting Period

The Waiting Period for Illness Conditions is 30 days from the Commencement Date of the First Policy Period.

When you are not covered

We will not pay any Vet Expenses incurred by you as a result of your pet suffering an Illness which is attributable to or resulting from:

1. any disease that affects dogs or cats that is subject of a biosecurity emergency declaration under the Biosecurity Act 2015 (Cth);
2. any Consultation fees (the fee charged by your Vet for examining your Pet);
3. Cancer Conditions;
4. any flea/tick/worm preventative treatments or measures (e.g. tick baths, sprays, intestinal worming products etc) whether recommended by your Vet or not; or
5. Expenses in relation to policy exclusions or related complications/adverse reactions of an exclusion. This includes when the diagnosis is inconclusive, but the Treatment protocol is consistent with an excluded Condition. Exceptions to this include:
 - a) vaccination reactions;
 - b) desexing procedure complications; and
 - c) reactions to flea/tick/worm control products.
6. any of the excluded matters listed in Section 4 – General Exclusions.

Section 3 – Additional Benefits

The following Additional Benefits under this section are included in the Benefit Limit and will provide benefits up to the Annual Condition Limits as shown on your Certificate of Insurance.

Waiting Period

There is no Waiting Period for the emergency boarding benefit. For essential euthanasia and Pet overseas travel insurance, the Waiting Period will depend on the Condition you are claiming for. See 'Section 2.1 – Specified Accidental Injury Cover' and 'Section 2.2 – Illness Cover' for more information.

3.1 Emergency Boarding

What you are covered for

We will pay the Benefit Percentage up to the Sub-limit shown on your Certificate of Insurance (and subject to your overall annual Benefit Limit) for the cost of boarding your Pet at a licensed kennel or cattery in the following scenarios:

1. if you (being the insured and sole carer of the Pet) are hospitalised (other than in the circumstances specified below) for one or more consecutive days during the Policy Period; or
2. if you (being the insured and sole carer of the Pet) require emergency accommodation due to family violence.

When you are not covered

We will not pay for any costs under this benefit:

1. if you are hospitalised for:
 - a) cosmetic surgery or other forms of elective surgery; or
 - b) pregnancy (unless you were hospitalised due to an unexpected complication).
2. if someone else living with you can reasonably be expected to look after your Pet whilst you are in hospital.

3.2 Essential Euthanasia

What you are covered for

We will pay you the Benefit Percentage for Vet Expenses incurred by you up to the Benefit Limit to euthanase your Pet during the Policy Period provided that this was deemed a humane and essential course of action by the Vet, and as a result of a Condition coverable under your policy.

When you are not covered

We will not pay any Vet Expenses incurred by you during the Policy Period for:

1. voluntary euthanasia (i.e. non-essential euthanasia);
2. euthanasia attributable to or resulting from an event or circumstances specified within 'Section 2 - When you are not covered' and in 'Section 4 - General Exclusions';
3. an autopsy; or
4. disposal, burial or cremation of a deceased Pet (unless cover for this expense is noted on your Certificate of Insurance).

3.3 Pet Overseas Travel Insurance

What you are covered for

If your Pet requires Treatment for any of the covered Conditions whilst overseas with you in New Zealand or Norfolk Island, we will pay you the incurred Vet Expenses subject to:

- the Cover selected, the Benefit Percentage and Benefit Limits as shown on your applicable Certificate of Insurance; and
- the payment of the benefits under this section to you in AUD at the exchange rate applicable on the date your claim is received by us.

When you are not covered

We will not pay Vet Expenses incurred by you during the Policy Period:

1. any amount if you or your Pet live permanently outside of Australia;
2. any benefit under this section where the Pet has been (or is going to be) out of Australia for a period of more than 60 consecutive days;
3. exchange commissions or bank charges incurred for foreign payments made by you for the Treatment of your Pet;
4. claims incurred for any Condition arising when your Pet was not under your direct care;
5. costs covered by any other insurance policy covering the same risk; or
6. any travel or repatriation charges to return your Pet to Australia.

Section 4 – General Exclusions (what we do not cover)

The intention of Pounce Pet Insurance is to help cover unforeseen vet expenses associated with pet ownership. However not all expenses are covered.

