



# PAYMENT PROTECTION INSURANCE



# Welcome



## *Why you can rely on Protecta*

Protecta Insurance is proudly New Zealand owned and operated and we have been insuring Kiwi's credit contracts for nearly 30 years.

Our staff are very experienced and will work closely with you to assist in successfully managing the financial difficulties that can arise as a result of a claim.

We are totally focused on providing our customers with the best value products, benefits and service.

We are available 24 hours a day, 7 days a week on 0800 776 832 and we look forward to being of service to you.





## Here's what your new **FINANCE Protection Insurance** means for you:



### **Extensive Cover**

We have compared and added a number of benefits to give you one of the best covers available.



### **Disablement Cover**

We will pay your Credit Contract Instalments whilst you are unable to work due to Accident or Illness.



### **Redundancy and Bankruptcy Cover**

We will pay your Credit Contract Instalments for up to 180 days if you have been made Redundant or Bankrupt.



### **Life and Terminal Illness Cover**

We will pay the balance of your Credit Contract in the event of your Death or Terminal Illness (net of any arrears).



### **Maximum Amount Claimable**

Up to \$100,000.



### **Immediate Cover**

No need for the completion of a health statement or questionnaire.



### **Available 24 hours a day, 7 days a week**

Protecta is NZ owned and operated and your call will be answered in NZ simply by calling 0800 776 832.



### **Easy Claims Process**

Experienced people that make the process as fast and easy as possible for you.

**Note:** This is only a summary of some of the covers available. For a full description and definitions of these covers please refer to this policy wording starting on page 4.



## **We are here to protect your lifestyle**

# Policy Conditions

## WELCOME TO YOUR PAYMENT PROTECTION INSURANCE POLICY

*This is Your Insurance Policy which sets out what You are covered for and explains what You will receive, Your responsibilities and how to make a claim. We have authorised Protecta Insurance and their agents to administer this Insurance Policy.*

*You are important to Us and We welcome You as a valued customer.*

## IMPORTANT INFORMATION FOR YOU

1. This is Your Insurance Policy which consists of four parts:
  - a. this policy document;
  - b. the most recent Certificate of Insurance setting out the cover applicable to You;
  - c. the application either online or in printed form; and
  - d. any endorsements to this Insurance Policy.
2. Please read Your Insurance Policy so You know exactly what You are covered for. If You do not fully understand this Insurance Policy please contact Protecta Insurance, who will be able to explain it to You. Any claims and general enquiries should be directed to Protecta Insurance. Please phone 0800 776 832.
3. Please examine this Insurance Policy and the Certificate of Insurance and if they do not meet Your requirements

or if any information is not correctly stated, please return them at once and ask for the correction to be made.

4. Words and phrases that have special meaning will be found at the rear of this Insurance Policy under the heading **DEFINITIONS**.

**WHAT YOU ARE COVERED FOR**  
**You are only insured for the following covers if they are listed in the Certificate of Insurance under the heading 'Type of Cover'**

### **DEATH**

Your death during the Period of Cover.

#### **What We will pay**

We will pay the Policy Owner, the Amount to be Repaid as at the date of Your death, excluding any arrears more than 3 months.

### **TERMINAL ILLNESS**

Any illness during the Period of Cover which in Our reasonable opinion after consideration of relevant medical evidence, is likely to result in Your death within 6 months.

#### **What We will pay**

We will pay the Policy Owner, the Amount to be Repaid as at the date the terminal illness was diagnosed, excluding any arrears.

### **DISABLEMENT**

Any illness or Accidental Injury during the Period of Cover resulting in You being totally disabled for a continuous period longer than 7 days and being prevented from engaging in or attending to Your usual business or occupation or any business or occupation You are reasonably suited (by education, training or experience).

#### **What We will pay**

##### **Total disablement**

Once the 7 day period has been exceeded We will pay the Policy Owner, the Amount Payable during the period of total disablement. We will calculate this amount, by dividing the total amount of the Instalments for the term of the Credit Contract, (excluding any residual payments) by the number of days comprising the term of the Credit Contract, the result of the division then being multiplied by the number of days of such total disablement. There will be no payment for the first period of 7 days.

