

Supplementary Product Disclosure Statement (SPDS)

This document is an **SPDS** that updates and amends the MyCover Travel Insurance Combined Financial Services Guide and Product Disclosure Statement (including Policy Wording) with the preparation date 1 February 2017 (**PDS**) and replaces the MyCover Travel Insurance Supplementary Product Disclosure Statement with the preparation date 13 October 2017.

This **SPDS** is issued by the insurer Allianz Australia Insurance Limited ABN 15 000 122 850 AFSL 234708 of 2 Market Street Sydney NSW 2000.

This **SPDS** must be read together with the **PDS**.

The preparation date of this **SPDS** is 26 February 2018.

Changes to the PDS

This **SPDS** amends the **PDS** as follows:

Our Definitions

Replace existing definition of 'medical adviser' with:

medical adviser

means a doctor (including a clinical psychologist) or dentist qualified to diagnose the condition or disorder, holding the necessary current certification in the country in which they are currently practising, and who is not **you** or **your travelling companion**, or a **relative** or employee of **you** or **your travelling companion**.

Replace existing definition of 'pre-existing medical condition' with:

pre-existing medical condition

means a condition of which **you** were, or a reasonable person in **your** circumstances should have been, aware:

1. prior to the time of the **policy** being issued that is:
 - a chronic or ongoing:
 - medical condition;
 - dental condition; or
 - **mental illness**, or

- a current pregnancy; or
 - a medical condition connected with **your** current or past pregnancy; or
 - related to in vitro fertilisation or another form of assisted reproductive treatment or procedure, or
2. in the ten (10) years prior to the time of the **policy** being issued that involves:
 - **your** heart, brain, circulatory system or blood vessels; or
 - **your** respiratory system; or
 - **your** kidneys, liver or pancreas; or
 - cancer; or
 - back pain requiring prescribed pain relief medication; or
 - surgery involving any joints, the neck, back, spine, brain, skull, abdomen or pelvis requiring at least an overnight stay in **hospital**; or
 - diabetes mellitus (type 1 or type 2); or
 - **mental illness**; or
 - signs or symptoms for which **you**:
 - have not yet sought a professional opinion regarding the cause; or
 - are currently under investigation to define a diagnosis; or
 - are awaiting specialist opinion, or
 3. in the two (2) years prior to the time of the **policy** being issued for which **you**:
 - have been in **hospital**, required an emergency department visit or had day surgery; or
 - have been prescribed a new medication or had a change to **your** medication regime; or
 - had or required regular review or check-ups; or
 - have required prescription pain relief medication.

Replace existing definition of 'sick or sickness' with:

sick or sickness

means a medical condition (including a **mental illness**), not being an **injury**, the symptoms of which first occur or manifest after the **date of issue**.

General Exclusions Applicable to all Sections:

Replace General Exclusion B.2 - Signs and symptoms with:

B.2 Signs and symptoms

your claim arises from, is related to or associated with any physical or mental signs or symptoms that **you** were aware, or a reasonable person in **your** circumstances would have been aware, of before cover commenced, and:

- a] **you** had not yet sought a medical opinion regarding the cause; or
- b] **you** were currently under investigation to define a diagnosis; or
- c] **you** were awaiting specialist opinion.

Replace General Exclusion B.5 - Treatment for addiction with:

B.5 Addiction

your claim arises from or is in any way related to or connected with:

- **you** or any other person being hospitalised or confined to a clinic, where **you** or that other person (as the case may be) is being treated for addiction to drugs, substances or alcohol, or is using the **hospital** or clinic as a nursing, convalescent or rehabilitation place; or
- a therapeutic or illicit drug, substance or alcohol addiction suffered by **you** or any other person.

Delete General Exclusion B.7 - Mental/nervous conditions

Your Policy Cover

In **SECTION 2.1 - CANCELLATION FEES & LOST DEPOSITS**, immediately above the heading **2.1.1 WHAT WE COVER**, a second paragraph is inserted as follows:

If **your** claim arises from or is related to **your** fitness to travel, written proof from a **medical adviser** must be provided.



MyCover Travel Insurance

Combined Financial Services Guide
and Product Disclosure Statement
(including Policy Wording)

Global Assistance

Allianz 

CONTENTS

| | |
|-------------------------------------|----------|
| PRODUCT DISCLOSURE STATEMENT | 1 |
| OUR DEFINITIONS | 4 |
| PURCHASING THIS PRODUCT | 11 |
| TABLE OF BENEFITS | 6 |
| ADDITIONAL OPTIONS | 22 |
| PRE-EXISTING MEDICAL CONDITIONS | 27 |
| IMPORTANT MATTERS | 32 |
| GENERAL EXCLUSIONS | 38 |
| YOUR POLICY COVER | 46 |
| CLAIMS | 74 |

PRODUCT DISCLOSURE STATEMENT

ABOUT THIS PRODUCT DISCLOSURE STATEMENT

A Product Disclosure Statement is a document required by the Corporations Act 2001 (Cth) and contains information designed to help **you** decide whether to buy this product and to compare it with other products **you** may be considering.

This **PDS** sets out the cover available and the terms and conditions which apply. Please note that any recommendations or opinions in this document are of a general nature only and do not take into account **your** objectives, financial situation or needs. Before **you** make any decision about the product, **you** should read this **PDS** carefully to ensure that it is suitable for **you**.

This **PDS** will also contain information about the remuneration received by **Allianz Global Assistance** for its role, the services provided by it and how any complaint **you** have with **Allianz Global Assistance** can be dealt with.

This **PDS**, together with the **Certificate of Insurance** and any written document **we** tell **you** forms part of **your policy**, make up **your** contract with **Allianz**. Please retain these documents in a safe place.

UNDERSTANDING THIS PRODUCT AND ITS IMPORTANT TERMS AND CONDITIONS

To properly understand this product's significant features, benefits, limits, conditions and exclusions **you** need to carefully read:

- **PURCHASING THIS PRODUCT** – this contains important information on who can purchase this product, age limits and cover types available to **you**; on applicable **excesses**, the period of cover and extensions of cover;
- About the cover, and limits on the amount **we** will pay, that applies to each plan in the **TABLE OF BENEFITS**, when **we** will pay a claim under each section applicable to the cover **you** choose (**YOUR POLICY COVER**), any options purchased by **you** under **ADDITIONAL OPTIONS** and **PRE-EXISTING MEDICAL CONDITIONS** (remember, certain words have defined meanings – see **OUR DEFINITIONS**);
- **IMPORTANT MATTERS** - this contains important information on **your** duty of disclosure (including how the duty applies to **you** and what happens if **you** breach the duty), **our** privacy notice and dispute resolution process, the Financial Claims Scheme, when **you** can choose **your** own doctor, when **you** should contact **Allianz Global Assistance** concerning 24 hour medical assistance, **overseas** hospitalisation or medical evacuation, and more;

- When **we** will not pay a claim under each section applicable to the cover **you** choose (**YOUR POLICY COVER**) and **GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS**; and
- **CLAIMS** - this sets out important information about how **we** will consider claims. It also sets out certain obligations that **you** and **we** have. If **you** do not meet them **we** may refuse to pay, or reduce the amount **we** will pay in relation to, a claim.

APPLYING FOR COVER

When **you** apply for **your policy**, **we** will confirm with **you** things such as the period of cover, **your** premium, what cover options and **excesses** will apply, and whether any standard terms are to be varied.

These details will be recorded on the **Certificate of Insurance** issued to **you**.

If **we** are unable to offer **you** the cover **you** seek, it will be because the particular product offered is not designed to cover a particular risk or risks including, but not limited to, some geographical regions, some **pre-existing medical conditions** or some ages. In such a case, if **you** would like to discuss **your** options please use the contact details on the back cover of this **PDS**.

This **PDS** sets out the cover **we** are able to provide **you** with. **You** need to decide if the benefit limits, type and level of cover are appropriate for **you** and will cover **your** potential loss. If **you** have any queries, want further information about this product or want to confirm a transaction, please use the contact details on the back cover of this **PDS**.

ABOUT YOUR PREMIUM

You will be told the premium payable for **your policy** when **you** apply. In calculating the premium, **we** take into account a number of factors including **your** destination(s), length of **journey**, the number of persons and age of persons to be covered under the **policy** and the plan type **you** select. The amount of any **excess** payable, cover for additional options and cover for agreed **pre-existing medical conditions** is also included in the calculation of **your** premium.

Your total premium reflects the amount **we** calculate to cover these factors as well as any relevant government charges, taxes or levies (such as stamp duty or GST) in relation to **your policy**. These amounts are included in the total amount payable by **you** as shown in **your Certificate of Insurance**.

COOLING-OFF PERIOD

Even after **you** have purchased **your policy**, **you** have cooling-off rights.

If **you** decide that **you** do not want **your policy**, **you** may cancel it within 14 days after **you** are issued **your Certificate of Insurance**. **You** will be given a full refund of the premium **you** paid, provided **you** have not started **your journey** or **you** do not want to make a claim or to exercise any other right under **your policy**.

After this period **you** can still cancel **your policy** but **we** will not refund any part of **your** premium if **you** do.

WHO IS YOUR INSURER?

This product is underwritten by Allianz Australia Insurance Limited, ABN 15 000 122 850, AFS Licence No. 234708, of 2 Market Street, Sydney, NSW 2000, Telephone 132 664, who has sole responsibility for this **PDS**.

WHO IS ALLIANZ GLOBAL ASSISTANCE?

Allianz Global Assistance is a trading name of AWP Australia Pty Ltd, ABN 52 097 227 177, AFS Licence No. 245631, of 74 High Street, Toowong, QLD 4066, Telephone 1300 725 154. **Allianz Global Assistance** has been authorised by **Allianz** to enter into the **policy** and deal with and settle any claims under it, as the agent of **Allianz**, not as **your** agent. **Allianz Global Assistance** acts under a binder which means that it can do these things as if it were the insurer. It administers all emergency assistance services and benefits of this insurance. **You** may contact **Allianz Global Assistance** in an emergency 24 hours a day, 7 days a week.

UPDATING THE PDS

We may need to update this **PDS** from time to time if certain changes occur where required and permitted by law. **We** will issue **you** with a new **PDS** or a supplementary **PDS** to update the relevant information except in limited cases. Where the information is not something that would be materially adverse, from the point of view of a **reasonable** person considering whether to buy this product, **Allianz Global Assistance** may issue **you** with notice of this updated information (**you** can get a paper copy free of charge by calling the contact number shown on the back cover of this **PDS**).

PREPARATION DATE

The preparation date of this **PDS** is 1 February, 2017.

OUR DEFINITIONS

Headings, where appearing, are for reference only and do not affect interpretation.

When the following words and phrases appear in bold type in this **PDS, your Certificate of Insurance** or any other document **we** tell **you** forms part of **your policy**, they have the meanings given below. The use of the singular shall also include the use of the plural and vice versa.

Accident

means an unexpected event caused by something external and visible.

Accompanying

means travelling with the **insured person** for 100% of the **journey**.

AICD/ICD

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

Allianz

means Allianz Australia Insurance Limited, ABN 15 000 122 850, AFSL 234708.

Allianz Global Assistance

means AWP Australia Pty Ltd, ABN 52 097 227 177, AFSL 245631.

Appropriate supervision

means under the supervision of a person who possesses the necessary skills, qualifications and licensing appropriate for the supervision of the activity being undertaken.

Bicycle

means any bicycle, tricycle, tandem, trailer cycle or push scooter that is powered by human pedalling or and/or a battery.

Business samples

means demonstration goods or examples of goods sold by **you** or **your** company.

Carrier

means an aircraft, vehicle, train, tram, vessel or other scheduled transport operated under a licence for the purpose of transporting passengers. However, it does not mean a taxi, limousine or similar service.

Certificate of Insurance

is the document **we** give **you** which confirms that **we** have issued a **policy** to **you** and sets out details of **your** cover.

Chronic

means a persistent and lasting condition. It may have a pattern of relapse and remission.

Concealed storage compartment

means a boot, trunk, glove box, enclosed centre console, or concealed cargo area of a motor vehicle.

Cruise Vessel

means a boat or ship on which travel is taken for pleasure or as a holiday as a paying passenger, for a minimum of 3 nights in duration.

Date of issue

means the date and time of issue on **your Certificate of Insurance**.

Dependant

means **your** children or grandchildren, not in full-time employment, **accompanying you** on the **journey** and who are under the age of 25.

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.

Duo

means **you** and **your travelling companion** as named on the **Certificate of Insurance** but does not include **dependants**.

Epidemic

means a sudden development and rapid spreading of a contagious disease in a region where it developed in a simply endemic state or within a previously unscathed community.

Excess

means the deduction **we** will make from the amount otherwise payable under **your policy** for each claimable incident or event.

Family

means **you**, **your** spouse or partner and **your dependants**.

Formal wear

means dinner suit, dress shirt, bowtie, evening gown, cocktail dress or other items of clothing which are required attire for formal dining/ functions. This includes wedding attire but does not include **jewellery**.

Funeral expenses

means the costs charged by a funeral director for arranging **your** funeral service and by a cemetery for **your** burial or a crematorium for **your** cremation. It does not include the cost of memorialisation.

Home

means the place where **you** normally live in Australia.

Hospital

means an established hospital registered under any legislation that applies to it, that provides in-patient medical care. It does not include any institution used primarily as a nursing or convalescent home, a place of rest, a geriatric ward, a mental institution, a rehabilitation or external care facility or a place for the treatment of alcoholism, drug addiction or substance addiction.

Income

means the amount of money **you** earn from **your** employment in a trade, business, profession or occupation after the deduction of income tax.

Individual

means **you** only.

Injure or injured or injury

means bodily injury caused solely and directly by violent, accidental, visible and external means, which happens at a definite time and place during **your** period of cover and does not result from any illness, **sickness** or disease.

Insolvency or insolvent

means bankruptcy, provisional liquidation, liquidation, appointment of a receiver, manager or administrator, entry into any official or unofficial scheme of arrangement, statutory protection, restructuring or composition with creditors, or the happening of anything of a similar nature under the laws of any jurisdiction.

Jewellery

means a form of personal adornment, such as brooches, rings, necklaces, earrings, and bracelets. It does not include watches or items of clothing.

Journey

means travel which begins when **you** leave **home** or **your** place of business to commence **your** travel and ends when **you** arrive back **home** or at a **hospital** or nursing home in Australia (if **you** are evacuated or repatriated), whichever is earlier.

Legal costs

means fees, costs and expenses (including any applicable taxes and charges) in connection with a legal action. It also means any costs which **you** are ordered to pay by a court or arbitrator (other than any fine or penalty, or aggravated, punitive, exemplary or liquidated damages) or any other costs **we** agree to pay.

Luggage and personal effects

means **your** suitcases, trunks and similar containers including their contents and articles worn or carried by **you**. It does not mean or include any **bicycle**, **business samples** or items that **you** intend to trade, **valuables**, **snow sport equipment**, passport or travel documents, cash, bank notes, currency notes, cheques, negotiable instruments, electronic data, software, intangible asset, watercraft of any type (other than surfboards), furniture, furnishings, household appliances, hired items or any other item listed as excluded on **your Certificate of Insurance**.

Maximum journey period

means the maximum period for any one **journey** under the **Multi-Trip Plan** as shown on **your Certificate of Insurance**.

Medical adviser

means a qualified doctor or dentist, other than **you** or a **relative**, holding the necessary certification in the country in which they are currently practising.

Mental illness

means any illness, condition or disorder listed in the current 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 displacement of not greater than 50cc.