Unless stated on your Certificate of Insurance, Vet Expenses and/or costs related to the following are not covered:

- 1. Pre-existing Conditions** – or a Condition arising before the First Policy Period or within the applicable Waiting Period. Refer to 'Section 1 – Definitions' for the definition of 'Pre-existing Conditions', 'Related Condition' and 'Chronic Condition'. Also refer to the 'Pre-existing Condition review' section.
- 2. Consultation fees** – the fee charged by your Vet for examining your Pet. Refer to 'Consultation' definition.
- 3. Cancer Conditions or Cruciate Ligament Conditions** – refer to 'Section 1 – Definitions' for the 'Cancer' and 'Cruciate Ligament Condition' definitions.
- 4. Dental Care** – dental procedures, dental diseases, gingivitis, teeth fractures, teeth cleaning/scaling, orthodontics, removal of deciduous and any oral disease (with the exception of oral tumours).
- 5. Preventative/routine items** – preventative and routine items for your Pet, including (but not limited to) food (regular or prescription), vitamins/ nutraceuticals/ supplements, vaccinations, microchipping, flea/tick/worm control, grooming and bathing of your Pet, and non-medicated grooming products.
- 6. Certain Treatments & Conditions:**
 - a. medicated baths and shampoos, unless your Vet deems them medically necessary to treat a Condition covered by your policy;
 - b. accessories including (but not limited to) pill poppers, cage hire, crates, bedding and collars;
 - c. training, socialisation, therapy and alternative therapies including (but not limited to) homeopathic remedies, acupuncture, laser therapy, hydrotherapy, chiropractic Treatments and/or physiotherapy;

- d. behavioural Conditions including (but not limited to) anxiety disorders, phobias or chemical imbalances;
- e. cell-replacement therapies including (but not limited to) stem cell therapy and platelet-rich plasma. Blood transfusions are covered when medically necessary;
- f. medication not approved or listed by the APVMA (Australian Pesticides and Veterinary Medication Authority);
- g. the provision of medication(s) that covers a period of more than 30 days beyond the policy End Date;
- h. chemical castration, suprelorin implants or other desexing procedures, unless required to treat your Pet's reproductive organs due to inflammation, infection or cancer;
- i. breeding or obstetrics.

7. Certain Services and Procedures

- a. transport or boarding expenses other than those listed in 'Section 3.1 - Emergency Boarding';
- b. ambulance fees and non-essential hospitalisation;
- c. additional costs associated with house calls. If your Pet requires a house call due to a particular Condition or their weight, our liability is limited to the cost of the Treatment had it been provided at a Vet practice during normal Consultation hours;
- d. genetic/chromosome testing;
- e. pre-anaesthetic blood tests; or
- f. the following items and any associated expenses:
 - i. any trial or experimental procedures and Treatments;
 - ii. organ transplant surgery, open heart surgery, artificial limbs, mitral valve and chordae tendineae replacement surgery and pacemakers;
 - iii. external fixtures (such as wheelchairs);
 - iv. prosthetics (including but not limited to hip replacements and elbow replacements); or
 - v. 3D printing.

8. Elective Procedures and Treatments:

- a. cosmetic procedures, hip/elbow scoring, nail clipping, declawing, dew claw removal and ear cropping; or
- b. tail docking and debarking.

9. Your Pet not being protected due to gross negligence by you or your failure to take all reasonable precautions to protect your Pet from situations that may result in injury or illness, for example participating in organised fighting or hunting activities.

10. Any consequential loss including (but not limited to) economic loss, loss of enjoyment or other such loss not specifically covered in the policy.

11. Expenses in relation to policy exclusions or related complications/adverse reactions of an exclusion. This includes when the diagnosis is inconclusive, but the Treatment protocol is consistent with an excluded Condition (e.g. Treatment for halitosis (bad breath) where dental disease is suspected but not diagnosed or excluded as a diagnosis).

Pre-existing Condition review

If you would like us to review whether a Temporary Condition/s which has been subject to the Pre-existing Condition exclusion in your policy remains excluded, you may apply to us to review the Condition. To do so, your Vet will need to certify and provide veterinary records verifying that the Condition remains a Temporary Condition and has not existed, occurred or shown noticeable signs, symptoms or an abnormality for a period of 18 months. The Pre-existing Condition exclusion(s) shall not be deemed to have been lifted unless agreed to by us in writing. You can download a copy of the Pre-existing Condition Review form here: www.pouncepetinsurance.com.au/documents/

If your Pet has a Chronic Condition that existed or occurred before the Commencement Date of your First Policy Period or during any applicable Waiting Period, and otherwise falls within the definition of 'Pre-existing Condition', that Condition will always be excluded from your policy. Refer to the definition of a Chronic Condition.