### **Total Permanent Disablement**

Any permanent disablement during the Period of Cover which in Our sole opinion after consideration of such medical evidence as We shall determine as reasonably necessary, is likely to result in Your Total Permanent Disablement, We will pay the Policy Owner, the Amount to be Repaid as at the date of the Total Permanent Disablement, excluding any arrears.

### **Recurring disablement**

If You suffer from the same or related Accidental Injury or illness during the Period of Cover within 3 months of Your last payment under this cover, and You continue to be disabled, the disablement will be considered to be recurring. The payments will recommence and there will be no 7 day stand down period. Any payments made under this extension will be added to the original claim and period.

### **REDUNDANCY**

You are made involuntarily Redundant from any Permanent Employment during the Period of Cover for a continuous period longer than 28 days.

#### **What We will pay**

Once the 28 day period has been exceeded We will pay the Policy Owner, the Amount Payable during the period following You becoming Redundant and before You start any Employment. We will calculate this amount, by dividing the total amount of the Instalments for the term of the Credit Contract, (excluding any residual payments) by the number of days comprising the term of the Credit Contract, the result of the division being multiplied by the number of days of the Redundancy. We will not pay any more than 180 days in respect of any one Redundancy. There will be no payment for the first period of 28 days.

### **BANKRUPTCY**

You are Self Employed and You are declared Bankrupt by the New Zealand High Court during the Period of Cover.

#### **What We will pay**

Once the 28 day period has been exceeded We will pay the Policy Owner, the Amount Payable following You becoming Bankrupt and prior to You being discharged from Bankruptcy. We will calculate this amount, by dividing the total amount of the Instalments for the term of the Credit Contract, (excluding any residual payments) by the number of days comprising the

term of the Credit Contract, the result of the division being multiplied by the number of days of the Bankruptcy. We will not pay any more than 180 days in respect of any one Bankruptcy. There will be no payment for the first period of 28 days.

#### **WHAT YOU ARE NOT COVERED FOR**

We will not pay for any claim arising directly or indirectly from:

1. Any medical condition (including symptoms) or Accidental Injury for which You have received any medical advice, medical treatment or for which the symptoms were known prior to the Start Date or for which a reasonable person in the circumstances would have sought medical advice.
2. Any cause or condition that was known or ought to have been reasonably known by You at the Start Date.
3. Any psychiatric or psychological illness (including but not limited to mental stress and/or depression).
4. Suicide, attempted suicide or self-inflicted injury or illness.
5. Alcoholism, drug addiction, or the influence of intoxicating liquor, narcotics or non-prescribed drugs.
6. Elective surgery.
7. Any back related condition unless there is radiological or other sufficient evidence of medical abnormality, visible wound or contusion, and a doctor certifies that the condition solely prevents You from working.
8. Any consequence of declared or undeclared war or any act thereof, invasion or civil war, civil unrest, terrorism, nuclear weapons material, ionising, radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste.
9. Any aerial activity, except if travelling as a ticket holding passenger or aircrew on a scheduled flight in a fixed wing aircraft owned and operated by a licensed airline or charter company.
10. You engaging in competitive racing of any kind (other than foot racing), parachuting, hang-gliding or any professional sporting activity.
11. Human Immunodeficiency Virus or any sexually transmitted disease.
12. The normal effects of pregnancy or childbirth.

13. You taking part in any criminal activity.
14. Asbestos, asbestosis or related diseases.
15. Avian influenza, haemorrhagic fever (e.g. Ebola) or any World Health Organization declared epidemic or pandemic.
16. Any natural disaster including earthquake, volcano, tsunami or seismic event.

#### **GENERAL CONDITIONS**

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##### **When cover ends**

Your cover shall automatically end on the earliest of the following:

1. Your 70th birthday.
2. The expiry of the Credit Contract.
3. You repay in full the Amount to be Repaid under the Credit Contract.
4. Any goods forming all or part of the Credit Contract being repossessed or sold.
5. This Insurance Policy being cancelled by You or Us.
6. The Period of Cover expiring.