Motorcycle

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

Overseas

means outside of Australia and its territories.

Pandemic

means a form of an **epidemic** that extends throughout an entire continent, even the entire human race.

PDS

means Product Disclosure Statement.

Permanent disability

means permanent loss of all the sight in one or both eyes, or the use of a hand at or above the wrist or a foot at or above the ankle.

Policy

means this **PDS**, the **Certificate of Insurance** and any written document **we** tell **you** forms part of **your policy**.

Pre-existing medical condition

means a medical condition of which **you** were , or a **reasonable** person in **your** circumstances should have been, aware:

1. prior to the time of the policy being issued that involves:

- a) **your** heart, brain, circulatory system/blood vessels; or
- b) **your** lung or **chronic** airways disease; or
- c) cancer; or
- d) back pain requiring prescribed pain relief medication; or
- e) surgery involving any joints, the back, spine, brain or abdomen requiring at least an overnight stay in **hospital**; or
- f) Diabetes Mellitus (Type 1 or Type 2); OR

2. in the 2 years prior to the time of the policy being issued:

- a) for which **you** have been in **hospital** or emergency department or day surgery; or

b] for which **you** have been prescribed a new medication or had a change to **your** medication regime; or

c] requiring prescription pain relief medication.

3. prior to the time of the policy being issued that is:

a] pregnancy; or

b] connected with **your** current pregnancy or participation in an IVF program; OR

4. for which, prior to the time of the policy being issued:

a] **you** have not yet sought a medical opinion regarding the cause; or

b] **you** are currently under investigation to define a diagnosis; or

c] **you** are awaiting specialist opinion.

For the purposes of this clause, “medical condition” includes a dental condition. This definition applies to **you, your travelling companion, a relative** or any other person.

Professional Sport

means training for, coaching or competing in any sporting event where **you** are entitled to receive, or are eligible to receive, an appearance fee, wage, salary or prize money in excess of \$1,000.

Public place

means any place that the public has access to, including but not limited to planes, trains, cruise ships, taxis, buses, air or bus terminals, stations, wharves, streets, shops, museums, galleries, hotels, hotel foyers and grounds, beaches, restaurants, private car parks, public toilets and general access areas.

Quad bike

means a motorised vehicle designed to travel on four or more wheels, having a seat straddled by the operator and handlebars for steering control.

Reasonable

means:

- for medical, **hospital** or dental expenses, the standard level of care given in the country **you** are in not exceeding the level **you** would normally receive in Australia; or
- for other expenses, such as unexpected additional travel and accommodation expenses, a level comparable to those **you** have booked for the rest of **your journey** or, as determined by **us**; or
- as determined by **Allianz Global Assistance** having regard to the circumstances

Reciprocal Health Care Agreement

means an agreement between the Government of Australia and the government of another country where **Residents of Australia** are provided with subsidised essential medical treatment. (Please visit www.dfat.gov.au for details of Reciprocal Health Care Agreements with Australia.)

Redundant or redundancy

means loss of permanent paid full time employment (except voluntary redundancy), after a continuous working period of two years with the same employer.

Relative

means grandparent, parent, parent-in-law, step parent, step parent-in-law, sister, step sister, sister-in-law, brother, step brother, brother-in-law, spouse, partner, fiancé(e), son, son-in-law, daughter, daughter-in-law, step child, foster child, grandchild, ward or guardian.

Rental vehicle

means a campervan/motorhome that does not exceed 4.5 tonnes, a sedan, coupe, hatchback, station-wagon, SUV, four wheel drive or mini bus/people mover rented from a licensed motor vehicle rental company or agency.

Resident of Australia

means someone who usually resides in Australia and is eligible for an Australian Medicare Card.

Sick or sickness

means a medical condition, not being an **injury**, the symptoms of which first occur or manifest during **your** period of cover.

Single

means **you** and **your dependants** who are **accompanying you** on the **journey**.

Snow sport activities

means amateur skiing, snowboarding, sledding, tobogganning, or tubing conducted on groomed ski slopes within ski resort boundaries that does not include any form of racing, acrobatics, jumping, stunting, aerial or freestyle activities.

Snow sport equipment

means skis, poles, boots, bindings or snowboards.

Sporting equipment

means equipment needed and used to participate in a particular sport and which can be carried about with **you**.

Transaction card

means a debit card, credit card or travel money card.

Travelling companion

means a person with whom **you** have made arrangements before **your policy** was issued, to travel with **you** for at least 75% of **your journey**.

Unsupervised

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

- with a person who is not named on **your Certificate of Insurance** or who is not a **travelling companion** or who is not a **relative**; or
- with a person who is named on **your Certificate of Insurance** or who is a **travelling companion** or who is a **relative** but who fails to keep **your luggage and personal effects** under close supervision; or
- where they can be taken without **your** knowledge; or
- at such a distance from **you** that **you** are unable to prevent them being taken; and

includes forgetting or misplacing items of **your luggage and personal effects**, leaving them behind or walking away from them.

Valuables

means **jewellery**, antiques, curios or works of art, watches, precious metals or semi precious stones/precious stones and items made of or containing precious metals or semi precious stones/precious stones, furs, binoculars, telescopes, any kind of photographic, audio, video, computer, television, fax and phone equipment (including mobile phones), tablets, MP3/4 players and PDAs.

We, our, us

means Allianz Australia Insurance Limited, ABN 15 000 122 850, AFSL 234708.

You, your and insured person

means each person named on the **Certificate of Insurance** except in the definition of **pre-existing medical condition** where you and your mean you, any **relative, travelling companion** or any other person.

PURCHASING THIS PRODUCT

WHO CAN PURCHASE THIS PRODUCT?

Comprehensive, Essentials, Domestic, Non-Medical or Multi-Trip Plan

Cover is only available if:

- **you** are a **resident of Australia**; and
- **you** purchase **your policy** before **you** commence **your journey**; and
- **your journey** commences and ends in Australia.

AGE LIMITS

Age limits are as at the **date of issue**.

Comprehensive and Domestic Plans

Available to travellers of all ages.

Essentials Plan

Available to travellers aged 74 years and under.

Multi Trip Plan

Available to travellers aged 74 years and under. **Accompanying** spouse or partner and **dependants** can be covered under this product provided they are 74 years and under. Additional premium will apply.

Non-Medical Plan

Where this plan is offered it is available to travellers of all ages.

COVER TYPES

The following cover types apply:

Single - The benefit limits for **single** cover apply to the total of all claims combined regardless of the number of persons the claims relate to and are shown in the **TABLE OF BENEFITS** for the Plan **you** have selected.

Duo - The benefits limits for **duo** cover that apply to each **insured person** are shown in the **TABLE OF BENEFITS** for the Plan **you** have selected.

Family - The benefit limits for **family** cover apply to the total of all claims combined, regardless of the number of persons the claims relate to and are shown in the **TABLE OF BENEFITS** for the Plan **you** have selected.

Individual - The benefit limits for **individual** cover apply to the total of all claims combined and are shown in the **TABLE OF BENEFITS** for the Plan applicable.

YOUR CHOICES

Based on **your** travel arrangements **you** can choose;

- **single, duo** or **family** cover; for
- a **Comprehensive, Essentials, Domestic**, or **Multi-Trip Plan**.

Please note: Depending upon **your pre-existing medical condition** **we** may be unable to offer **you** a **policy** which provides cover for any medical expenses, or for any other expenses arising from, related to or associated with any **injury** or **sickness** suffered by **you**. If that is the case **you** may be able to purchase a **Non-Medical Plan**. **Non-Medical Plan** is only available as an **Individual** cover type, and **Individual** cover type is only available with the **Non-Medical Plan**.

PERIOD OF COVER

We will confirm the issue of **your policy** by providing **you** with a **Certificate of Insurance**. The period **you** are insured for is set out in the **Certificate of Insurance**.

- **Comprehensive, Essentials, Domestic, or Non-Medical Plan**.

Cover for **SECTION 2.1 CANCELLATION FEES & LOST DEPOSITS** only applies to those services scheduled to be used between the start and end dates shown on **your Certificate of Insurance** and begins from the **date of issue** and finishes at the end of **your journey** or on the end date shown on **your Certificate of Insurance** whichever occurs earlier. The cover for all other sections starts at the beginning of **your journey** or the start date shown on **your Certificate of Insurance**, whichever occurs later, and finishes at the end of **your journey** or on the end date shown on **your Certificate of Insurance** whichever occurs earlier.

- **Multi Trip Plan**

Cover for **SECTION 2.1 CANCELLATION FEES & LOST DEPOSITS** begins on the start date shown on **your Certificate of Insurance** or the date **you** booked **your journey**, whichever is the later and finishes at the end of **your journey** or on the end date shown on **your Certificate of Insurance** whichever occurs earlier.

The cover for all other sections starts at the beginning of **your journey** or the start date shown on **your Certificate of Insurance**, whichever occurs later, and finishes at the end of **your journey**, at the expiry of the **maximum journey period** or on the end date shown on **your Certificate of Insurance** whichever occurs earlier.

Please note: The maximum period for any one **journey** under the **Multi-Trip Plan** is shown on **your Certificate of Insurance (maximum journey period)**. **You** are not covered for any incident or event that occurs outside of the **maximum journey period** **you** nominated.

AMENDMENT OF COVER

In certain circumstances, **we** will allow **you** to amend **your policy** after purchase.

Where **we** agree to update or add to the cover under **your policy**, the change in cover will only apply to circumstances which arise after **we** have issued **you** with an updated **Certificate of Insurance** reflecting the change.

Where **we** agree to **your** request to remove any cover under **your policy**, **you** will not be able to make any claim or exercise any other right under the cover that has been removed for any circumstance which arises after the time **your policy** is updated.

EXTENSION OF COVER

Your cover may be extended at no additional charge if **you** find that **your** return to **your home** has been delayed because of one or more of the following:

- 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; or
- the delay is due to a reason for which **you** can claim under **your policy** (subject to **our** written approval).

If the delay is for any other reason other than as stated above, **we** must receive **your** request to extend **your** cover at least 7 days before **your** original **policy** expires if **you** send **your** request by post.

All other requests to extend **your** cover must be received prior to **your policy** expiry date. Cover will be extended subject to **our** written approval, and **your** payment of the additional premium.

Where **we** have agreed to extend cover, **we** will issue **you** with a new **Certificate of Insurance**. The period of cover on **your** new Certificate cannot exceed 12 months.

Cover cannot be extended:

- under **SECTION 1.3 ACCIDENTAL DEATH** for any period in excess of 12 months from the start date shown on **your Certificate of Insurance**, in any circumstances;
- for any **pre-existing medical condition**, unless it is listed under the heading **PRE-EXISTING MEDICAL CONDITIONS WHICH WE MAY COVER WITH NO ADDITIONAL PREMIUM PAYABLE** in the **PRE-EXISTING MEDICAL CONDITIONS** section, and **you** have not been hospitalised (including day surgery or emergency department attendance) for that condition in the past 24 months prior to application for the extension. This applies regardless of whether **your pre-existing medical condition** was covered under **your** original **policy**;
- for any medical conditions **you** suffered during the term of **your** original **policy**;
- where **you** have not advised **us** of any circumstances that have given (or may give) rise to a claim under **your** original **policy**; or
- where at the time of application for the extension **you** are aged 75 years or over under the **Essentials Plan**; or
- under the **Multi-Trip** and **Non-Medical Plan**.

AUTOMATICALLY INCLUDED ACTIVITIES

Your policy provides cover for claims arising directly from **your** participation in the following activities, subject to the terms, conditions, limits and exclusions that apply to the section under which **your** claim is made and the **GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS**:

- Aqua zorbing;
- Archery;
- Bar and restaurant work (except security and crowd control);
- Bicycling (but not **bicycle** motorcross (BMX) or downhill mountain biking);
- Bungee jumping or canyon swinging;
- Camel, donkey or elephant riding (under **appropriate supervision**);
- Dancing;
- Dog sledding;
- Diving underwater using an artificial breathing apparatus at a depth no greater than 10 metres (**you** must hold an open water diving licence recognised in Australia or dive with an instructor licensed for these activities);
- Fishing (on land or within 2 nautical miles of a land mass);
- Fruit picking that does not involve **your** use of machinery;
- Go-karting;
- Golf;
- Gym activities (but not powerlifting);
- Gymnastics (but not competitions);
- Horse riding (but not competitions, equestrian events, steeple chasing, jumping, or polo);
- Ice skating on a rink (but not including competitive skating, racing, speed skating, and tour skating);
- Indoor rock climbing (under **appropriate supervision**);
- Leisure activities (meaning any activities involving minimal physical exertion that is undertaken for relaxation or pleasure. For example, sight-seeing, picnics, photography and museum or art gallery visits);
- **Motorcycle, scooter or moped** riding (restrictions apply - refer to General Exclusion A.10);
- Music and singing;
- Orienteering;
- Paintball (with eye protection);
- Racing on foot for distances up to and including full marathon (42.2 kilometres or 26.2 miles);
- Racquet and ball sports not involving physical contact;
- Regulated or licensed ballooning;

- Safari (under **appropriate supervision**) but not hunting;
- Sailing up to 10 nautical miles off any land mass;
- Shark cage diving (subject to diving restrictions listed above);
- Shooting (fixed target only);
- Skateboarding, roller skating, inline skating (but not including vert skating or acrobatics);
- Snorkelling;
- Soccer;
- Surface water activities in rivers or rapids graded I, II or III under the International Scale of River Difficulty, or lakes or canals;
- Surface water activities (other than sailing) up to 2 nautical miles off any land mass;
- Track and field athletics; and
- Walking, hiking, trekking or tramping, peaking at altitudes up to 3,000 metres where specialist climbing equipment is not required (but not expeditions to or on the Kokoda Track/Trail).

All other sports and activities are excluded from cover under **your policy**, subject to any additional options that have been purchased and are listed on **your Certificate of Insurance**.

EXCESS

Your standard **excess** is shown on **your Certificate of Insurance** and applies EXCEPT where a benefit is payable under the following sections:

SECTION 1.1 OVERSEAS EMERGENCY ASSISTANCE

SECTION 1.5 HOSPITAL CASH ALLOWANCE

SECTION 3.5 DOMESTIC SERVICES

SECTION 3.6 DOMESTIC PETS

SECTION 4.2 LUGGAGE & PERSONAL EFFECTS DELAY EXPENSES

SECTION 4.4 THEFT OF CASH

SECTION 7.9 CABIN CONFINEMENT

SECTION 7.12 FORMAL CRUISE ATTIRE DELAYED

SECTION 7.13 MARINE RESCUE DIVERSION

In some circumstances **we** may impose an additional **excess** for claims arising from some medical conditions. **We** will inform **you** in writing if any additional **excess** applies.