Section 5 – Premiums

Cover under the policy is provided on the basis that you have paid or agreed to pay us the premium for the Cover provided. The amount you pay is shown on your Certificate of Insurance and includes all premium, administration fees, commissions and any applicable discounts, government taxes, fees and/or charges.

5.1 Paying your premium

1. The premium is payable when you take out a new policy and when you renew your policy.
2. You may choose to pay the premium:
 - annually by credit card or direct debit; or
 - monthly or fortnightly by instalment by credit card direct debit or debit card direct debit.
3. When premiums are paid monthly or fortnightly by instalment, claims are paid on the basis that you agree to pay the remaining premiums for that Policy Period. If you pay your premium by instalments, you may be charged a collection fee per instalment.

Note: If we accept and pay a claim under the policy, we may deduct the balance of any outstanding premium from the claim payment.

5.2 Paying on the due date

1. Your premium must be paid on or before its due date.
2. Where you have an instalment policy and we have not received an instalment payment, we will send you a notice in writing (either mail, email or text message) regarding your non-payment at least 14 calendar days before any cancellation by us for non-payment.

If after sending the above notice we do not receive the instalment payment, we will send you a second notice in writing (either mail, email or text message), either;

- a. prior to cancellation, informing you that your instalment policy is being cancelled for non-payment if the unpaid premium remains in arrears for more than thirty days; or
 - b. within 14 days after cancellation by us, confirming our cancellation of your instalment policy.
3. If at least one instalment has remained unpaid for a period of at least 14 days then we reserve the right to pay the difference between any outstanding premium and claim benefit owed.
4. If we cancel your policy due to non-payment of an instalment premium you need to be aware that:
- a. no benefits or entitlements can be paid under the policy;
 - b. you may be refused cover in the future under any policy administered by PetSure; and
 - c. any application for general insurance products in the future may be affected because you had a policy cancelled as a result of unpaid premiums.

Section 6 – Cancellations

6.1 Cancellation by you

You may cancel your policy with us at any time by contacting our customer service team. See Section: Introduction for our contact details. The cancellation will be effective once we provide you our confirmation of your cancellation request.

If you choose to cancel your policy and have been paying your premiums annually, we will retain a portion of premium that relates to the period for which you have been insured. We will refund the residual premium for the unexpired period no later than 15 business days less any applicable government or statutory charges.

If you choose to cancel your policy and have been paying your premiums by instalments, there is no premium refund (including for any remaining days of a current instalment period). No further premium instalments will be deducted.

If you cancel your policy because your Pet has passed away, your policy will be cancelled and we will retain and/or refund any premium in the same way as set out above.

6.2 Cancellation by us

We may cancel your policy where the law allows us to do so. We will give you notice in writing prior to exercising any right to cancel your policy. If we cancel your policy, we will retain a portion of premium that relates to the period for which you have been insured. We will refund the residual for the unexpired period no later than 15 business days, less any non-refundable government or statutory charges. For more information about cancellations refer to Section 5 - 'Premiums'.

Section 7 – Claims

7.1 Claim Pre-approval

If your Pet requires Treatment and you wish to seek pre-approval of those costs, You can provide us with the itemised estimate of costs from Your Vet, along with the Treatment required and relevant clinical records and/or veterinary history, and we will respond to you in writing with the outcome.

A pre-approval shall not be deemed to be valid unless we have agreed to it in writing. The reimbursed amount may vary from the pre-approval if the Treatment provided by your Vet differs from the Treatment request in the pre-approval.

To request a pre-approval:

Call us: 1300 457 046

Email us: contact@pouncepetinsurance.com.au

Note: Pre-approvals are not mandatory and not required in order to make a claim under your policy.

7.2 How to make a claim

Should you need to submit a claim, your Vet may be able to do this for you electronically, at the time of your visit. If you elect to have your Vet submit your claim on your behalf, we will still communicate with you regarding the status of your claim. If your Vet has agreed to submit your claim electronically on your behalf, you agree we are authorised to receive each such claim submitted.

Alternatively, you can submit your claims online through the secure Pet Portal: <https://customer.pouncepetinsurance.com.au>

Simply upload your documentation and click submit (from your computer or your mobile device).

You can also complete a paper claim form and send your original documentation via post. If you choose to claim via post, the attending Vet must complete all sections on the claim form where designated and both you and the attending Vet must sign the claim form.

All claims must be completed carefully and honestly.

