

Since 1982

Aussietravelcover

worldwide travel insurance

TRAVEL INSURANCE

COMBINED FINANCIAL
SERVICES GUIDE & PRODUCT
DISCLOSURE STATEMENT

PREPARED DATE: 11 February 2021



Hollard.

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Welcome to Aussietravelcover

Since Aussietravelcover was established in 1982, travel has completely changed!

Through years of experience, a passion for travel and the desire to offer our customers quality travel insurance, Aussietravelcover has evolved into the product available today.

With a dedicated sales and medical assessment team, 24-hour emergency assistance and a highly experienced claims team, we have you sorted from start to finish.

Remember, as soon as you have bought your travel insurance with us; we're ready to help you if you need us. Please keep our emergency assistance phone number handy.

Have a safe and happy holiday!

About the insurer

This insurance is issued by The Hollard Insurance Company Pty Ltd, ABN 78 090 584 473 AFSL 241436, of Level 12, 465 Victoria Avenue, Chatswood NSW 2067.

Hollard is responsible for this PDS, issuing policies and the assessment and payment of claims. In this wording 'we', 'us', or 'our' means Hollard.

Any advice provided in this document is general only and doesn't consider your individual objectives, financial situation or needs. You should carefully read this document before buying to decide if the product is right for you.

About ATC and the person who provides you with financial service

Aussietravelcover Pty Ltd (Aussietravelcover) ABN 32 002 517 740 Authorised Representative No. 269305 administers the policy which includes services such as customer service and arranging for medical assessments. Aussietravelcover also arranges for the issue of this insurance as an agent of the insurer. A person who provided you with the service may either be the insurer's authorised representative, referrer or distributor. They will:

- act on behalf of the insurer and not you;
- receive a commission; and
- if you are unhappy about the services in relation to this insurance that they have provided, please refer to the 'What if I'm not happy?' section of this document.

If the person is an authorised representative, there is more information about them in the Financial Services Guide part of this document on page 75. You can ask the person whether they are a distributor, referrer or an authorised representative.

Contacting us:

Phone: **1800 888 448** or **+61 2 9979 8888**

Website: www.aussietravelcover.com.au

Email: sales@aussietravelcover.com.au

Urgent assistance 24/7:

If you are sick or injured on your trip, or your family is in danger, please let us know immediately, anytime, 24 hours a day, 7 days a week, so that we can help you.

In Australia: 02 8883 7803

From overseas: +61 2 8883 7803

aussie@ausassistance.com.au

To make a claim:

www.hollardtravel.com.au/claims

Seven things you should know upfront before buying our policy

1. Important note on COVID-19.

Claims that are directly or indirectly related to or **arising** from the SARS-CoV-2 virus, the COVID-19 disease or any mutation of either, are excluded under this policy. The exclusion related to COVID-19 applies regardless of when you buy your policy, your travel destination, or the Australian government's travel advisory for the country at the time you bought your policy.

This is because we consider the global outbreak to be a known event and the ongoing disruption to domestic and international travel to be foreseeable and expected. This is the case even once the Australian government eases or removes domestic and international travel bans. Travel anywhere has generally become more complex and unpredictable, so your travel plans may have a higher chance of being disrupted.

Here are some examples of COVID-19 related travel disruptions you may encounter that will be excluded under the policy:

- Changes in Australian and international border and immigration restrictions in response to the spread or a subsequent wave of COVID-19.
- Compulsory periods of quarantine once you reach your destination or upon return.
- Denial of entry to a country.
- Expenses you may incur due to someone else contracting COVID-19 or being suspected of contracting COVID-19. This includes your travel companions and close family.

There is also a higher risk of contracting COVID-19 **overseas**. You may come in contact with more people than usual, including during long-haul flights and in crowded airports. Please note that health care systems in some countries may not be as well-equipped as the Australian health care system. **Hospitals overseas** may come under strain and may not have the capacity to support foreigners. If you do contract COVID-19 **overseas**, there's no cover for any

medical, **hospital** and emergency repatriation expenses you incur due to COVID-19.

Nonetheless, our emergency assistance team are available 24/7 to help you if you need it. This assistance is offered to you regardless of whether your claim is related to COVID-19. Our experienced team of Australian-based doctors, nurses and case managers can help you:

- locate the nearest **hospitals** and clinics with COVID-19 testing facilities;
- make appointments with local medical practitioners in a foreign country;
- find embassies and consulates, and liaise with the Australian Department of Foreign Affairs (DFAT); and
- notify your loved ones and work colleagues if necessary.

Please note that the provision of any assistance by our emergency assistance team doesn't mean that your claim will be paid.

If you are feeling unwell during your trip

If you are experiencing respiratory difficulties, fever-like symptoms or are just feeling unwell, please contact our 24/7 emergency assistance team as soon as possible at +61 2 8883 7803 / 02 8883 7803.

2. You need to read and understand this product disclosure statement in full.

The insurance term for this document that you're reading is the Product Disclosure Statement or the 'PDS'.

Before you buy this policy with us, you should carefully read this PDS to decide if the cover we offer is right for you. You must read this PDS carefully to consider:

- when you are covered;
- what you are covered for;
- any limits to the cover; and
- whether this policy is right for you and your circumstances.

To make things easier, we've created a bit of a cheat sheet for you at 'The policy nitty-gritty' on pages 10 to 11 (you can thank us later).

Your policy will also include this PDS, the certificate of insurance and any other change to the policy terms that we confirm in writing to you (such as an endorsement or a Supplementary PDS) which may change the above documents. Together, they form our agreement with you.

Finally, this PDS explains the services that we provide, how we deal with complaints, and how to contact us. This PDS was prepared on 11 February 2021.

Your certificate of insurance

The certificate of insurance is a part of your policy and is emailed to you when you buy a policy.

The certificate of insurance will, among other things, list the insured travellers and dependants, the type of policy you have bought, your destination and dates of travel, any additional cover you have chosen, the premium you have paid, and any changes to the standard terms and conditions that apply specifically to you or your policy.



Words with special meaning

There are certain words we use in the PDS that have special meanings which may be different from your understanding. We've bolded these words (unless otherwise specified), so you'll be able to spot them.

For example, anytime the words 'you', 'your', or 'yourself' are used (even if they are not in bold), we mean anyone listed on the certificate of insurance. Anytime the words 'we', 'our' or 'us' are used (even if they are not in bold), we mean The Hollard Insurance Company Pty Ltd (ABN 78 090 584 473, AFSL No. 241436). Check out 'What certain words mean when we use them' on pages 25 to 29 for a full list.

3. How pre-existing medical conditions affect your cover.

If there's one thing you want to get right before you travel, it's to make sure you know what you're covered for if you or someone close to you becomes unwell. Follow the 8 steps below to make sure you know how the policy covers any **pre-existing medical conditions** that may affect your trip.

Step 1: Understand why your medical history matters to us. We need to know about your medical history so we can assess your overall health risk. This is because your **pre-existing medical conditions** may:

- increase the chance of needing to cancel your **journey**;
- complicate your medical treatment;
- lengthen your recovery; and
- increase medical costs.

Step 2: Read our definition of **pre-existing medical condition** on page 30. This is important because each insurer defines **pre-existing medical conditions** differently.

Step 3: Have a think about your medical history and the medical history of anybody else who will be listed on the certificate of insurance. Now, look at our definition of **pre-existing medical condition** on page 30. You'll notice that the definition refers to several conditions with certain time periods. If your medical condition matches any of these conditions and appeared during the time period listed for these conditions, that means you have a **pre-existing medical condition**. For example, if you have a condition that is **chronic** before you buy your policy, we treat that as a **pre-existing medical condition**. Different conditions will have different time periods, so make sure to check out the full list on pages 31 to 32.

Now that you know what a **pre-existing medical condition** is, we want to remind you of your duty of disclosure. You'll need to disclose these conditions to us when you buy your policy and answer our medical-related questions. For more details on your duty of disclosure, see page 9.

Step 4: Review the list of automatically covered medical conditions on page 32. If your condition is

listed and you also satisfy the additional related criteria for the condition described on pages 31 to 32, then your condition is automatically covered under the policy.

Step 5: Call our Medical Assessment team on 1800 888 448 or +61 2 9979 8888 if you or anybody listed on the certificate of insurance have a pre-existing condition that is not on the list of automatically covered conditions, or if the condition is on the list but the additional criteria are not met.

We will assess the condition and decide whether we can cover it. The assessment is fast, free and confidential. We will let you know whether we can cover the condition and whether you must pay an additional premium. If we agree to cover the condition, and you pay the additional premium, it will be listed on your policy documents. You should double-check your policy documents when you receive it to make sure your condition is listed.

Step 6: You need to be aware that the health of other people not listed on your certificate of insurance also affects your cover. This includes your **travelling companions** and others not travelling with you, like your **close relatives at home or overseas**. You are generally not covered for changes to your plans caused by the **pre-existing medical condition** of someone not listed on your certificate of insurance. This includes your **travelling companions**. Limits also apply to cover if you have to change your plans due to the **pre-existing medical condition** of a close family member not travelling with you, such as your parents or grandparents. See Section 4: Cancellation or amendment expenses and Section 5: Additional expenses on pages 43 to 47 for more information.

Step 7: Read all the exclusions. There are two types of exclusions to consider: General exclusions and specific exclusions. General exclusions appear under 'Exclusions that apply to your whole policy' listed on pages 36 to 38. These include a list of health-specific exclusions. Specific exclusions relevant to each benefit appear in the benefits section under 'We won't pay'. Some examples of benefits to review include Section 1: Overseas emergency medical and hospital expenses, Section 2: Emergency medical assistance, Section 4: Cancellation or amendment expenses and Section 5: Additional expenses. These benefits also include health-related exclusions.

Step 8: Call us if your health or the health of anyone listed on the certificate of insurance changes before you depart on your **journey** and before you make further non-refundable payments toward your trip. We will reassess your health or assess any new conditions as we did in Step 5. See 'Changes in health, new medical conditions or finding out you're pregnant after buying your policy' on page 34 for more information.

4. Pregnant and planning a trip? Make sure this is the right policy for you and your baby bump.

Having the right policy for your holiday is always important, but especially so when you're expecting. Our policy only provides cover for your pregnancy in limited circumstances. There is no cover under any circumstances for childbirth at any stage of the pregnancy or for costs relating to the health or care of a newborn child. Check out 'Cover for pregnancy' on pages 33 to 34 for more information on terms, conditions and exclusions that apply.

If you're currently pregnant or have fallen pregnant before your trip begins, you should plan your holiday so you're **home** by the end of the 23rd week for single pregnancies or at the end of the 18th week for multiple pregnancies (where we have approved cover for this). If you don't, and something happens after that period, you won't be covered.

Please consider whether our policy is suitable for you, especially if you are travelling beyond these periods. This is because the costs for childbirth and neonatal care **overseas** can be very expensive.

5. Hopping on a motorbike or taking part in sports and other leisure activities? Here's the lowdown.

If you're the adventurous type, there's a high chance you might be taking part in one or two thrill-seeking activities on your holiday. Even if you're not planning to, you might want to give something a go if the opportunity arises on your holiday. Either way, you'll want to make sure that you have cover in case something goes wrong.

Motorcycle, mopeds, and scooters (riding as a driver or passenger)

You'll only have cover for riding a **motorcycle, moped or scooter** as a driver or passenger if you purchase our Motorcycle, moped and scooter pack. You must also comply with the conditions for riding a **motorcycle, moped or scooter** under the policy. This includes:

- Holding a current Australian **motorcycle** license valid for the class of **motorcycle, moped or scooter** you are riding and a license valid for the country that you are riding in; or
- If you are travelling as a passenger, the person in control of the **motorcycle, moped or scooter** must hold a current **motorcycle** licence valid for the vehicle being ridden and for the country you are riding in; and
- Wearing a helmet even if you are a passenger.

Check out 'Motorcycle, moped and scooter pack' on page 64 for more information on terms, conditions and exclusions that apply.



Even if you hold a current Australian motor vehicle driver's license which may be valid for riding a **motorcycle** in some countries, this will not comply with the conditions for riding a **motorcycle, moped or scooter** under this policy. This is because riding a **motorcycle overseas** is a high-risk activity. As you aren't licensed to ride a **motorcycle** in Australia, you may not have the experience to ride a **motorcycle overseas**.

Winter sports

You'll only have cover for participating in **winter sports** activities if you purchase our Snow pack. Our Snow pack covers the following **winter sports** activities:

- recreational skiing and snowboarding;
- bigfoot skiing and snowboarding;
- cat skiing and snowboarding;
- cross-country skiing and snowboarding (along a designated cross-country ski route only);
- glacier skiing and snowboarding (only on a guided tour that is available to the general public and provided by a licensed tour operator);
- heli-skiing and snowboarding (only on a guided tour that is available to the general public and provided by a licensed tour operator);
- ice hockey (not competitive);
- ice skating;
- lugeing on ice (provided by a licensed tour operator and available to the general public only);
- mono skiing and snowboarding;
- off-piste skiing and snowboarding with a professional snow sports instructor/guide
- snowmobiling; and
- tobogganing.

Check out 'Snow pack' on pages 60 to 62 for more information on terms, conditions and exclusions that apply.

Sports and other leisure activities

You are automatically covered for most sports and leisure activities as long as you act in a **reasonable** way to protect yourself. This means enjoying the activities with an appropriately licensed outdoor pursuits or sports organisation, following their instructions, and complying with any rules and guidelines for the sport or activity.

Check out 'Cover for sports and other leisure activities' on pages 16 to 17 for more information on terms, conditions and exclusions that apply.

6. You need to take care of your personal belongings and cash.

You must take **reasonable** care to protect your personal belongings and the money you bring on your holiday. The more expensive the item, the greater the level of care we expect you to take. We won't cover the loss of your phone, cash, and your other belongings if you haven't looked after them.

For example, we won't cover you if:

- you leave your phone or other personal belongings unattended in a **public place** like the beach or at a restaurant;
- your cash isn't carried on you or your person;
- you transport your jewellery, computer or certain other items in the cargo hold of the aeroplane, ship, train, tram, bus or other types of transportation. This exclusion doesn't apply where you are told by the airline or relevant authority to check in any personal electronic devices due to government laws.

This isn't the complete list of situations where we won't cover you if you don't look after your belongings. Check out [Section 8: Luggage and personal effects on pages 50 to 52](#) or [Section 11: Theft of cash on page 54](#) for other ways you must protect your belongings.

If your belongings and cash are lost or stolen, please get a police report or a loss report from the relevant authorities. If your phone has been lost or stolen, you'll also need to contact your telecommunications provider to block the IMEI (International Mobile Equipment Identity).



Sub-limits and depreciation

There are individual **sub-limits** under this policy for different items like your mobile phone, your laptop or your **medical aids**.

Depreciation may also apply at our discretion. We work **depreciation** out by deducting an amount calculated to be the reduction in value due to wear and tear and age from the original purchase price. For example, if your two-year-old phone is stolen, we'll pay an amount that we decide reflects its current value, not for the cost of a new one.

7. You have a duty of disclosure to us.

When you first take out your insurance contract

Before you enter into this contract of insurance with us, you have a duty of disclosure under the Insurance Contracts Act 1984.

We may ask you questions that are relevant to our decision to insure you and on what terms. If we do, you must tell us anything that you know and that a reasonable person in the circumstances would include in their answer.

It is important that you understand that you are answering for yourself and anyone else to whom these questions apply.

You have this duty until we agree to insure you.

When you vary, extend, or reinstate your insurance

When you vary, extend or reinstate the contract with us, you have a duty to tell us every matter that you know, or could reasonably be expected to know, is relevant to our decision whether to accept the risk of the insurance and, if so, on what terms.

What you do not need to tell us

Your duty, however, does not require disclosure of any matter:

- that diminishes the risk to be undertaken by us;
- that is of common knowledge;
- that we know or, in the ordinary course of our business as an insurer, ought to know; or
- as to which we have waived your duty of disclosure.

If you don't tell us something

If you do not tell us anything you are required to, we may cancel your contract of insurance or reduce the amount that we will pay you if you make a claim, or both. If your failure to tell us is fraudulent, we may refuse to pay a claim or treat the contract as if it never existed.

Understanding the ins and outs of your policy

The policy nitty-gritty

We understand that reading a PDS just before your holiday doesn't sound like a great deal of fun. But it's necessary that you understand what's covered, and more importantly, what's not covered by this policy.

To speed things along, we've created a handy guide on the nitty-gritty so you can take charge and get to know your policy quickly.

Section name	This section:
Understanding the ins and outs of your policy (page 10)	Explains who can be covered, where and when you are covered, the cover types, plans and policy options, your excess , your premium, and your policy cancellation rights.
Making changes to your policy (page 19)	Explains how to make a change to your policy and when you can make a change.
Your benefits comparison tables (pages 20 to 24)	Provides benefits comparison tables so that you can easily find benefit sections, limits, and applicable excesses under each plan.
Travelling on a cruise (page 16)	Describes the cover you have if you are travelling on an overseas cruise or a cruise in Australian waters and purchase the Cruise pack option.
Cover for sports and other leisure activities (pages 16 to 17)	Describes what sports and other leisure activities are automatically covered by the policy and what activities are excluded.
Policy cover for Schengen visa-holders (page 15)	Describes the cover eligible Schengen visa-holders have for medical repatriation, hospital expenses, funeral expenses or expenses for repatriation of mortal remains.
What certain words mean when we use them (pages 25 to 29)	Explains the meaning of certain words we use in this PDS. These words have special meanings that may be different from your understanding.
Exclusions that apply to your whole policy (pages 36 to 38)	Lists the exclusions that apply to all parts and benefits of the policy. They are in addition to the exclusions that apply under the 'We won't pay' headings under each benefit section and optional covers.
What we cover (pages 39 to 59)	<p>Explains what cover is available under each benefit.</p> <p>You'll also find the following details under each benefit section in 'What we cover':</p> <ul style="list-style-type: none">• 'There's cover under this section' explains what event(s) are covered.• 'We'll pay' describes what expenses can be claimed for the event.• 'Sub-limits applying to cover' outlines any sub-limits applying to benefit section limits.• 'Conditions applying to cover' outlines what you must do so you can lodge a claim.• 'We won't pay' outlines expenses and events we won't pay for under the benefit section.
What we cover - your choices (pages 60 to 65)	Describes what optional covers we offer to extend your cover to include certain winter sports , overseas cruises or cruises in Australian waters,

and **motorcycling, moped** or **scooter** driving or riding. It also explains what cover is included and excluded for each optional cover.

When you have an emergency (page 66)	Describes what to do in the event you experience an emergency on your trip.
When you make a claim (pages 67 to 70)	Describes what to do in the event you need to make a claim.
The legal stuff you need to know (pages 71 to 76)	Contains important information about our Privacy Policy, our complaints process and more.

Who can get cover?

1) Top Plus International, Basic International & Domestic plans (bought before departing Australia)

Eligibility requirements

You can only get cover under this policy for these plans if:

- you hold a valid Australian Medicare card (if you are a temporary visitor, then you must be covered in Australia by an Australian private health insurance policy that satisfies the government health insurance requirements for your visa type);
- you currently reside in Australia;
- you buy this policy before you leave Australia (unless you meet the eligibility requirements to purchase this policy after departing Australia);
- you start and end your **journey** in Australia (unless you meet the eligibility requirements for purchasing a policy after departing Australia); and
- you are a temporary visitor, your visa remains valid beyond the period of your return to Australia.

2) Top Plus International and Basic International plans (bought after departing Australia)

Eligibility requirements

You can only get cover under this policy for these plans if:

- you hold a valid Australian Medicare card;
- you currently reside in Australia;

- you let us know at the time you buy your policy you are already **overseas**;
- you hold a prepaid return airfare to Australia.

Temporary visitors are not eligible to purchase policies after departing Australia.

Please note that Top Plus International and Basic International plans bought after departing Australia are subject to:

- a 48-hour waiting period for all benefits (there is no cover under any section of the policy for the first 48 hours after you have bought your policy); and
- a \$150 **excess** for all claims where there is an **excess** applicable.

3) Multi-Journey plan

Eligibility requirements

You can only get cover under this policy for the Multi-Journey plan if:

- you are aged 74 years and under at the time you buy the policy;
- you hold a valid Australian Medicare card (if you are a temporary visitor, then you must be covered in Australia by an Australian private health insurance policy that satisfies the government health insurance requirements for your visa type);
- you currently reside in Australia;
- you buy this policy before you leave Australia;
- you start and end your **journey** in Australia; and
- you are a temporary visitor, your visa remains valid beyond the period of your return to Australia.

If you have bought Family cover under a Multi-Journey plan, cover is provided to your spouse or

partner when they are travelling with you or independently of you. Your **dependants** are also covered under this Family cover when they are travelling with you or your spouse or partner.

Are your dependant children and grandchildren covered?

Your **dependant** children or grandchildren are automatically covered under Single cover or Family cover if they are:

- under the age of 21 years at the time you buy your policy;
- travelling with you for your entire **journey**; and
- listed on the certificate of insurance as **dependants**.

But, if your **dependant** children or grandchildren need cover for a **pre-existing medical condition**, you may need to pay an additional premium.

When does your cover start and end?

The period you are covered for is set out on your certificate of insurance and varies depending on the length of your **journey** and the type of plan you have bought. Your **period of insurance** is between the issue date and return date listed on your certificate of insurance.