If **you** purchase **SNOW PACK** the following sections have a \$500 **excess** which applies to all claims under those sections (in addition to any standard **excess**) if **your** claim arises from **your** participation in **snow sport activities**:

SECTION 1.2 OVERSEAS EMERGENCY MEDICAL & HOSPITAL EXPENSES

SECTION 2.1 CANCELLATION FEES & LOST DEPOSITS

TABLE OF BENEFITS

Below is a table that sets out the cover that is provided under each Plan and the most **we** will pay in total for all claims under each section.

| BENEFIT SECTION | | COMPREHENSIVE PLAN | | | ESSENTIALS PLAN | | |
|-----------------|---|--------------------|------------------------|------------------|------------------|------------------------|------------------|
| | | SINGLE | DUO [PER PERSON] | FAMILY | SINGLE | DUO [PER PERSON] | FAMILY |
| 1.1* | Overseas Emergency Assistance^ | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited |
| 1.2* | Overseas Emergency Medical & Hospital Expenses^ | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited |
| | Emergency Dental Expenses [per person] | \$1,000 | \$1,000 | \$1,000 | \$1,000 | \$1,000 | \$1,000 |
| 1.3* | Accidental Death | \$25,000 | \$25,000 | \$50,000 | --- | --- | --- |
| 1.4* | Permanent Disability^ | \$25,000 | \$25,000 | \$50,000 | --- | --- | --- |
| 1.5* | Hospital Cash Allowance^ | \$5,000 | \$5,000 | \$10,000 | --- | --- | --- |
| 1.6* | Loss of Income^ | \$10,400 | \$10,400 | \$20,800 | --- | --- | --- |
| 2.1* | Cancellation Fees & Lost Deposits | Unlimited | Unlimited | Unlimited | \$10,000 | \$10,000 | \$20,000 |
| 3.1* | Additional Expenses | \$50,000 | \$50,000 | \$100,000 | \$25,000 | \$25,000 | \$50,000 |
| 3.2* | Travel Delay Expenses | \$2,000 | \$2,000 | \$4,000 | \$2,000 | \$2,000 | \$4,000 |
| 3.3 | Alternative Transport Expenses^ | \$5,000 | \$5,000 | \$10,000 | --- | --- | --- |
| 3.4 | Return Airfare^ | \$3,000 | \$3,000 | \$6,000 | \$2,000 | \$2,000 | \$4,000 |
| 3.5* | Domestic Services^ | \$500 | \$500 | \$1,000 | --- | --- | --- |
| 3.6* | Domestic Pets^ | \$500 | \$500 | \$1,000 | --- | --- | --- |
| 4.1* | Luggage & Personal Effects | \$10,000 | \$10,000 | \$20,000 | \$3,000 | \$3,000 | \$6,000 |
| 4.2* | Luggage & Personal Effects Delay Expenses | \$500 | \$500 | \$1,000 | \$250 | \$250 | \$500 |
| 4.3 | Travel Documents, Transaction Cards & Travellers Cheques^ | \$5,000 | \$5,000 | \$10,000 | --- | --- | --- |
| 4.4 | Theft of Cash | \$250 | \$250 | \$500 | --- | --- | --- |
| 5.1* | Rental Vehicle Excess | \$3,000 | \$3,000 | \$6,000 | \$3,000 | \$3,000 | \$6,000 |
| 6.1 | Personal Liability | \$2.5 million | \$2.5 million | \$2.5 million | \$2.5 million | \$2.5 million | \$2.5 million |

* sub-limits apply - refer to **YOUR POLICY COVER** section of the **PDS** for details.

^ **you** do not have cover under these sections while travelling in Australia.

TABLE OF BENEFITS - CONTINUED

Below is a table that sets out the cover that is provided under each Plan and the most **we** will pay in total for all claims under each section.

| BENEFIT SECTION | | DOMESTIC PLAN | | | MULTI-TRIP PLAN | NON-MEDICAL PLAN |
|-----------------|---|---------------|-------------------|---------------|-----------------|------------------|
| | | SINGLE | DUO [PER PERSON] | FAMILY | LIMIT | INDIVIDUAL |
| 1.1* | Overseas Emergency Assistance^ | --- | --- | --- | Unlimited | --- |
| 1.2* | Overseas Emergency Medical & Hospital Expenses^ | --- | --- | --- | Unlimited | --- |
| | Emergency Dental Expenses [per person] | --- | --- | --- | \$1,000 | --- |
| 1.3* | Accidental Death | \$25,000 | \$25,000 | \$50,000 | \$25,000 | \$25,000 |
| 1.4* | Permanent Disability^ | --- | --- | --- | \$25,000 | \$25,000 |
| 1.5* | Hospital Cash Allowance^ | --- | --- | --- | \$5,000 | --- |
| 1.6* | Loss of Income^ | --- | --- | --- | \$10,400 | --- |
| 2.1* | Cancellation Fees & Lost Deposits | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited |
| 3.1* | Additional Expenses | \$25,000 | \$25,000 | \$50,000 | \$50,000 | \$50,000 |
| 3.2* | Travel Delay Expenses | \$2,000 | \$2,000 | \$4,000 | \$2,000 | \$2,000 |
| 3.3 | Alternative Transport Expenses^ | --- | --- | --- | \$5,000 | \$5,000 |
| 3.4 | Return Airfare^ | --- | --- | --- | \$3,000 | --- |
| 3.5* | Domestic Services^ | --- | --- | --- | \$500 | --- |
| 3.6* | Domestic Pets^ | --- | --- | --- | \$500 | --- |
| 4.1* | Luggage & Personal Effects | \$10,000 | \$10,000 | \$20,000 | \$10,000 | \$10,000 |
| 4.2* | Luggage & Personal Effects Delay Expenses | \$500 | \$500 | \$1,000 | \$500 | \$500 |
| 4.3 | Travel Documents, Transaction Cards & Travellers Cheques^ | --- | --- | --- | \$5,000 | \$5,000 |
| 4.4 | Theft of Cash | \$250 | \$250 | \$500 | \$250 | \$250 |
| 5.1* | Rental Vehicle Excess | \$3,000 | \$3,000 | \$6,000 | \$3,000 | \$3,000 |
| 6.1* | Personal Liability | \$2.5 million | \$2.5 million | \$2.5 million | \$2.5 million | \$2.5 million |

* sub-limits apply - refer to **YOUR POLICY COVER** section of the **PDS** for details.

^ **you** do not have cover under these sections while travelling in Australia.

MULTI TRIP PLAN

- 12 month **policy**.
- Unlimited number of **journeys**.
- A **journey** limited to travel within Australia must include a destination at least 250 kilometres from **your home**.
- Maximum period for any one **journey** is shown on **your Certificate of Insurance**. This is known as **your maximum journey period**.

IMPORTANT: When applying for this **policy**, **you** must choose the **maximum journey period** that will be sufficient to cover **your longest journey**. **You** can choose from one of these **maximum journey periods**: 15 days, 30 days or 45 days.

- Benefits limits and sub-limits reinstated on the completion of each **journey** except for **SECTION 6.1 PERSONAL LIABILITY** - the amount shown in the **TABLE OF BENEFITS** is the most **we** will pay for all claims combined for the 12 month **policy** period.
- Not available to travellers aged 75 years or over.
- **Accompanying** spouse or partner and **dependants** can be covered under this Plan provided that they are aged 74 years and under. Additional premium will apply.

NON-MEDICAL PLAN

It is also important to note that under a **Non-Medical Plan**, there is no provision for **you** to claim under the following sections of **your policy** if the claim arises from, is related to or associated with any **injury** or **sickness** suffered by **you**:

SECTION 2.1: CANCELLATION FEES & LOST DEPOSITS

SECTION 3.1: ADDITIONAL EXPENSES

ADDITIONAL OPTIONS

TABLE OF BENEFITS

Below is a table that sets out the cover that is provided under each Plan and the most **we** will pay in total for all claims under each section.

| BENEFIT SECTION | | COMPREHENSIVE PLAN | | | DOMESTIC PLAN | | |
|--------------------|---|--------------------|------------------|------------|---------------|------------------|-----------|
| | | SINGLE | DUO (PER PERSON) | FAMILY | SINGLE | DUO (PER PERSON) | FAMILY |
| SNOW PACK | | SNOW PACK | | | | | |
| 7.1* | Emergency Rescue ^{^^} | \$100,000 | \$100,000 | \$200,000# | --- | --- | --- |
| 7.2* | Own Snow Sport Equipment ^{^^} | \$2,000 | \$2,000 | \$4,000# | \$2,000 | \$2,000 | \$4,000# |
| 7.3 | Snow Sport Equipment Hire ^{^^} | \$2,000 | \$2,000 | \$4,000# | \$2,000 | \$2,000 | \$4,000# |
| 7.4 | Snow Sport Pack ^{^^} | \$1,000 | \$1,000 | \$2,000# | \$1,000 | \$1,000 | \$2,000# |
| 7.5* | Piste Closure ^{^^} | \$1,000 | \$1,000 | \$2,000# | \$1,000 | \$1,000 | \$2,000# |
| 7.6 | Bad Weather & Avalanche Closure ^{^^} | \$1,000 | \$1,000 | \$2,000# | \$1,000 | \$1,000 | \$2,000# |
| CRUISE PACK | | CRUISE PACK | | | | | |
| 7.7 | Medical cover while Cruising ^{^^} | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited |
| | Emergency Dental Expenses (per person) | \$1,000 | \$1,000 | \$1,000 | \$1,000 | \$1,000 | \$1,000 |
| 7.8* | Evacuation Cover - Ship to Shore ^{^^} | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited |
| 7.9* | Cabin Confinement ^{^^} | \$500 | \$500 | \$1,000 | \$500 | \$500 | \$1,000 |
| 7.10 | Pre-paid Shore Excursion Cancellation ^{^^} | \$1,000 | \$1,000 | \$2,000 | \$1,000 | \$1,000 | \$2,000 |
| 7.11 | Formal Cruise Attire Lost or Damaged ^{^^} | \$1,000 | \$1,000 | \$2,000 | \$1,000 | \$1,000 | \$2,000 |
| 7.12 | Formal Cruise Attire Delayed ^{^^} | \$250 | \$250 | \$500 | \$250 | \$250 | \$500 |
| 7.13* | Marine Rescue Diversion ^{^^} | \$500 | \$500 | \$1,000 | \$500 | \$500 | \$1,000 |

* sub-limits apply - refer to **YOUR POLICY COVER** section of the **PDS** for details.

[^] **you** do not have cover under this section while travelling in Australia

^{^^} **you** only have cover for these sections if the relevant Pack has been purchased.

Please note that where only one adult is shown on the **Certificate of Insurance** as covered under this additional option pack, the benefit limit which will apply for this section will be the benefit limit for **single** cover for the **Plan** selected.

ADDITIONAL OPTIONS

TABLE OF BENEFITS - CONTINUED

Below is a table that sets out the cover that is provided under each Plan and the most **we** will pay in total for all claims under each section.

| BENEFIT SECTION | | MULTI-TRIP PLAN LIMIT |
|--------------------|---|-----------------------|
| SNOW PACK | | |
| 7.1* | Emergency Rescue ^{^ ^} | \$100,000# |
| 7.2* | Own Snow Sport Equipment ^{^^} | \$2,000# |
| 7.3 | Snow Sport Equipment Hire ^{^^} | \$2,000# |
| 7.4 | Snow Sport Pack ^{^^} | \$1,000# |
| 7.5* | Piste Closure ^{^^} | \$1,000# |
| 7.6 | Bad Weather & Avalanche Closure ^{^^} | \$1,000# |
| CRUISE PACK | | |
| 7.7 | Medical cover while Cruising ^{^^} Emergency Dental Expenses | Unlimited \$1,000 |
| 7.8** | Evacuation Cover - Ship to Shore ^{^^} | Unlimited |
| 7.9* | Cabin Confinement ^{^^} | \$500 |
| 7.10 | Pre-paid Shore Excursion Cancellation ^{^^} | \$1,000 |
| 7.11 | Formal Cruise Attire Lost or Damaged ^{^^} | \$1,000 |
| 7.12 | Formal Cruise Attire Delayed ^{^^} | \$250 |
| 7.13* | Marine Rescue Diversion ^{^^} | \$500 |

* sub-limits apply - refer to **YOUR POLICY COVER** section of the **PDS** for details.

[^] **you** do not have cover under this section while travelling in Australia

^{^^} **you** only have cover for these sections if the relevant Pack has been purchased.

Please note that where only one adult is shown on the **Certificate of Insurance** as covered under this additional option pack, the benefit limit which will apply for this section will be the benefit limit for **single** cover for the **Plan** selected.

SNOW PACK

You can purchase the **SNOW PACK** with the **Comprehensive, Domestic** or **Multi-Trip Plans** by paying an additional premium. **You** will only have the cover provided under the sections included in **SNOW PACK** if **you** select this option at the time of purchase and **you** have paid the required additional premium. Please refer to the **ADDITIONAL OPTIONS TABLE OF BENEFITS** and the applicable section in **YOUR POLICY COVER** for details. **You** cannot purchase sections of this pack individually.

You must be aged 74 years or under at the date of issue.

This additional option does not provide cover for claims under **SECTION 1.4 PERMANENT DISABILITY** or **SECTION 6.1 PERSONAL LIABILITY** that arise from **you** participating in **snow sport activities**.

An **excess** of \$500, in addition to any standard **excess**, applies for all claims under **SECTIONS 1.2 OVERSEAS EMERGENCY MEDICAL & HOSPITAL EXPENSES** and **2.1 CANCELLATION FEES & LOST DEPOSITS** if **you** purchase this option and **your** claim arises directly from **you** participating in **snow sport activities**. **You** cannot pay to remove this **excess**.

CRUISE PACK

You can purchase the **CRUISE PACK** with the **Comprehensive, Domestic** or **Multi-Trip Plans** by paying an additional premium. **You** will only have the cover provided under the sections included in the **CRUISE PACK** if **you** select this option at the time of purchase and **you** have paid the required additional premium. Please refer to the **ADDITIONAL OPTIONS TABLE OF BENEFITS** and the applicable section in **YOUR POLICY COVER** for details. **You** cannot purchase sections of this pack individually.

INCREASED ITEM LIMITS

Cover is provided under sub-section **4.1.1 a]** for loss, theft of or accidental damage to **luggage and personal effects** up to the item limits shown in sub-section **4.1.1 a]** and the benefit limits shown in the **TABLE OF BENEFITS** for the Plan **you** have selected.

You can purchase increased item limit cover under sub-section **4.1.1 b]** for item type(s) **we** give **you** the option to select, by paying an additional premium at the time **you** purchase **your policy**. Details of the item type(s) and the increased item limits selected and purchased are shown on **your Certificate of Insurance**. Increased Item Limit cover is only available for the particular item types that **we** give **you** the option to nominate when **you** purchase **your policy**.

No cover is provided under sub-section **4.1.1 a]** for any item(s) of a particular item type for which **you** have purchased an increased item limit under sub-section **4.1.1 b]**.

*(For example: Sub-section 4.1.1 a] provides cover for mobile phones subject to an item limit of \$1,000 which is included in the benefit limit for **luggage and personal effects** shown in the **TABLE OF BENEFITS** for the Plan you have selected. If you have one or more mobile phones, purchased for more than \$1,000 each, you can purchase cover under sub-section 4.1.1 b] increasing the limit for mobile phones to either \$2,000 or \$3,000.)*

If you purchase an increased item limit for a nominated item type, and during your journey any items of that particular item type are stolen or accidentally damaged or permanently lost, we will pay up to the selected increased limit shown on your **Certificate of Insurance** for any one item of the nominated item type or for all items of the nominated item type combined.

We will not pay more than the original purchase price of any item. We have the option to repair or replace an item or paying you the amount it would cost us to repair or replace the item after allowing for any trade discounts we are entitled to.

Receipts and/or valuations must be provided proving your ownership of and the value of any item for which you make a claim.

INCREASED RENTAL VEHICLE EXCESS COVER

You can increase the benefit limit shown in the **TABLE OF BENEFITS** that applies to Section 5.1 **RENTAL VEHICLE EXCESS** for the **Comprehensive, Domestic, Multi-Trip** or **Non-Medical Plans** by nominating the level of additional cover required from the options we make available to you and paying an additional premium at the time you purchase your policy. The increased benefit limit purchased by you will be shown on your **Certificate of Insurance**.