##### **Limitation of liability under this Insurance Policy**

1. The most We will pay in total for all claims under all payment protection insurance policies arranged through Protecta Insurance covering You shall be the lesser of:
  - a. the Amount to be Repaid; or
  - b. \$100,000
2. If while We are making claim payments in respect of an Insured Event, and one of the other Insured Events happens to You, We shall only be liable for the Amount Payable for which We are already making payment.
3. The Period of Cover under this Insurance Policy shall be calculated from the Start Date and shall not exceed 60 months regardless of the term of Your Credit Contract.
4. If more than one insured person is named in the Certificate of Insurance or more than one payment protection insurance policy issued to different persons in respect of the same Credit Contract, then:
  - a. We will only pay once for any of the Insured Events of Death, Terminal Illness or Total Permanent

Disablement. When We have made this payment all other covers provided in respect of that Credit Contract shall automatically end.

- b. if while We are making claim payments in respect of one insured person for any one of the Insured Events of Disablement, Redundancy or Bankruptcy and any one of these same Insured Events happens to another insured person, We shall only be liable once for the Amount Payable for the first Insured Event.
5. Only one payment protection insurance policy can be issued to the same person in respect of any one Credit Contract. In the event of two or more such policies being issued Our liability in respect of the additional policies shall be confined absolutely to the return of the premium paid.

##### **Currency**

All monetary amounts referred to in this Insurance Policy are expressed and payable in New Zealand dollars.

##### **Your disappearance**

Death shall not in any way be presumed by Your disappearance except in the event of the total loss of a ship or aircraft in which You were travelling.

##### **Cancellations**

1. You may at any time ask Us to cancel this Insurance Policy by giving 7 days notice in writing to Protecta Insurance whereby this Insurance Policy will end. However We shall only cancel this Insurance Policy if You have supplied Protecta Insurance with written approval of the proposed cancellation from the agent who arranged this Insurance Policy and/or the Policy Owner.
2. We have the right to cancel Your Insurance Policy where permitted by law. For example, We can cancel Your Insurance Policy:
  - a. where You fail to comply with a provision of Your Insurance Policy, or
  - b. where You have failed to pay the premium payment for the Insurance Policy, or
  - c. if You have made a fraudulent claim under Your Insurance Policy or under some other contract of



insurance that provides cover during the same Period of Cover as Your Insurance Policy.

3. The cancellation provisions in clause 2. above shall be effective as from 4pm on the seventh day after posting or personal delivery of the notice of cancellation to You at Your last known address.

### **Jurisdiction**

This Insurance Policy shall in all respects be governed by and interpreted according to the laws of New Zealand. The New Zealand courts have exclusive jurisdiction.

### **Your duty of disclosure**

Before entering into an Insurance Policy, You have a duty, at law, to disclose to Us all material information.

Material information is information that may influence a prudent insurer in deciding whether or not to accept the insurance proposal, and if so, on what terms and conditions and for what premium.

### **Examples of information You may need to disclose include but are not limited to:**

1. Anything that increases the risk of an insurance claim.
2. Accurate date of birth details of the proposed insured person/s.
3. Accurate occupation details of the proposed insured person/s.

These examples are a guide only. All material information must be complete and correct and if there is any doubt as to whether a particular piece of information needs to be disclosed, this should be referred to Protecta Insurance.

### **Non-disclosure**

If You fail to comply with Your duty of disclosure, We may avoid this Insurance Policy from the beginning and/or reject any claim under it.

### **Fair insurance code**

Protecta Insurance supports the principles of the Fair Insurance Code of the Insurance Council of New Zealand. The purpose of this code is to increase the standards of practice and service within the insurance industry. To the extent the code applies to this Insurance Policy, a copy of the Fair Insurance Code is available from the Insurance Council of New Zealand's website at [www.icnz.org.nz](http://www.icnz.org.nz)

### **15 Day money back guarantee**

If You are not satisfied with the cover provided by this Insurance Policy please advise Protecta Insurance within 15 days of the Start Date. Protecta Insurance may agree to change the Insurance Policy. If You are still not satisfied You can cancel this Insurance Policy. Any documentation relating to this Insurance Policy must be returned to Protecta Insurance before any refund is made. Protecta Insurance will make a full refund of any premiums paid providing You have not made any claims against this Insurance Policy.