If your **journey** includes travel within Australia before going **overseas** or after leaving your **overseas** destination but before returning **home**, you should specify travel dates that match with the dates you depart from and return to your **home** when you buy your policy, not just the dates you are **overseas**.

Where you have bought your policy after departing Australia, a 48-hour waiting period will apply to all benefits from the time the policy is issued.

1) Top Plus International, Basic International, Domestic plans

When does your cover start?

- Cover for Section 4: Cancellation or amendment expenses starts from the time you buy your policy.
- Cover for all other sections starts when you leave your **home** to begin your **journey** on the departure date listed on your certificate of insurance.

When does your cover end?

Your cover ends:

- when you return **home**; or
- on the return date listed on your certificate of insurance; or
- on the date, you submit a claim under Section 4: Cancellation or amendment expenses following the cancellation of your entire **journey** by you,

whichever happens first.

Top Plus International and Basic International plans bought after departing Australia

For eligible policyholders already **overseas**, who have bought a Top Plus International or Basic International plan after departing Australia, your period of cover is as explained below.

When does your cover start?

- There is no cover under any section of the policy for the first 48 hours from the time the policy is issued. This is your waiting period. This means there is no cover **arising** from any claim events that happen within the waiting period. Cover under the sections of your policy begins immediately after the first 48 hours.

When does your cover end?

Your cover ends:

- when you return **home**; or
- on the return date listed on your certificate of insurance; or

- on the date, you submit a claim under Section 4: Cancellation or amendment expenses following the cancellation of your entire **journey** by you, whichever happens first.

2) Multi-Journey plan

- Cover for Section 4: Cancellation or amendment expenses starts from the **relevant time** (the first time at which any part of the relevant **journey** is paid for or the time at which the policy is issued, whichever is the latter).
- Cover for all other sections starts at the beginning of each **journey** or the departure date listed on your certificate of insurance.

- Cover for any one **journey** ends when you return **home** from each **journey** or on the return date listed on your certificate of insurance, whichever happens first. All cover ends when your policy expires.
- Cover is reinstated for all sections under the policy on the completion of each **journey** except for Section 13: Personal liability where the benefit limit is the maximum we will pay for all claims combined during the 12-month policy period.
- The maximum period for any one **journey** is 45 days. You can make as many **journeys** as you wish during your **period of insurance**.
- Please note that you are only covered for any incidents or events that happen during the first 45 days of your **journey**. There is no cover for any incident or event that happens outside of the 45 days.

Cover types

What cover types can you choose?

Single cover This cover type provides cover for one adult and their **dependant children** travelling together. The benefit limits apply to the combined total of all claims made by the travellers (including **dependants**) listed on the certificate of insurance.

Duo cover This cover type provides cover for two adult **travelling companions** travelling together. Duo cover does not provide cover for any **dependants**.

The benefit limits under each section cover and optional cover apply to each insured person listed on the certificate of insurance, except for the following sections:

- Section 4: Cancellation or amendment expenses
- Section 12: Rental vehicle insurance excess
- Section 13: Personal liability

Family cover This cover type provides cover for two adults and their **dependant** children travelling together. **Dependant** children can include your children or your grandchildren.

The benefit limits for Family cover are equal to double the benefit limits of Single cover* and apply to the combined total of all claims made by the travellers (including **dependants**) listed on your certificate of insurance.

* The benefit limits are not doubled for the following sections and additional cruise benefits:

- Section 4: Cancellation or amendment expenses
- Section 11: Theft of cash
- Section 12: Rental vehicle insurance excess
- Section 13: Personal liability
- Section 17: Pet care
- Cruise pack cover option: Missed port

Choosing the right plan for your holiday

Top Plus International: covers holidays to destinations outside of Australia and provides cover for the following sections of the policy:

- Section 1: Overseas emergency medical and hospital expenses
- Section 2: Emergency medical assistance
- Section 3: Hospital cash allowance
- Section 4: Cancellation or amendment expenses
- Section 5: Additional expenses
- Section 6: Missed connections and special events
- Section 7: Travel delay
- Section 8: Luggage and personal effects
- Section 9: Delayed luggage and personal effects
- Section 10: Passport, travel documents and bank cards
- Section 11: Theft of cash
- Section 12: Rental vehicle insurance excess
- Section 13: Personal liability
- Section 14: Accidental death
- Section 15: Permanent disability
- Section 16: Loss of income
- Section 17: Pet care

There is cover for the following options (if the option is purchased):

- Snow pack
- Cruise pack
- Motorcycle, moped and scooter pack

Basic International: covers holidays to destinations outside of Australia, and provides cover for the following sections of the policy:

- Section 1: Overseas emergency medical and hospital expenses
- Section 2: Emergency medical assistance
- Section 3: Hospital cash allowance
- Section 4: Cancellation or amendment expenses
- Section 5: Additional expenses
- Section 6: Missed connections and special events
- Section 7: Travel delay
- Section 8: Luggage and personal effects

- Section 9: Delayed luggage and personal effects
- Section 10: Passport, travel documents and bank cards
- Section 11: Theft of cash
- Section 12: Rental vehicle insurance excess
- Section 13: Personal liability
- Section 14: Accidental death
- Section 15: Permanent disability
- Section 16: Loss of income

There is cover for the following options (if the option is purchased):

- Snow pack
- Cruise pack
- Motorcycle, moped and scooter pack

Multi-Journey: covers multiple holidays both **overseas** and within Australia (as long as your destination is at least 200km from your **home**). The maximum period for any one **journey** is 45 days.

For **overseas journeys**, there is cover under the following sections of the policy:

- Section 1: Overseas emergency medical and hospital expenses
- Section 2: Emergency medical assistance
- Section 3: Hospital cash allowance
- Section 4: Cancellation or amendment expenses
- Section 5: Additional expenses
- Section 6: Missed connections and special events
- Section 7: Travel delay
- Section 8: Luggage and personal effects
- Section 9: Delayed luggage and personal effects
- Section 10: Passport, travel documents and bank cards
- Section 11: Theft of cash
- Section 12: Rental vehicle insurance excess
- Section 13: Personal liability
- Section 14: Accidental death
- Section 15: Permanent disability
- Section 16: Loss of income
- Section 17: Pet care

There is cover for the following options (if the option is purchased):

- Snow pack
- Cruise pack

- Motorcycle, moped and scooter pack (this cover only applies for **overseas journeys**).

For domestic **journeys**, there is cover under the following sections of the policy:

- Section 2: Emergency medical assistance
- Section 4: Cancellation or amendment expenses
- Section 5: Additional expenses
- Section 6: Missed connections and special events
- Section 7: Travel delay
- Section 8: Luggage and personal effects
- Section 9: Delayed luggage and personal effects
- Section 12: Rental vehicle insurance excess
- Section 13: Personal liability
- Section 14: Accidental death

There is cover for the following options (if this is purchased):

- Snow pack

Domestic: covers holidays to destinations in Australia, including Norfolk Island and Lord Howe Island.

As long as your destination is at least 200km from your **home**, you have cover for the following sections under the Domestic plan:

- Section 2: Emergency medical assistance
- Section 4: Cancellation or amendment expenses
- Section 5: Additional expenses
- Section 6: Missed connections and special events
- Section 7: Travel delay
- Section 8: Luggage and personal effects
- Section 9: Delayed luggage and personal effects
- Section 12: Rental vehicle insurance excess
- Section 13: Personal liability
- Section 14: Accidental death

There is cover for the following options (if the option is purchased):

- Snow pack

There is no cover under any policy if your destination is less than 200km from your **home**.

Policy cover for Schengen visa-holders

If you are planning to apply for a Schengen visa, our Top Plus International and Basic International plans provide unlimited cover for expenses incurred due to repatriation for medical reasons, emergency medical treatment and **hospital** treatment. These plans also provide cover for up to 30,000EUR for **overseas** funeral expenses or repatriation of your remains if you pass away in a Schengen member-state.

As long as you list every country that you will visit with the Schengen visa on your policy, the Top Plus International and Basic International plans will meet the travel insurance requirements for the Schengen visa application.

What additional cover options can you buy?

Our policy gives you the flexibility to choose the cover you need.

You may choose to buy the:

- Snow pack to add cover for **winter sports** activities.
- Cruise pack to add cover for cruising **overseas** or in Australian waters.
- ‘Motorcycle, moped and scooter’ pack to ride a **motorcycle, moped or scooter overseas** as a driver or a passenger.

You must read ‘[What we cover - your choices](#)’ on pages 60 to 65 to understand:

- the additional cover options available;
- the conditions of cover; and
- what we won’t pay.

You aren’t automatically covered for events related to these additional cover options. You must have chosen the cover option at the time you bought your policy or before your departure date, and any appropriate additional premium must have been paid. The additional cover option must be listed on your certificate of insurance.

Travelling on a cruise

Cover for cruising **overseas** or in Australian waters is not automatically included in your policy. You will only have this cover if you pay the additional premium and the Cruise pack is listed on your certificate of insurance.

If you buy the Cruise pack, you will be covered for certain medical expenses, transfer and repatriation benefits that you may need if you are **injured** or **sick**, and you need to be treated on-board a cruise ship with a foreign registry or at an **overseas hospital** if that happens to be the nearest medical facility.

There's also cover for additional cruise benefits like missed shore excursions, missed ports, emergency formal attire and cabin confinement.

Please note that if you don't buy the Cruise pack and you travel on a cruise internationally or in Australian waters, you will not be covered for any on-board medical expenses, any **overseas** medical expenses, or for the cost of any transfer to, or repatriation from an **overseas hospital**.

Check out the Cruise pack on pages 62 to 64 for more information on the terms and conditions, limitations and exclusions that apply.

International cruises

If you intend to travel on an international cruise, you must:

- list each country that you will visit on your cruise;
- buy either a Top Plus International plan, a Basic International plan or a Multi-Journey plan; and
- purchase the Cruise pack cover option.

When you get your certificate of insurance, check that each country is listed and that the Cruise pack has been purchased.

Cruising in Australian waters

If you intend to travel on a cruise in Australian waters, you must:

- select 'Australia (including cruising)' as a destination; and
- buy either a Top Plus International plan, a Basic International plan or a Multi-Journey plan; and

- purchase the Cruise pack cover option.

You will need to buy either a Top Plus International or a Basic International plan for cruising in Australian waters because these plans cover medical evacuation and emergency medical expenses incurred while you are on-board the cruise. Please note that these expenses will not be covered by Medicare or your private health insurance provider.

When you get your certificate of insurance, check that 'Australia (including cruising)' is listed and that the Cruise pack has been purchased.

Cover for sports and other leisure activities

What's covered

You are automatically covered for most sports and leisure activities as long as:

- you act in a **reasonable** way to protect yourself. This means enjoying the activities with an appropriately licensed outdoor pursuits or sports organisation, following their instructions, and complying with any rules and guidelines for the sport or activity;
- you aren't taking part in and/or competing in any race or timed activity (other than on foot and it's no greater than 43kms);
- you aren't taking part in or training for a professional sport.

What's not covered

We won't pay any claims, costs or losses under any section of the policy arising from or, related to the following sports and leisure activities:

- **Winter sports** unless you have purchased the Snow pack cover option.
- Any of the following winter or snow-related activities even if you have purchased the Snow pack cover option: ski/snowboard racing (including training), ski/snowboard acrobatics, freestyle skiing/snowboarding, ski/snowboard fun parks, ski/snowboard jumping or stunting, off-piste skiing/snowboarding without a professional snow sports instructor/guide, cross-country skiing outside of a designated cross-country ski route, bobsleighbing and parascending (over snow).

- Contact sports, including but not limited to rugby and martial arts.
- Driving or being driven in a **recreational all-terrain vehicle overseas** unless you are under the direct supervision of an operator licensed in the country you are riding in, you obey all relevant safety requirements, and you wear a helmet.
- Hunting.
- Mountaineering or rock-climbing using ropes or climbing equipment (other than for hiking).
- **Open water sailing.**
- Parachuting (including BASE jumping), hang-gliding or paragliding.
- Polo.
- Scuba diving using an artificial breathing apparatus unless you hold an open water diving license recognised in Australia or you are diving under licensed instruction, and you are diving at no greater depth than 30 metres.
- Taking part in, or training for, a professional sport of any kind.
- Taking part in and/or competing in any race or timed activity (other than on foot and it's no greater than 43kms).
- Travel by air or sea, unless you are a passenger with a paid ticket on a:
 - scheduled transport service; or
 - licensed charter flight; or
 - hot air balloon with a commercial operator licensed in the country you are in; or
 - licensed sightseeing air tour from one location back to that location; or
 - licensed charter vessel where the crew are included, operating within coastal waters.

It is important also to read 'Exclusions that apply to your whole policy' on pages 36 to 38 for other exclusions that may apply.

How your premium is worked out

We'll let you know about any premium you must pay when you apply to buy or change your policy. If you disclose any **pre-existing medical conditions** to us or

make other changes to your policy such as increasing your trip duration after you buy your policy, we'll advise you of any additional premium you need to pay.

Your premium is based on the:

- plan and cover type you choose;
- number and ages of the travellers on your policy;
- destinations you are travelling to;
- length of your **journey**;
- duration of your pre-trip cancellation cover (the more cancellation cover you need and the longer the cancellation lead-time, the more it usually costs);
- your **pre-existing medical condition(s)**, if applicable, and
- any additional cover options you choose.

The premium also takes into account any obligation (actual or estimated) to pay any relevant charges, taxes or duties such as stamp duty and GST, if applicable.

Your excess

An **excess** is the first amount you pay on any claim and is charged per claim event. Your chosen **excess** will then be displayed on your certificate of insurance.

The standard **excess** on all plans is \$150 and applies to any claim **arising** from the following sections:

- Section 1: Overseas emergency medical and hospital expenses
- Section 4: Cancellation or amendment expenses
- Section 5: Additional expenses
- Section 6: Missed connections and special events
- Section 8: Luggage and personal effects
- Section 10: Passport, travel documents and bank cards
- Section 12: Rental vehicle insurance excess
- Section 13: Personal liability
- Cruise pack cover option: Missed shore excursions
- Snow pack cover option: Prepaid snow costs and Equipment replacement

You also have a choice to vary your standard \$150 **excess** by paying an additional premium to reduce

your **excess** to nil **excess**, or you can reduce your premium by increasing the standard **excess** to \$250.

Your chosen **excess** will then be displayed on your certificate of insurance.

Top Plus International or Basic International plans bought after departing Australia

If you have bought your Top Plus International plan or Basic International plan after departing Australia, there is a \$150 **excess** for all claims where there is an **excess** applicable.

There is no option available to vary your \$150 **excess**.

Cancelling your policy

If you would like to cancel your policy, please contact your issuing travel agent. Once you cancel your policy, you are unable to make a claim on it.

Cancelling within your cooling-off period

You have 14 days from the date you buy your policy to decide if it meets your needs.

We call this the 'cooling-off' period. During this time, you can cancel your policy, and we'll give you a full refund of your premium (less any taxes or duties we cannot recover), if:

- you haven't made, and don't plan to make, a claim under the policy; and
- the start of your **journey** hasn't happened.

What happens if you cancel outside your cooling-off period?

If you cancel your policy outside your 14-day cooling-off period, we won't refund your premium.

Making changes to your policy

You can request a change to your policy by contacting your issuing travel agent.

If we agree to the change, we'll let you know whether there is any additional premium that you need to pay.

Changes to your policy will only start once we receive any required additional premium and/or we have confirmed the changes to you in writing with a new certificate of insurance.

Your duty of disclosure still applies when you make a change to your policy. Check out page 9 for details on your duty of disclosure.

If you're travelling for longer than planned

If you're travelling for longer than planned and need to update the return date listed on your certificate of insurance, you'll need to contact your issuing travel agent at least two business days before your policy expires.

If we've agreed to accept the change to your policy duration, we'll issue you with a new certificate of insurance that will be adjusted with the new dates.

Free automatic extensions

We'll extend your policy free of charge until you are physically able to return **home** by the quickest and most direct route if you find that your return **home** has been delayed due to:

- Your **sickness** or **injury arising** out of a claimable event under the policy. If you are unable to return **home** within your **period of insurance** because a **medical adviser** advises you in writing to extend your stay due to a **sickness** or **injury**, we will extend your **period of insurance**. Your **period of insurance** will be extended until the **medical adviser** certifies in writing that you are medically fit to travel and return **home**.
- A bus line, airline, shipping line or rail authority you are travelling on or that has accepted your fare or **luggage and personal effects** is delayed.
- A delay due to a claimable event under the policy (subject to our written approval).

What conditions apply to trip extensions?

You cannot extend cover:

- for any **pre-existing medical condition(s)**, except:
 - those conditions that are automatically covered as specified under 'Pre-existing medical condition(s) we automatically cover' on pages 31 to 32 and you meet any relevant criteria specified in 'Pre-existing medical condition(s) we automatically cover') or those conditions with approval that are listed on your policy documents with additional premium paid, and
 - there have been no changes in those **pre-existing medical condition(s)** after you purchased the original policy;
- for new conditions, you suffered during the term of your original policy;
- where you haven't told us about any circumstances that have caused or may cause a claim under your policy;
- under the Top Plus International and Basic International plans (bought before or after departing Australia) or under the Domestic plan, where at the time of application for the change to your policy duration, the total length of your **journey** will exceed a combined maximum period of 12 months;
- where at the time of application for the change to your policy duration, you are aged 75 years old or over under the Top Plus International, Basic International and Domestic plans;
- at any time under the Multi-Journey plan

Your benefits comparison tables

These benefits comparison tables are a summary only. Please continue reading the PDS for full terms and conditions, limitations and exclusions that apply.

The tables below set out the benefit sections, the optional covers and limits that apply to each plan.

For Single cover, the limit under each benefit section and optional cover is the maximum amount we will pay for the combined total of all claims made by the travellers (including **dependants**) that are listed on the certificate of insurance.

For Duo cover, the limit under each benefit section and optional cover marked with a ^ apply to each insured person listed on the certificate of insurance. The limit under the following benefit sections apply to the combined total of all claims made by the travellers that are listed on the certificate of insurance:

- Section 4: Cancellation or amendment expenses
- Section 12: Rental vehicle insurance excess
- Section 13: Personal liability

For Family cover, the limit under each benefit section and optional cover in the following tables is the maximum amount we will pay for the combined total of all claims made by the travellers (including **dependants**) that are listed on the certificate of insurance.

Where a benefit section and an optional cover benefit is marked with an asterisk (*) in the following tables, **sub-limits** apply. For more details on **sub-limits**, please head directly to the specific benefit sections in 'What we cover' on pages 39 to 59.

The **excess** applies per claim event as detailed below and in the 'What we cover' sections on pages 39 to 59.

Top Plus International Plan and Basic International Plan

Benefit section	Top Plus International			Basic International			Excess	
	Section No.	Single	Duo	Family	Single	Duo		Family
What we cover – your health								
1	Overseas emergency medical and hospital expenses*	Unlimited	Unlimited^	Unlimited	Unlimited	Unlimited^	Unlimited	Applies per event
2	Emergency medical assistance*	Unlimited	Unlimited^	Unlimited	Unlimited	Unlimited^	Unlimited	Nil
3	Hospital cash allowance*	\$6,000	\$6,000^	\$12,000	\$3,000	\$3,000^	\$6,000	Nil
What we cover – your journey								
4	Cancellation or amendment expenses*	Cover chosen and listed on your certificate of insurance	Cover chosen and listed on your certificate of insurance	Cover chosen and listed on your certificate of insurance	Cover chosen and listed on your certificate of insurance	Cover chosen and listed on your certificate of insurance	Cover chosen and listed on your certificate of insurance	Applies per event
5	Additional expenses*	\$50,000	\$50,000^	\$100,000	\$7,500	\$7,500^	\$15,000	Applies per event
6	Missed connections and special events	\$5,000	\$5,000^	\$10,000	\$2,000	\$2,000^	\$4,000	Applies per event

Top Plus International				Basic International				
Benefit section								
Section No.		Single	Duo	Family	Single	Duo	Family	Excess
7	Travel delay*	\$2,000	\$2,000^	\$4,000	\$1,000	\$1,000^	\$2,000	Nil
What we cover – your belongings								
8	Luggage and personal effects*	\$15,000	\$15,000^	\$30,000	\$5,000	\$5,000^	\$10,000	Applies per event
9	Delayed luggage and personal effects*	\$750	\$750^	\$1,500	\$200	\$200^	\$400	Nil
10	Passports, travel documents and bank cards	\$5,000	\$5,000^	\$10,000	\$500	\$500^	\$1,000	Applies per event
11	Theft of cash	\$250	\$250^	\$250	\$250	\$250^	\$250	Nil
What we cover – your security								
12	Rental vehicle insurance excess*	\$8,000	\$8,000	\$8,000	\$3,000	\$3,000	\$3,000	Applies per event
13	Personal liability	\$5,000,000	\$5,000,000	\$5,000,000	\$1,000,000	\$1,000,000	\$1,000,000	Applies per event
14	Accidental death*	\$25,000	\$25,000^	\$50,000	\$10,000	\$10,000^	\$20,000	Nil
15	Permanent disability*	\$50,000	\$50,000^	\$100,000	\$10,000	\$10,000^	\$20,000	Nil
16	Loss of income*	\$10,400	\$10,400^	\$20,800	\$5,200	\$5,200^	\$10,400	Nil
17	Pet care*	\$500	\$500^	\$500	–	–	–	Nil

*sub-limits apply.