INCREASE OF STANDARD EXCESS

You may reduce your policy premium under all plans by increasing the standard excess. Your selected excess will be listed on your **Certificate of Insurance**.

PRE-EXISTING MEDICAL CONDITIONS

Please read this section carefully.

You cannot apply for cover for **pre-existing medical conditions** under the **Essentials Plan**.

The meaning of **pre-existing medical condition** is defined in the section headed **OUR DEFINITIONS**. It is important that you read and understand this and all other definitions used in this product.

There is no cover under this policy for any claims arising from, related to or associated with, your **pre-existing medical condition(s)** unless:

- a] **Allianz Global Assistance** has agreed in writing to provide cover to you for the **pre-existing medical condition** causing your claim; or
- b] the **pre-existing medical condition** meets the requirements set out under the heading **PRE-EXISTING MEDICAL CONDITIONS WHICH WE MAY COVER WITH NO ADDITIONAL PREMIUM PAYABLE**.

Except as provided under sub-section 2.1.1 d] and sub-section 3.1.1 g], no cover is provided under this policy for any claims arising from, related to or associated with, a **pre-existing medical condition** of any person who is not named on your **Certificate of Insurance**.

PRE-EXISTING MEDICAL CONDITIONS WHICH WE MAY COVER WITH NO ADDITIONAL PREMIUM PAYABLE

No application for cover or any further information is required from you if:

- a] your **pre-existing medical condition** is described in the list below, and
- b] it has not caused your hospitalisation (including day surgery or emergency department attendance) in the 24 months prior to the time of the policy being issued.

Conditions

1. acne;
2. asthma, provided:
 - you are under 60 years of age, and
 - you have no other lung disease;
3. bunions;
4. carpal tunnel syndrome;
5. cataracts;

6. cleft palate;
7. cochlear implant;
8. coeliac disease;
9. congenital adrenal hyperplasia;
10. congenital blindness;
11. congenital deafness;
12. conjunctivitis;
13. dengue fever;
14. diabetes (type 1 or type 2), or glucose intolerance provided:
 - **you** were first diagnosed over 6 months ago; and
 - **you** had no complications in the last 12 months; and
 - **you** had no kidney, eye or neuropathy complications or cardiovascular disease; and
 - **you** are under 50 years of age;
15. dry eye syndrome;
16. Dupuytren's contracture;
17. ear grommets, if no current infection;
18. eczema;
19. gastric reflux (GORD);
20. glaucoma;
21. gout;
22. hay fever;
23. hiatus hernia, if no surgery planned;
24. hormone replacement therapy;
25. hypercholesterolaemia (high cholesterol), provided no cardiovascular disease and/or no diabetes;
26. hyperlipidaemia (high blood lipids), provided no cardiovascular disease and/or no diabetes;
27. hypertension, provided no cardiovascular disease and/or no diabetes;
28. hypothyroidism, including Hashimoto's disease;
29. lipoma;
30. macular degeneration;

31. Meniere's disease;
32. rhinitis;
33. rosacea;
34. sinusitis;
35. tinnitus; or
36. single uncomplicated pregnancy, up to and including 23 weeks, not arising from services or treatment associated with an assisted reproduction program including but not limited to, in vitro fertilisation (IVF).

OTHER PRE-EXISTING MEDICAL CONDITIONS

You will need to apply for cover of any **pre-existing medical condition** that does not meet the requirements set out under the heading **PRE-EXISTING MEDICAL CONDITIONS WHICH WE MAY COVER WITH NO ADDITIONAL PREMIUM PAYABLE**. Please apply online or call the contact number shown on the back cover of this **PDS**.

Depending on **your pre-existing medical condition**, **we** may be unable to offer **you** a **policy** which provides cover for any **medical expenses**, or for any other expenses arising from, related to or associated with any **injury** or **sickness** suffered by **you**. If that is the case, **you** may be able to purchase a **Non-Medical Plan**. Please refer to the **TABLE OF BENEFITS** section for details of the benefits which are available under this type of plan.

If **you** have any questions about **pre-existing medical conditions**, please call the contact number shown on the back cover of this **PDS**.

IMPORTANT MATTERS

Under **your policy** there are rights and responsibilities which **you** and **we** have. **You** must read this **PDS** in full for all details, but here are some **you** should be aware of.

LIMITATION OF COVER

Notwithstanding anything contained in this **PDS we** will not be deemed to provide cover nor will **we** make any payment or provide any service or benefit to any person or party where providing such cover, payment, service or benefit would contravene or violate any applicable trade or economic sanction or any law or regulation.

CONFIRMATION OF COVER

To confirm any **policy** transaction, (if the **Certificate of Insurance** does not have all the information **you** require), call **us** on the contact number shown on the back cover of this **PDS**.

JURISDICTION AND CHOICE OF LAW

Your policy is governed by and construed in accordance with the law of Queensland, Australia and **you** agree to submit to the exclusive jurisdiction of the courts of Queensland. **You** agree that it is **your** intention that this Jurisdiction and Choice of Law clause applies.

YOUR DUTY OF DISCLOSURE

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

The Act imposes a different duty the first time **you** enter into a contract of insurance with **us** to that which applies when **you** vary, extend or reinstate the contract.

This duty of disclosure applies until the contract is entered into (or varied, extended or reinstated as applicable).

YOU DUTY OF DISCLOSURE WHEN YOU ENTER INTO THE PRODUCT WITH US FOR THE FIRST TIME

When answering **our** specific questions that are relevant to **our** decision whether to accept the risk of the insurance and, if so, on what terms, **you** must be honest and disclose to **us** anything that **you** know and that a **reasonable** person in the circumstances would include in answer to the questions.

It is important that **you** understand that **you** are answering **our** questions in this way for **yourself** and anyone else that **you** want to be covered by the contract.

YOUR DUTY OF DISCLOSURE WHEN YOU VARY, EXTEND OR REINSTATE THE CONTRACT

When **you** vary, extend or reinstate the contract with **us**, **your** duty is to disclose 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**; or
- that is of common knowledge; or
- that **we** know or, in the ordinary course of **our** business as an insurer, ought to know; or
- as to which compliance with **your** duty is waived by **us**.

NON-DISCLOSURE

If **you** fail to comply with **your** duty of disclosure, **we** may be entitled to reduce **our** liability under the contract in respect of a claim, cancel the contract or both.

If **your** non-disclosure is fraudulent, **we** may also have the option of avoiding the contract from its beginning.

FINANCIAL CLAIMS SCHEME

In the unlikely event Allianz Australia Insurance Limited were to become insolvent and could not meet its obligations under **your 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. More information can be obtained from <http://www.fcs.gov.au>.

REMUNERATION

The premium for **your policy** is payable to **Allianz** as the insurer.

Allianz Global Assistance is also remunerated by **Allianz** for providing services on behalf of **Allianz**. This is a percentage (exclusive of GST) of the premium that **you** pay for **your policy** and is only paid if **you** buy this product. Employees and representatives of **Allianz Global Assistance** receive an annual salary, which may also include bonuses and/or other incentives, which can be based on performance or other criteria. This remuneration is included in the premium **you** pay.

If **you** would like more information about the remuneration that **Allianz Global Assistance** receives, please ask **us**. This request should be made within a **reasonable** time after this document is provided to **you** and before the financial services are provided to **you**.

GENERAL INSURANCE CODE OF PRACTICE

Allianz and **Allianz Global Assistance** proudly support the General Insurance Code of Practice.

The Code sets out the minimum standards of practice in the general insurance industry. For more information on the Code please call the contact number on the back cover of this **PDS**.

DISPUTE RESOLUTION PROCESS

In this section “**we**”, “**our**” and “**us**” means **Allianz** and **Allianz Global Assistance**.

If **you** have a complaint or dispute in relation to this insurance, or **our** services or **our** representatives, please call **us** using the contact details on the back cover of this **PDS**, or put the complaint in writing and send it to The Dispute Resolution Department, PO Box 162, Toowong, Queensland 4066. **We** will attempt to resolve the matter in accordance with **our** Internal Dispute Resolution process. To obtain a copy of **our** procedures, please contact **us**.

A dispute can be referred to the Financial Ombudsman Service Australia (**FOS**), subject to its terms of reference. The **FOS** provides a free and independent dispute resolution service for consumers who have general insurance disputes falling within its terms. The contact details for the **FOS** are:

Financial Ombudsman Service Australia
GPO Box 3, Melbourne Victoria 3001
Phone: 1800 367 287
Fax: (03) 9613 6399
Website: www.fos.org.au
Email: info@fos.org.au

SAFEGUARDING YOUR LUGGAGE & PERSONAL EFFECTS

You must take all **reasonable** precautions to safeguard **your** luggage and personal effects. If **you** leave **your** luggage and personal effects **unsupervised** in a **public place** **we** will not pay **your** claim.

CLAIMS

In the event of a claim, immediate notice should be given to **Allianz Global Assistance** using the contact details on the back cover of this **PDS**.

Please note: Receipts and/or valuations must be provided proving **your** ownership of and the value of any item for which **you** make a claim. Receipts must be provided for any expense for which **you** make a claim.

Allianz Global Assistance will consider **your** claim within 10 business days of receiving a completed claim form and all necessary documentation. If they need additional information, a written notification will be sent to **you** within 10 business days.

PRIVACY NOTICE

To arrange and manage **your** travel insurance, **we** (in this Privacy Notice “**we**”, “**our**” and “**us**” includes AWP Australia Pty Ltd trading as **Allianz Global Assistance** and its duly authorised representatives) collect personal information including sensitive information from **you** and those authorised by **you** such as **your** family members, **travelling companions**, **your** doctors, **hospitals**, as well as from others **we** consider necessary including **our** agents.

Any personal information provided to **us** may be used by **us** to evaluate and arrange **your** travel insurance. **We** also use it to administer and provide the insurance services and manage **your** and **our** rights and obligations in relation to those insurance services, including managing, processing and investigating claims. **We** also collect, use and disclose it for product development, marketing, conducting customer research and analytics in relation to all of **our** products and services, IT systems maintenance and development, recovery against third parties, the detection and investigation of suspected fraud and for other purposes with **your** consent or where authorised by law.

This personal information may also be disclosed to third parties **we** engage or who assist **us** carry out the above functions or processes, such as travel agents and consultants, travel insurance providers and intermediaries, authorised representatives, other insurers, reinsurers, claims handlers and investigators, cost containment providers, medical and health service providers, **overseas** data storage and data handling providers, legal and other professional advisers, **your** agents and **our** related and group companies including **Allianz**. Some of these third parties may be located in other countries such as Thailand, France and India. **You** agree that while those parties will often be subject to confidentiality or privacy obligations, they may not always follow the particular requirements of Australian privacy laws.

Unless **you** opt out, **we** may contact **you** on an ongoing basis by telephone, mail, electronic messages (including email), online and via other means with promotional material and offers of products or services that **we** consider may be relevant and of interest to **you** (including financial and insurance products and roadside assistance services). If **you** do not want to receive such offers from **us** (including product or service offerings from **us** on behalf of **our** agents, intermediaries and/or **our** business partners) or do not want **us** to disclose **your** personal information to **our** related and group companies and business partners for marketing purposes, **you** can opt out at any time by calling **us** on 1800 023 767.

When **you** provide personal information about other individuals, **we** and **our** agents rely on **you** to have made or make them aware:

- that **you** will or may provide their personal information to **us**;

- of the types of third parties to whom the personal information may be provided to;
- of the relevant purposes **we** and the third parties **we** will disclose it to, will use it for;
- of how they can access it; and
- of the other matters in this Privacy Notice.

We rely on **you** to have obtained their consent on these matters. If **you** do not, **you** must tell **us** before **you** provide the relevant information.

You can seek access to and correct **your** personal information by contacting **us**. **You** may not access or correct personal information of others unless **you** have been authorised by their express consent or otherwise under law, or unless they are **your** children under 16 years of age.

If **you** have a complaint about **your** privacy, please contact: Privacy Officer, **Allianz Global Assistance**, PO Box 162, Toowong, QLD 4066 or **you** can contact the Privacy Commissioner at the Office of The Australian Information Commissioner, GPO Box 2999, Canberra, ACT 2601.

For more information about **our** handling of personal information, including further details about access, correction and complaints, please see **our** privacy policy available on request or view it on the web at <http://www.allianz-assistance.com.au/corporate/privacy-and-security.aspx>.

If **you** do not agree to the above or will not provide **us** with personal information, **we** may not be able to provide **you** with **our** services or products or may not be able to process **your** application nor issue **you** with a **policy**. In cases where **we** do not agree to give **you** access to some personal information, **we** will give **you** reasons why.

OVERSEAS HOSPITALISATION OR MEDICAL EVACUATION

For emergency assistance anywhere in the world at any time, **Allianz Global Assistance** is only a telephone call away. The team will help with medical problems, locating nearest medical facilities, **your** evacuation **home**, locating nearest embassies and consulates, as well as keeping **you** in touch with **your family** and work in an emergency.

If **you** are hospitalised, **you**, or a member of **your** travelling party, **MUST** contact **Allianz Global Assistance** as soon as possible. If **you** do not, then to the extent permitted by law, **we** will not pay for these expenses or for any evacuation or airfares that have not been approved or arranged by **Allianz Global Assistance**.

If **you** are not hospitalised but **you** are being treated as an outpatient and the total cost of such treatment is likely to exceed \$2,000, **you** **MUST** contact **Allianz Global Assistance**.

Please note that we will not pay for any hospital or medical costs incurred in Australia.

YOU CAN CHOOSE YOUR OWN DOCTOR

Unless **you** are treated under a **Reciprocal Health Care Agreement** **you** are free to choose **your** own **medical adviser** or, if **you** ask them to, **Allianz Global Assistance** can appoint an approved **medical adviser** to see **you**.

You must, as soon as possible, advise **Allianz Global Assistance** of **your** admittance to **hospital** or **your** early return to **your home** based on written medical advice.

If **you** do not get the medical treatment **you** expect, **Allianz Global Assistance** can assist **you** but neither **Allianz** nor **Allianz Global Assistance** are liable for anything that results from that.

GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS

The Exclusion column is a summary for reference only and does not affect interpretation.