### **Privacy Act**

This Insurance Policy collects personal information about You to enable Protecta Insurance to evaluate Your proposed insurance. The information collected will be held by Protecta Insurance, Virginia Surety Company, Inc., and agents of these entities. Failure to provide this information may result in Your insurance being declined or avoided. You have the right to request access to and correction of Your personal information by applying to Protecta Insurance at 110 Symonds Street, Auckland.

### **Dispute resolution process**

Virginia Surety Company, Inc. is a member of the Insurance and Financial Services Ombudsman (IFSO). If a complaint should arise, You may contact Protecta Insurance directly. If Your complaint is not able to be resolved immediately by the person You are dealing with, it will initiate Protecta Insurance's Internal Dispute Resolution (IDR) process. There is no cost to use this procedure. If Your complaint cannot be resolved by Protecta Insurance, they may wish to refer the complaint to the IFSO. The IFSO is an independent approved dispute resolution scheme. It will not cost You anything to refer the complaint to the IFSO.

Advice on the complaint process can be provided by Protecta Insurance New Zealand Limited, the Virginia Surety Company, Inc. agent in relation to this Insurance Policy.

### **The IFSO may be contacted:**

- by phone on 0800 888 202 (free call);
- by writing to PO Box 10845, Wellington 6143 New Zealand;
- by emailing them at [info@ifso.nz](mailto:info@ifso.nz); or
- on the web [www.ifso.nz](http://www.ifso.nz)

## **CLAIMS**

Notice of a claim must be given by You or Your representative to Our authorised agent Protecta Insurance immediately upon becoming aware of any circumstances which may give rise to a claim by adopting one of the following procedures:

1. Telephone Protecta Insurance at Auckland, Phone 0800 776 832 and ask for the insurance claims department OR fax Your request to (09) 915 7831.
2. E-mail Protecta Insurance at: [motorteam@protecta.co.nz](mailto:motorteam@protecta.co.nz)
3. Write to Protecta Insurance, P.O. Box 37-371, Parnell, Auckland 1151, requesting a claim form.

### **Proof of claim**

You or Your representative must supply Protecta Insurance all proof of the claim including such evidence as Protecta Insurance may reasonably require from time to time that enables Protecta Insurance to deal with the claim, such proof and evidence being provided at Your expense.

### **Payment of claims**

When Protecta Insurance receives satisfactory proof of:

1. the happening of the Insured Event; and
2. Your age; and
3. the Amount to be Repaid;

We shall pay the Amount Payable to the Policy Owner who shall apply the amount on account of the balance of the Credit Contract.

### **Claim conditions**

If You or the Policy Owner fail to observe, fulfil or comply with the terms, provisions, conditions and endorsements of this Insurance Policy, the truth of the statements and answers in any claim form or in any statement in support of a claim We may reject any payment under this Insurance Policy.

## **DEFINITIONS**

Wherever the following words and expressions are used in this Insurance Policy they shall, unless the context otherwise requires, have the meanings assigned to them. Headings are for convenience only and shall not affect the interpretation. Words embodying the masculine gender shall include the feminine gender and vice versa.

**Accidental Injury** means;

bodily injury caused solely and directly by violent, accidental, external and visible means.

**Amount Payable** means;

the amount payable as described in this Insurance Policy in respect of the relevant Insured Event.

**Amount to be Repaid** means;

the total amount payable under the Credit Contract in the event of full prepayment less all Instalments which should have been paid.

**Bankrupt or Bankruptcy** means;

You being self employed and being declared bankrupt by the New Zealand High Court as a result of a Creditors Petition under the Insolvency Act 2006 or any legislation replacing this. This does not include:

1. if You knew, or should have known, prior to the Start Date that You would be adjudged bankrupt; or
2. You have not been carrying on the same business in the same style for at least 2 years prior to the Start Date; or
3. Bankruptcy occurring outside New Zealand.