^ indicates limits that apply to each insured person on Duo cover.

Domestic Plan

Benefit section		Domestic			
Section No.		Single	Duo	Family	Excess
What we cover – your health					
1	Overseas emergency medical and hospital expenses*	–	–	–	N/A
2	Emergency medical assistance*	\$10,000	\$10,000^	\$20,000	Nil
3	Hospital cash allowance*	–	–	–	N/A
What we cover – your journey					
4	Cancellation or amendment expenses*	Cover chosen and listed on your certificate of insurance	Cover chosen and listed on your certificate of insurance	Cover chosen and listed on your certificate of insurance	Applies per event
5	Additional expenses*	\$10,000	\$10,000^	\$20,000	Applies per event
6	Missed connections and special events	\$2,000	\$2,000^	\$4,000	Applies per event
7	Travel delay*	\$1,000	\$1,000^	\$2,000	Nil
What we cover – your belongings					
8	Luggage and personal effects*	\$8,000	\$8,000^	\$16,000	Applies per event
9	Delayed luggage and personal effects*	\$750	\$750^	\$1,500	Nil
10	Passports, travel documents and bank cards	–	–	–	N/A
11	Theft of cash	–	–	–	N/A

Benefit section		Domestic			
Section No.		Single	Duo	Family	Excess
What we cover – your security					
12	Rental vehicle insurance excess*	\$6,000	\$6,000	\$6,000	Applies per event
13	Personal liability	\$1,000,000	\$1,000,000	\$1,000,000	Applies per event
14	Accidental death*	\$10,000	\$10,000^	\$20,000	Nil
15	Permanent disability*	–	–	–	N/A
16	Loss of income*	–	–	–	N/A
17	Pet care*	–	–	–	N/A

*sub-limits apply.

^ indicates limits that apply to each insured person on Duo cover.

Multi-Journey Plan

Benefit section		Multi-Journey			
Section No.		Single		Family	Excess
What we cover – your health					
1	Overseas emergency medical and hospital expenses*	Unlimited		Unlimited	Applies per event
2	Emergency medical assistance*	Unlimited		Unlimited	Nil
3	Hospital cash allowance*	\$6,000		\$12,000	Nil
What we cover – your journey					
4	Cancellation or amendment expenses*	Cover chosen and listed on your certificate of insurance		Cover chosen and listed on your certificate of insurance	Applies per event
5	Additional expenses*	\$50,000		\$100,000	Applies per event
6	Missed connections and special events	\$5,000		\$10,000	Applies per event
7	Travel delay*	\$2,000		\$4,000	Nil
What we cover – your belongings					
8	Luggage and personal effects*	\$10,000		\$20,000	Applies per event
9	Delayed luggage and personal effects*	\$750		\$1,500	Nil
10	Passports, travel documents and bank cards	\$5,000		\$10,000	Applies per event
11	Theft of cash	\$250		\$250	Nil
What we cover – your security					
12	Rental vehicle insurance excess*	\$8,000		\$8,000	Applies per event
13	Personal liability	\$5,000,000		\$5,000,000	Applies per event
14	Accidental death*	\$25,000		\$50,000	Nil
15	Permanent disability*	\$50,000		\$100,000	Nil
16	Loss of income*	\$10,400		\$20,800	Nil
17	Pet care*	\$500		\$500	Nil

*sub-limits apply.

Optional covers

Top Plus International Plan and Basic International Plan

What we cover – your choices	Top Plus International			Basic International			Excess
	Single	Duo (per person)	Family	Single	Duo (per person)	Family	
Snow Pack							
1 Piste closure*	\$500	\$500	\$1,000	\$500	\$500	\$1,000	Nil
2 Prepaid snow costs	\$500	\$500	\$1,000	\$500	\$500	\$1,000	Applies per event
3 Equipment replacement	\$500	\$500	\$1,000	\$500	\$500	\$1,000	Applies per event
Cruise Pack							
1 Missed shore excursions	\$1,000	\$1,000	\$2,000	\$1,000	\$1,000	\$2,000	Applies per event
2 Missed port*	\$800	\$800	\$800	\$800	\$800	\$800	Nil
3 Emergency formal attire	\$250	\$250	\$500	\$250	\$250	\$500	Nil
4 Cabin confinement*	\$1,500	\$1,500	\$3,000	\$1,500	\$1,500	\$3,000	Nil
Motorcycle, moped and scooter pack							
	Optional	Optional	Optional	Optional	Optional	Optional	N/A

*sub-limits apply.

Domestic Plan

What we cover – your choices	Domestic			Excess
	Single	Duo (per person)	Family	
Snow Pack				
1 Piste closure*	\$500	\$500	\$1,000	Nil
2 Prepaid snow costs	\$500	\$500	\$1,000	Applies per event
3 Equipment replacement	\$500	\$500	\$1,000	Applies per event
Cruise Pack				
1 Missed shore excursions	–	–	–	N/A
2 Missed port*	–	–	–	N/A
3 Emergency formal attire	–	–	–	N/A
4 Cabin confinement*	–	–	–	N/A
Motorcycle, moped and scooter pack				
	–	–	–	N/A

*sub-limits apply.

Multi-Journey Plan

Multi-Journey			
What we cover – your choices	Single	Family	Excess
Snow Pack			
1 Piste closure*	\$500	\$1,000	Nil
2 Prepaid snow costs	\$500	\$1,000	Applies per event
3 Equipment replacement	\$500	\$1,000	Applies per event
Cruise Pack			
1 Missed shore excursions	\$1,000	\$2,000	Applies per event
2 Missed port*	\$800	\$800	Nil
3 Emergency formal attire	\$250	\$500	Nil
4 Cabin confinement*	\$1,500	\$3,000	Nil
Motorcycle, moped and scooter pack			
	Optional	Optional	N/A

*sub-limits apply.

What certain words mean when we use them

So you know exactly where you stand, we've defined what certain words mean when we use them in the PDS. Where you see a word written in bold in this document (unless otherwise specified), it means there's a definition for it here.

AICD/ICD means an implantable cardioverter-defibrillator (**ICD**), also known as an automated implantable cardioverter-defibrillator (**AICD**).

Arise, arises, arisen or arising means directly or indirectly arising from, attributable to or in any way connected with.

Carrier means an aircraft, vehicle, train, tram, vessel or any other public transport operated under a licence to transport passengers. This definition excludes taxis.

Certificate of insurance (even if they are not in bold) means a separate document, which shows certain insurance details relevant to you. It may include additional terms, conditions, exclusions, and limitations that amend the standard terms of this PDS.

Chronic means an ongoing, persistent, or long-lasting condition. It may have a pattern of relapse and remission.

Close relative means you or your **travelling companion's** spouse, de facto partner, parent, parent-in-law, children (including adopted or fostered children), brother, sister, brother-in-law, sister-in-law, son-in-law, daughter-in-law, grandchild, grandparent, step-parent, step-son, step-daughter, fiancé or fiancée or guardian.

Concealed storage compartment means a boot, trunk, glove box, enclosed centre console, or concealed cargo area of a sedan, station wagon, hatchback, van or motorhome.

Dependant or dependants means your children or grandchildren who are:

- under the age of 21 years at the time you buy your policy;
- travelling with you for your entire **journey**; and
- listed on the certificate of insurance as **dependants**.

Depreciation means the deduction from the original purchase price of an amount calculated to be the reduction in value because of wear and tear and/or the passing of time. The amount of such **depreciation** will be **reasonably** determined by us.

Dollar or \$ (even if they are not in bold) means Australian dollars.

Duo cover (even if they are not in bold) means cover provided to you and your nominated **travelling companion** as listed on your certificate of insurance. This cover does not include cover for **dependants**.

Epidemic means an unexpected and rapid spread of an infectious disease, virus, illness or condition in a large number of individuals within a population, community or region.

Excess means the amount we'll deduct from any amount payable under your policy for each claimable incident or event.

Family cover (even if they are not in bold) means cover provided to you, your spouse or partner and your **dependants** as listed on your certificate of insurance.

Financial collapse means:

- a) bankruptcy;
- b) entry into any official or unofficial scheme of arrangement;
- c) insolvent;
- d) applying for or filing for insolvency protection;
- e) liquidation or provisional liquidation;
- f) a person or company conducting business under statutory protection under the law of any jurisdiction;
- g) winding up;
- h) presentation of a petition for the compulsory winding up of;
- i) restructuring or composition with creditors;
- j) stopping the payment of debts; or

- k) something having a substantially similar effect to any of (a) to (j) above happens in connection with the person or company under the law of any jurisdiction.

For the purpose of this definition, insolvent means a person or company under administration or deemed insolvent (each as defined in the *Corporations Act 2001* (Cth)).

Home means the base from where you carry out the ordinary course (day to day activities) of your life for the purposes of family, employment, living and financial considerations. Your **home** must be in Australia for any cover to apply.

Hospital means an established hospital registered under any legislation that applies to it, that provides in-patient medical care.

Injure, injured or injury means a bodily injury caused solely and directly by violent, accidental, visible and external means, which happened at a definite time and place during your **period of insurance** and did not result from any illness, **sickness** or self-harm.

Injury date means the date you are **injured** and will be the earlier of when:

- your **medical adviser** reasonably diagnoses as the most likely date of the **injury**;
- our **medical adviser** reasonably diagnoses as the most likely date of the **injury**;
- you first became aware of the **injury** or a reasonable person in the circumstances would have been aware of the **injury**;
- you first received medical treatment for the **injury**;
- the **injury** is first diagnosed by a **medical adviser**.

Journey means:

- 1) For Top Plus International and Basic International plans bought before departing Australia, **journey** means the travel during your **period of insurance** that:
 - starts on the departure date listed on your certificate of insurance when you leave your **home** to go directly to the place you depart from on your travels; and
 - ends on the return date listed on your certificate of insurance or when you return **home**, whichever happens first.

- 2) For Top Plus International and Basic International plans bought after departing Australia, **journey** means the travel during your **period of insurance** that:

- starts 48 hours after the issue date listed on your certificate of insurance; and
- ends on the return date listed on your certificate of insurance or when you return **home**, whichever happens first.

- 3) For the Multi-Journey plan:

The maximum period for any one **journey** is 45 days. There is no cover for any incident or event that happens outside of the 45 days.

Each **overseas journey**:

- starts on the date of departure of each journey during your **period of insurance** when you leave your **home** to go directly to the place in Australia you depart from on your travels; and
- ends when you return **home** from each journey or on the return date listed on your certificate of insurance, whichever happens first.

Each domestic **journey**:

- starts on the date of departure of each journey during your **period of insurance** when you leave your **home** to go directly to your destination in Australia; and
- ends when you return **home** from each journey or on the return date listed on your certificate of insurance, whichever happens first.

Please note that domestic **journeys** under the Multi-Journey plan will only be covered if your destination is more than 200kms from your **home**.

- 4) For the Domestic plan, **journey** means travel during your **period of insurance** that:
 - starts when you leave your **home** to go directly to your destination in Australia; and
 - ends on the return date listed on your certificate of insurance or when you return **home**, whichever happens first.

Please note that your **journey** under the Domestic plan will only be covered if your destination is more than 200kms from your **home**.

Luggage and personal effects mean any personal items:

- owned by you and that you take with you on your **journey**; and/or
- you buy on your **journey**; and
- that are designed to be worn or carried about with you.

This includes but is not limited to:

- personal electronics such as mobile phones, tablets, laptops, cameras or video equipment;
- your suitcase and trunks;
- clothing and shoes;
- personal jewellery;
- toiletries and cosmetics; or
- sunglasses.

Examples of items that aren't considered **luggage and personal effects** under the policy include bicycles and bicycle accessories, motor vehicles and accessories, passports or other travel documents, bank cards, cash, banknotes, currency notes, travellers' cheques, items of a perishable nature (meaning items that can decay or rot and won't last for long), negotiable instruments (such as gift cards, precious metals or securities), watercraft of any type (other than surfboards), furniture, furnishings, household appliances, hired items or any business sample or items that you intend to trade.

Check out Section 8: Luggage and personal effects on pages 50 to 52 and Section 9: Delayed luggage and personal effects on pages 52 to 53 for more information on terms and conditions, limitations and exclusions that apply to your **luggage and personal effects**.

Medical adviser means a qualified doctor of medicine or dentist (other than you, your **travelling companion** or your relative) that is:

- registered to provide the relevant service in the place where you receive the services; and
- acting within the scope of their registration and under relevant laws.

Medical aids mean:

- Communication aids e.g. hearing aids;
- Mobility aids e.g. walkers, crutches and wheelchairs;
- Prosthetic limbs, medical-grade footwear and orthotics;
- Sight aids e.g. prescription glasses;
- Dental aids e.g. dentures and dental prostheses.

Mental illness means any **sickness**, disorder or condition recognised or provided for in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders.

Moped or Scooter means any two-wheeled or three-wheeled motor vehicle with an engine capacity of up to and including 50cc.

Motorcycle means any two-wheeled or three-wheeled motor vehicle with an engine capacity greater than 50cc.

Natural disaster means an extraordinary natural phenomenon such as floods, earthquakes, tsunamis, landslides, volcanic eruptions, atypical cyclonic storms, falling objects from space and aerolites, and in general any extraordinary atmospheric, meteorological, seismic or geological phenomenon.

Open water sailing means sailing more than 12 nautical miles off any landmass.

Overseas means in any country other than Australia.

Pandemic means an **epidemic** (an unexpected and rapid spread of an infectious disease, virus, illness or condition in a large number of individuals within a population, community or region) that has spread rapidly across countries and/or continents.

Period of insurance is the period you are covered for as defined under the heading 'When does your cover start and end' on pages 12 to 13.

Policy (even if they are not in bold) means this PDS, the certificate of insurance and any other change to the policy terms that are confirmed by us in writing (such as an endorsement or a Supplementary PDS).

Pre-existing medical condition means a disease, illness, medical or dental condition or physical defect

as defined under the heading 'What's a pre-existing medical condition' on page 30.

Public place means any place that the public has access to, including but not limited to planes, trains, trams, common access areas on cruise ships, taxis, buses, air or bus terminals, stations, wharves, streets, museums, galleries, hotels, hostels, dormitories and other shared accommodation (unless it's private, locked room only occupied by you and/or your **travelling companions**), foyers, common areas and grounds, campgrounds, beaches, cafes, restaurants, private car parks, public toilets and general access areas.

Reasonable means:

- for medical or other expenses, the standard level of care given in the country you are in; or
- for other covered expenses, the equivalent level you have booked for the rest of your **journey**; or
- as determined by us having regard to the circumstances.

This definition will also apply where we use the word "reasonably".

Recreational all-terrain vehicle means a small, open motor vehicle having three or more wheels fitted with large tires designed chiefly for recreational use over roadless terrain. They are sometimes referred to as quadbikes, trikes or buggies.

Registered psychiatrist means a psychiatrist (other than you, your **travelling companion** or your relative) registered with and accredited by the Australian Health Practitioner Regulation Agency (AHPRA) or, if you are **overseas**, an equivalent regulatory body which governs psychiatrists in the country in which you are seeking medical assistance.

Relevant time means for:

- a. Single-Trip plans (Top Plus International, Basic International and Domestic plans): the time of issue of the policy.
- b. The Multi-Journey plan: the first time at which any part of the relevant **journey** is paid for or the time at which the policy is issued, whichever occurs last.

Rental vehicle means a sedan, hatchback or station wagon, four-wheel drive, or minibus/people mover, or

a campervan/motorhome that does not exceed 4.5 tonnes, rented from a licensed motor vehicle rental company. It doesn't include car-sharing services such as Car Next Door, CitiHop, or Zipcar.

Sick or **sickness** means a medical condition, not being an **injury**, which first occurred or first manifested during your **period of insurance**.

For this definition, a **sickness** will first manifest itself on the earlier of the date when:

- your **medical adviser** reasonably diagnoses as the most likely date the **sickness** or symptoms of the **sickness**, first occurred or manifested, whichever is the earlier;
- our **medical adviser** reasonably diagnoses as the most likely date the **sickness** or symptoms of the **sickness**, first occurred or manifested, whichever is earlier;
- you first became aware of the **sickness** or symptoms of the **sickness**, whichever is the earlier;
- a reasonable person in the circumstances would have been aware of the **sickness** or symptoms of the **sickness**, whichever is the earlier;
- the **sickness** or symptoms of the **sickness** were first diagnosed by a **medical adviser**, whichever is the earlier.

Single cover (even if they are not in bold) means cover provided to you and your **dependants** as listed on your certificate of insurance.

Sub-limit means the maximum dollar amount we'll pay to cover a specific item, event or loss which we've described under a broader benefit or section cover limit.

Terrorism means any act:

- which may or may not involve the use or threat of force or violence; and
- where the purpose of the act is to promote a political, religious, ideological goal, or to intimidate or influence a government (whether lawfully elected or not), or any section of the public.

Travelling companion means a person with whom you had planned to travel with for at least 75% of your **journey** before your policy was issued.

Unattended means leaving your **luggage and personal effects**:

- with a person you didn't know before starting your **journey**; or
- where it can be taken without your knowledge; or
- at such a distance from you that you are unable to prevent it from being taken.

We, our, us (even if they are not in bold) means The Hollard Insurance Company Pty Ltd.

Winter sports mean:

- recreational skiing and snowboarding;
- bigfoot skiing and snowboarding;
- cat skiing and snowboarding;
- cross-country skiing and snowboarding (along a designated cross-country ski route only);
- glacier skiing and snowboarding (only on a guided tour that is available to the general public and provided by a licensed tour operator);
- heli-skiing and snowboarding (only on a guided tour that is available to the general public and provided by a licensed tour operator);
- ice hockey (not competitive);
- ice skating;
- lugeing on ice (provided by a licensed tour operator and available to the general public only);
- mono skiing and snowboarding;
- off-piste skiing and snowboarding with a professional snow sports instructor/guide
- snowmobiling; and
- tobogganing.

You, your, yourself and **insured person** (even if they are not in bold) means the people listed on your certificate of insurance, including your **dependants**.

Medical conditions & pregnancy

Pre-existing medical condition(s)

Please carefully consider your medical history, the medical history of any other person listed on your certificate of insurance, as well as the health of your **travelling companion** and your **close relatives**.

What cover is there for a pre-existing medical condition(s) suffered by travellers listed on your certificate of insurance or your travelling companion?

There is cover for a **pre-existing medical condition(s)** suffered by you or your **travelling companion** if the **pre-existing medical condition(s)** is automatically covered as specified under 'Pre-existing medical condition(s) we automatically cover' on pages 31 to 32, or we have agreed in writing to provide cover to you for the **pre-existing medical condition(s)** after a medical assessment, where the appropriate premium has been paid.

Please note that there is no cover under this policy for any claims arising from, related to or associated with a **pre-existing medical condition(s)** that:

- isn't automatically covered as specified under 'Pre-existing medical condition(s) we automatically cover' on pages 31 to 32;
- we are unable to cover after a medical assessment;
- that we cannot cover under any circumstances under the policy.

For additional health-related circumstances that are excluded, you should also read 'Exclusions that apply to your whole policy' on pages 36 to 38.

What cover is there for people who aren't travelling with me like my close relatives?

There is limited cover under Section 4: Cancellation or amendment expenses on pages 43 to 45 and Section 5: Additional expenses on pages 45 to 47 for claims **arising** from, related to or associated with the **pre-existing medical conditions** suffered by your **close relatives** such as your parents or grandparents.

Except for this limited cover, there is no cover under this policy for any other claims **arising** from, related to or associated with, a **pre-existing medical condition** suffered by people who aren't listed on your certificate of insurance.

What's a pre-existing medical condition?

A **pre-existing medical condition** means any medical, dental or physical condition, defect, disease, or illness including any **mental illness**, of which you were aware or should reasonably have been aware, that meets any one or combination of the following:

1. A condition that is **chronic**, ongoing, terminal, requires ongoing consultation with a specialist, requires regular review or check-ups, or requires ongoing medication for treatment or to control risk factors; or
2. A condition that in the past 5 years:
 - a. has been diagnosed; or
 - b. has been treated; or
 - c. medication has been prescribed for (including to control risk factors); or
 - d. has required an emergency department visit, hospitalisation or day surgery procedure; or
 - e. has shown symptoms or signs that you have not yet sought a medical opinion regarding the cause; or
 - f. is pending investigation, test results, diagnosis or specialist consultation.
3. A condition that at any time in the past involves one or more of the following:
 - a. heart, circulatory system, lungs or respiratory system, brain, kidneys, liver, or cancer; or
 - b. surgery involving the back, neck, joints, or abdomen; or
 - c. drug or alcohol dependency; and
4. Any complication related to any condition above.

Please note that the time periods for the conditions listed above are measured in relation to the **relevant time**:

- a. For Single-Trip plans (Top Plus International, Basic International and Domestic plans): this starts from the time of issue of the policy.
- b. For the Multi-Journey plan: this starts from the first time at which any part of the relevant

journey is paid for or the time at which the policy is issued, whichever occurs last.

This definition applies to you and anyone else listed on your certificate of insurance, your **travelling companion**, and your **close relatives**.