Claim forms are available by calling us on 1300 457 046 or www.pouncepetinsurance.com.au

7.3 Important claim information

1. All claims you submit must include itemised tax invoice(s), payment receipt(s) and applicable consultation notes. If submitting a claim by post all claim documentation must be originals and must be accompanied by a completed claim form.
2. Incomplete claim forms will be returned to you and this may result in a delay in processing your claim. We recommend that you retain copies of all documentation for your records.
3. When submitting a claim, please include all relevant invoices and clinical records from your Vet. Please note:
 - a. In some instances, we may require more information to process your claim, such as previous medical history or pathology / laboratory results. If this is the case, we will contact you for this information.
 - b. There may be also scenarios where we request additional veterinary history from current or previous Vets (such as if there is a large history gap) to ensure we have all relevant clinical information for your Pet.
 - c. For adopted Pets, veterinary history is only required from when you took ownership. If you can provide us with proof of adoption or transfer of ownership papers, we will only request veterinary history from the date you took ownership onwards.
4. All accounts must be paid in full prior to submission of your claim.
5. Where a Vet submits a claim on your behalf, you agree that the Vet is able to view the outcome and status of that claim and previous claims (where applicable).
6. Where a Vet submits a claim on your behalf, you agree that the Vet is able to view the outcome and status of that claim and previous claims (where applicable).
7. You agree that we are authorised to discuss with the Vet, details relating to your claim or Treatment provided to your Pet in relation to a claim made under the policy.
8. We will not reimburse you for the provision of any information required in the purchase and administration of the policy nor for

the assistance provided to you in the completion of any forms relating to the policy including the provision of any information in relation to a claim made under this policy.

7.4 Processing of your claim

1. We will deal directly with you regarding settlement of the claim. In the instance your Vet submits your claim on your behalf, they may receive status updates or payment on your behalf.
2. Unless we agree otherwise, we will pay you, not the Vet.
3. If expenses incurred by you with respect to the Treatment exceed what is reasonable and essential, having regard to the circumstances in which the Treatment was provided, then claim payments may be adjusted to the amount of reasonable and essential expenses.
4. We will send you a letter/remittance advice regarding the settlement of your claim that will provide details of how your claim has been dealt with.
5. If you submit a fraudulent claim, or solicit your Vet to behave in a fraudulent manner regarding a claim, then the claim may be denied and we may cancel your policy altogether. We may also be entitled to reclaim any payments already made to you in respect of such claims. For more details, see 'Section 8 – Fraud'.
6. When we settle your claim, we reserve the right to deduct from the benefit amount any amount due to us.
7. In the event that we pay a benefit contrary to the Policy Terms and Conditions for whatever reason, this will not constitute a waiver retrospectively as they stand to any paid claims or to any future claims for that or any Related Condition. We also reserve our right to recover from you any benefit amount received by you as a result of such error.
8. You agree that we have the right to decline to process your claim where you or your Vet refuse or are unable to provide information reasonably requested by us in order to process your claim.

7.5 Examples of how we settle your claim

The following calculations provide examples of how claims will be settled where Cover is provided (these examples are indicative of the manner of calculation only and include GST):

Example 1 — Basic Cover (pet aged 0-7 years)

Total amount of eligible Vet Expenses:	\$1,500
Total amount claimable after 90% Benefit Percentage applied:	\$1,350
Annual Condition Limit	\$1,000
Total claim benefit payment:	\$1,000
Your out-of-pocket expense:	\$500
Annual benefit remaining for the same Condition:	\$0

Note: Once the Annual Condition Limit and overall Benefit Limit is reached, no further Vet Expenses for the particular item listed on your Policy Schedule will be paid until your policy renews.

Example 2 — Basic Cover (pet aged 8+ years)

Total amount of eligible Vet Expenses:	\$1,500
Total amount claimable after 65% Benefit Percentage applied:	\$975
Annual Condition Limit	\$1,000
Total claim benefit payment:	\$975
Your out-of-pocket expense:	\$525
Annual benefit remaining for the same Condition:	\$25

Note: Once the Annual Condition Limit and overall Benefit Limit is reached, no further Vet Expenses for the particular item listed on your Policy Schedule will be paid until your policy renews.

7.6 Our rights of recovery

If we have the right to recover any amount payable under the policy in relation to a claim from any other person, you must cooperate with us in any action we may take.