To the extent permitted by law **we** will not pay if:

| NO. | EXCLUSION | WORDING |
|-----|---|---|
| A.1 | Acting intentionally or recklessly | You intentionally or recklessly act in a way that would reasonably pose a risk to your safety or the safety of your luggage and personal effects , except in an attempt to protect the safety of a person or to protect property. |
| A.2 | Loss mitigation | You do not do everything you can to reduce your loss as much as possible. |
| A.3 | Consequential loss | Your claim is for consequential loss of any kind including loss of enjoyment. |
| A.4 | Aware of circumstances | At the time of purchasing this product, you were aware, or a reasonable person in your circumstances would have been aware, of something that would give rise to you making a claim under your policy . |
| A.5 | Workers compensation | Your claim is for a loss which is recoverable by compensation under any workers compensation or transport accident laws or by any government sponsored fund, plan, or medical benefit scheme, or any other similar type legislation required to be effected by or under a law. |
| A.6 | Errors or omissions | Your claim arises from errors or omissions in any booking arrangements or failure to obtain relevant visa, passport or travel documents. |
| A.7 | Illegal acts | Your claim arises because you breach any government prohibition or regulation, including visa requirements or intentionally act illegally. This exclusion does not apply to vehicle driver licensing; motorcycle/moped rider licensing; or traffic offences. |

| NO. | EXCLUSION | WORDING |
|------|--------------------------------|---|
| A.8 | Invitees | Your claim arises directly or indirectly from, or is in any way connected with, the conduct of someone who enters your accommodation with your consent, or whose accommodation you choose to enter. |
| A.9 | Government confiscation | Your claim arises from a government authority confiscating, detaining or destroying anything. |
| A.10 | Vehicles | <p>Your claim arises directly or indirectly from, or is in any way connected with:</p> <ul style="list-style-type: none"> • you driving a motor vehicle or riding a moped or scooter without a current Australian drivers licence or drivers licence valid for the country you are driving or riding in. This applies even if you are not required by law to hold a licence in the country you are driving or riding in; • you riding a motorcycle without a current Australian motorcycle licence or motorcycle licence valid for the country you are riding in. This applies even if you are not required to hold a motorcycle licence because you hold a drivers licence, or a motorcycle licence is not required by law in the country you are riding in; • you riding or travelling as a passenger on a motorcycle with an engine capacity greater than 250cc; • you travelling as a passenger on a motorcycle, moped or scooter that is in control of a person who does not hold a current motorcycle or drivers licence valid for the vehicle being ridden and for the country you are riding in; • you riding, or travelling as a passenger, on a motorcycle, moped or scooter without wearing a helmet; • you riding, or travelling as a passenger, on a quad bike. |

| NO. | EXCLUSION | WORDING |
|------|---------------------------------|--|
| A.11 | Epidemic/ pandemic | <p>Your claim arises from, is related to or associated with:</p> <ul style="list-style-type: none"> • an actual or likely epidemic or pandemic; or • the threat of an epidemic or pandemic. <p>Refer to www.who.int and www.smartraveller.gov.au for further information on epidemics and pandemics.</p> |
| A.12 | Government warning | <p>Your claim arises because you did not follow advice in the mass media or any government or other official body's warning and you did not take appropriate action to avoid or minimise any potential claim under your policy (including delay of travel to the country or part of a country referred to in the warning). Refer to www.who.int and www.smartraveller.gov.au for further information.</p> |
| A.13 | War | <p>Your claim arises from any act of war, whether war is declared or not, or from any rebellion, revolution, insurrection or taking of power by the military.</p> |
| A.14 | Nuclear | <p>Your claim arises from a nuclear reaction or contamination from nuclear weapons or radioactivity.</p> |
| A.15 | Chemical/ biological | <p>Your claim arises from biological and/or chemical materials, substances, compounds or the like used directly or indirectly for the purpose to harm or to destroy human life and/or create public fear.</p> |
| B.1 | Pre-existing Medical | <p>Your claim arises directly or indirectly from, or is in any way connected with, any pre-existing medical condition of any person including you, your travelling companion or a relative except:</p> <ul style="list-style-type: none"> • as provided under sub-section 2.1.1 d], and sub-section 3.1.1 g]; |

| NO. | EXCLUSION | WORDING |
|-----|---|--|
| B.1 | Pre-existing Medical (continued) | <ul style="list-style-type: none"> • if you or any other insured person satisfy the provisions as set out under the heading PRE-EXISTING MEDICAL CONDITIONS WHICH WE MAY COVER WITH NO ADDITIONAL PREMIUM PAYABLE contained in the PRE-EXISTING MEDICAL CONDITIONS section; • where Allianz Global Assistance have agreed in writing to provide cover for your pre-existing medical conditions as shown on your Certificate of Insurance. Special conditions, limits and excesses may apply if Allianz Global Assistance notify you in writing; or • where your travelling companion or a relative is an insured person and Allianz Global Assistance have agreed in writing to provide them with cover for their pre-existing medical condition as shown on your Certificate of Insurance. |
| B.2 | Signs and symptoms | <p>Your claim arises from, is related to or associated with any signs or symptoms that you were aware, or a reasonable person in your circumstances would have been aware, of before cover commenced, but:</p> <ol style="list-style-type: none"> a] you had not yet sought a medical opinion regarding the cause; or b] you were currently under investigation to define a diagnosis; or c] you were awaiting specialist opinion. |
| B.3 | Travel against medical advice | <p>Your claim is in respect of travel booked or undertaken by you against the advice of any medical adviser.</p> |

| NO. | EXCLUSION | WORDING |
|------|----------------------------------|---|
| B.4 | Pregnancy | <p>Your claim arises directly or indirectly out of pregnancy, childbirth or related complications unless it is a single, uncomplicated pregnancy (up to and including 23 weeks) or we have agreed in writing to provide cover. In any event we will not pay medical expenses for:</p> <ul style="list-style-type: none"> • regular antenatal care; • childbirth at any gestation; or • care of the newborn child. |
| B.5 | Treatment for addiction | <p>Your claim involves a hospital or clinic where you are being treated for addiction to drugs, substances or alcohol, or are using it as a nursing, convalescent or rehabilitation place.</p> |
| B.6 | Medication already in use | <p>Your claim involves the cost of medication you are using at the time the journey began or the cost for maintaining a course of treatment you were on prior to the start of the journey.</p> |
| B.7 | Mental/nervous conditions | <p>Your claim arises from or is in any way related to:</p> <ul style="list-style-type: none"> • mental illness or: • dementia, depression, anxiety, stress or other mental or nervous condition; or • conditions that have resulted in behavioural issues; or • a therapeutic or illicit drug or alcohol addiction. |
| B.8 | Suicide | <p>Your claim arises from your suicide or your attempted suicide or your attempted self harm.</p> |
| B.9 | STD | <p>Your claim arises directly or indirectly from, or is in any way connected with, a sexually transmitted disease or virus, unless Allianz Global Assistance have agreed in writing to provide cover.</p> |
| B.10 | Under the influence | <p>Your claim arises directly or indirectly from, or is in any way connected with you being under the influence of any intoxicating liquor, substance or drugs except a drug prescribed to you by a medical adviser, and taken in accordance with their instructions.</p> |

| NO. | EXCLUSION | WORDING |
|------|----------------------------------|--|
| B.11 | Private medical treatment | <p>Despite the advice given following your call to Allianz Global Assistance, 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.</p> |
| B.12 | AICD/ICD | <p>Your claim arises from any medical procedures in relation to AICD/ICD insertion during overseas travel. If you, your travelling companion or a relative (as listed on your Certificate of Insurance) requires this procedure, due to sudden and acute onset which occurs for the first time during your period of cover and not directly or indirectly related to a pre-existing medical condition, we will exercise our right based on medical advice, to organise a repatriation to your home for this procedure to be completed.</p> |
| B.13 | Elective surgery | <p>Your claim arises from, is related to or associated with elective surgery, or treatment received by you or your travelling companion during your journey.</p> |
| B.14 | Complications | <p>Your claim arises, or is a consequence of complications from medical, surgical or dental procedures or treatments received by you or your travelling companion during your journey that are not for an injury or sickness that would be otherwise be covered by this policy.</p> |
| B.15 | Health insurance | <p>Your claim arises from, or is in any way related to or associated with any loss, damage, liability, event, occurrence, injury or sickness where providing such 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) or where Allianz does not have the necessary licenses or authority to provide such cover.</p> |

| NO. | EXCLUSION | WORDING |
|-----|---------------------------------|---|
| C.1 | Sports & activities | Your claim arises from, or is in any way connected with you participating in any sports or recreational activities not listed in the AUTOMATICALLY INCLUDED SPORTS AND ACTIVITIES list in the PURCHASING THIS PRODUCT section, except as provided under the ADDITIONAL OPTION - SNOW PACK (if you have purchased this option). |
| C.2 | Racing | Your claim arises directly or indirectly from, or is in any way connected with, you participating in any race, speed or time trial, or endurance event except for amateur racing on foot in races for distances up to and including the full marathon (42.2 kilometres or 26.2 miles). |
| C.3 | Diving | Your claim arises because you dive underwater, greater than 10 metres. There is no cover under this policy if an incident or event occurs while you are diving alone. |
| C.4 | Air supported device | Your claim arises from travel in any air supported device other than as a passenger in: <ul style="list-style-type: none"> • a fully licensed aircraft operated by an airline or charter company; or • a regulated or licensed hot air balloon. |
| C.5 | Snow sport activities | Your claim arises from, or is any way associated with you participating in snow sport activities except as provided under the ADDITIONAL OPTION - SNOW PACK (if you have purchased this option). |
| C.6 | Protective gear | Your claim arises directly or indirectly from, or is in any way connected with, you not wearing the appropriate protective clothing and head protection for the sport or activity you are participating in. |
| C.7 | Ignoring safety warnings | Your claim arises directly or indirectly from, or is in any way connected with, you not observing all safety warnings and advice about adverse weather and terrain conditions. |

| NO. | EXCLUSION | WORDING |
|-----|---------------------------|--|
| C.8 | Professional sport | Your claim arises from you or your travelling companion participating in professional sport of any kind (including professional racing on foot). |
| C.9 | Cruise exclusion | Your claim arises directly or indirectly from, or is any way connected with travel on a cruise vessel except as provided under the ADDITIONAL OPTION - CRUISE PACK and you have paid the additional premium for CRUISE PACK . (if you have purchased this option). This exclusion does not apply to river cruising. |

YOUR POLICY COVER

The maximum amount **we** will pay for all claims combined under each section is shown in the **TABLE OF BENEFITS** for the Plan **you** have selected. **Your Certificate of Insurance** will also show the **ADDITIONAL OPTIONS you** are covered for. **You** must also check **GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS** for reasons why **we** will not pay.

SECTION 1.1 OVERSEAS EMERGENCY ASSISTANCE

Allianz Global Assistance will help **you** with any **overseas** emergency (see **OVERSEAS HOSPITALISATION OR MEDICAL EVACUATION** contained in the section **IMPORTANT MATTERS**). **You** may contact **Allianz Global Assistance** at any time 7 days a week.

1.1.1 ALLIANZ GLOBAL ASSISTANCE WILL ARRANGE

Allianz Global Assistance will arrange for the following assistance services if **you injure yourself**, or become **sick overseas** during **your journey** provided the relevant **injury** or **sickness** is covered by **your policy**:

- a] Access to a **medical adviser** for emergency medical treatment while **overseas**;
- b] Any messages which need to be passed on to **your family** or employer in the case of an emergency;
- c] Provision of any written guarantees for payment of **reasonable** expenses for emergency hospitalisation while **overseas**;
- d] **Your** medical transfer or evacuation if **you** must be transported to the nearest **hospital** for emergency medical treatment **overseas** or be brought back to **your home** with appropriate medical supervision; and
- e] The return to **your home** of **your dependants** if they are left without supervision following **your** hospitalisation or evacuation.

In addition:

- f] If **you** die as a result of an **injury** or a **sickness** during **your journey**, **we** will pay for **your reasonable funeral expenses** incurred **overseas** or the cost of bringing **your** remains back to **your home**. The maximum amount **we** will pay is \$15,000 per person.

Please note that **we** will not pay for any costs incurred in Australia except the **reasonable** cost of transporting **your** remains from the inbound port or airport to **your home** or nominated funeral home.

1.1.2 WHAT WE EXCLUDE

To the extent permitted by law, **we** will not pay:

- a] for any expenses for medical evacuation, **funeral expenses** incurred **overseas** or bringing **your** remains back to **your home** unless it has been first approved by **Allianz Global Assistance**;
- b] if **you** decline to promptly follow the medical advice **we** have obtained, and **we** will not be responsible for subsequent medical, **hospital** or evacuation expenses;
- c] for medical evacuation or the transportation of **your** remains from Australia to an **overseas** country; or
- d] any claims under this section arising from **your** participation in **snow sport activities**. However, **you** may have cover under **SECTION 7.1 EMERGENCY RESCUE** if **you** have purchased the **SNOW PACK**.
- e] any claims under this section arising during **your** travel on a **cruise vessel**. However, **you** may have cover under **SECTION 7.7 MEDICAL COVER WHILE CRUISING** if **you** have purchased the **CRUISE PACK**.

SECTION 1.2 OVERSEAS EMERGENCY MEDICAL & HOSPITAL EXPENSES

1.2.1 WHAT WE COVER

- a] If **you injure yourself overseas**, or become **sick** while **overseas**, **we** will reimburse the **reasonable** medical or **hospital** expenses **you** incur until **you** get back to Australia. The medical or **hospital** expenses must have been incurred on the written advice of a **medical adviser**. **You** must make every effort to keep **your** medical or **hospital** expenses to a minimum.

If **we** determine, on medical advice, that **you** should return **home** for treatment and **you** do not agree to do so, **we** will pay **you** an amount up to the limit shown in the **TABLE OF BENEFITS**, which **we** reasonably consider to be equivalent to:

- **your** medical expenses and/or related costs incurred **overseas** to the date **we** advise **you** to return to **your home**; plus
- the amount it would cost **us** to return **you** to **your home**; plus
- the amount of any cancellation fees and lost deposits **you** would have incurred had **you** followed **our** advice,

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

We will only pay for treatment received and/or **hospital** accommodation during the 12 month period after the **sickness** first showed itself or the **injury** happened.

b] We will also pay the cost of emergency dental treatment up to limit shown in the **TABLE OF BENEFITS** for the Plan selected for dental costs incurred which the treating dentist certifies in writing is for the relief of sudden and acute pain to sound and natural teeth. This limit does not apply to dental costs arising from any **injury** that is covered under sub-section **1.2.1 a]**.

1.2.2 WHAT WE EXCLUDE

To the extent permitted by law, **we** will not pay for expenses:

- a]** when **you** have not notified **Allianz Global Assistance** as soon as practicable of **your** admittance to **hospital**;
- b]** incurred after 2 weeks treatment by a chiropractor, physiotherapist or dentist, unless approved by **Allianz Global Assistance**;
- c]** if **you** do not follow the advice of **Allianz Global Assistance**;
- d]** if **you** have received medical care under a **Reciprocal Health Care Agreement**;
- e]** for damage to dentures, dental prostheses, bridges or crowns;
- f]** relating to dental treatment involving the use of precious metals or for cosmetic dentistry;
- g]** for dental treatment caused by or related to the deterioration and/or decay of teeth;
- h]** for preventative dental treatment.

SECTION 1.3 ACCIDENTAL DEATH

1.3.1 WHAT WE COVER

If, during **your journey**;

- a]** **you** are **injured** and **you** die because of that **injury** within 12 months of the **injury**; or
- b]** something **you** are travelling on or in disappears, sinks or crashes and **your** body is not found within 12 months and **you** are presumed dead;

we will pay the accidental death benefit, to **your** estate.

The amount **we** will pay for the death of each adult who is not an **accompanying dependant** is the benefit limit for **single** or **individual** cover for the Plan selected.

The amount **we** will pay for the death of an **accompanying dependant** (if cover is provided for **accompanying dependants** under the Plan **you** have selected) is \$5,000.

SECTION 1.4 PERMANENT DISABILITY

1.4.1 WHAT WE COVER

If **you** are **injured** during **your journey**; and

- because of the **injury**, **you** suffer **permanent disability** within 12 months of the **injury**; and
- **your permanent disability** continues for at least 12 consecutive months and at the expiry of that period, in the opinion of an appropriate medical specialist, is beyond hope of improvement;

we will pay the **permanent disability** benefit to **you**.

The amount **we** will pay for the **permanent disability** of each adult who is not an **accompanying dependant** is the benefit limit for **single** or **individual** cover for the Plan selected.