If you are unsure whether you or anyone else listed on your certificate of insurance has a **pre-existing medical condition**, please call our Medical Assessment team on 1800 888 448 or +61 2 9979 8888.

Getting cover for your pre-existing medical condition(s)



Important note:

Which plans can apply for a medical assessment?

You can only apply for a medical assessment under the Top Plus International, Basic International, Multi-Journey and Domestic plans if you have bought or are buying your policy before departing Australia.

If you are intending to buy or have bought your Top Plus International or Basic International plan after departing Australia, you will be unable to apply for a medical assessment.

We have three categories of **pre-existing medical conditions**:

1. **Pre-existing medical conditions we automatically cover.**
2. **Pre-existing medical conditions we need to assess.**
3. **Pre-existing medical conditions which we cannot cover.**

It's important that you understand whether your **pre-existing medical condition** is automatically covered, whether we need to assess it or whether we cannot cover you.

Where your **pre-existing medical condition** is not automatically covered, you will not be covered for any medical condition unless you have applied for the cover, the condition is approved by us, the additional premium is paid if required, and the condition is listed on your policy documents.

1. Pre-existing medical condition(s) we automatically cover

You must read this information carefully. It is important that you understand whether your **pre-existing medical condition** is automatically covered.

We automatically cover the **pre-existing medical conditions** listed in the table as long as you meet the following criteria:

- you haven't been hospitalised or needed treatment by any **medical adviser** in the last 12 months (unless a different time period is listed) for any of the listed conditions; and
- you aren't under investigation for any of the listed conditions; and
- you aren't awaiting investigation, surgery, treatment or procedures for any of the listed **medical conditions**; and
- your condition meets the relevant additional criteria listed in the table.



Important note:

All listed time periods in the additional criteria column in the following table are measured according to the **relevant time** unless otherwise specified.

	Medical condition	Additional criteria
1	Acne	No additional criteria.
2	Allergy	<ul style="list-style-type: none"> You have no known respiratory conditions e.g. asthma; and You haven't required treatment by a medical practitioner in the last 6 months.
3	Asthma	<ul style="list-style-type: none"> You are under 60 years of age; In the last 12 months, you haven't had an asthma exacerbation requiring treatment by a medical practitioner; and You don't have a chronic lung condition or disease.
4	Bell's palsy	No additional criteria.
5	Bunions	No additional criteria.
6	Carpal tunnel syndrome	No additional criteria.
7	Cataracts	In the last 90 days, you haven't had an operation for this condition.
8	Coeliac disease	In the last 6 months, you haven't been treated by a medical practitioner for this condition.
9	Congenital blindness	No additional criteria.
10	Congenital deafness	No additional criteria.
11	Ear grommets	You haven't had an ear infection in the last 3 months.
12	Epilepsy	<ul style="list-style-type: none"> You haven't required hospitalisation for epilepsy, including as an outpatient in the last 2 years; You haven't changed your medication regime for epilepsy in the last 12 months; and You don't have an underlying medical condition e.g. previous head trauma, brain tumour or stroke.
13	Gastric reflux	Your gastric reflux doesn't relate to an underlying diagnosis e.g. hernia or gastric ulcer.
14	Glaucoma	You have no ongoing complications for this condition.
15	Goitre	No additional criteria.
16	Gout	No additional criteria.
17	Graves' disease	No additional criteria.
18	Hiatus hernia	No additional criteria.
19	Hip replacement, knee replacement and shoulder replacement	The procedure was performed more than 6 months ago and less than 10 years ago.
20	Hip resurfacing	You haven't had any post-operative complications relating to the surgery.
21	Hypercholesterolaemia (high cholesterol)	You don't have a known heart or cardiovascular condition.
22	Hypertension (high blood pressure)	<ul style="list-style-type: none"> You don't have a known heart or cardiovascular condition; You don't have Type 1 diabetes or Type 2 diabetes; and In the last 12 months your blood pressure medication has not changed; and You aren't suffering symptoms of hypertension.
23	Menopause	You don't have osteoporosis.
24	Migraine	No additional criteria.
25	Peptic ulcer/gastric ulcer	In the last 12 months, the peptic / gastric ulcer has been stable.
26	Plantar fasciitis	No additional criteria.
27	Raynaud's disease	No additional criteria.
28	Skin cancer	<ul style="list-style-type: none"> Your skin cancer is not a melanoma; You haven't had chemotherapy or radiotherapy for this condition; and Your skin cancer does not require any follow-up treatment.
29	Trigger finger	No additional criteria.
30	Urinary incontinence	No additional criteria.
31	Underactive thyroid/overactive thyroid	The cause of your underactive/overactive thyroid wasn't a tumour.

2. Pre-existing medical conditions we need to assess

You will need to complete a medical assessment if your condition(s):

- does not meet the criteria in the table set out in 'Pre-existing medical condition(s) we automatically cover'; or
- are not listed in the table set out in 'Pre-existing medical condition(s) we automatically cover'.

You can complete a medical assessment with your travel insurance quote.

If you complete a medical assessment for your **pre-existing medical condition(s)**, but you don't tell us about all your **pre-existing medical conditions** and you make a claim due to a **pre-existing medical condition** you didn't disclose to us, we may be unable to provide cover.

There are two possible outcomes once you've completed a medical assessment for your **pre-existing medical condition(s)** when you apply for a policy:

1. We can cover your pre-existing medical condition(s)

We'll offer you a policy covering unexpected events relating to your **pre-existing medical condition(s)**. An additional premium may be payable, and the condition(s) will be listed on your policy documents.

2. We can't cover your pre-existing medical condition(s)

If your risk is higher than we're able to cover, or unknown because you have symptoms that haven't been diagnosed, we may decline to offer you a policy or offer you a policy with special exclusions for the **pre-existing medical condition(s)**.

3. Pre-existing medical conditions which we cannot cover

We cannot cover under any circumstances:

- Your terminal illness.
- Any conditions involving drug or alcohol dependency.
- Any travel booked or undertaken against the advice of any medical practitioners.
- Any conditions for which you are travelling to seek medical treatment or review, or to participate in a clinical trial.

Cover for pregnancy

Important note: This 'Cover for pregnancy' section applies to your pregnancy and the pregnancy of anyone listed on your certificate of insurance.

We don't consider pregnancy a **pre-existing medical condition**. But, we do consider pregnancy complications to be **pre-existing medical conditions**. This means you need to declare them, along with any other pre-existing conditions so that we can assess your overall health risk.

When we use the word 'complications' in this 'Cover for pregnancy' section, we mean a medical condition that is caused by or adversely affected by pregnancy. Complications may include health problems that happen during pregnancy or may be caused by medical conditions that already existed prior to the pregnancy. Some examples of complications are miscarriage, gestational diabetes, hyperemesis or pre-eclampsia.

When do you need to call us to cover your pregnancy?

You must call us before purchasing your policy if:

- there have been complications with this pregnancy or a previous pregnancy;
- you have a multiple pregnancy (for example, twins or triplets);
- you have any other **pre-existing medical condition** which could have an impact on your pregnancy; or
- the conception was medically assisted (for example, fertility treatment including hormone therapies or IVF).

You must call us after purchasing your policy and before starting your trip if:

- you were not pregnant at the time you purchased your policy and now have a pregnancy-related complication to declare; or
- you were pregnant at the time you purchased your policy and have since suffered an onset of complications that were not previously declared.

If we can cover your condition, it will be listed on your policy documents. An additional premium may also be payable. If your risk is greater than we're able to cover, or unknown because you have symptoms that haven't been diagnosed, we may at our discretion decline to offer you a policy or offer you a policy with special exclusions for the pregnancy.

If we are not able to cover a complication that has **arisen** after we have issued your policy and you satisfy all other terms of this policy, then you can claim under Section 4: Cancellation or amendment expenses.

If you are unsure whether you need to complete a medical assessment for your pregnancy, please call our Medical Assessment team on 1800 888 448 or +61 2 9979 8888.

What is covered

We will pay under the benefit sections of your policy for claims that result from unexpected complications of your pregnancy or complications that are listed on your certificate of insurance:

- up to the end of the 23rd week if your pregnancy is a single pregnancy;
- up to the end of the 18th week if your pregnancy is a multiple pregnancy.

What is not covered

We won't pay any claims, costs or losses under any section of the policy if your claim **arises** from or is related to:

- your pregnancy or the pregnancy of anyone else listed on the certificate of insurance from the end of the 23rd week for single pregnancies and from the end of the 18th week for multiple pregnancies;
- for childbirth at any stage of the pregnancy;

- the health or care of a newborn child, irrespective of the stage of pregnancy when the child is born;
- regular antenatal care; and
- pregnancy complications suffered by you or anyone else listed on the certificate of insurance that:
 - existed at the time the policy was purchased, or the trip was booked, whichever is later;
 - you know about prior to the start of your trip;
 - you suffered in the past;
 - are related to another **pre-existing medical condition**;
 - involve a multiple pregnancy; or
 - involve a pregnancy that was medically assisted e.g. using assisted fertility treatment including hormone therapies or IVF,unless you applied to cover such complication or **pre-existing medical condition**, the complication or **pre-existing medical condition** is approved by us, the additional premium is paid if required, and the complication or **pre-existing medical condition** is listed on your policy documents.

It's important also to read 'Exclusions that apply to your whole policy' on pages 36 to 38 for other reasons why we won't pay.

Changes in health, new medical conditions or finding out you're pregnant after buying your policy

If any of the following events **arise** at any time after you buy your policy, but before the start of your **journey**, or each **journey** under your Multi-Journey plan, you should contact us to complete a medical assessment for:

- a change in a **pre-existing medical condition** that was either automatically covered as specified under 'Pre-existing medical condition(s) we automatically cover' on pages 31 to 32 or a change to a **pre-existing medical condition** that we covered for an additional premium when you purchased the policy;
- a completely new medical condition (which will be treated as a **pre-existing medical condition**);
- a pregnancy.

There are two possible outcomes once a medical assessment is completed.

1. We can cover your pre-existing medical condition(s) or your pregnancy

We'll let you know about any additional premium that you are required to pay for the cover. Although you may have already paid a premium to cover any **pre-existing medical condition(s)** declared when you bought your policy, if your overall health risk has increased, we have the right to collect an additional premium to cover the increase in risk.

Once you have paid any additional premium required, we will email you updated policy documents which will list your covered **pre-existing medical condition(s)**, as well as any additional conditions, limitations and exclusions.

2. We can't cover your pre-existing medical condition(s) or your pregnancy

Even if your **pre-existing medical condition(s)** were covered when you bought your policy, your overall health risk might have increased beyond what we are prepared to cover or may now be unknown because you've developed symptoms that haven't been diagnosed. Under these circumstances, we may no longer be able to provide the same level of cover for medical expenses **overseas**.

If we can't offer you the same level of cover, then you are covered under the terms of your existing policy to cancel your **journey** and make a claim under Section 4: Cancellation or amendment expenses. If you still want to go on your trip, we may at our discretion, offer you a policy with special exclusions for the **pre-existing medical condition(s)** or your pregnancy.

What happens if you have a pre-existing medical condition(s) or pregnancy, but you didn't take steps to cover it under your policy?

We won't pay any claims, costs or losses under any section of the policy arising from or, related to your pre-existing medical condition(s) or pregnancy if:

- You didn't purchase cover for your **pre-existing medical condition(s)** or pregnancy at the **relevant time** or, at the latest, before you depart on your **journey**;
- You complete a medical assessment for your **pre-existing medical condition(s)** or pregnancy, and we decline cover; or
- We agreed to provide cover for your **pre-existing medical condition(s)** or pregnancy, and you don't pay the required additional premium.

This could mean having to pay hundreds and thousands of dollars out of your own pocket for expenses if you experience a medical emergency **overseas**.

If you are unsure whether you need to complete a medical assessment for your **pre-existing medical condition(s)** or pregnancy, please call our Medical Assessment team on 1800 888 448 or +61 2 9979 8888.

Exclusions that apply to your whole policy

Exclusions that apply to your whole policy are also known as general exclusions. This is an insurance term for exclusions that will be applied across all sections and benefits of the policy, regardless of when the policy was purchased. In short, these are things we can't cover under any circumstances.

Please note that these exclusions are in addition to any exclusions listed under Sections 1 to 17 and under the optional covers (Cruise pack, Snow pack and Motorcycle, moped and scooter cover pack).

We won't pay any claims, costs or losses under any section of the policy if your claim arises from or is related to:

General

1. known events, including any event or circumstance that you were aware, or should have been **reasonably** aware, could result in a claim. This general exclusion applies both when you bought your policy and before you paid for further deposits for your **journey**. We consider **reasonable** awareness to include events that are the subject of any government warning or mass media reporting.
2. the SARS-CoV-2 virus, the COVID-19 disease or any mutation of either.
3. an **epidemic, pandemic** or an outbreak of infectious disease, virus, illness or condition, including any derivative or mutation of such disease, virus, illness or condition, or the threat or perceived threat of any such **epidemic, pandemic** or outbreak. This exclusion also applies to any resurgence or subsequent waves of the disease, virus, illness or condition. This general exclusion applies to claims relating to policies purchased both before and after an **epidemic, pandemic** or outbreak became publicly known and to all destinations regardless of the timing of the spread to a particular country or the existence of an Australian or foreign government travel warning specific to the country.
4. any person, company or organisation (including but not limited to any airline, or other **carriers**, accommodation provider, car rental agency, travel agency including online travel agencies, online travel and leisure retailer, tour or cruise operator, travel wholesaler, booking agent or other providers of facilities or travel or tourism-related services), refusing, failing or not having ability to provide services, facilities or accommodation, due to their own **financial collapse** or the **financial collapse** of any other person, company or organisation providing facilities or tourism-related services.
5. you not taking **reasonable** action to avoid, minimise or reduce any claim or loss.
6. you not providing all assistance, information and cooperation **reasonably** requested by us or any government or relevant authorities, including but not limited to, undergoing an alcohol or drug test and releasing the result to us, or cooperating with any investigation related to your claim.
7. you not acting in a responsible and careful manner to protect yourself (unless it is to save a person's life), your **luggage and personal effects** and cash. This includes, but is not limited to, you participating in dangerous or reckless activities, or putting yourself in unsafe circumstances.
8. you breaking any laws in the country that you are in.
9. any errors or omissions in any booking arrangements. This includes but is not limited to any bookings made by you, your travel agent, your booking provider or any other person acting on your behalf.
10. any failure to get the relevant visa, work permit, passport or travel documents.
11. you or anyone else being denied entry to a country, or failing to satisfy visa requirements to stay, as determined at any time by that country.
12. any **natural disaster** that happened before you purchased your policy. This includes if it was publicly known that the **natural disaster** was about to happen right before you purchased your policy.
13. any act of war, regardless of whether it was declared or not, or from any rebellion, revolution, insurrection, civil war or the taking of power by the military.
14. you not following advice in the mass media or any government or other official body's warning:

- against travel to a particular country or parts of a country or against remaining in a particular country or parts of a country; or
- where a travel advisory risk rating of 'Do Not Travel' (or equivalent if this term is replaced) was issued by the Australian Department of Foreign Affairs and Trade before the start date of your **journey**; or
- of a strike, riot, bad weather, civil protest or contagious disease (including an **epidemic** or **pandemic**); and you did not take appropriate action to avoid or minimise any potential claim under your policy (including the delay of travel to the country or part of the country referred to in the warning).

If you are in a country or a part of a country at the time it's given a travel advisory risk rating of 'Do Not Travel' or equivalent by Australian government; you should return to Australia as soon as possible. If you need emergency assistance, please contact +61 2 8883 7803.

Check out www.smartraveller.gov.au for more information.

15. any events related to a prohibition, regulation, intervention, quarantine, detention, confiscation, border closure or other directives, given, declared or carried out by any government or relevant authorities.
16. a nuclear reaction or contamination from nuclear weapons or radioactivity.
17. biological and/or chemical materials, substances or compounds used to harm or destroy human lives and/or to create fear.
18. any consequential loss of any kind, including but not limited to, loss of enjoyment, disappointment, non-financial loss (except for air travel points cover under Section 4: Cancellation or amendment expenses) or any financial loss not mentioned in this policy. In other words, we won't pay a claim just because the weather was terrible for part of, or even your entire **journey**.
19. any claims, costs or losses that are recoverable from any other source.
20. taking part in a competition where there are financial rewards or cash prizes.

Health

21. your **pre-existing medical condition(s)**, except as provided under the section 'Pre-existing medical condition(s) we automatically cover' on pages 31 to 32 or ones with approval that are listed on your policy documents with additional premium paid.
22. your pregnancy or the pregnancy of any other person after the end of the 23rd week for single pregnancies.
23. your pregnancy or the pregnancy of any other person after the end of the 18th week for multiple pregnancies.
24. any pregnancy complications suffered by your **travelling companion** or your **close relative** unless:
 - the pregnancy complications developed unexpectedly after you purchased your policy or booked your trip, whichever is later; and
 - it's a single pregnancy (up to and including 23 weeks); and
 - there have been no complications of this pregnancy or any previous pregnancy; and
 - the conception was not medically assisted e.g. using assisted fertility treatment including hormone therapies or in vitro fertilisation (IVF).
25. childbirth at any stage of pregnancy.
26. the health or care of a baby not listed on your certificate of insurance.
27. you declining to return **home** when our **medical adviser** has confirmed that you can be evacuated or repatriated safely back to Australia.
28. you travelling or acting against the advice of a **medical adviser**.
29. an addiction to alcohol or substances, including but not limited to, facilities where you receive treatment rehabilitation for drug and/or alcohol addiction, or are using as a place for nursing, convalescence or rehabilitation.
30. the cost of medication in use at the time the **journey** began or the cost for maintaining a course of treatment you were on before your **journey** except as specified under Section 8: Luggage and personal effects.
31. any claim arising from:
 - your, your partner's, relative's or your **travelling companion's** suicide or attempted suicide; or
 - you, your partner, relative or your **travelling companion** injuring yourself/themself deliberately or putting yourself/themself in danger (unless you/they are trying to save a human life).

32. a sexually transmitted disease unless we agreed to provide cover for an additional premium, and it's listed on your policy documents.
33. being under the influence of, or using, alcohol or drugs (except for those drugs that are prescribed to you and taken per their instructions or administered by a medical professional).
34. medical costs incurred by you when, despite our advice otherwise following your call to us, you received private **hospital** or medical treatment where public funded services or care is available in Australia or under any Reciprocal Health Care Agreement between the government of Australia and the government of any other country.
35. any medical procedures in relation to **AICD/ICD** insertion during your **overseas journey**. We will exercise our right to organise repatriation to Australia for this procedure to be completed if you, your **travelling companion** or a **dependant** (as listed on your certificate of insurance) needs this procedure due to sudden and acute onset which occurs for the first time during your **period of insurance** and it is not directly or indirectly related to a **pre-existing medical condition**.
36. you travelling with the intention of receiving medical, dental or cosmetic treatment during your **journey**.
37. any elective, cosmetic or non-emergency procedures, surgery or treatment, including any complications caused by them.
38. any event, **injury** or **sickness** where providing a payment, benefit or cover would result in us contravening:
 - the Health Insurance Act 1973 (Cth), the Private Health Insurance Act 2007 (Cth) or the National Health Act 1953 (Cth), any succeeding legislation to those Acts; or
 - any other applicable legislation (whether in Australia or not) where we don't have the necessary licenses or authority to provide such cover or when we are prohibited from paying a benefit.

Leisure and other activities

39. you riding on a **recreational all-terrain vehicle**, as a driver or passenger **overseas** unless all the following apply:
 - you are under the direct supervision of an operator licensed in the country you are in;
 - you obey all relevant safety requirements; and
 - you are wearing a helmet.
40. you diving underwater using an artificial breathing apparatus unless you hold an open water diving licence recognised in Australia or you were diving under licensed instruction, and you are diving at no greater depth than 30 metres.
41. you hunting, engaging in **open water sailing**, playing polo, mountaineering or rock-climbing using ropes or climbing equipment (other than for hiking), parachuting (including BASE jumping), hang gliding or paragliding.
42. you travelling by air or sea, unless you are a passenger with a paid ticket on a:
 - scheduled transport service; or
 - licensed charter flight; or
 - hot air balloon with a commercial operator licensed in the country you are in; or
 - licensed sightseeing air tour from one location back to that location; or
 - licensed charter vessel where the crew are included, operating within coastal waters.
43. you taking part in, or training for, a professional sport.
44. you taking part in a competition where there are financial rewards or cash prizes.
45. you taking part in and/or competing in any race or timed activity (other than on foot and no greater than 43kms).
46. you travelling or staying in geographically remote areas where there is limited or no telecommunications to enable you to get help, or call our emergency assistance team, unless you are with a commercial, licensed, and organised tour that makes such communications possible.

What we cover – your health

This part explains what’s covered, limits and conditions applying to that cover, what you must do, and what we will and won’t pay.

Section 1: Overseas emergency medical and hospital expenses

	Top Plus International	Basic International	Multi-Journey	Domestic
Section cover limit	Unlimited	Unlimited	Unlimited	No cover
Sub-limits: Overseas dental expenses	\$1,000 per insured person	\$500 per insured person	\$1,000 per insured person	No cover
Excess	Yes	Yes	Yes	N/A

There’s cover under this section if you suffer an unexpected **injury, sickness** or dental pain **overseas** during your **journey**.