7.7 Other insurance arrangements

If we accept your claim and there is any other similar insurance under which you are entitled to claim, you are required to advise us at the time you submit your claim if you hold such other insurance. Total benefits paid to you across all insurance cannot exceed your actual expenses.

Section 8 – Fraud

It is unfortunate that with all types of insurance, fraud and attempted fraud can occur. We employ sophisticated fraud detection and prevention techniques to ensure we only pay out on genuine claims. By doing this we are protecting the interest of all policyholders.

You must not act in a fraudulent manner. If you or anyone acting for you:

- make a claim under the policy knowing the claim to be false or fraudulently exaggerated in any respect;
- make a statement in support of a claim knowing the statement to be false in any respect;
- solicit your Vet to behave in a fraudulent manner regarding a claim;
- submit a document in support of a claim knowing the document to be forged or false in any respect; or
- make a claim in respect of any loss or damage caused by your wilful act or with your connivance.

and if you do act, or anyone acting for you acts, in a fraudulent manner:

1. we shall not pay the claim;
2. we shall not pay any other claim which has been or will be made under the policy;
3. we may at our option cancel the policy;
4. we may at our option cancel any other pet insurance policies you hold which are issued by Hollard;
5. we may be entitled to reclaim any payments already made to you in respect of such claims;
6. we may not make any refund of premium already paid;
7. we may inform the police of the circumstances; and
8. we may pursue legal proceedings.

Section 9 – Direct Debit Request Summary

When you provide us with your bank details, you are instructing us to directly debit the relevant premiums calculated by us from your nominated account.

If your premium cannot be paid (for example there is not enough money in your nominated account) your bank may dishonour that payment, and you may be charged a dishonour fee by your bank. None of Hollard, IAL or PetSure will be responsible for dishonour fees charged by your bank or financial institution. If your direct debit is dishonoured we will automatically retry for the outstanding amount within 14 days, and you may be charged a dishonour fee by PetSure.

If you have concerns about the operation of the direct debit authority or you subsequently need to change any aspects of the authority, please notify us.

Section 10 – General Information

Changing level of cover

1. If you opt to transfer your Pet to a level of Cover with different or additional benefits (including but not limited to a different Benefit Percentage, Benefit Limit or additional coverage) then a new policy and Certificate of Insurance will be issued to you and your previous policy will be cancelled. Waiting Periods already served will not reapply, unless there has been a break or lapse in Cover. Please note that Waiting Periods for Conditions or items that were not covered under your previous policy will apply to your new level of Cover.
2. You cannot change your level of Cover in a Policy Period if a claim has been paid. To change your level of Cover after a claim has been paid, you will need to wait until your next renewal.
3. If you pay your premium via fortnightly or monthly instalments, there is no premium refund (including any remaining days of a current instalment period) when you change your level of Cover.

Financial Services Guide (FSG)

Hollard, PetSure and IAL are responsible for this FSG as it relates to the financial services provided by them. This FSG provides you with information about the financial services that they provide in relation to Pounce Pet Insurance (to help you decide whether or not to use those services) as well as information on how they are remunerated in relation to the services, how they deal with complaints and how they can be contacted.

In this FSG:

Hollard means The Hollard Insurance Company Pty Ltd.

IAL means Insurance Australia Limited.

PetSure means PetSure (Australia) Pty Ltd.

You, and your means the applicant for a Pounce Pet Insurance policy and, if a policy is issued, the insured.

Pounce Pet Insurance is promoted by IAL, insured by Hollard and administered by PetSure. Full details about these companies are given at the start of this booklet. The Pounce Pet Insurance Product Disclosure Statement (PDS) including the Policy Terms and Conditions are set out in this booklet. The Pounce Pet Insurance PDS contains information on the benefits and significant characteristics of the product and is aimed to assist you in making an informed decision about whether to purchase it or not. Before you acquire the product, you should read the PDS carefully and use it to decide whether to purchase the product.

About Hollard, IAL, PetSure and other relevant persons/organisations

Hollard is an Australian Financial Services Licensee (AFSL 241436) authorised to provide advice and deal in relation to all general insurance products. Hollard is the insurer and issuer of Pounce Pet Insurance policies. In providing the financial services set out in this FSG, Hollard does not provide personal advice and does not act for you.

IAL is an Australian Financial Services Licensee (AFSL 227681) and is authorised to promote Pounce Pet Insurance which is issued by Hollard. IAL does not provide personal advice and does not act for you.