The amount **we** will pay for the **permanent disability** of an **accompanying dependant** (if cover is provided for **accompanying dependants** under the Plan **you** have selected) is \$5,000.

1.4.2 WHAT WE EXCLUDE

We will not pay if **your permanent disability** arises from, is related to or associated with **your** participation in **snow sport activities**.

SECTION 1.5 HOSPITAL CASH ALLOWANCE

1.5.1 WHAT WE COVER

If, as a result of an **injury** or **sickness** during **your journey**, **you** are hospitalised **overseas** for a continuous period of more than 48 hours then **we** will pay **you** \$50 for each day in excess of 48 hours that **you** continue to be hospitalised.

1.5.2 WHAT WE EXCLUDE

We will not pay if **you** cannot claim for **overseas** medical expenses connected with the hospitalisation under **SECTION 1.2 OVERSEAS MEDICAL & HOSPITAL EXPENSES**.

SECTION 1.6 LOSS OF INCOME

1.6.1 WHAT WE COVER

If during **your journey you** suffer an **injury** requiring medical treatment **overseas**, and:

- because of the **injury you** become disabled within 30 days; and
- the disablement continues for more than 30 consecutive days from the date of **your** return to **your home**; and
- **you** are under the regular care of and acting in accordance with the instructions or advice of a **medical adviser** who certifies in writing that the disablement prevents **you** from gainful employment; and
- as a result **you** lose all **your income**,

then **we** will pay **you** up to \$400 per week for up to 26 continuous weeks, starting from the 31st day after **your** return to **your home**.

1.6.2 WHAT WE EXCLUDE

We will not pay for the loss of **income** of **dependants**.

SECTION 2.1 CANCELLATION FEES & LOST DEPOSITS

If **you** think that **you** may have to cancel **your journey** or shorten **your journey you** must tell **us** as soon as possible - for more information see under the headings **CLAIMS** or call the contact number (or if **overseas** the **24 HOUR EMERGENCY ASSISTANCE** number) shown on the back cover of this **PDS**.

2.1.1 WHAT WE COVER

If **your journey** is cancelled, rescheduled or shortened because of circumstances that were not expected or intended by **you** and are outside **your** control then **we** will pay:

- a)** the non-refundable portion of unused travel and accommodation arrangements scheduled to be used during **your journey** that **you** have paid in advance of cancellation and cannot recover in any other way, inclusive of:
- **your** travel agent's cancellation fees and any commission or service fees retained by **your** travel agent up to the amount of commission or service fees that **your** travel agent would have earned had **your journey** not been cancelled, limited to:
 - \$1,500 for **single** and **individual** cover and under the **Multi-Trip Plan**; or
 - \$1,500 per **insured person** for **duo** cover; or
 - \$3,000 for **family** cover.

b) for the value of frequent flyer points, air miles, loyalty card points, redeemable vouchers or other similar schemes lost by **you** as a result of cancelling the services paid for with those points, air miles, vouchers or schemes, but only if **you** cannot recover **your** loss in any other way. **We** calculate the amount **we** pay **you** as follows:

- i) for frequent flyer points, air miles or loyalty card points:
- the cost of an equivalent booking based on the same advance booking period as **your** original booking less any payment **you** made toward the booking,
- multiplied by
- the total number of points or air miles lost,
- divided by the total number of points or air miles used to make the booking.
- ii) for vouchers, the face value of the voucher or current market value of an equivalent booking whichever is the lesser;

c) **your reasonable** costs of rescheduling **your journey**. The most **we** will pay for rescheduling **your journey** is the cost of cancellation fees and lost deposits that would have been payable under **2.1.1 a)** and **b)** had **your journey** been cancelled. **We** will not pay a claim under **2.1.1 c)** in addition to a claim under **2.1.1 a)** and **b)** for the same services/facilities;

d) If, a **relative** of **yours** or **your travelling companion**

- who resides in Australia or New Zealand; and
- is aged 84 years or under,

dies or is hospitalised in Australia or New Zealand as a result of a **pre-existing medical condition** after the **policy** is issued, , and at the time of **policy** issue **you** were, or a **reasonable** person in **your** circumstances would have been, unaware of the likelihood of such hospitalisation or death then the most **we** will pay for all claims under **2.1.1 a)** and **b)** or **2.1.1 c)** is:

- \$2,000 for **single** and **individual** cover and under the **Multi-Trip Plan**;
- \$2,000 per **insured person** for **duo** cover;
- \$4,000 for **family** cover.

2.1.2 WHAT WE EXCLUDE

We will not pay **your** claim if:

a) **you** were aware, or a **reasonable** person in **your** circumstances would have been aware before **your policy** was issued, of any reason that may cause **your journey** to be cancelled, rescheduled or shortened;

- b] caused by the death, **injury** or illness of any person, including a **relative** or **travelling companion**, not listed on **your Certificate of Insurance** who resides outside of Australia or New Zealand or who is aged 85 years and over;
- c] the death, **injury** or illness of **your relative** arises from a **pre-existing medical condition** except as specified under **2.1.1 d]**;
- d] caused by **you** or **your travelling companion** changing plans;
- e] caused by the breakdown or dissolution of any personal or **family** relationship;
- f] caused by any business, financial or contractual obligations that prevent **you** or **your travelling companion** from travelling. This exclusion does not apply to claims where **you** or **your travelling companion** are made **redundant** in Australia except where a **reasonable** person in a similar situation would have been aware before the **policy** was purchased that the **redundancy** was to occur;
- g] a tour operator or wholesaler is unable to complete arrangements for any tour because there were not enough people to go on the tour. This exclusion does not apply to prepaid travel arrangements bought separately to reach the departure point for the tour or for other travel arrangements that do not form part of the tour;
- h] caused by delays or rescheduling by a bus line, airline, shipping line or rail authority;
- i] caused by any service provider misappropriating **your** funds or failing to arrange or provide services for which **you** have paid;
- j] caused by the financial collapse or **insolvency** of any service provider;
- k] caused by the mechanical breakdown of any means of transport;
- l] caused by an act or threat of terrorism; or
- m] **you** are a full-time permanent employee and **your** pre-arranged leave is cancelled by **your** employer unless **you** are a full-time member of the Australian Defence Force or of federal, state or territory emergency services.

SECTION 3.1 ADDITIONAL EXPENSES

3.1.1 WHAT WE COVER

- a] If **you** cannot continue **your journey** because of an **injury** or **sickness** which needs immediate treatment from a **medical adviser** who certifies in writing that **you** are unfit to travel, **we** will reimburse **your reasonable** additional accommodation and travel expenses.
- b] If **your travelling companion** cannot continue their **journey** because of an **injury** or **sickness** which needs immediate treatment from a **medical adviser** who certifies in writing that he or she is unfit to travel, **we** will reimburse **your reasonable** additional accommodation and travel expenses for **you** to be with **your travelling companion**.
- c] If **you** are in **hospital** suffering from a life threatening or other serious condition, or are evacuated for medical reasons **we** will reimburse the **reasonable** accommodation and travel expenses of **your travelling companion** or a **relative** to travel to **you**, stay near **you** or escort **you**. He or she must travel, stay with **you** or escort **you** on the written advice of a **medical adviser** and with the prior approval of **Allianz Global Assistance**.
- d] If **you** shorten **your journey** and return to **your home** on the written advice of a **medical adviser** approved by **Allianz Global Assistance**, **we** will reimburse the **reasonable** additional cost of **your** return to **your home**. **We** will only pay the cost of the fare class that **you** had planned to travel at and **you** must take advantage of any pre-arranged return travel to **your home**.
- e] If, during **your journey**, **your travelling companion** or a **relative** of either of **you**:
 - dies unexpectedly;
 - is **injured** and because of the **injury** requires hospitalisation; or
 - becomes seriously **sick** and requires hospitalisation,
 (except where the relevant death, **injury** or **sickness** arises out of a **pre-existing medical condition**), **we** will reimburse the **reasonable** additional cost of **your** early return to **your home**. **We** will only pay the cost of the fare class **you** had planned to travel at.
- f] If **you** return to **your home** because:
 - during **your journey**, a **relative** of **yours** or **your travelling companion**:
 - who resides in Australia or New Zealand; and
 - who is aged 84 years or under,
 dies unexpectedly or is hospitalised in Australia or New Zealand following a serious **injury** or a **sickness** (except arising from a **pre-existing medical condition**); and

- it is possible for **your journey** to be resumed; and
- there is more than 14 days remaining of the period of cover, as noted on **your Certificate of Insurance**; and
- **you** resume **your journey** within 12 months of **your** return to **your home** ;

we will reimburse **you** for airfares for **you** to return to the place **you** were when **your journey** was interrupted.

The most **we** will pay under this benefit is as follows:

- \$3,000 for **single** and **individual** cover and under the **Multi-Trip Plan**;
- \$3,000 per **insured person** for **duo** cover; or
- \$6,000 for **family** cover.

g] If, a **relative** of **yours** or **your travelling companion**:

- who resides in Australia or New Zealand; and
- who is aged 84 years or under,

dies or is hospitalised in Australia or New Zealand as a result of a **pre-existing medical condition** after the **policy** is issued, and at the time of **policy** issue **you** were unaware of the likelihood of such hospitalisation or death, **we** will pay for the **reasonable** additional cost of **your** return to **your home** and/or the cost of airfares for **you** to return to the place **you** were when **your journey** was interrupted.

The most **we** will pay for all events under this benefit is as follows:

- \$2,000 for **single** and **individual** cover and under the **Multi-Trip Plan**;
- \$2,000 per **insured person** for **duo** cover; or
- \$4,000 for **family** cover.

h] In addition, **we** will reimburse **your reasonable** additional travel and accommodation expenses if a disruption to **your journey** arises from any of the following reasons:

- **your** scheduled or connecting transport is cancelled, delayed, rescheduled or diverted because of a strike, riot, hijack, civil protest, weather, natural disaster or **accident** affecting **your** mode of transport;
- **you** unknowingly break any quarantine rule;
- **you** lose **your** passport, travel documents or **transaction cards** or they are stolen; or
- **your home** is rendered uninhabitable by fire, explosion, earthquake or flood.

If **you** did not have a return ticket booked to **your home** before **you** were **injured** or became **sick**, **we** will reduce the amount of **your** claim by the price of the fare to **your home** from the place **you** planned to return to **your home** from. The fare will be at the same fare class as the one **you** left **your home** on.

Whenever claims are made by **you** under this section and **SECTION 2.1 CANCELLATION FEES & LOST DEPOSITS** for cancelled services/facilities or alternative arrangements for the same or similar services/facilities, **we** will pay for the higher of the two amounts, not both.

3.1.2 WHAT WE EXCLUDE

To the extent permitted by law **we** will not pay **your** claim:

- a]** if **you** were, or a **reasonable** person in **your** circumstances would have been, aware of any reason, before **your** period of cover commenced, that may cause **your journey** to be cancelled, disrupted or delayed;
- b]** if the death, **injury** or illness of **your relative** arises from a **pre-existing medical condition**, except as specified under sub-section **3.1.1 g]**;
- c]** if **you** can claim **your** additional travel and accommodation expenses from anyone else;
- d]** caused by any service provider misappropriating **your** funds or failing to arrange or provide services for which **you** have paid;
- e]** if **your** claim relates to the financial collapse or **insolvency** of any service provider;
- f]** for cancellations, delays, rescheduling or diversions to **your** scheduled or connecting transport unless it is due to a strike, riot, hijack, civil protest, weather, natural disaster or **accident** affecting **your** mode of transport;
- g]** if **your** claim arises directly or indirectly out of **you** operating a **rental vehicle** in violation of the rental agreement.

SECTION 3.2 TRAVEL DELAY EXPENSES

3.2.1 WHAT WE COVER

If a delay to **your journey**, for at least 6 hours, arises from circumstances outside **your** control, **we** will reimburse the cost of **your reasonable** additional meals and accommodation expenses.

We will pay up to \$200 at the end of the initial 6 hour period. In addition **we** will pay up to \$200 for each full 24 hour period that the delay continues beyond the initial 6 hour delay.

3.2.2 WHAT WE EXCLUDE

We will not pay if:

- a] a delay to **your journey** arises from an act or threat of terrorism; or
- b] **your claim** is caused by the financial collapse or **insolvency** of any service provider.

SECTION 3.3 ALTERNATIVE TRANSPORT EXPENSES

3.3.1 WHAT WE COVER

If **your** scheduled transport is cancelled, delayed, shortened or diverted and that means **you** would not arrive at a wedding, funeral, conference, sporting event or prepaid travel/tour arrangements on time, **we** will pay **your reasonable** additional travel expenses to enable **you** to arrive on time.

3.3.2 WHAT WE EXCLUDE

We will not pay if **your claim**:

- a] arises from an act or threat of terrorism; or
- b] is caused by the financial collapse or **insolvency** of any service provider.

SECTION 3.4 RETURN AIRFARE

3.4.1 WHAT WE COVER

If, because of an **injury** or **sickness** that happens during **your journey**, the attending **medical adviser**, approved by **us**, requires **you** to be brought back to **your home** with a medical escort, **we** will pay the cost of **your** original airline ticket (less any refund that is due to **you**). However, **we** will only do so if **we** bring **you** back when either:

- there are more than 5 days of the **journey**, or 25% of its length, whichever is the greater left to go; or
- **you** have been confined to **hospital overseas** for more than 25% of the **journey**.

3.4.2 WHAT WE EXCLUDE

We will not pay if:

- a] the **injury** or illness occurred before **your** departure from your **home**;
- b] the **injury** or illness was a **pre-existing medical condition** except as specified under the **PRE-EXISTING MEDICAL CONDITIONS** section or in **your** Medical Terms of Cover letter; or

c] **you** have an entitlement to be paid for the cost of **your** original airline ticket (less any refunds due to **you**) under **SECTION 2.1 CANCELLATION FEES & LOST DEPOSITS**.

SECTION 3.5 DOMESTIC SERVICES

3.5.1 WHAT WE COVER

If **you** are **injured** during **your journey** and become disabled as a result of the **injury**, **we** will reimburse **you** up to \$50 per day in respect of expenses incurred in the provision of housekeeping services that **you** are unable to perform **yourself** provided that:

- the disablement continues after **you** return to **your home**; and
- **you** have a medical certificate confirming **your** disablement and verifying the need for housekeeping services during the period of **your** disablement.

SECTION 3.6 DOMESTIC PETS

3.6.1 WHAT WE COVER

- a] If **you** are delayed beyond the original end date of **your journey** due to an event covered by this **policy**, **we** will reimburse **you** up to \$25 for each 24 hour period in respect of additional boarding kennel or boarding cattery fees incurred in Australia, for domestic dogs and cats owned by **you**.
- b] If **your** pet suffers an **injury** while **you** are on **your journey** and requires veterinary treatment, provided that at the time of the **injury**, **your** pet was in the care of a **relative**, friend, boarding kennel or boarding cattery, **we** will reimburse **you** up to \$500 for veterinary fees incurred in Australia.

SECTION 4.1 LUGGAGE & PERSONAL EFFECTS

4.1.1 WHAT WE COVER

- a] If, during **your journey**, **your luggage and personal effects** or **valuables** are stolen, accidentally damaged or are permanently lost (except when: left in a motor vehicle; is **sporting equipment** in use; or are **valuables** checked in to be transported in the cargo hold of any aircraft, ship, train, tram or bus) **we** will pay the lesser of:
 - the repair cost;
 - the replacement cost;
 - the amount it would cost **us** to repair or replace the item(s) allowing for any trade discounts **we** are entitled to;
 - the original purchase price; or
 - the depreciated value after allowing for age, wear and tear.