We’ll pay up to the section cover limit **reasonable** costs for your emergency medical treatment, advice, attention, medication and assistance.

Sub-limits applying to cover:

We’ll also pay up to the **sub-limit** specified under your plan for each insured person listed on the certificate of insurance for the reimbursement of **reasonable** costs for emergency dental treatment received **overseas** for the relief of sudden and acute pain to healthy and natural teeth. This means that the emergency dental treatment must be for an original tooth (or one with a filling) and/or supporting tissues (your gums).

Conditions applying to cover:

- We’ll only pay for **overseas** treatment received and/or **hospital** accommodation for a maximum of 12 months from the date the **sickness** first manifested itself or from the **injury date**.
- The medical, dental or **hospital** expenses must have been incurred due to a claimable event under the policy, and this is confirmed on the written advice of a **medical adviser** or a dentist.
- If you don’t agree to return **home** when we decide that you should, then we’ll pay you the amount that we determine would cover your medical expenses and/or related costs had you agreed to our recommendation. You will then be responsible for any ongoing or additional costs relating to or **arising** out of the event you have claimed for.
- If we’ve paid for costs to return you **home**, but you didn’t have a prepaid return flight

home, we’re entitled to recover that cost from you.

- If you need any medical procedures relating to an implantable cardioverter-defibrillator (**AICD/ICD**), we’ll bring you back **home** for this procedure, as long as our **medical adviser** determines that you are well enough to travel.

You must do the following:

- Contact our emergency assistance team as soon as **reasonably** possible, or have someone else contact us on your behalf, if you:
 - are admitted to **hospital**;
 - need surgery; or
 - need outpatient treatment likely to cost more than \$1,000 AUD.
- If you are admitted to **hospital**, provide a copy of the discharge summary with your claim.
- Keep receipts for any costs and provide them with your claim.
- Make every effort to keep your medical or **hospital** expenses to a minimum.
- Cooperate with our request for all relevant medical records or reports, including information about previous medical conditions and courses of treatment, to determine whether your claim relates to a **pre-existing medical condition**.

We won’t pay any claims, costs or losses under this section arising from or related to:

- you not meeting to our **reasonable** satisfaction, all the requirements that apply to you under ‘You must do the following’ unless we advise in writing that you don’t need to.
- your **pre-existing medical conditions**, except ones automatically covered as specified under ‘Pre-existing medical condition(s) we

automatically cover' in the section 'Pre-existing medical condition(s)' on pages 31 to 32 or **pre-existing medical conditions** with approval that are listed on your policy documents with additional premium paid.

- c. any costs without proof of the amount, and if we are reimbursing you directly, proof that you have paid it.
- d. you not promptly following our medical advice (and we also won't be responsible for subsequent medical, **hospital** or evacuation expenses).
- e. medical treatment or ambulance transportation which is provided in Australia.
- f. private medical treatment if the same treatment is available under a Reciprocal Health Care Agreement between Australia and another country. Reciprocal Health Care Agreements are currently in place with Finland, Italy, Malta, the Netherlands, Norway, Sweden, the Republic of Ireland, Belgium, Slovenia, United Kingdom and New Zealand.
- g. your participation in **winter sports** if you didn't select the Snow pack at the time you took out your policy or before your departure date, and pay the appropriate additional premium.
- h. you travelling on a cruise **overseas** or in Australian waters, if you didn't select the Cruise pack at the time you took out your policy or before your departure date, and pay the appropriate additional premium.
- i. you riding a **motorcycle, moped or scooter overseas** as a driver or passenger if you didn't select the Motorcycle, moped and scooter

pack at the time you took out your policy or before your departure date, and pay the appropriate additional premium. You must also comply with all the other conditions under the Motorcycle, moped and scooter pack on page 64 for cover to apply.

- j. the continuation or follow up of medical treatment (including medication and ongoing immunisations) that started before your **journey**.
- k. routine medical or prenatal visits.
- l. additional treatment after 2 weeks of treatment by a chiropractor, physiotherapist or dentist unless approved by us.
- m. dental treatment:
 - i. for normal dental wear and tear;
 - ii. that is for routine maintenance or hygiene;
 - iii. that is a continuation or follow-up of dental treatment that started before your **journey**;
 - iv. that involves the use of precious metals or is for cosmetic dentistry.
 - v. for damage to dentures, dental prostheses, crowns, bridges, braces or implants;
 - vi. caused by or related to the deterioration and/or decay of teeth or associated tissue. This includes if you need a crown for your damaged or decayed teeth;
 - vii. that is follow-up treatment to restore the tooth if required; or
 - viii. received in Australia.

It's important also to read 'Exclusions that apply to your whole policy' on pages 36 to 38 for other reasons why we won't pay.

Section 2: Emergency medical assistance

	Top Plus International	Basic International	Multi-Journey	Domestic
Section cover limit	Unlimited	Unlimited	Unlimited	\$10,000
Sub-limits: Funeral or cremation expenses; or expenses for the repatriation of mortal remains to Australia	\$20,000 or 30,000 EUR per insured person if you hold a valid Schengen Visa and die in a Schengen member state	\$20,000 or 30,000 EUR per insured person if you hold a valid Schengen Visa and die in a Schengen member state	\$20,000 per insured person	No cover
Excess	No	No	No	N/A

There's cover under this section for emergency medical assistance if you suffer an unexpected **injury** or **sickness** during your **journey**.

For the Domestic plan:

We'll pay up to the section cover limit for the **reasonable** costs of your medical transfer or evacuation to the nearest appropriate medical facility

if you suffer an unexpected **injury** or **sickness** during your **journey**. We determine at our sole discretion whether your medical transfer or evacuation is medically necessary.

Please note that we will not pay for the cost of any search and rescue charges.

For Top Plus International, Basic International and Multi-Journey plans:

We'll pay up to the section cover limit the following **reasonable** costs and arrangements if you suffer an unexpected **injury** or **sickness overseas** during your **journey**:

- a. For your medical transfer or evacuation;
- b. To bring **dependants** listed on your certificate of insurance back **home** or to an onward destination if they're left unsupervised;
- c. For access to a **medical adviser** for emergency medical treatment **overseas**;
- d. For any messages which need to be passed on to your family or employer in the event of an emergency;
- e. For the provision of any written guarantees for payment of **reasonable** expenses for emergency hospitalisation **overseas**;
- f. Your return **home** (for treatment or because the risk of continuing your **journey** is too high.

We determine at our sole discretion whether it is medically necessary for you to be moved from one **overseas hospital** to another, or returned **home**.

Sub-limits applying to cover:

- a. We will pay up to:
 - i. \$20,000 in total for each insured person listed on the certificate of insurance if they die **overseas**; or
 - ii. 30,000 EUR in total for each insured person listed on the certificate of insurance if they hold a valid Schengen Visa and they die in a Schengen member state during their **journey**.

We will pay for the **reasonable** cost of either:

- a funeral or cremation; or
- for bringing your remains back to your **home**.

Conditions applying to all cover:

- a. If you don't agree to return **home** at the point when we decide that you should, then we'll pay you the amount that we determine would cover your medical expenses and/or related

costs had you agreed to our recommendation. You will then be responsible for any ongoing or additional costs relating to or **arising** out of the event you have claimed for.

- b. If we've paid for costs to bring you **home**, but you didn't have a prepaid return flight **home**, we're entitled to recover that cost from you.

You must do the following:

- a. Contact our emergency assistance team as soon as **reasonably** possible, or have someone else contact us on your behalf, if you:
 - i. are admitted to **hospital**;
 - ii. need surgery; or
 - iii. need outpatient treatment likely to cost more than \$1,000 AUD.
- b. Provide a death certificate with your claim, as evidence of the death.
- c. Keep receipts for any costs and provide them with your claim.
- d. Cooperate with our request for all relevant medical records or reports, including information about previous medical conditions and courses of treatment, to determine whether your claim relates to a **pre-existing medical condition**.

We won't pay any claims, costs or losses under this section arising from or related to:

- a. you not meeting to our **reasonable** satisfaction, all the requirements that apply to you under 'You must do the following' unless we advise in writing that you don't need to.
- b. your **pre-existing medical conditions**, except ones automatically covered as specified under 'Pre-existing medical condition(s) we automatically cover' in the section 'Pre-existing medical condition(s)' on pages 31 to 32 or **pre-existing medical conditions** with approval that are listed on your policy documents with additional premium paid.
- c. your participation in **winter sports** if you didn't select the Snow pack at the time you took out your policy or before your departure date and pay the appropriate additional premium.
- d. you travelling on a cruise **overseas** or in Australian waters, if you didn't select the Cruise pack at the time you took out your policy or before your departure date, and pay the appropriate additional premium.
- e. you riding a **motorcycle, moped or scooter overseas** as a driver or passenger if you didn't select the Motorcycle, moped and scooter pack at the time you took out your policy or before

- your departure date, and pay the appropriate additional premium. You must also comply with all the other conditions under 'Motorcycle, moped or scooter' pack on page 64 for cover to apply.
- f. you not promptly following our medical advice (and we also won't be responsible for subsequent medical, **hospital** or evacuation expenses).
 - g. medical evacuation unless it has been first approved by us.

- h. medical evacuation from Australia to an **overseas** country.
- i. returning the deceased person to a country other than Australia.
- j. medical treatment or ambulance transportation which is provided in Australia.
- k. any search and rescue charges.

It's important also to read 'Exclusions that apply to your whole policy' on pages 36 to 38 for other reasons why we won't pay.

Section 3: Hospital cash allowance

	Top Plus International	Basic International	Multi-Journey	Domestic
Section cover limit	\$6,000	\$3,000	\$6,000	No cover
Sub-limits:	\$50 per day after 48 continuous hours	\$50 per day after 48 continuous hours	\$50 per day after 48 continuous hours	No cover
Excess	No	No	No	N/A

This section cover limit applies to each insured person on Duo cover or is doubled for Family cover.

There's cover under this section if you are admitted to a **hospital overseas** for more than 48 continuous hours **overseas** due to an **injury** or **sickness**.

We'll pay up to the section cover limit, \$50 for each day you are in **hospital overseas**.

You must provide a copy of the discharge summary with your claim.

We won't pay any claims, costs or losses under this section arising from or related to:

- a. the first 48 continuous hours, you are admitted to **hospital**.
- b. your hospitalisation if you cannot claim for **overseas** medical expenses in Section 1: Overseas emergency medical and hospital expenses.

It's important also to read 'Exclusions that apply to your whole policy' on pages 36 to 38 for other reasons why we won't pay.

What we cover – your journey

This part explains what’s covered, limits and conditions applying to that cover, what you must do, and what we will and won’t pay.

Section 4: Cancellation or amendment expenses

	Top Plus International	Basic International	Multi-Journey	Domestic
Section cover limit	The cover chosen and listed on your certificate of insurance	The cover chosen and listed on your certificate of insurance	The cover chosen and listed on your certificate of insurance	The cover chosen and listed on your certificate of insurance
Sub-limits: For events relating to a pre-existing medical condition of a close relative not travelling with you on your journey	25% of your non-refundable claim expenses up to a maximum of \$2,000	25% of your non-refundable claim expenses up to a maximum of \$2,000	25% of your non-refundable claim expenses up to a maximum of \$2,000	25% of your non-refundable claim expenses up to a maximum of \$2,000
Sub-limits: For travel agent’s cancellation fees	\$1,500	\$1,500	\$1,500	\$1,500
Excess	Yes	Yes	Yes	Yes

For the Top Plus International plan, the Basic International plan and the Domestic plan, this section cover limit is the maximum amount we will pay for all claims combined for a Single cover, Duo cover and Family cover.

For the Multi-Journey plan, this section cover limit and **sub-limits** are reinstated on the completion of each **journey**. This section cover limit is the maximum amount we will pay for all claims combined for a Single cover and Family cover per **journey**.

For all plans, this section’s **sub-limits** apply to each insured person on Duo cover or is doubled for Family cover.

There’s cover under this section if, due to unforeseeable circumstances outside your control at the **relevant time** and covered under the policy, you need to:

- cancel or change your **journey** before the start of your **journey**; or
- make changes to your **journey** arrangements during your **journey**; or
- end your **journey** early to return **home**.

We’ll pay up to the section cover limit and sub-limits for:

- your cancellation costs for travel and accommodation arrangements that you have

paid in advance and can’t recover in any other way (where you can’t rearrange it before leaving **home**); or

- your **reasonable** costs to rearrange your **journey**;
- the loss of frequent flyer or similar air travel points that you used to buy an airline ticket following the cancellation of that airline ticket if you can’t recover the lost points from any other source. We calculate the amount we pay you as follows:
 - the cost of an equivalent class airline ticket based on the quoted retail price at the time the ticket was issued, less your financial contribution; multiplied by:
 - the total value of points lost, divided by the total number of points used to get the ticket.

Sub-limits applying to cover:

- Where the reason you need to cancel or amend your **journey** is due to an illness or **injury** resulting in the hospitalisation or death of a **close relative**, and you can **reasonably** demonstrate that the hospitalisation or death is not related to a **pre-existing medical condition**, then we will pay your **reasonable** cancellation or amendment expenses up to the section cover limit.

- b. If your **close relative's** hospitalisation or death has resulted from a **pre-existing medical condition** or you are unable to **reasonably** demonstrate that your **close relative's** hospitalisation or death is not related to a **pre-existing medical condition**, then the most we will pay under this section is 25% of your non-refundable claim expenses up to a maximum of \$2,000 for Single cover, \$2,000 per insured person on Duo cover and \$4,000 for Family cover.
- c. We will pay up to \$1,500 for Single cover, up to \$1,500 per insured person on Duo cover and up to \$3,000 for Family cover for any travel agent's cancellation fees where all monies have been paid or the maximum amount of the deposit has been paid at the time of the cancellation.

Conditions applying to cover:

- a. Any refunds or credits you are eligible to receive will be deducted from the amount payable on your claim.
- b. If you submit a claim under this section following cancellation by you of your entire **journey**, cover under this policy ends. You'll need to buy another policy for any subsequent trip. Cover will remain in place for anyone listed on the certificate of insurance who isn't making a claim to cancel their **journey**, but the cover limit will be reduced by the amount payable on the cancellation claim.
- c. Wherever claims are made by you under Section 4: Cancellation or amendment expenses and Section 5: Additional expenses for cancelled services/facilities or alternative arrangements for the same or similar services/facilities, we'll pay for the higher of the two amounts, not both. For example, if the cost to cancel part of your **journey** due to your **home** being declared uninhabitable is \$3,000 and the cost to amend or rearrange your booking is \$2,000, then the most we'll pay is \$3,000.
- d. If we've paid to bring you back to Australia under Section 5: Additional expenses, we won't reimburse you for your original unused prepaid flight back to Australia.

You must do the following:

- a. Provide with your claim, written confirmation of the event that caused you to change your **journey**.
- b. Request credits and refunds from any service providers and **carriers** and provide written

confirmation of whether you are entitled to any credits or refunds. If you are unable to provide any of this information, please provide a reason why.

- c. Keep receipts for any costs paid for your original arrangements and provide them with your claim.
- d. Keep receipts for any additional costs incurred and provide them with your claim.
- e. Provide with your claim a copy of your original travel itinerary and your new travel itinerary, if applicable.

We won't pay any claims, costs or losses under this section arising from or related to:

- a. you not meeting to our **reasonable** satisfaction, all the requirements that apply to you under 'You must do the following' unless we advise in writing that you don't need to.
- b. any reason you were aware of or should have been **reasonably** aware of before you bought your policy that may cause your **journey** to be cancelled, abandoned or shortened.
- c. any **pre-existing medical conditions**, except ones automatically covered as specified under 'Pre-existing medical condition(s) we automatically cover' in the section 'Pre-existing medical condition(s)' on pages 31 to 32 or **pre-existing medical conditions** with approval that are listed on your policy documents with additional premium paid.
- d. the death or hospitalisation of your **close relative**, due to an illness or **injury**, if it **arises** from a **pre-existing medical condition** except as specified under 'Sub-limits applying to cover'.
- e. you or your **travelling companion** changing plans or deciding not to continue with the intended **journey**.
- f. the failure of any person, company or organisation (including but not limited to any airline, or other **carriers**, hotel, car rental agency, travel agency including online travel agencies, online travel and leisure retailer, tour or cruise operator, travel wholesaler, booking agent or other providers of travel or tourism-related services, facilities or accommodation) to pass on monies to operators or to deliver promised services.
- g. cancellations, delays or rescheduling by a bus line, airline, shipping line or rail authority other than when caused by strikes.
- h. the mechanical breakdown of any means of transport.

- i. you travelling on a cruise **overseas** or in Australian waters, if you didn't select the Cruise pack at the time you took out your policy or before your departure date, and pay the appropriate additional premium.
- j. a tour operator or wholesaler being unable to complete arrangements for any tour because there were not enough people to go on the tour.
- k. any business, financial or contractual obligations. This exclusion does not apply to claims where you or your **travelling companion** are made redundant from full-time employment in Australia provided you or they were not aware that the redundancy was to occur before you bought your policy.
- l. any act, threat, or perceived threat of **terrorism**.
- m. any cancellation or amendment expenses you can claim from anyone else.
- n. any amount of compensation (including credits and refunds) you receive or are entitled to receive from the **carrier** whose transport was cancelled, delayed or rescheduled (we'll deduct this from your claim).
- o. any costs which you have paid on behalf of any other person unless that person is also an insured person listed on your certificate of insurance.
- p. a **mental illness** (including depression, anxiety, stress, mental or nervous conditions) suffered by you, your **close relative** or another person unless:
 - i. the **mental illness** has first occurred or first manifested as a new condition during your **period of insurance** (i.e. not a **pre-existing medical condition**);
 - ii. a **mental illness** diagnosis has been made by a **registered psychiatrist**;
 - iii. the **mental illness** is a **pre-existing medical condition** that has been approved by us, the additional premium if required was paid, and the condition is listed on your certificate of insurance; or
 - iv. the treating **registered psychiatrist** certifies that the **mental illness** prevents you from starting or finishing your **journey**.
- q. a return flight **home** if you didn't have a prepaid return flight **home** when the claimable event occurred.
- r. additional amendment expenses if we've paid your unused prepaid costs.
- s. travel or accommodation that was upgraded to a different nature and/or class that you originally booked, unless approved by us.

It's important also to read 'Exclusions that apply to your whole policy' on pages 36 to 38 for other reasons why we won't pay.

Section 5: Additional expenses

	Top Plus International	Basic International	Multi-Journey	Domestic
Section cover limit	\$50,000	\$7,500	\$50,000	\$10,000
Sub-limits:				
For events relating to a pre-existing medical condition of a close relative not travelling with you on your journey	25% of your reasonable additional expenses up to a maximum of \$2,000	\$25% of your reasonable additional expenses up to a maximum of \$2,000	\$25% of your reasonable additional expenses up to a maximum of \$2,000	\$25% of your reasonable additional expenses up to a maximum of \$2,000
Sub-limits:				
For trip resumption where your original journey was interrupted due to a close relative's unexpected death or hospitalisation in Australia	\$3,000	\$3,000	\$3,000	\$3,000
Excess	Yes	Yes	Yes	Yes

This section cover limit applies to each insured person on Duo cover or is doubled for Family cover. This section's sub-limits also apply to each insured person on Duo cover or is doubled for Family cover.

There's cover under this section if you incur **reasonable** additional accommodation and travel expenses during your **journey** due to a claimable event listed below under 'We'll pay'.

We'll pay up to the section cover limit and sub-limits for:

1. Medical additional expenses:

- a. Your **reasonable** additional accommodation and travel expenses incurred after the start of your **journey** if you can't continue your **journey** due to **injury** or **sickness** which needs immediate attention from a **medical adviser** who certifies that you are unfit to travel.
- b. Your **reasonable** additional accommodation and travel expenses for you to be with your **travelling companion** if they can't continue their **journey** due to an **injury** or **sickness**.
- c. The **reasonable** accommodation and travel expenses of your **travelling companion** or a **close relative** (not both), to travel to you, stay near you or escort you if you are admitted to **hospital** suffering from a life-threatening or other serious condition, or are evacuated for medical reasons.

2. Non-medical additional expenses:

- a. Your **reasonable** additional accommodation and travel expenses due to the disruption of your scheduled or connecting transport because of a riot, strike, hijack, civil commotion, severe weather conditions or **natural disaster** occurring after the commencement of your **journey**.
- b. Your **reasonable** additional accommodation and travel expenses because of the loss of your passport or other travel documents except involving government confiscation or articles sent through the mail.
- c. Your **reasonable** additional accommodation and travel expenses because of a collision of a motor vehicle, watercraft, aircraft or train in which you are travelling.
- d. Your **reasonable** additional accommodation and travel expenses because your **home** is declared uninhabitable due to a fire, explosion, or a **natural disaster** during your **journey**. We'll pay for your early return **home**.

- e. The **reasonable** additional cost of your return **home**, or your **reasonable** additional accommodation and travel expenses to another place **overseas**, if during your **journey**, your **close relative** dies unexpectedly or is hospitalised, due to an illness or an **injury**.