PetSure, a subsidiary company of Hollard, is an Australian Financial Services Licensee (AFSL 420183) and is authorised to deal in and provide general advice on general insurance products. It administers pet insurance policies on behalf of the insurer Hollard and determines, on behalf of Hollard, whether a policy can be issued to you by Hollard.

PetSure has been given a binding authority by Hollard which authorises it to enter into, vary and cancel these policies on behalf of Hollard as if it were Hollard. PetSure's authority is subject to the limits of authority agreed with Hollard. PetSure has also been appointed by Hollard as its agent to manage, administer and settle claims made under Pounce Pet Insurance policies. This means PetSure makes decisions about claims on behalf of Hollard. In providing the financial services set out in this FSG PetSure does not provide personal advice and does not act for you.

Important information you should know

The organisations in this section have not and will not consider whether Pounce Pet Insurance is appropriate for your personal objectives, financial situation or needs as they do not provide such services to you. Any information provided in relation to this product is of a general nature only and is not based on a consideration of your personal needs, objectives or financial situation. Therefore, you need to consider the appropriateness of any information given to you, having regard to your personal circumstances before buying Pounce Pet Insurance. You need to read the PDS including the Policy Terms and Conditions to determine if the product is right for you. The PDS contains information on the relevant risks, benefits and significant characteristics of the product and is aimed to assist you in making an informed decision about whether to buy it or not. If you require personal advice, you need to obtain the services of a suitably qualified adviser.

How each party is paid for its services

When you purchase a Pounce Pet Insurance policy you pay the premium to Hollard for the product. This amount is provided to you before the product is purchased.

IAL may receive a commission of up to 24% of the net premium (this is the premium less any government taxes and charges) for promoting Pounce Pet Insurance policies. This commission is used by IAL to cover costs associated with the marketing and distribution of this product to you and may include any referral fees to people or organisations that refer new customers to IAL.

IAL staff who provide services in relation to Pounce Pet Insurance receive an annual salary from IAL, which includes bonuses based on performance criteria.

PetSure receives a portion of the underwriting profit, if any, for administering Pounce Pet Insurance products.

PetSure may charge you an instalment fee of up to \$2.00 inclusive of GST for each instalment payment. We can tell you the exact fee at the time you contact us. The instalment fee, if applicable, is stated on your Certificate of Insurance/Tax Invoice. This is will be shown as a 'collection fee' or 'instalment fee' or words to similar effect on your Certificate of Insurance/Tax Invoice. The instalment fee is not refundable in the event of cancellation unless the insurance policy is cancelled either within the cooling off period or a full term cancellation.

PetSure may receive an activity payment directly from IAL for retention and support services in connection with Pounce Pet Insurance on behalf of Hollard. The amount of that activity payment is time based and will be calculated taking into account time spent handling retention related calls. The payments to PetSure are not additional charges to you and are not in addition to the total premium you pay.

You may request particulars about the above remuneration (including commission) or other benefits from the relevant entity providing the relevant financial service; however, the request must be made within a reasonable time after you have been given this document and before the relevant financial service has been provided to you by them. The contact details for each of PetSure and IAL are set out on page 2.

Compensation Arrangements

The Corporations Act 2001 (Cth) requires Australian Financial Services licensees to have arrangements for compensating retail clients for losses they suffer as a result of a breach by the licensee or its representatives of Chapter 7 of that Act, unless an exemption applies.

To this end, IAL and PetSure have Professional Indemnity Insurance in place which meets the legislative requirements covering their activities and includes the conduct of any employees who are no longer employed by IAL or PetSure but were so at the time of the relevant conduct.

Refer to the “Financial Claims Scheme and Compensation Arrangements” section in the PDS for further information on Hollard’s compensation arrangements.

Your privacy

Refer to the “Your Privacy” section of the PDS for further information on what we do with your information.

How are Complaints resolved?

Refer to the “If you have a complaint” section of the PDS for further information on how complaints are dealt with.

Contact details and office hours

For more information about Pounce Pet Insurance and PetSure:

Call us: 1300 457 046 Monday to Friday (except public holidays)
8:00am to 8:00pm (AEST) Write to us:

Pounce Pet Insurance

Locked Bag 9021, Castle Hill, NSW 1765

Visit us: www.pouncepetinsurance.com.au

Email us: contact@pouncepetinsurance.com.au

Please retain this document for your future reference.

Authorised for issue

This FSG was prepared by PetSure and IAL (as it relates to the financial services provided by them) on 06 August 2021 and Hollard has authorised the distribution of this FSG by them.