We have the option to repair or replace the **luggage and personal effects** or **valuables** instead of paying **you**.

The maximum amount **we** will pay for any item is:

- \$3,000 for personal computers, video recorders or cameras;
- \$1,000 for mobile phones (including PDAs and any items with phone capabilities); or
- \$750 for all other items.

A pair or related set of items, for example (but not limited to):

- a camera, lenses (attached or not), tripod and accessories;
- a matched or unmatched set of golf clubs, golf bag and buggy; or
- a matching pair of earrings,

are considered as only one item for the purpose of this insurance, and the appropriate **single** item limit will be applied.

No cover is provided under sub-sections **4.1.1 a]** for any item(s) of the particular item type for which **you** have purchased cover under **ADDITIONAL OPTION - INCREASED ITEM LIMITS**. Cover is then provided for any item(s) of the particular item type under sub-section **4.1.1 b]**.

b] If **you** purchase optional cover for increased item limits and any item(s) of the particular item type are, during **the journey**, stolen or accidentally damaged or are permanently lost (except when: left in a motor vehicle; is **sporting equipment** in use; or are **valuables** checked in to be transported in the cargo hold of any aircraft, ship, train, tram or bus), **we** will pay up to the increased limit selected by **you** and shown on **your Certificate of Insurance** for any one item or for all items of the nominated item type combined.

c] **Luggage and personal effects** left in a motor vehicle are only covered during daylight hours and must have been left in a **concealed storage compartment** of a locked motor vehicle, and in the event of theft, forced entry must have been made. The most **we** will pay is \$200 for each item, and \$2,000 in total for all stolen items.

d] No cover is provided for **valuables** left in a motor vehicle at any time or **valuables** checked in to be transported in the cargo hold of any aircraft, ship, train, tram or bus including any loss from the point of check in until collection by **you** from the baggage carousel or collection area at the end of **your** flight, voyage or trip.

e] No cover is provided for the loss or damage to, or of, **sporting equipment** while in use (including surfboards).

Please note that sub-sections **4.1.1 c]**, **4.1.1 d]** and **4.1.1 e]** apply even if **you** have purchased the **ADDITIONAL OPTION - INCREASED ITEM LIMITS**.

The maximum amount **we** will pay for all claims combined under sub-section **4.1.1 a]** is shown under the **TABLE OF BENEFITS** for the Plan **you** have selected. The maximum amount **we** will pay for all claims combined under sub-section **4.1.1 b]** is shown on **your Certificate of Insurance**.

4.1.2 WHAT WE EXCLUDE

To the extent permitted by law, **we** will not pay a claim in relation to **your luggage and personal effects** or **valuables** if:

- a]** **you** do not report the loss, theft or misplacement within 24 hours to the police or an office of the bus line, airline, shipping line or rail authority **you** were travelling on when the loss, theft or misplacement occurred. **You** must prove that **you** made such report by providing **us** with a written statement from whoever **you** reported it to;
- b]** the loss, theft or damage is to, or of, items left behind in any hotel or motel room after **you** have checked out, or items left behind in any aircraft, ship, train, tram, taxi or bus;
- c]** the **luggage and personal effects** or **valuables** were being sent unaccompanied by **you** or under a freight contract;
- d]** the loss or damage arises from any process of cleaning, repair or alteration;
- e]** the loss or damage arises from ordinary wear and tear, deterioration, atmospheric or weather conditions, insects, rodents or vermin;
- f]** the **luggage and personal effects** or **valuables** were left **unsupervised** in a **public place**;
- g]** the **luggage and personal effects** or **valuables** have an electrical or mechanical breakdown;
- h]** the **luggage and personal effects** or **valuables** are fragile, brittle or an electronic component is broken or scratched - unless either:
 - it is the lens of spectacles, binoculars or photographic or video equipment; or
 - the breakage or scratch was caused by a crash involving a vehicle in which **you** are travelling;
- i]** **you** are entitled to be reimbursed by the bus line, airline, shipping line or rail authority **you** were travelling on when the loss, theft, misplacement or damage occurred. However, if **you** are not reimbursed the full amount of **your** claim, **we** will 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);

SECTION 4.2 - LUGGAGE AND PERSONAL EFFECTS DELAY EXPENSES

4.2.1 WHAT WE COVER

If any items of **your luggage and personal effects** are delayed, misdirected or misplaced by the **carrier** for more than 12 hours, and in **our** opinion it was necessary for **you** to purchase essential items of clothing or other personal items, **we** will reimburse **you**.

You must provide written proof from the **carrier** who was responsible for **your luggage and personal effects** that they were delayed, misdirected or misplaced.

We will deduct any amount **we** pay **you** under this Section for any subsequent claim for lost **luggage and personal effects** payable under **SECTION 4.1 LUGGAGE & PERSONAL EFFECTS**.

4.2.2 WHAT WE EXCLUDE

To the extent permitted by law **we** will not pay if **you** are entitled to compensation from the bus line, air line, shipping line or rail authority **you** were travelling on for the relevant amount claimed. However, if **you** are not reimbursed the full amount, **we** will pay the difference between the amount of **your** expenses and what **you** were reimbursed, up to the limit of **your** cover.

SECTION 4.3 - TRAVEL DOCUMENTS, TRANSACTION CARDS & TRAVELLERS CHEQUES

4.3.1 WHAT WE COVER

- a] If any essential travel documents (including passports), **transaction cards** or travellers cheques are lost by **you**, stolen from **you** or destroyed during **your journey**, then **we** will pay the issuer's fees for the replacement costs (including communication costs) of the items lost, stolen or destroyed.
- b] If during **your journey**, **your transaction cards** or travellers cheques are lost or stolen, then **we** will pay for any loss resulting from the fraudulent use of the **transaction cards** or travellers cheques.

4.3.2 WHAT WE EXCLUDE

- a] To the extent permitted by law, **we** will not pay if **you** do not report the loss or theft within 24 hours to the police and, in the case of **transaction cards** or travellers cheques, to the issuing bank or company in accordance with the conditions under which the **transaction cards** or travellers cheques were issued. **You** must prove that **you** made such report by providing **us** with a written statement from whosoever **you** reported it to.
- b] **We** will not pay for any amounts covered by any guarantee given by the bank or issuing company to **you** as the holder of the **transaction cards** or travellers cheques.

SECTION 4.4 - THEFT OF CASH

4.4.1 WHAT WE COVER

If, during **your journey** cash, bank notes, currency notes, postal orders or money orders are stolen from **your person** **we** will reimburse **you**.

4.4.2 WHAT WE EXCLUDE

To the extent permitted by law, **we** will not pay if **you** do not report the theft within 24 hours to the police or an office of the bus line, airline, shipping line or rail authority **you** were travelling on when the theft occurred. **You** must prove that **you** made a report by providing **us** with a written statement from whoever **you** reported it to.

SECTION 5.1 RENTAL VEHICLE EXCESS

Cover is only provided under this section if **your rental vehicle** agreement specifies an excess, deductible or damage liability fee that is payable in the event the **rental vehicle** is damaged or stolen while in **your** custody. This section does not cover items such as, but not limited to, tyres and/or windscreens, roof and underbody if they are not covered by the indemnity provided by the rental company or agency under the **rental vehicle** agreement to which the excess, deductible or damage liability fee applies.

The maximum amount **we** will pay under this section is the amount of the excess, deductible or damage liability fee that is specified in **your rental vehicle** agreement up to the limit shown in the **TABLE OF BENEFITS** for the Plan **you** have selected.

5.1.1 WHAT WE COVER

- a] If, during **your** period of cover, a **rental vehicle** **you** have rented from a rental company or agency is:
- involved in a motor vehicle **accident** while **you** are driving it; or
 - damaged or stolen while in **your** custody,
- then **we** will pay **you** the lesser of:
- the specified excess, deductible or damage liability fee that **you** are liable to pay under **your rental vehicle** agreement; or
 - property damage for which **you** are liable.

You must provide a copy of:

- **your rental vehicle** agreement;
- the incident report that was completed;
- repair account;
- an itemised list of the value of the damage; and
- written notice from the rental company or agency advising that **you** are liable to pay the specified excess, deductible or damage liability fee.

b] If **you** are **injured** or become **sick** and **your** attending **medical adviser** certifies in writing that **you** are unfit to return **your rental vehicle** to the nearest depot during **your journey**, then **we** will pay up to \$500 for the cost of returning **your rental vehicle**.

5.1.2 WHAT WE EXCLUDE

To the extent permitted by law, **we** will not pay a claim involving the theft or damage to **your rental vehicle** if the claim arises directly or indirectly from, or is in any way connected with, or is for:

- a]** **you** using the **rental vehicle** in breach of the rental agreement;
- b]** **you** using the **rental vehicle** without a licence for the purpose that **you** were using it (such as but not limited to the carrying of passengers or freight); or
- c]** administrative charges or fees of the rental company that are not a component of the excess, deductible or damage liability fee specified in **your rental vehicle** agreement.

SECTION 6.1 - PERSONAL LIABILITY

6.1.1 WHAT WE COVER

If **you** become legally liable to pay compensation for:

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

as a result of an **accident**, or a series of **accidents** arising out of the one event, that happens during **your journey**, then **we** will cover **you** for:

- the compensation (including **legal costs**) awarded against **you**; and
- any **reasonable legal costs** incurred by **you** for settling or defending a claim made against **you**, providing **you** have approval in writing from **Allianz Global Assistance** before incurring these costs.

We must be told as soon as **you** or **your** personal representatives are, or a **reasonable** person in **your** circumstances would have been, aware of a possible prosecution, inquest, fatality, **accident** or incident which might lead to a claim against **you**.

You must not pay or promise to pay, settle with, admit or deny liability to anyone who makes a claim against **you** without **our** written consent.

6.1.2 WHAT WE EXCLUDE

To the extent permitted by law **we** will not pay any amount **you** become legally liable to pay if the liability arises directly or indirectly from, or is in any way connected with, or is for:

- a]** bodily **injury** to **you**, **your travelling companion** or to a **relative** or employee of any of **you**;
- b]** loss of or damage to property belonging to, or in the care, custody or control of **you**, **your travelling companion**, a **relative** or an employee of any of **you**;
- c]** **your** ownership, custody, control or use of any firearm or weapon, aerial device, watercraft or motorised vehicle;
- d]** **your** conduct of, or employment in any business, profession, trade or occupation;
- e]** any loss, damage or expenses which are covered or should have been covered under a statutory or compulsory insurance policy, statutory or compulsory insurance or compensation scheme or fund, or under Workers Compensation legislation, an industrial award or agreement, or Accident Compensation legislation;
- f]** any fine or penalty, or aggravated, punitive, exemplary or liquidated damages;
- g]** illness, **sickness** or disease that is transmitted by **you**;
- h]** any relief or recovery other than monetary amounts;
- i]** a contract that imposes on **you** a liability which **you** would not otherwise have;
- j]** assault and/or battery committed by **you** or at **your** direction;
- k]** any act intended to cause bodily **injury**, property damage or liability done by **you** or any person acting with **your** knowledge, connivance or consent; or
- l]** **your** participation in **snow sport activities**.

SECTION 7.1 - EMERGENCY RESCUE

You only have this cover if **you** purchased the **SNOW PACK**. See **ADDITIONAL OPTIONS** section for details.

7.1.1 ALLIANZ GLOBAL ASSISTANCE WILL ARRANGE

Allianz Global Assistance will arrange for the following assistance services if **you injure yourself**, or become **sick** while participating in **snow sport activities overseas** during **your journey** provided the relevant **injury** or **sickness** is covered by **your policy**.

- a]** Access to a **medical adviser** for emergency medical treatment while **overseas**;
- b]** Any messages which need to be passed on to **your family** or employer in the case of an emergency;
- c]** Provision of any written guarantees for payment of **reasonable** expenses for emergency hospitalisation while **overseas**;

d] **Your** medical transfer or evacuation if **you** must be transported to the nearest **hospital** for emergency medical treatment **overseas** or be brought back to **your home** with appropriate medical supervision; and

e] The return to **your home** of **your dependants** if they are left without supervision following **your** hospitalisation or evacuation.

In addition:

f] If **you** die as a result of an **injury** or a **sickness** during **your journey**, **we** will pay for **your reasonable funeral expenses** incurred **overseas** or the cost of bringing **your** remains back to **your home**. The maximum amount **we** will pay is \$15,000 per person.

Please note that **we** will not pay for any costs incurred in Australia except the **reasonable** cost of transporting **your** remains from the inbound port or airport to **your home** or nominated funeral home.

7.1.2 WHAT WE EXCLUDE

To the extent permitted by law **we** will not pay:

a] for any expenses for medical evacuation, **funeral expenses** incurred **overseas** or bringing **your** remains back to **your home**, unless it has been first approved by **Allianz Global Assistance**;

b] if **you** decline to promptly follow the medical advice **we** have obtained, and **we** will not be responsible for subsequent medical, **hospital** or evacuation expenses;

c] for medical evacuation or the transportation of **your** remains from Australia to an **overseas** country;

d] for any claims arising from the following: ice skating, bobsleighbing, snow rafting, para-penting, ski acrobatics, ski or snowboard jumping, aerial skiing, stunting, freestyle, ski joring or any form of power-assisted skiing or use of mechanised snow-mobiles except as provided by the recognised piste authorities for transport to and from areas designed for recreational skiing; or

e] for any claims arising outside the period 15th December to 31st March in Northern Hemisphere resorts, and 15th June to 30th September in Southern Hemisphere resorts. This exclusion will not apply to those resorts which are open outside these time periods and have sufficient snow for normal skiing activities.

SECTION 7.2 - OWN SNOW SPORT EQUIPMENT

You only have this cover if **you** purchased the **SNOW PACK**. See **ADDITIONAL OPTIONS** section for details.

7.2.1 WHAT WE COVER

a] If, during **your journey**, **your snow sport equipment** is stolen, accidentally damaged or is permanently lost (except when: left in a motor vehicle; or while in use) **we** will pay the lesser of:

- the repair cost;
- the replacement cost;
- the amount it would cost **us** to repair or replace the item(s) allowing for any trade discounts **we** re entitled to;
- the cost of repairing or replacing the lost or damaged part of a pair, set or collection; or
- the original purchase price.

We have the option to repair or replace the **snow sport equipment** instead of paying **you**.

A pair or set of items, for example (but not limited to):

- a matched or unmatched set of skis or ski poles

are considered as only one item and the appropriate benefit limit will be applied.

b] **Snow sport equipment** owned by **you** and left in a motor vehicle is only covered during daylight hours and must have been left in a **concealed storage compartment** of a locked motor vehicle, and in the event of theft, forced entry must have been made. The most **we** will pay is \$200 for each item, and \$1,000 in total for all stolen items.

c] No cover is provided for **snow sport equipment** while it is in use.