3. Trip resumption expenses:

- a. Your **reasonable** costs to return you to the place **overseas** when your **journey** was interrupted if you had to return **home** because:
 - i. during your **journey**, a **close relative** of yours dies unexpectedly or is hospitalised; and
 - ii. your **journey** can be resumed; and
 - iii. more than 14 days remain on the **period of insurance**, as noted on your certificate of insurance; and
 - iv. you resume your **journey** within 6 months of your return **home**.

You must do the following:

- a. Provide a medical or death certificate with your claim.
- b. Get written confirmation from the **carrier** or other relevant body as to the cause of the event and delay.
- c. Keep receipts for any costs and provide them with your claim.
- d. Act **reasonably** in avoiding additional costs.
- e. Take advantage of any pre-arranged return travel to Australia where possible.

Conditions applying to cover:

- a. We'll only pay the cost of the fare class and accommodation standard (room rate only) as originally booked that you had planned to travel at.
- b. If you need to return to **home** and did not have a return ticket booked to Australia before the circumstances giving rise to a claim under this section happened, we'll reduce the amount of your claim by the price of the fare to Australia from the place you planned to return to Australia from.
- c. Costs incurred must be on the written advice of a **medical adviser** approved by us, and with our prior approval.
- d. Wherever claims are made by you under Section 5: Additional expenses and Section 4: Cancellation or amendment expenses for cancelled services/facilities or alternative arrangements for the same or similar

services/facilities, we'll pay for the higher of the two amounts, not both. For example, if the cost to cancel part of your **journey** due to your **home** being declared uninhabitable is \$3,000 and the cost to amend or rearrange your booking is \$2,000, then the most we'll pay is \$3,000.

Sub-limits applying to cover:

- a. Where the reason you need to return **home** or travel to another destination is due to an illness or **injury** resulting in the hospitalisation or death of a **close relative**, and you can **reasonably** demonstrate that the hospitalisation or death is not related to a **pre-existing medical condition**, then we will pay your **reasonable** additional expenses up to the section cover limit.
- b. If your **close relative's** hospitalisation or death has resulted from a **pre-existing medical condition** or you are unable to **reasonably** demonstrate that your **close relative's** hospitalisation or death is not related to a **pre-existing medical condition**, then the most we will pay under this section is 25% of your **reasonable** additional expenses up to a maximum of \$2,000 for Single cover, \$2,000 per insured person on Duo cover and \$4,000 for Family cover.
- c. Where you meet the conditions to resume your **journey** when your original **journey** was interrupted, the maximum we'll pay under this section is up to \$3,000 for Single cover, up to \$3,000 per insured person on Duo cover and up to \$6,000 for Family cover.

We won't pay any claims, costs or losses under this section arising from or related to:

- a. you not meeting to our **reasonable** satisfaction, all the requirements that apply to you under 'You must do the following' unless we advise in writing that you don't need to.

- b. any reason you were aware of or should have been **reasonably** aware of before you bought your policy that may cause your **journey** to be cancelled, abandoned or shortened.
- c. any **pre-existing medical conditions**, except ones automatically covered as specified under 'Pre-existing medical condition(s) we automatically cover' in the section 'Pre-existing medical condition(s)' on pages 31 to 32 or **pre-existing medical conditions** with approval that are listed on your policy documents with additional premium paid.
- d. the death or hospitalisation of your **close relative**, due to an illness or **injury**, if it **arises** from a **pre-existing medical condition** except as specified under 'Sub-limits applying to cover'.
- e. cancellations, delays or rescheduling by a bus line, airline, shipping line or rail authority unless it is due to a strike, riot, hijack, civil protest, severe weather conditions or **natural disaster**.
- f. you or your **travelling companion** changing plans or deciding not to continue with the intended **journey**.
- g. any additional travel and accommodation expenses you can claim from anyone else.
- h. medical additional expenses caused by planned medical procedures, cosmetic treatments, or other non-emergency medical treatments.
- i. costs which you have paid on behalf of any other person unless that person is also an insured person listed on your certificate of insurance.
- j. additional expenses relating to telephone calls and mobile data (other than calls to notify us of your emergency).

It's important also to read 'Exclusions that apply to your whole policy' on pages 36 to 38 for other reasons why we won't pay.

Section 6: Missed connections and special events

	Top Plus International	Basic International	Multi-Journey	Domestic
Section cover limit	\$5,000	\$2,000	\$5,000	\$2,000
Excess	Yes	Yes	Yes	Yes

This section cover limit applies to each insured person on Duo cover or is doubled for Family cover.

There's cover under this section if your **journey** is interrupted by your prepaid, scheduled transport being cancelled, delayed or disrupted and it will result in you being unable to arrive on time for a prepaid connection, prepaid accommodation, a wedding, funeral, conference, concert, sporting event or prepaid tour arrangements.

We'll pay up to the section cover limit:

- a. Your **reasonable** additional transport expenses if during your **period of insurance** your prepaid, scheduled transport is cancelled, delayed or disrupted within 24 hours of the scheduled departure time, and as a result:
 - i. you will miss a wedding, funeral, conference, sporting event or prepaid tour arrangements; or
 - ii. you will miss a prepaid connection or your prepaid accommodation.

Conditions applying to cover under this section:

If you make a claim under Section 4: Cancellation or amendment expenses for unused, prepaid, non-refundable costs and cancellation fees as a result of the same event for which you are claiming under this section, we'll only pay for the higher amount. We won't pay a claim for the same event under both this section and Section 4: Cancellation or amendment expenses. For example, if your missed prepaid connection was \$1,000 and the cost for a new flight is \$1,500, then the most we'll pay is \$1,500.

You must do the following:

- a. Seek credits and refunds from the **carrier** or other relevant authority who was responsible for the cancellation, delay or disruption.
- b. Provide with your claim, written confirmation from the **carrier** who was responsible regarding:
 - i. the reason for the cancellation, delay or disruption; and

- ii. whether you are entitled to any credits or refunds and if not, why; and
- iii. details of any credits or refunds that you are entitled to.
- c. Get and provide with your claim, proof of the scheduled date and time of the wedding, funeral, conference, concert or sporting event.
- d. Keep receipts for any costs incurred and provide them with your claim.

We won't pay any claims, costs or losses under this section arising from or related to:

- a. you not meeting to our **reasonable** satisfaction, all the requirements that apply to you under 'You must do the following' unless we advise in writing that you don't need to.
- b. any amount of compensation (including credits and refunds) you receive or are entitled to receive from the **carrier** whose transport was cancelled, delayed or disrupted (we'll deduct this from your claim).
- c. where the leg of transport that is initially delayed arrives at its destination:
 - i. less than 2 hours later than originally scheduled for domestic transport (this means you must allow at least 2 hours connection time to get to your domestic bookings); or
 - ii. less than 3 hours later than originally scheduled for international transport (this means you must allow at least 3 hours connection time to get to your international bookings).
- d. where the **carrier** provides an alternative mode of transportation without additional cost to you.
- e. any act, threat, or perceived threat of **terrorism**.

It's important also to read 'Exclusions that apply to your whole policy' on pages 36 to 38 for other reasons why we won't pay.

Section 7: Travel delay

	Top Plus International	Basic International	Multi-Journey	Domestic
Section cover limit	\$2,000	\$1,000	\$2,000	\$1,000
Sub-limits	Up to \$200 for each 24-hour period of delay	Up to \$200 for each 24-hour period of delay	Up to \$200 for each 24-hour period of delay	Up to \$200 for each 24-hour period of delay
Excess	No	No	No	No

This section cover limit applies to each insured person on Duo cover or is doubled for Family cover.

There's cover under this section for additional meals and accommodation if there's a delay to your prepaid transport during your **journey** for at least 6 hours that **arises** due to circumstances outside your control.

We'll pay up to the section cover limit:

At the end of the first 6 hours:

- For Single cover: Up to \$200.
- For Duo cover: Up to \$200 for each insured person.
- For Family cover: Up to \$400.

For each full 24-hour period that the delay continues after the first 6 hours, we'll pay:

- For Single cover: Up to \$200.
- For Duo cover: Up to \$200 for each insured person.
- For Family cover: Up to \$400.

You must do the following:

- Provide with your claim, written confirmation of the circumstances that caused the delay.
- Provide receipts for meals and accommodation claimed.

- Seek credits and refunds from the **carrier** or other relevant authority who was responsible for the cancellation, delay or disruption.
- Provide with your claim, written confirmation from the provider who was responsible regarding:
 - the reason for the delay;
 - whether you are entitled to any credits or refunds and if not, why; and
 - details of any credits or refunds that you are entitled to.

We won't pay any claims, costs or losses under this section arising from or related to:

- any additional meals and accommodation expenses you can claim from anyone else.
- any act, threat, or perceived threat of **terrorism**.

It's important also to read 'Exclusions that apply to your whole policy' on pages 36 to 38 for other reasons why we won't pay.

What we cover – your belongings

This part explains what’s covered, limits and conditions applying to that cover, what you must do, and what we will and won’t pay.

Section 8: Luggage and personal effects

	Top Plus International	Basic International	Multi-Journey	Domestic
Section cover limit	\$15,000	\$5,000	\$10,000	\$8,000
Sub-limits: Video recorders, cameras (but not phone cameras), laptops, tablets and other personal handheld computers (including attached and unattached accessories)	\$4,000	\$1,500	\$4,000	\$1,500
Sub-limits: Mobile phones, smartphones and electronic watches (including attached and unattached accessories)	\$1,500	\$1,000	\$1,500	\$1,000
Sub-limits: Medical aids (including attached and unattached accessories)	\$2,000	\$1,000	\$2,000	\$1,000
Sub limits: All other items (including attached and unattached accessories)	\$750	\$750	\$750	\$750
Sub limits: Essential medication (for pre-existing medical condition(s) listed on your policy documents)	\$500	\$500	\$500	\$500
Sub-limits: Luggage and personal effects stolen from a concealed storage compartment of a locked motor vehicle	Up to \$200 for each stolen item up to a maximum of \$2,000	Up to \$200 for each stolen item up to a maximum of \$2,000	Up to \$200 for each stolen item up to a maximum of \$2,000	Up to \$200 for each stolen item up to a maximum of \$2,000
Excess	Yes	Yes	Yes	Yes

This section cover limit applies to each insured person on Duo cover or is doubled for Family cover.

There’s cover under this section if your luggage and personal effects are lost, stolen or damaged during your **journey**. Here are some examples where cover under this section may apply:

- A thief on a **motorcycle** snatched your handbag off your shoulder and sped away, or a thief broke into your hotel room and stole your laptop.
- Your **luggage and personal effects** are destroyed, damaged or unable to be

recovered, due to an unexpected accident, such as a car crash or fire.

We’ll pay up to the section cover limit and **sub-limits**:

For the original value of your **luggage and personal effects** after deducting **depreciation** that will be **reasonably** determined by us. No **depreciation** will be applied to goods purchased duty-free before your departure or goods purchased during your **journey**.

We may also choose to replace, repair or pay you the monetary value at our sole discretion.

Sub-limits applying to cover:

- a. You can claim for any combination of **luggage and personal effects** up to the applicable **sub-limits**, but the maximum amount we'll pay under this section won't exceed the section cover limit.
- b. For **luggage and personal effects** stolen from a **concealed storage compartment** of a locked motor vehicle, the most we'll pay is up to \$200 for each stolen item and \$2,000 in total for all stolen items. But, there must be signs of forced entry which is confirmed by a police report.
- c. We'll pay up to \$500 for your essential medication that has been lost, stolen or damaged during your **journey** provided that:
 - i. the medication was prescribed by a **medical adviser** for a **pre-existing medical condition** that was approved and listed on your policy documents; and
 - ii. the medication was essential for the management of this **pre-existing medical condition**; and
 - iii. the event causing your claim wasn't otherwise excluded under Section 8: Luggage and personal effects.

Conditions applying to cover:

- a. You must take **reasonable** care to protect **luggage and personal effects**. The level of care required is relative to the value of the item. The more expensive the item, the greater the level of care we expect you to take.
- b. Where an item is part of a pair or set, we will pay no more than the value of the lost, damaged or stolen part, regardless of any special value that the item may have had as part of a pair or set. A pair or related set of items are considered as one item and the appropriate single item limit will be applied. These include but are not limited to the following examples, each of which is considered a single item:
 - i. a camera, lenses (attached or not), tripod and accessories;
 - ii. a matching pair of earrings.

You must do the following:

- a. Report any crime or accident to the police, and hotel or **carrier**, if applicable, within 24 hours of the crime, and provide a copy of the report with your claim.

- b. Report lost checked-in luggage to the **carrier** as soon as you realise that it's lost and provide a copy of the report with your claim.
- c. Report any crime or accident resulting in the loss or damage of your **luggage and personal effects** to us as soon as **reasonably** possible.
- d. Provide with your claim, proof of ownership and value for any **luggage and personal effects** that you are claiming for, such as receipts, valuations, or bank statements.
- e. Provide with your claim, proof of ownership and value for any essential medication that you are claiming for, such as prescriptions or receipts.
- f. Contact your telecommunications provider to block your mobile phone sim and IMEI (international mobile equipment identity) if it is stolen or unrecoverable and provide written confirmation they have been blocked with your claim.

We won't pay any claims, costs or losses under this section arising from or related to:

- a. you not meeting to our **reasonable** satisfaction, all the requirements that apply to you under 'You must do the following' unless we advise in writing that you don't need to.
- b. you not exercising **reasonable** care at all times for the safety and security of your personal items. The level of care required is relative to the value of the item. The more expensive the item, the greater the level of care we expect you to take.
- c. you not taking all **reasonable** actions within your power to recover your **luggage and personal effects**.
- d. your **luggage and personal effects** being left unattended in a **public place**.
- e. your **luggage and personal effects** being left unattended in a motor vehicle unless they were stored in the **concealed storage compartment** of a locked motor vehicle and there were signs of forced entry.
- f. your lost, stolen or damaged essential medication except where:
 - i. the medication was prescribed by a **medical adviser** for a **pre-existing medical condition** that was approved and listed on your policy documents; and
 - ii. the medication was essential for the management of this **pre-existing medical condition**; and
 - iii. the event causing your claim wasn't otherwise excluded under Section 8: Luggage and personal effects.

- g. the transportation of your jewellery, mobile phone, camera, video camera, personal computer, computer equipment or their accessories in the cargo hold of any aircraft, ship, train, tram, bus or **carrier**. This does not apply in the case of personal electronic devices transported by aircraft if you are instructed by the airline or relevant authority to check the devices in due to government regulation.
- h. you travelling on a bus, plane, ship or train when the loss, theft, misplacement or damage occurred if you are entitled to be reimbursed by the bus line, airline, shipping line or rail authority. But, if you aren't reimbursed the full amount of your claim, and the circumstances are covered under this section, we'll pay the difference between the amount of your loss and what you were reimbursed, up to the limit of your cover (allowing for **depreciation** due to age, wear and tear).
- i. the electrical or mechanical breakdown of your **luggage and personal effects**.
- j. any loss, theft or damage to an item that doesn't meet the definition of **luggage and personal effects** under this policy.
- k. any loss, theft or damage to watercraft of any type (other than surfboards).
- l. any loss or damage due to the process of cleaning, repair or alteration.
- m. any loss or damage due to ordinary wear and tear, deterioration, atmospheric or weather conditions, insects, rodents or vermin.
- n. your **luggage and personal effects** being sent unaccompanied or by post, courier or under a freight contract.
- o. any damage to fragile or brittle articles unless the damage was caused by a fire or motor vehicle collision. This exclusion does not apply to spectacles, mobile phones, lenses in cameras and video cameras, laptop and tablet computers or binoculars.
- p. any loss of, or damage to, sporting equipment while in use (including surfboards or snowboards/skis even if you purchased the Snow pack).
- q. drones (including attached and unattached accessories) while in use.
- r. any negotiable instruments (such as gift cards, precious metals or securities).
- s. any information stored on any electronic device or other media, including software.

It's important also to read 'Exclusions that apply to your whole policy' on pages 36 to 38 for other reasons why we won't pay.

Section 9: Delayed luggage and personal effects

	Top Plus International	Basic International	Multi-Journey	Domestic
Section cover limit	\$750	\$200	\$750	\$750
Sub-limits: At the end of the first 24 hours	\$375	\$100	\$375	\$375
Sub-limits: After 72 hours in total	\$375	\$100	\$375	\$375
Excess	No	No	No	No

This section cover limit applies to each insured person on Duo cover or is doubled for Family cover.

There's cover under this section for the cost of purchasing **reasonable** essential personal items if all your **luggage and personal effects** are delayed, misdirected, or misplaced by your **carrier** for more than 24 hours during your **journey**.

We'll pay up to the section cover **sub-limit** listed for your plan at the end of the first 24 hours. This section

cover **sub-limit** will be doubled if you still haven't received your **luggage and personal effects** after 72 hours. Any compensation you are eligible to receive from the **carrier** will be deducted from the amount payable on your claim.

You must do the following:

- a. Seek compensation from the **carrier** responsible for the delay.

- b. Provide with your claim, written confirmation from the **carrier** who was responsible regarding:
 - i. the reason for the luggage delay;
 - ii. the length of the delay;
 - iii. whether you are entitled to any compensation; and
 - iv. details of any compensation you are entitled to.
- c. Keep receipts for any additional costs incurred and provide them with your claim.

We won't pay any claims, costs or losses under this section arising from or related to:

- a. you not meeting to our **reasonable** satisfaction, all the requirements that apply to you under 'You must do the following' unless we advise in writing that you don't need to.
- b. your **luggage and personal effects** being delayed on the final leg of your **journey home**.

It's important also to read 'Exclusions that apply to your whole policy' on pages 36 to 38 for other reasons why we won't pay.

Section 10: Passport, travel documents and bank cards

	Top Plus International	Basic International	Multi-Journey	Domestic
Section cover limit	\$5,000	\$500	\$5,000	No cover
Excess	Yes	Yes	Yes	N/A

This section cover limit applies to each insured person on Duo cover or is doubled for Family cover.

There's cover under this section for the replacement costs (including communication costs) of your passports, travel documents or bank cards if they are lost, stolen or damaged while you are **overseas**.

We'll pay up to the section cover limit:

- a. To reimburse you for the replacement costs (including communication costs) of your passport, travel documents or bank cards if they are damaged, you lose them, or they are stolen from you while **overseas**.
- b. To also cover any loss resulting from the fraudulent use of any bank card held by you following the loss of the card while **overseas**. We will only cover those amounts not covered by any guarantee given by the bank or issuing company to you as the cardholder covering such losses.

You must do the following:

- a. Report any crime or accident to the police within 24 hours and provide a copy of the report with your claim; and

- b. Report the theft or loss of the bank card to the issuing bank or company in accordance with the conditions under which the cards were issued.

We won't pay any claims, costs or losses under this section arising from or related to:

- a. you not meeting to our **reasonable** satisfaction, all the requirements that apply to you under 'You must do the following' unless we advise in writing that you don't need to.
- b. the loss or theft of your passports, travel documents or bank cards if they are not carried on your person when travelling on **carriers**.
- c. your passports, travel documents or bank cards being lost or stolen from your accommodation if a safe or locker has been provided and you fail to use it.

It's important also to read 'Exclusions that apply to your whole policy' on pages 36 to 38 for other reasons why we won't pay.

Section 11: Theft of cash

	Top Plus International	Basic International	Multi-Journey	Domestic
Section cover limit	\$250	\$250	\$250	No cover
Excess	No	No	No	N/A

This section cover limit is the maximum amount we will pay for all claims combined for Single cover and Family cover. For Duo cover, this section cover limit applies to each insured person.

There's cover under this section if the cash that you are carrying on you is stolen while you are **overseas**.

We'll pay up to the section cover limit for the theft of your cash, banknotes, currency notes, travellers' cheques, postal orders or money orders that have been stolen from your person.

You must do the following:

- a. Report any crime or accident to the police, your hotel or your **carrier**, if applicable, within 12 hours of the crime, and provide a copy of the report with your claim;
- b. Provide with your claim credit card or bank statements or receipts for the cash withdrawals, currency notes, travellers' cheques, postal orders or money orders.

We won't pay any claims, costs or losses under this section arising from or related to:

- a. you not meeting to our **reasonable** satisfaction, all the requirements that apply to you under 'You must do the following' unless we advise in writing that you don't need to.
- b. your cash, banknotes, currency notes, travellers' cheques, postal orders or money orders being stolen from you if it wasn't carried on you or your person when it was stolen.

It's important also to read 'Exclusions that apply to your whole policy' on pages 36 to 38 for other reasons why we won't pay.

What we cover – your security

This part explains what’s covered, limits and conditions applying to that cover, what you must do, and what we will and won’t pay.

Section 12: Rental vehicle insurance excess

Please note that this cover does not take the place of rental vehicle insurance and only provides cover for the excess component that you become liable to pay in the event of collision or theft.

	Top Plus International	Basic International	Multi-Journey	Domestic
Section cover limit	\$8,000	\$3,000	\$8,000	\$6,000
Sub-limits:				
For the return of the rental vehicle if you are injured or sick	\$500	\$500	\$500	\$500
Excess	Yes	Yes	Yes	Yes

This section cover limit and **sub-limit** is the maximum amount we will pay for all claims combined for a Single cover, Duo cover and Family cover.