**Certificate of Insurance** means;

the application form or the certificate of insurance provided when this Insurance Policy was arranged and/or any superseding certificate of insurance or endorsement.

**Credit Contract** means;

the finance contract, lease or credit contract agreement between the Policy Owner and You that is specified in the Certificate of Insurance under which You pay the Instalments (apart from any deposit or other Amount to be Repaid or credited at the time when the Credit Contract was entered into).

**Employment** means;

working for salary, wages, commission, compensation, fees or employment income and employed by an employer.

**Insurance Policy** means;

this payment protection insurance, including the Certificate of Insurance, and endorsements (if any).

**Insured Event** means;

the events so described in this Insurance Policy as being the event upon which the Amount Payable becomes payable and includes any resulting risk of default by You on obligations under the Credit Contract.

**Instalments** means;

the instalment amount stated on the Credit Contract and specified in the Certificate of Insurance. Should the instalment amount disclosed on the Credit Contract and specified in the Certificate of Insurance be calculated on a sum in excess of Our maximum total aggregate liability, set out in General Conditions, Limitation of Liability under this Insurance Policy, then any liability shall be limited to the instalments calculated on the maximum total aggregate liability of this Insurance Policy.

**Period of Cover** means;

the period of time, starting from the Start Date and ending at the expiry of the policy period stated in the Certificate of Insurance, unless cancelled earlier in accordance with this Insurance Policy.

**Permanent Employment** means;

working for salary, wages, commission, compensation, fees or employment income and employed by an employer on a permanent basis for a minimum of 20 hours per week.

**Policy Owner** means;

the Finance Company stated in the Certificate of Insurance.

**Redundant or Redundancy** means;

loss of Permanent Employment because Your position becomes excess to requirement due to mechanisation, rationalisation, or decrease of business activity, including the closing down of an enterprise or changes in plant, methods, materials or products or re-organisation or other like cause requiring a permanent reduction in the number of workers employed.

This does not include:

1. Your resignation, retirement, dismissal or voluntary redundancy; or
2. redundancy or Threatened Redundancy of which You knew or should have known at the Start Date; or
3. redundancy occurring outside New Zealand; or
4. redundancy due to cessation of work which is seasonal, contractual, temporary or part time; or
5. You are Self Employed or a working director; or
6. during any period of further Employment of any kind after the day You were made Redundant.

**Note:** You are required to be actively seeking employment and be able to provide documented evidence of this.

**Self Employed** means;

a person who carries on business in New Zealand either on their own or together with another or other people, and who is not an employee.

**Start Date** means;

the date when this Insurance Policy starts as stated in the Certificate of Insurance.

**Threatened Redundancy** means;

notice has been given by Your employer of their intention to make some or all of their employees Redundant.

**Total Permanent Disablement** means;

any illness or Accidental Injury resulting in You being totally and permanently disabled and being prevented from ever engaging in or attending to Your usual business or occupation or any business or occupation for which You are reasonably suited (by education, training or experience).

**We, Our or Us** means;

Virginia Surety Company, Inc. herein referred to as (VSC).

**You or Your** means;

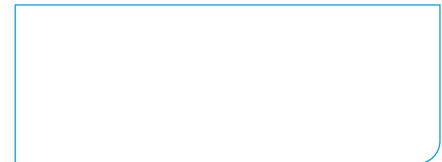
the insured person(s), company or other entity named on the Certificate of Insurance.

## INSURER DETAILS

This Insurance Policy is underwritten by Virginia Surety Company, Inc. (NZ Company No 920 655) of Unit 3, Level 2, 73 Manchester Street, Christchurch 8011, New Zealand.

## ENDORSEMENTS

This Insurance Policy is subject to the following endorsement/s. Any endorsement/s below is/are valid only where it has been produced and approved by Protecta Insurance. If this is not clear, please contact this office on 0800 776 832.





***The Motor Insurance Specialist***

110 Symonds Street, Auckland 1010 | PO Box 37-371, Parnell, Auckland 1151 | Telephone 09 377 6872 | Facsimile 09 379 6779