There’s cover under this section for the **rental vehicle** insurance excess if you rent a **rental vehicle** from a company during your **journey**, and it is involved in an accident, is damaged or is stolen while in your care. There is also cover for the cost you incur to return your **rental vehicle** should you be medically unfit to do so.

We define a **rental vehicle** as a sedan, hatchback or station wagon, four-wheel drive, or minibus/people mover, or a campervan/motorhome that does not exceed 4.5 tonnes, rented from a licensed motor vehicle rental company. It doesn’t include car-sharing services such as Car Next Door, CitiHop or Zipcar.

We’ll pay up to the section cover limit and section cover **sub-limit**:

- The lower amount of either the **rental vehicle** insurance excess or the cost of repairing the **rental vehicle**; and
- The cost for the return of your **rental vehicle**.

Sub-limits applying to cover:

If you are **injured** or sick and unable to return your **rental vehicle**, we’ll pay up to \$500 to have the vehicle returned to the nearest depot.

You must do the following:

- Provide a copy of the rental agreement along with the repair account or quote.

- Keep receipts for any costs you have paid and provide them with your claim.
- Provide a medical certificate from your attending **medical adviser** where you are medically unfit to return the **rental vehicle**.

We won’t pay any claims, costs or losses under this section arising from or related to:

- you not meeting to our **reasonable** satisfaction, all the requirements that apply to you under ‘You must do the following’ unless we advise in writing that you don’t need to.
- the **rental vehicle** being operated or used by a person not named as a designated driver on the **rental vehicle** agreement, or by anyone not listed on your certificate of insurance.
- you or the driver not holding the correct licence to operate the **rental vehicle** for the country you are in.
- the **rental vehicle** being used or driven in a way that violates the rental agreement, or breaks the law of the country you are in.
- the use of a vehicle that doesn’t comply with the definition of a **rental vehicle** under this policy.
- the use of any vehicle that is rented from a car-sharing service.
- administration costs or penalties.

It’s important also to read ‘Exclusions that apply to your whole policy’ on pages 36 to 38 for other reasons why we won’t pay.

Section 13: Personal liability

	Top Plus International	Basic International	Multi-Journey	Domestic
Section cover limit	\$5,000,000	\$1,000,000	\$5,000,000	\$1,000,000
Excess	Yes	Yes	Yes	Yes

This section cover limit is the maximum amount we will pay for all claims combined for a Single cover, Duo cover and Family cover.

There's cover under this section if, due to an unexpected accident that occurs during your **journey**, you become legally liable for:

- someone else's death or bodily **injury**; or
- the physical loss of, or damage to, someone else's property.

We'll pay up to the section cover limit for:

- the costs you are legally liable for; and
- your **reasonable** legal costs for settling or defending the claim against you.

Conditions applying to cover:

- You must not accept fault or liability for any costs without our approval first.
- You must not incur any legal costs without our approval first.

You must do the following:

- Get proof of the death, **injury**, loss or damage and provide it with your claim.
- Keep invoices for costs you are liable for and provide them with your claim.
- Keep receipts for any legal costs that we have approved and provide them with your claim.

We won't pay any claims, costs or losses under this section arising from or related to:

- you not meeting to our **reasonable** satisfaction, all the requirements that apply to you under 'You must do the following' unless we advise in writing that you don't need to.
- an **injury** to you, a **travelling companion** or a relative.
- damage to property belonging to you, a **travelling companion** or a relative.
- ownership, custody or use of any vehicle, aeroplane, aerial device, drone, watercraft, firearm or weapon.
- buildings you own or occupy, except if you temporarily reside there.
- the conduct of a business, profession or trade.
- a disease that is transmitted by you.
- assault and/or battery committed by you or at your direction.
- any conduct intended to cause **injury**, property damage or other personal liability.
- a contract that imposes on you a liability which you would not otherwise have.
- any non-financial assistance, remedy or recovery.
- any fine, penalty or aggravated, punitive, exemplary, or liquidated damages.

It's important also to read 'Exclusions that apply to your whole policy' on pages 36 to 38 for other reasons why we won't pay.

Section 14: Accidental death

	Top Plus International	Basic International	Multi-Journey	Domestic
Section cover limit	\$25,000	\$10,000	\$25,000	\$10,000
Sub-limits: Dependants	\$5,000 per dependant	\$5,000 per dependant	\$5,000 per dependant	\$5,000 per dependant
Excess	No	No	No	No

This section cover limit applies to each insured person on Duo cover.

For Family cover, this section limit applies to each adult listed on the certificate of insurance (who is not

a **dependant** listed on the certificate of insurance). The maximum amount payable for all claims combined is double this section cover limit.

There's cover under this section if you pass away due to an **injury** sustained during your **period of insurance**.

We define **injury** as a bodily **injury** caused solely and directly by violent, accidental, visible and external means, which happened at a definite time and place during your **period of insurance** and did not result from any illness, **sickness** or self-harm.

We'll pay the accidental death benefit to your estate provided:

- a. Your death occurs within 12 months of the accident; or
- b. During your **journey**, the transport you are travelling on disappears, sinks or crashes and you are presumed dead, and your body is not found within 12 months.

For Duo cover, this section cover limit under your plan is the amount we will pay for the death of each adult listed on the certificate of insurance.

For Family cover, this section cover limit under your plan is the amount we will pay for the death of each

adult listed on the certificate of insurance (who is not a **dependant** listed on the certificate of insurance). The maximum amount payable for all claims combined is double this section cover limit.

Sub-limits applying to cover under this section:

The maximum amount payable for the death of a **dependant** listed on the certificate of insurance is \$5,000.

You must provide a death certificate with the claim, as evidence of the death.

We won't pay any claims, costs or losses under this section arising from or related to:

- a. you not meeting to our **reasonable** satisfaction, all the requirements that apply to you under 'You must do the following' unless we advise in writing that you don't need to.
- b. suicide or any other reason that doesn't meet the definition of **injury** under the policy.

It's important also to read 'Exclusions that apply to your whole policy' on pages 36 to 38 for other reasons why we won't pay.

Section 15: Permanent disability

	Top Plus International	Basic International	Multi-Journey	Domestic
Section cover limit	\$50,000	\$10,000	\$50,000	No cover
Sub-limits: Dependants	\$5,000 per dependant	\$5,000 per dependant	\$5,000 per dependant	No cover
Excess	No	No	No	N/A

This section cover limit applies to each insured person on Duo cover.

For Family cover, this section limit applies to each adult listed on the certificate of insurance (who is not a **dependant** listed on the certificate of insurance). The maximum amount payable for all claims combined is double this section cover limit under your plan.

There's cover under this section if you suffer an **injury overseas** during your **journey** that causes permanent disability.

We define permanent disability and permanently disabled as:

- You have totally lost all of your sight in one or both eyes; or the use of a hand or foot at or above the wrist or ankle; and
- The loss has been for at least 12 months.

We'll pay the permanent disability benefit to you if:

- a. you suffer an **injury**; and
- b. due to this **injury**, you become permanently disabled within 12 months of the **injury date**.

For Duo cover, this section cover limit under your plan is the amount we will pay for the permanent disability of each adult listed on the certificate of insurance.

For Family cover, this section cover limit under your plan is the amount we will pay for the permanent disability of each adult listed on the certificate of insurance (who is not a **dependant** listed on the

certificate of insurance). The maximum amount payable for all claims combined is double this section cover limit under your plan.

Sub-limits applying to cover under this section:

The maximum amount payable for the permanent disability of a **dependant** listed on the certificate of insurance is \$5,000.

You must provide a medical certificate with your claim.

We won't pay any claims, costs or losses under this section arising from or related to:

- a. you not meeting to our **reasonable** satisfaction, all the requirements that apply to you under 'You must do the following' unless we advise in writing that you don't need to.
- b. **injury** due to self-harm or any other reason that doesn't meet the definition of **injury** under the policy.

It's important also to read 'Exclusions that apply to your whole policy' on pages 36 to 38 for other reasons why we won't pay.

Section 16: Loss of income

	Top Plus International	Basic International	Multi-Journey	Domestic
Section cover limit	\$10,400	\$5,200	\$10,400	No cover
Sub-limits: Weekly limit	\$400 per week	\$400 per week	\$400 per week	No cover
Excess	No	No	No	N/A

This section cover limit applies to each insured person on Duo cover or is doubled for Family cover.

There's cover under this section if you are **injured** during your **overseas journey** and as a result of the injuries, after 30 days of you returning **home**, you are unable to return to the job that you held in Australia before departing on your **overseas journey**, and you lose all your income.

We'll pay as follows up to the section cover limit to replace your weekly wage, net of income tax, that you have lost due to your **injury**:

- For Top Plus International and Multi-Journey plans: Up to \$400 per week for a period of up to 26 weeks.
- For the Basic International plan: Up to \$400 for a period of up to 13 weeks.

You must do the following:

- a. Get a medical report from your **medical adviser overseas** regarding the nature of your **injury** and confirming your disablement.
- b. Get a medical report from your **medical adviser** in Australia once you return **home** outlining the treatment plan for your return to your usual occupation in Australia, the

expected return to work date or length of expected disablement.

- c. Provide us with satisfactory evidence of your employment in Australia and your scheduled return to work date after your **journey**, confirming that you were employed prior to your departure and had work to return to in Australia.
- d. Provide us with satisfactory evidence of your lost income by providing us with your recent payslips.

We won't pay any claims, costs or losses under this section arising from or related to:

- a. you not meeting to our **reasonable** satisfaction, all the requirements that apply to you under 'You must do the following' unless we advise in writing that you don't need to.
- b. the first 30 days of your disablement from the time you originally planned to resume your work.
- c. the loss of income of your **dependants**.
- d. the loss of income for any job which you held while **overseas**.

It's important also to read 'Exclusions that apply to your whole policy' on pages 36 to 38 for other reasons why we won't pay.

Section 17: Pet care

	Top Plus International	Basic International	Multi-Journey	Domestic
Section cover limit	\$500	No cover	\$500	No cover
Sub-limits: Daily limit for kennel, boarding or cattery fees	\$25 for each 24-hour period	No cover	\$25 for each 24-hour period	No cover
Excess	No	N/A	No	N/A

This section cover limit is the maximum amount we will pay for all claims combined for Single cover and Family cover. For Duo cover, this section cover limit applies to each insured person.

There's cover under this section for pet boarding fees if you are delayed from returning **home** due to an unexpected event covered under the policy.

We'll pay up to the section cover limit:

- a. \$25 for each 24-hour period for the additional kennel, boarding or cattery fees for domestic dogs and cats owned by you if you are delayed beyond your original return date due to an unexpected event covered under this policy.

You must keep receipts for any costs and provide them with your claim.

We won't pay any claims, costs or losses under this section arising from or related to:

- a. you not meeting to our **reasonable** satisfaction, all the requirements that apply to you under 'You must do the following' unless we advise in writing that you don't need to.
- b. for any kennel or cattery boarding fees outside of Australia.

It's important also to read 'Exclusions that apply to your whole policy' on pages 36 to 38 for other reasons why we won't pay.

What we cover – your choices

This part explains what’s covered, limits and conditions applying to that cover, what you must do, and what we will and won’t pay.

Snow pack

	Top Plus International	Basic International	Multi-Journey	Domestic
Additional premium required for cover	Yes	Yes	Yes	Yes

Cover for your participation in **winter sports** is not automatically included in your policy.

You will only have this cover if you pay the additional premium and Snow pack is listed on your certificate of insurance.

If you are participating in **winter sports** activities and have not purchased the Snow pack, there will be no cover under any section of the policy.

There’s cover under each benefit section limit and sub-limit of your policy if you purchase the Snow pack and are participating in any of the following winter sports during your journey:

- a. Recreational skiing and snowboarding;
- b. Bigfoot skiing and snowboarding;
- c. Cat skiing and snowboarding;
- d. Cross-country skiing and snowboarding (along a designated cross-country ski route only);
- e. Glacier skiing and snowboarding (only on a guided tour that is available to the general public and provided by a licensed tour operator);
- f. Heli-skiing and snowboarding (only on a guided tour that is available to the general public and provided by a licensed tour operator);
- g. Ice hockey (not competitive);
- h. Ice skating;
- i. Lugeing on ice (provided by a licensed tour operator and available to the general public only);
- j. Mono skiing and snowboarding;

- k. Off-piste skiing and snowboarding with a professional snow sports instructor/guide;
- l. Snowmobiling; and
- m. Tobogganing.

Conditions applying to cover:

You must have purchased the Snow pack at the time you took out your policy or before your departure date, and paid the appropriate additional premium. The Snow pack must be listed on your certificate of insurance.

We won’t pay any claims, costs or losses under this section arising from or related to:

- a. winter or snow-related activities if the Snow pack has not been purchased and listed on your certificate of insurance.
- b. your participation in any of the following winter or snow-related activities (even if you have purchased the Snow pack):
 - i. ski/snowboard racing (including training);
 - ii. ski/snowboard acrobatics;
 - iii. freestyle skiing/snowboarding;
 - iv. ski/snowboard fun parks;
 - v. ski/ snowboard jumping or stunting;
 - vi. off-piste skiing/ snowboarding without a professional snow sports instructor/guide;
 - vii. cross-country skiing outside of a designated cross-country ski route;
 - viii. bobsleighting; and
 - ix. parascending (over snow).

It’s important also to read ‘Exclusions that apply to your whole policy’ on pages 36 to 38 for other reasons why we won’t pay.

There is also cover for the following benefits if you have purchased the Snow pack:

1. Piste closure

	Top Plus International	Basic International	Multi-Journey	Domestic
Benefit limit	\$500	\$500	\$500	\$500
Excess	Nil	Nil	Nil	Nil

This benefit limit applies to each insured person on Duo cover or is doubled for Family cover.

There's cover under this section if your prepaid snow activities cannot take place due to your prepaid snow resort closing all lift systems during your **journey**.

We'll pay up to the benefit limit as follows towards the cost of transport to the nearest snow resort or for additional ski passes:

- For Single cover: Up to \$100 per day.
- For Duo cover: Up to \$100 per day for each insured person.
- For Family cover: Up to \$200 per day.

You must provide us with written confirmation from the snow resort of the closure of the lift systems, including the duration of the closure.

We won't pay any claims, costs or losses under this section arising from or related to a closure outside the period 15th December to 31st March in Northern Hemisphere resorts and 15th June to 30th September in Southern Hemisphere resorts.

It's important also to read 'Exclusions that apply to your whole policy' on pages 36 to 38 for other reasons why we won't pay.

2. Prepaid snow costs

	Top Plus International	Basic International	Multi-Journey	Domestic
Benefit limit	\$500	\$500	\$500	\$500
Excess	Yes	Yes	Yes	Yes

This benefit limit applies to each insured person on Duo cover or is doubled for Family cover.

There's cover under this section if due to **injury** or **sickness** during your **journey** you are unable to use your prepaid snow costs.

We'll pay up to the benefit limit for prepaid snow passes, snow equipment hires or tuition fees.

You must get a medical certificate from a **medical advisor** in support of your claim for **injury** or **sickness**.

We won't pay any claims, costs or losses under this section arising from or related to activities that don't meet the definition of **winter sports** under this policy.

It's important also to read 'Exclusions that apply to your whole policy' on pages 36 to 38 for other reasons why we won't pay.

3. Equipment replacement

	Top Plus International	Basic International	Multi-Journey	Domestic
Benefit limit	\$500	\$500	\$500	\$500
Excess	Yes	Yes	Yes	Yes

This benefit limit applies to each insured person on Duo cover or is doubled for Family cover.

There's cover under this section if snow sports equipment owned by you has been misdirected or delayed for more than 24 hours during your **journey**.

We'll pay up to the benefit limit for the **reasonable** cost of hiring alternative snow sports equipment.

You must provide us with written confirmation from the carrier of the delay and receipts for any costs you are claiming for.

It's important also to read 'Exclusions that apply to your whole policy' on pages 36 to 38 for other reasons why we won't pay.

We won't pay any claims, costs or losses under this section arising from or related to equipment being sent unaccompanied or under a freight contract.

Cruise pack

	Top Plus International	Basic International	Multi-Journey	Domestic
Additional premium required for cover	Yes	Yes	Yes	Yes

Cover for cruising **overseas** or in Australian waters is not automatically included in your policy. You will only have this cover if you pay the additional premium and the Cruise pack is listed on your certificate of insurance.

If you are cruising **overseas** or in Australian waters and have not purchased the Cruise pack, there will be no cover under any section of the policy.

There's cover under each benefit section limit and sub-limit of your policy if you purchase the Cruise pack.

Conditions applying to cover:

You must have purchased the Cruise pack at the time you took out your policy or before your departure date, and paid the appropriate additional premium. The Cruise pack must be listed on your certificate of insurance.

We won't pay any claims, costs or losses under this section arising from or related to travel on an **overseas** cruise or in Australian waters where the Cruise pack has not been purchased and listed on your certificate of insurance.

It's important also to read 'Exclusions that apply to your whole policy' on pages 36 to 38 for other reasons why we won't pay.

There is also cover for the following benefits if you have purchased the Cruise pack:

1. Missed shore excursions

	Top Plus International	Basic International	Multi-Journey	Domestic
Benefit limit	\$1,000	\$1,000	\$1,000	No cover
Excess	Yes	Yes	Yes	N/A

This benefit limit applies to each insured person on Duo cover or is doubled for Family cover.

There's cover under this section if you are unable to attend your prepaid shore excursion due to an unexpected event covered under the policy.

We'll pay up to the benefit limit for the non-refundable cost of the unused ticket.

You must submit the original ticket with your claim.

We won't pay any claims, costs or losses under this section arising from or related to:

- you not meeting to our **reasonable** satisfaction, all the requirements that apply to you under 'You must do the following' unless we advise in writing that you don't need to.
- any act, threat, or perceived threat of **terrorism**.

It's important also to read 'Exclusions that apply to your whole policy' on pages 36 to 38 for other reasons why we won't pay.

2. Missed port

	Top Plus International	Basic International	Multi-Journey	Domestic
Benefit limit	\$800	\$800	\$800	No cover
Sub-limits	\$100 per missed port	\$100 per missed port	\$100 per missed port	No cover
Excess	Nil	Nil	Nil	N/A

This benefit limit is the maximum amount we will pay for all claims combined for Single cover and Family cover. For Duo cover, this benefit limit applies to each insured person.

There's cover under this section if your cruise doesn't dock at a port during your **journey** due to adverse weather restrictions or mechanical breakdown, and an alternative port is not provided.

We'll pay \$100 per port up to the benefit limit.

You must provide us with written confirmation from the cruise provider of the ports missed, the cause and whether an alternative port was provided.

We won't pay any claims, costs or losses under this section arising from or related to:

- a. you not meeting to our **reasonable** satisfaction, all the requirements that apply to you under 'You must do the following' unless we advise in writing that you don't need to.
- b. a missed port if an alternative port was provided to you.

It's important also to read 'Exclusions that apply to your whole policy' on pages 36 to 38 for other reasons why we won't pay.

3. Emergency formal attire

	Top Plus International	Basic International	Multi-Journey	Domestic
Benefit limit	\$250	\$250	\$250	No cover
Excess	Nil	Nil	Nil	N/A

This benefit limit applies to each insured person on Duo cover or is doubled for Family cover.

There's cover under this section if your formal wear is delayed, misdirected, or misplaced for over 12 hours from the time you boarded the vessel.

We'll pay up to the benefit limit to buy or hire replacement formal wear.

You must provide us with written confirmation from the cruise provider or **carrier** of the delay to your formal attire.

We won't pay any claims, costs or losses under this section arising from or related to:

- a. you not meeting to our **reasonable** satisfaction, all the requirements that apply to you under 'You must do the following' unless we advise in writing that you don't need to.
- b. a claim for the same item if you have also claimed for it under Section 9: Delayed luggage and personal effects.

It's important also to read 'Exclusions that apply to your whole policy' on pages 36 to 38 for other reasons why we won't pay.

4. Cabin confinement

	Top Plus International	Basic International	Multi-Journey	Domestic
Benefit limit	\$1,500	\$1,500	\$1,500	No cover
Excess	Nil	Nil	Nil	N/A

This benefit limit applies to each insured person on Duo cover or is doubled for Family cover.

There's cover under this section if, during your cruise, you suffer an **injury or sickness** and the treating **medical adviser** onboard the cruise orders you to be confined to your cabin for more than 24 hours.

We'll pay up to the benefit limit as follows provided that the period of confinement is for at least 24 hours:

- For Single cover: \$100 per day.
- For Duo cover: \$100 per day for each insured person confined to their cabin.
- For Family cover: \$100 per day for each insured person confined to their cabin.

You must provide us with written confirmation of the cabin confinement order from the treating **medical adviser** onboard the cruise.

We won't pay any claims, costs or losses under this section arising from or related to you not meeting to our **reasonable** satisfaction, all the requirements that apply to you under 'You must do the following' unless we advise in writing that you don't need to.

It's important also to read 'Exclusions that apply to your whole policy' on pages 36 to 38 for other reasons why we won't pay.

Motorcycle, moped and scooter pack

	Top Plus International	Basic International	Multi-Journey	Domestic
Additional premium required for cover	Yes	Yes	Yes	N/A

Cover for your participation in riding a **motorcycle, moped or scooter overseas** as a driver or passenger is not automatically included in your policy.

We'll pay claims related to you riding a **motorcycle, moped or scooter** as a driver or passenger during your **overseas journey** under the listed sections below if you pay the additional premium and the Motorcycle, moped and scooter pack is listed on your certificate of insurance:

- Section 1: Overseas emergency medical and hospital expenses;
- Section 2: Emergency medical assistance; and
- Section 5: Additional expenses.

Conditions applying to cover:

- a. You must have purchased the Motorcycle, moped and scooter pack at the time you bought your policy or before your departure date, and any appropriate additional premium

must have been paid. The Motorcycle, moped and scooter pack must be listed on your certificate of insurance.

- b. If you are riding a **motorcycle, moped or scooter overseas**, you must hold a current Australian **motorcycle** licence valid for the class of **motorcycle, moped or scooter** and a licence valid for the country that you are riding in; or
- c. If you are travelling as a passenger on a **motorcycle, moped or scooter overseas**, the person that is in control of the **motorcycle, moped or scooter** must hold a current **motorcycle** licence valid for the country you are travelling in; and
- d. You must wear a helmet, even if you are a passenger.

We won't pay any claims, costs or losses under this section arising from or related to:

- a. you not meeting to our **reasonable** satisfaction, all the requirements that apply to

you under 'You must do the following' unless we advise in writing that you don't need to.

- b. personal liability under any circumstances. This means that you are responsible for paying for the damage to the **motorcycle, moped or scooter** or other two or three-wheeled vehicle, any property damage or for an **injury** to another person.
- c. any **motorcycle, moped or scooter** riding as a driver or a passenger in Australia.

It's important also to read 'Exclusions that apply to your whole policy' on pages 36 to 38 for other reasons why we won't pay.

When you have an emergency

We understand that it can be very stressful if something unexpected happens while you are travelling. Our helpful emergency assistance team will be there to assist you when you need us most.

You must let us know immediately if you experience an emergency. We are available 24 hours a day, 7 days a week on:

24-hour emergency assistance:

From overseas: +61 2 8883 7803

In Australia: 02 8883 7803

If you are admitted into **hospital** as an inpatient (staying overnight in a **hospital**) for more than 24 hours, someone must contact us on your behalf immediately.

If you don't let us know immediately, we won't pay for any expenses, evacuation or transfers or airfares that haven't been approved or arranged by us.

Our emergency assistance team will:

- Help you with medical problems;
- Find the nearest medical facilities with English-speaking doctors;
- Bring you **home** if medically necessary;
- Find embassies and consulates; and
- Pass messages on to your loved ones and work colleagues during an emergency.

If you aren't hospitalised, but you are being treated as an outpatient (not staying overnight in a **hospital**), and the total cost of the treatment will exceed \$1,000 AUD, you must contact us.

You are free to choose your own **medical adviser**, or we can appoint an approved **medical adviser** to see you unless you are treated under a Reciprocal Health Agreement. Australia has Reciprocal Health Care Agreements currently in place with Finland, Italy, Malta, the Netherlands, Norway, Sweden, the Republic of Ireland, Belgium, Slovenia, United Kingdom and New Zealand.

Even if you are treated under the Reciprocal Health Care Agreement, you must tell us if you are admitted to **hospital** or if you return early to Australia based on written medical advice.

If you don't get the medical treatment you expect, we can assist you. But, we are not liable for any problems that result from you choosing your **medical adviser**.

When you make a claim

We hope that nothing goes wrong on your **journey**, but if it does and you need to claim, that's what we're here for.

How to make a claim

Just go to our website at hollandtravel.com.au/claims to submit your claim online.

When to make a claim

Submit your claim within 30 days of your return or as soon as possible after the unexpected event that has caused the claim. If we need additional information, we'll let you know.

What to provide with your claim

You must provide documentation to support your claim. This might include all relevant original receipts and document such as:

- proof of refunds;
- proof of ownership;
- medical reports;
- loss reports from the police, airline or other relevant authorities;
- repair reports;
- incident reports; or
- death certificates.

Claims processing

If you have provided all the documents we need, we'll be in touch with you about your claim outcome within 10 business days. If we need additional information from you, we'll contact you within 10 business days to ask for this information.

All claim amounts will be paid in Australian dollars.

Excess

An **excess** is an amount you pay when you decide to claim on your policy. If you are claiming for more than one event, an **excess** will apply to each event unless there is no **excess** specified on a particular benefit section.

For example, if you need to book an additional night at a hotel because your flight is delayed due to a strike, and then, you need to return **home** early because your brother is hospitalised, two **excesses** will apply as these are two different claim events.

But, if you are claiming for just one event under multiple benefit sections, only one **excess** will apply unless there is no **excess** specified on a particular benefit section and/or you have purchased the option to vary your standard **excess** from \$150 to \$0.

Claim settlement examples

Insurance policies can be challenging at the best of times. And, it just gets tougher when you are trying to do the math on how much you'll be paid if your claim is approved.

To make things easier, we wanted to give you examples of how your claim settlement may be calculated based on some common scenarios our claims team encounter. Please note that any actual claim settlement amount will be based on the individual circumstances of your claim.

Claim example 1	
Benefit section	Section 4: Cancellation or amendment expenses
Plan	Domestic
Benefit limit	You chose \$5,000 as your cover limit when you bought your policy.
Your chosen excess	\$150
Loss or damage	You cancelled your trip to the Northern Territory due to breaking your leg.
How we settle your claim	We pay you \$1,350 as follows: Cost of your flight and accommodation: \$3,500 Less refund received from your travel agent: \$2,000 Less \$150 excess Total claim settlement: \$1,350

Claim example 2	
Benefit section	Section 8: Luggage and personal effects
Plan	Basic International
Benefit limit	\$5,000
Your chosen excess	\$250
Loss or damage	The mobile phone that you bought 2 months ago is stolen in Turkey.
How we settle your claim	We pay you \$550 as follows: Cost of your mobile phone: \$800 Applicable depreciation : Nil (as the phone is 2 months old) Less \$250 excess Total claim settlement: \$550

Claim example 3	
Benefit section	Section 1: Overseas emergency medical and hospital expenses
Plan	Top Plus International
Benefit limit	\$Unlimited overseas medical and hospital expenses, including dental expenses cover for up to \$1,000
Your chosen excess	Nil (as you purchased the option to vary your standard \$150 excess)
Loss or damage	You suffer food poisoning in Bali. You attend a clinic and you are prescribed medication for this by a doctor.
How we settle your claim	We pay you \$100 as follows: Cost of your doctor's consultation: \$70 Cost of your prescribed medication: \$30 Less nil excess Total claim settlement: \$100

Claim example 4

Benefit section	Section 5: Additional expenses
Plan	Multi-Journey
Benefit limit	\$50,000
Your chosen excess	\$150
Loss or damage	<p>Your prepaid flight to Germany has been cancelled due to a strike. You book another flight with a different airline to travel to Germany.</p> <p>You claim for your cancelled prepaid flight which cost you \$1,500 and your new flight which cost you \$2,000.</p>
How we settle your claim	<p>Wherever claims are made by you under Section 5: Additional expenses and Section 4: Cancellation or amendment expenses for cancelled services/facilities or alternative arrangements for the same or similar services/facilities, we'll pay for the higher of the two amounts, not both.</p> <p>We pay you \$1,850 as follows:</p> <p>Cost of your new flight to Germany: \$2,000 Less \$150 excess</p> <p>Total claim settlement: \$1,850</p>

What you must do when you make a claim

- You must answer our questions honestly and tell us everything you know, or could be **reasonably** expected to know, when answering our questions.
- You must also give us any information we **reasonably** ask for.
- You must always co-operate with us by providing supporting evidence and any other information that we may **reasonably** need. This includes requests for relevant medical records or reports, including information about previous medical conditions and courses of treatment, to determine whether your claim relates to a **pre-existing medical condition**.
- You must request any credits and refunds from any service providers and **carriers** first and provide written confirmation of whether you are entitled to any credits or refunds.
- You must provide the correct bank details for any claim payments. Neither Aussietravelcover nor Hollard are responsible

if any payments are not distributed appropriately due to incorrect bank details being provided.

If you can claim from anyone else:

- If you can claim from someone else to receive reimbursement or compensation for any cost or loss covered under this policy (including but not limited to airlines, transport providers, hotels, and travel agents), you must claim from them first. If they don't pay you the full amount of your cost or loss or provide you with an equivalent credit, we'll pay you the difference.

Subrogation, assistance with recovery and other insurance:

- If you know of any third party that money may be recovered from, you must tell us about them so that we may control and settle proceedings for our own benefit in your name and on your behalf, to recover money from any party regarding any claim covered by this policy. This is known as subrogation.
- Assist and allow us to do what is necessary for these purposes, regardless of whether we've already paid your claim or not, and whether we pay you partial or full compensation for

your loss. Once we have paid the total amount of your loss, we'll keep any extra funds.

- If we pay your claim for irrecoverable or damaged property and you get it back, or it is replaced by a third party, you must pay us back the same amount we paid you unless we are prohibited by law to recover this amount.

Claiming on behalf of someone else

- If a claim, or claims, are made on behalf of someone else, the person making the claim:
 - must have their full authority to act on their behalf, and
 - is responsible for making sure any payments are distributed appropriately.

Neither Aussietravelcover nor Hollard are responsible if any payments are not distributed appropriately.

What you must not do

- You must not admit fault or liability to anyone.
- You must not offer or promise to pay any money to anyone.
- You must not get involved in litigation without our approval.
- You must not act dishonestly or fraudulently such as:
 - not telling us something you are required to;
 - refusing to assist us with the information we ask for to process your claim; or
 - submitting a claim which is fraudulent or false in any respect.

If you or someone authorised and acting for you, submits to us any false or misleading information, you may be prosecuted.

The legal stuff you need to know

Privacy notice – how we protect your privacy

In this Privacy Notice the use of “we”, “our” or “us” means The Hollard Insurance Company Pty Ltd, Aussietravelcover Pty Ltd (ATC), and its related companies, travel agents and representatives, unless specified otherwise.

Commitment to Protect Your Privacy

We recognise that your privacy is very important to you and we are committed to ensuring the privacy of your personal information in accordance with our Privacy Policy and under applicable laws including the Privacy Act 1988.

Why Your Personal Information Is Collected?

To offer or provide you with our products and services (or those we may offer or provide to you on behalf of our business partners) we collect, store, use, and disclose your personal information including sensitive information for the purposes of:

- responding to your enquiries and providing you with information and assistance on your travel insurance options and your travel insurance requests;
- 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 including 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 which are relevant and of interest (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.

How Your Personal Information Is Collected

We collect your personal Information from you in various ways and at several different points, such as telephone conversations (including any form of mobile phone text messaging), our websites, electronic devices or communication and hard copy forms. We may also collect your personal information from:

- our distributors or referrers, agents, business partners and affiliates, other insurers or related companies;
- your travel consultant/agent, travel service providers, airlines, hotels, providers of transportation, providers of medical and non-medical assistance and services;
- third parties for the purposes of assessing a claim or providing you with insurance cover or other services;
- your travel consultant/agent, travel service providers, airlines, hotels, providers of transportation, providers of medical and non-medical assistance and services;
- another party involved in a claim;
- family members or anyone you have authorised to deal with us on your behalf;
- Insurance References Service (IRS) or other insurance reference bureau service by accessing the IRS database;
- any other organisation or person where you have consented to them providing your personal information to us or consented to us obtaining personal information from them.

If you provide personal information to us about another person you must only do so with their consent and agree to make them aware of this Privacy Notice.

Types of Personal Information We Collect

The personal information we collect is based on the products and services we offer you or you use or apply for. Typically, the details we collect, and hold include your name, address, date of birth, email address, and sometimes your medical information, passport details, bank account details, as well as other information we collect through devices like ‘cookies’

when you visit our website such as your IP address and online preferences.

We will only collect 'sensitive information' where it is relevant to underwriting an insurance policy or dealing with, managing, or processing a claim or assisting with a complaint.

Who We Disclose Your Personal Information To

In accordance with our Privacy Policy, we may share your personal information with other parties including but not limited to our related companies, third party service providers and:

- claims management providers;
- your travel consultant/agent, travel service providers, airlines, hotels, providers of transportation, providers of medical and non-medical assistance and services or any travel companion with you on your trip;
- medical and health service providers;
- legal and other professional advisers;
- other individuals who are travelling with you (regardless of whether they are insured under this policy).

We may also need to disclose your personal information to government departments, immigration service providers, and for private health insurance purposes. Our related companies and third-party service providers are located within Australia and in some instances may also be located overseas including New Zealand. We may also disclose your personal information to IRS, a member-based organisation supporting Australian general insurance company members with understanding policy holder claims history, for the purpose of supporting claims management, claims investigation, loss assessment, fraud detection and risk underwriting. Additional parties and service providers that we may disclose personal information to are detailed in our respective Privacy Policy and may change from time to time.

Your Consent

If you do not consent to us collecting, 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, handling your complaint or the provision of information regarding our products or services or those of any third party.

If you wish to withdraw your consent including for things such as receiving information on products and offers or your travel agent receiving personal information about your policy and coverage, please contact us. Our contact details are listed below.

More Information

Our respective Privacy Policy contains information about how a person may access and seek correction of the personal information held by us, how you can complain to us about our breach of the applicable Australian Privacy Principles, and how we will deal with such a complaint. Please also ask us if you wish to know where to find our respective Privacy Policy.

We can be contacted at:

Hollard

<https://www.hollard.com.au/privacy-policy.aspx>
privacy@hollard.com.au

Locked Bag 2010, St Leonards NSW 1590
02 9253 6600

ATC

<https://www.aussietravelcover.com.au/atc/privacyStatement>

P.O. Box 495, Mona Vale, NSW 2103
02 9979 8888

Jurisdiction and governing law

The policy is governed by and construed in accordance with the law of New South Wales, Australia, and you agree to submit to the exclusive jurisdiction of the courts of New South Wales. You agree that it is your intention that this Jurisdiction and Governing law clause applies.

Financial Claims Scheme and Compensation Arrangements

In the unlikely event, Hollard was to become insolvent and could not meet its obligations under the policy, a person entitled to claim may be entitled to payment under the Financial Claims Scheme. Access to the Scheme is subject to eligibility criteria and for more information, see APRA website at www.fcs.gov.au.

Hollard is an insurance company authorised under the Insurance Act 1973 (Cth). Due to this, it is not subject

to the Australian Financial Services licensee's obligation under the Corporations Act 2001(Cth) to have compensation arrangements 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. Hollard has compensation arrangements in place that are in accordance with the Insurance Act.

The General Insurance Code of Practice

Hollard is a member of the Insurance Council of Australia and is also a signatory to the General Insurance Code of Practice (the Code). The objectives of the Code are to:

- Promote better, more informed relations between insurers and their customers;
- Improve consumer confidence in the general insurance industry;
- Provide better mechanisms for the resolution of complaints and disputes between insurers and their customers; and
- Commit insurers and the professionals they rely upon to higher standards of customer service.

If you'd like to know more, you can get a copy of the Code from the Insurance Council of Australia website www.codeofpractice.com.au or by phoning (02) 9253 5100.

Both Hollard and Aussietravelcover are committed to following the Code standards.

How GST affects your claim

If you are entitled to claim an input tax credit in respect of a cost for which a claim is made or would be entitled to an input tax credit if you were to incur the relevant cost (i.e. in replacing a lost or stolen item), the amount we would otherwise pay will be reduced by the amount of that input tax credit.

If you are entitled to claim an input tax credit in respect of your premium, you must inform us of the amount of that input tax credit (as a percentage) at the time you first make a claim. If you fail to do so, you may have a liability for GST if we pay you an amount under this policy.

If you are liable to pay an **excess** under the policy, the amount payable will be calculated after deduction of any input tax credit that you are or may be entitled to claim on payment of the **excess**.

Sanctions

We will not provide any cover or pay any claims which if reimbursed or paid by us would result in us violating any applicable trade or economic sanctions or other such similar laws or regulations.

General advice

Any advice provided in this PDS is general only and does not take into account your individual needs, objectives or financial situation. You should carefully read this PDS before buying to decide if the product is right for you.

Updating the PDS

From time to time and where permitted by law, we may change parts of the policy. If we do so, any updates which aren't significantly unfavourable to you from the point of view of a reasonable person deciding whether to buy this insurance may be found on the Aussietravelcover website at www.aussietravelcover.com.au.

Should we substantially amend this PDS, we'll issue you a Supplementary Product Disclosure Statement (SPDS) which will provide details of these amendments. Should you wish to receive a paper copy of the latest PDS or any updates, please contact us on 1800 888 448, and we'll send you a copy free of charge.

Paperless correspondence

We prefer to communicate with you by mail or other electronic channels. You are responsible for making sure you provide us with your correct and up to date email address. However if you do not want to receive correspondence electronically, let us know.

We will consider any policy document we send to you electronically to have been received by you 24 hours from when we sent them.

What if I'm not happy?

We'd like to hear about it - whether it's a complaint about our service or a claim.

We'll work with you to resolve it through the process below.

Step 1: Let us know your concerns

Get in touch with one of our customer service consultants about your concerns, and they'll do their best to resolve them. When you make your complaint, please provide as much information as possible. We aim to resolve all complaints as soon as possible, but, where we can't resolve your concern immediately, we'll resolve it within 15 business days.

Call us on **1800 888 448** or **+61 2 9979 8888** or visit www.aussietravelcover.com.au for more options to get in touch.

Step 2: Escalate your complaint to our Internal Dispute Resolution team

If we haven't responded to your complaint within 15 business days, or if you are not satisfied with how we've tried to resolve it, you can ask for your complaint to be escalated for an Internal Dispute Resolution (IDR) review by a Dispute Resolution Specialist.

Postal address: Aussietravelcover Travel Insurance, Locked Bag 2010, St Leonards NSW 1590

Email: resolution@hollard.com.au

Phone: 02 9253 6600

The Dispute Resolution Specialist will provide in writing our final decision within 15 business days of your complaint being escalated, unless they've requested an extension from you, and you've agreed to give us more time.

Step 3: Seek an external review of our decision

If you are not happy with the final decision, or if we've taken more than 45 days to respond to you from the date you first made your complaint, you may contact the Australian Financial Complaints Authority (AFCA) at:

Phone: 1800 931 678

Postal address: GPO Box 3, Melbourne VIC 3001

Website: afca.org.au

Email: info@afca.org.au

The AFCA service is provided to you free of charge. A decision by AFCA is binding on us but is not binding on you. You have the right to seek further legal assistance.

Financial Services Guide

This Financial Services Guide (FSG) describes the financial services offered by Aussietravelcover Pty Ltd (Aussietravelcover) ABN 32 002 517 740 Authorised Representative No. 269305 of 10/9 Bungan Street, Mona Vale, New South Wales 2103 Telephone 1800 888 448 or 02 9979 8888. Aussietravelcover is an authorised representative of Hollard. The FSG is designed to help you decide whether to use those services. It also covers the charges for those services, your rights as a customer and how any complaints you may have will be dealt with. Hollard has authorised the distribution of this FSG. This FSG was prepared on 18 June 2020.

The Product Disclosure Statement (PDS) for Aussietravelcover Travel Insurance is included with this document and sets out the significant benefits, features and characteristics of the cover and will assist you to compare and make an informed decision about whether to take out the insurance.

Aussietravelcover and their services

Aussietravelcover is an authorised representative of the issuer of the policy, Hollard. Aussietravelcover is authorised under a binder to deal in and provide general advice on travel insurance products underwritten by Hollard. This means that Aussietravelcover has an authority from Hollard to enter into policies on Hollard's behalf. When providing any financial services in relation to the policy, the Aussietravelcover acts on behalf of Hollard. They do not act on your behalf. Any advice provided by them is general advice only and does not take into account your personal objectives, financial situation or needs.

You should read this document carefully to determine whether this product meets your needs. If you require personal advice, you need to obtain the services of a suitably qualified adviser. Hollard can issue, vary, cancel, renew, and handle and settle claims under this policy.

How are we paid?

Aussietravelcover may receive an administration fee for the provision of certain services such as performing pre-existing medical condition assessments and a commission which is calculated as a percentage of the premium from Hollard for each policy arranged or issued by Aussietravelcover.

Hollard may also pay Aussietravelcover profit share in relation to Aussietravelcover travel insurance arranged or issued by Aussietravelcover and distributors and referrers. The amount is a percentage of the net profit amount (if any) which is determined by Hollard and is calculated using various factors such as premium, expenses incurred and liabilities in relation to the policies. Hollard will also pay Aussietravelcover certain expenses relating to portfolio administration as agreed between Hollard and Aussietravelcover.

The commissions and administration fees are included in the premium you pay, which will be shown on your certificate of insurance.

Our employees may receive salaries and bonuses depending on the nature of their employment. Bonuses may be linked to general overall performance, including sales performance.

If you require further details about any of the above remuneration received by us, please ask us within a reasonable time after receiving this FSG and before we provide you with financial services to which this FSG relates.

Professional Indemnity Insurance Arrangements

In accordance with s912B of the Corporations Act, we maintain adequate Professional Indemnity Insurance. This insurance cover extends to claims in relation to us acting as an Authorised Representative of Hollard and if our employees and representatives, past and present are negligent in providing financial services on behalf of Hollard.

Dispute resolution

For information on Aussietravelcover's internal and external dispute resolution see "What if I'm not happy?" in the PDS section.