7.2.2 WHAT WE EXCLUDE

To the extent permitted by law, **we** will not pay a claim in relation to **snow sport equipment** owned by **you** if:

a] **you** do not report the loss, theft or damage within 24 hours to the police or an office of the bus line, airline, shipping line or rail authority **you** were travelling on when the loss, theft or damage occurred. **You** must prove that **you** made such report by providing **us** with a written statement from whoever **you** reported it to;

- b]** the loss, theft or damage is to, or of, **snow sport equipment** left behind in any hotel or motel room after **you** have checked out, or **snow sport equipment** left behind in any aircraft, ship, train, tram, taxi or bus;
- c]** the **snow sport equipment** was being sent unaccompanied by **you** or under a freight contract;
- d]** the loss or damage arises from any process of cleaning, repair or alteration;
- e]** the loss or damage arises from ordinary wear and tear, deterioration, atmospheric or weather conditions, insects, rodents or vermin;
- f]** the **snow sport equipment** was left **unsupervised** in a **public place**;
- g]** **you** are entitled to be reimbursed by the bus line, airline, shipping line or rail authority **you** were travelling on when the loss, theft or damage occurred. However, if **you** are not reimbursed the full amount of **your** claim, **we** will pay the difference between the amount of **your** loss and what **you** were reimbursed, up to the limit of **your** cover;
- h]** the claim arises from the following: ice skating, bobsleighing, snow rafting, para-penting, ski acrobatics, ski or snowboard jumping, aerial skiing, stunting, freestyle, ski joring or any form of power-assisted skiing or use of mechanised snow-mobiles except as provided by the recognised piste authorities for transport to and from areas designed for recreational skiing.

SECTION 7.3 - SNOW SPORT EQUIPMENT HIRE

You only have this cover if **you** purchased the **SNOW PACK**. See the **ADDITIONAL OPTIONS** section for details.

7.3.1 WHAT WE COVER

If **we** have agreed to pay a claim

- under **SECTION 7.2 OWN SNOW SPORT EQUIPMENT** for loss, theft of, or **accidental** damage to, **your snow sport equipment**; or
- following the misdirection or delay of **snow sport equipment** owned by **you**, for a period more than 24 hours;

we will reimburse the costs of hiring alternative **snow sport equipment**.

We will also reimburse the **snow sport equipment** hire insurance excess if **you** have chosen and paid for **snow sport equipment** hire cover from the hire company or agency and **you** are charged an excess following the loss of, or damage to the **snow sport equipment** hired by **you**.

SECTION 7.4 - SNOW SPORT PACK

You only have this cover if **you** purchased the **SNOW PACK**. See the **ADDITIONAL OPTIONS** section for details.

7.4.1 WHAT WE COVER

If, as a result of **your injury** or **sickness** during **your journey**, **you** are unable to utilise the full duration of **your** pre-booked and pre-paid ski passes, **snow sport equipment** hire, tuition fees or lift passes, **we** will reimburse **you** the irrecoverable cost of the unused portion for each **insured person**.

You must obtain a medical certificate from **your** treating **medical adviser** in support of **your** claim for **your injury** or **sickness**.

7.4.2 WHAT WE EXCLUDE

We will not pay;

- a]** for any claims arising from the following: ice skating, bobsleighing, snow rafting, para-penting, ski acrobatics, ski or snowboard jumping, aerial skiing, stunting, freestyle, ski joring or any form of power-assisted skiing or use of mechanised snow-mobiles except as provided by the recognised piste authorities for transport to and from areas designed for recreational skiing; or
- b]** for any claims arising outside the period 15th December to 31st March in Northern Hemisphere resorts and 15th June to 30th September in Southern Hemisphere resorts. This exclusion will not apply to those resorts which are open outside these time periods and have sufficient snow for normal skiing activities.

SECTION 7.5 - PISTE CLOSURE

You only have this cover if **you** purchased the **SNOW PACK**. See the **ADDITIONAL OPTIONS** section for details.

7.5.1 WHAT WE COVER

If, as a result of not enough snow, bad weather or power failure, in **your** pre-booked holiday resort during the period of **your** booking, all lift systems in the resort are closed for more than 24 hours preventing **you** from participating in **your** planned **snow sport activities**, **we** will pay up to \$100 per 24 hour period for either:

- the cost of transport to the nearest resort with open lift systems; or
- the cost of additional ski passes.

7.5.2 WHAT WE EXCLUDE

We will not pay:

- a]** for any claims relating to resorts that do not have skiing facilities greater than 1,000 metres above sea level; or

b] for any claims arising outside the period 15th December to 31st March in Northern Hemisphere resorts and 15th June to 30th September in Southern Hemisphere resorts. This exclusion will not apply to those resorts which are open outside these time periods and have sufficient snow for normal skiing activities.

SECTION 7.6 - BAD WEATHER AND AVALANCHE CLOSURE

You only have this cover if **you** purchased the **SNOW PACK**. See **ADDITIONAL OPTIONS** section for details.

7.6.1 WHAT WE COVER

If, as a result of avalanche or bad weather **your** pre-booked departure is delayed for more than 12 hours from **your** scheduled departure time, **we** will pay the **reasonable** extra travel and accommodation expenses that **you** need to pay provided **you** obtain a written statement from the appropriate authority confirming that the reason for the delay was related to either an avalanche or bad weather, and how long the delay lasted.

7.6.2 WHAT WE EXCLUDE

We will not pay:

- a]** for any claims relating to resorts that do not have skiing facilities greater than 1,000 metres above sea level; or
- b]** for any claims arising outside the period 15th December to 31st March in Northern Hemisphere resorts and 15th June to 30th September in Southern Hemisphere resorts. This exclusion will not apply to those resorts which are open outside these time periods and have sufficient snow for normal skiing activities.

SECTION 7.7 - MEDICAL COVER WHILE CRUISING

You only have this cover if **you** purchased the **CRUISE PACK**. See the **ADDITIONAL OPTIONS** section for details.

7.7.1 WHAT WE COVER

- a]** If **you injure yourself** or become **sick** while travelling on a **cruise vessel**, **we** will reimburse the **reasonable** medical or **hospital** expenses **you** incur until **you** get back to Australia. The medical or **hospital** expenses must have been incurred on the written advice of a **medical adviser** approved by **Allianz Global Assistance**. **You** must make every effort to keep **your** medical or **hospital** expenses to a minimum.

If **we** determine, on medical advice, that **you** should return **home** for treatment and **you** do not agree to do so, **we** will pay **you** an amount up to the limit shown in the **TABLE OF BENEFITS**, which **we** reasonably consider to be equivalent to:

- **your** medical expenses and/or related costs incurred **overseas** to the date **we** advise **you** to return to **your home**; plus

- the amount it would cost **us** to return **you** to **your home**; plus
- the amount of any cancellation fees and lost deposits **you** would have incurred had **you** followed **our** advice,

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

We will only pay for treatment received and/or **hospital** accommodation during the 12 month period after the **sickness** first showed itself or the **injury** happened.

- b]** **We** will also pay the cost of emergency dental treatment up to the limit shown in the **TABLE OF BENEFITS** for the Plan selected for dental costs incurred which the treating dentist certifies in writing is for the relief of sudden and acute pain to sound and natural teeth. This limit does not apply to dental costs arising from any **injury** that is covered under sub-section **7.7.1 a]**.

7.7.2 WHAT WE EXCLUDE

To the extent permitted by law, **we** will not pay for expenses:

- a]** when **you** have not notified **Allianz Global Assistance** as soon as practicable of **your** admittance to **hospital**;
- b]** incurred after 2 weeks treatment by a chiropractor, physiotherapist or dentist unless approved by **Allianz Global Assistance**;
- c]** if **you** do not take the advice of **Allianz Global Assistance**;
- d]** for damage to dentures, dental prostheses, bridges or crowns;
- e]** for expenses relating to dental treatment involving the use of precious metals or for cosmetic dentistry;
- f]** for dental treatment caused by or related to the deterioration and/or decay of teeth; or
- g]** for preventative dental treatment.

SECTION 7.8 - EVACUATION COVER - SHIP TO SHORE

You only have this cover if **you** purchased the **CRUISE PACK**. See **ADDITIONAL OPTIONS** section for details.

7.8.1 ALLIANZ GLOBAL ASSISTANCE WILL ARRANGE

Allianz Global Assistance will arrange for the following assistance services if **you injure yourself**, or become **sick** during travel on a **cruise vessel** provided the relevant **injury** or **sickness** is covered by **your policy**.

- a]** Access to a **medical adviser** for emergency medical treatment;

- b] Any messages which need to be passed on to **your family** or employer in the case of an emergency;
- c] Provision of any written guarantees for payment of **reasonable** expenses for emergency hospitalisation while on a **cruise vessel**;
- d] **Your** medical transfer or evacuation if **you** must be transported to the nearest **overseas hospital** for emergency medical treatment or be brought back to **your home** with appropriate medical supervision; and
- e] The return to **your home** of **your dependants** if they are left without supervision following **your** hospitalisation or evacuation.

In addition:

- f] If **you** die as a result of an **injury** or a **sickness** during **your** travel on a **cruise vessel**, **we** will pay for **your reasonable funeral expenses** incurred **overseas** and/or the cost of bringing **your** remains back to **your home**. The maximum amount **we** will pay is \$15,000 per person.

Please note that **we** will not pay for any costs incurred in Australia except the **reasonable** cost of transporting **your** remains from the inbound port or airport to **your home** or nominated funeral home.

7.8.2 WHAT WE EXCLUDE

To the extent permitted by law, **we** will not pay for expenses:

for any expenses for medical evacuation, **funeral expenses** incurred **overseas** or bringing **your** remains back to **your home** unless it has been first approved by **Allianz Global Assistance**;

- g] if **you** decline to promptly follow the medical advice **we** have obtained, and **we** will not be responsible for subsequent medical, **hospital** or evacuation expenses; or
- h] for medical evacuation or the transportation of **your** remains from Australia to an **overseas** country.

SECTION 7.9 - CABIN CONFINEMENT

You have this cover if **you** purchased the **CRUISE PACK**. See the **ADDITIONAL OPTIONS** section for details.

7.9.1 WHAT WE COVER

If, as a result of an **injury** or **sickness** during **your journey**, **you** are confined to **your** cabin or the **cruise vessel's** hospital for a continuous period of more than 48 hours then **we** will pay **you** \$50 for each day in excess of 48 hours that **you** continue to be confined.

SECTION 7.10 - PRE-PAID SHORE EXCURSION CANCELLATION

You only have this cover if **you** purchased the **CRUISE PACK**. See the **ADDITIONAL OPTIONS** section for details.

7.10.1 WHAT WE COVER

If **you** cannot participate in **your** pre-paid shore excursion(s) due to **your** confinement in **your** cabin or in the **cruise vessel's** hospital as a result of circumstances outside **your** control, **we** will pay **you, your** cancellation fees and lost deposits.

SECTION 7.11 - FORMAL CRUISE ATTIRE LOST OR DAMAGED

You only have this cover if **you** purchased the **CRUISE PACK**. See **ADDITIONAL OPTIONS** section for details.

7.11.1 WHAT WE COVER

- a] If, during **your journey**, **your formal wear** is stolen, accidentally damaged or is permanently lost **we** will pay the lesser of:

- the repair cost;
- the replacement cost;
- the amount it would cost **us** to repair or replace the item(s) allowing for any trade discounts **we** are entitled to;
- the cost of repairing or replacing the lost or damaged part of a pair, set or collection; or
- the original purchase price.

We have the option to repair or replace the **formal wear** instead of paying **you**.

A pair or set of items, for example (but not limited to):

- shoes, gloves, suit

are considered as only one item and the appropriate benefit limit will be applied.

7.11.2 WHAT WE EXCLUDE

To the extent permitted by law, **we** will not pay a claim in relation to **your formal wear** if:

- a] **you** do not report the loss, theft or misplacement within 24 hours to the police or an office of the **carrier you** were travelling on when the loss, theft or misplacement occurred. **You** must prove that **you** made such report by providing **us** with a written statement from whoever **you** reported it to;
- b] the loss, theft or damage is to, or of, **formal wear** left behind in any hotel or motel room after **you** have checked out or **cruise vessel** cabin after **you** have disembarked, or items left behind in any aircraft, ship, train, tram, taxi or bus;
- c] the **formal wear** was being sent unaccompanied by **you** or under a freight contract;
- d] the loss or damage arises from any process of cleaning, repair or alteration;
- e] the loss or damage arises from ordinary wear and tear, deterioration, atmospheric or weather conditions, insects, rodents or vermin;
- f] the **formal wear** was left **unsupervised** in a **public place**; or
- g] **you** are entitled to be reimbursed by the bus line, airline, shipping line or rail authority **you** were travelling on when the loss, theft, misplacement or damage occurred. However, if **you** are not reimbursed the full amount of **your** claim, **we** will pay the difference between the amount of **your** loss and what **you** were reimbursed, up to the limit of **your** cover.

SECTION 7.12 - FORMAL CRUISE ATTIRE DELAYED

You only have this cover if **you** purchased the **CRUISE PACK**. See the **ADDITIONAL OPTIONS** section for details.

7.12.1 WHAT WE COVER

If **your formal wear** is delayed, misdirected or misplaced for over 12 hours from the time **you** boarded the **cruise vessel**, and it is necessary to purchase or hire replacement **formal wear**, **we** will reimburse **you**, **your reasonable** expenses.

7.12.2 WHAT WE EXCLUDE

We will not pay if **you** are entitled to compensation from the bus line, air line, shipping line or rail authority **you** were travelling on for the relevant amount claimed. However, if **you** are not reimbursed the full amount, **we** will pay the difference between the amount of **your** expenses and what **you** were reimbursed, up to the limit of **your** cover.

SECTION 7.13 - MARINE RESCUE DIVERSION

You only have this cover if **you** purchased the **CRUISE PACK**. See the **ADDITIONAL OPTIONS** section for details.

7.13.1 WHAT WE COVER

If during **your journey**, **your cruise vessel** diverts from its scheduled course in order to affect a marine rescue in accordance with obligations under international conventions governing the Law of the Sea, and Search and Rescue **we** will pay **you** \$100 for each day **your cruise vessel** diverts, up to a maximum of 5 days.

CLAIMS

First check that **you** are covered by **your policy** by reading the appropriate section in the **PDS** and the **GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS** to see exactly what is, and is not covered, noting particularly any conditions limitations and exclusions.

HOW TO MAKE A CLAIM

You must give **Allianz Global Assistance** notice of **your** claim as soon as possible. **You** can lodge **your** claim online 24 hours a day or obtain a claim form at www.travelclaims.com.au. If there is a delay in claim notification, or **you** do not provide sufficient detail for **Allianz Global Assistance** to consider **your** claim, **we** can reduce any claim payable by the amount of prejudice **we** have suffered because of the delay.

You must give any information **Allianz Global Assistance** reasonably asks for to support **your** claim at **your** expense, such as but not limited to police reports, valuations, medical reports, original receipts or proof of purchase and ownership. If required they may ask **you** to provide them with translations into English of any such documents to enable their consideration of **your** claim.

You must co-operate at all times in relation to providing supporting evidence and such other information that may reasonably be required.

- a] If **you** think that **you** may have to cancel **your journey** or shorten **your journey you** must tell **us** as soon as possible. Contact **Allianz Global Assistance** using the contact number, or if **overseas** the **24 HOUR EMERGENCY ASSISTANCE** number, shown on the back cover of this **PDS**.
- b] For medical, **hospital** or dental claims, contact **Allianz Global Assistance** as soon as practicable.
- c] For loss or theft of **your luggage and personal effects**, report it immediately to the police and obtain a written notice of **your** report.
- d] For damage or misplacement of **your luggage and personal effects**, caused by the airline or any other operator or accommodation provider, report the damage or misplacement to an appropriate official and obtain a written report, including any offer of settlement that they may make.
- e] Submit full details of any claim in writing within 30 days of **your** return **home**.

CLAIMS ARE PAYABLE IN AUSTRALIAN DOLLARS TO YOU

We will pay all claims in Australian dollars. **We** will pay **you** unless **you** tell **us** to pay someone else. The rate of currency exchange that will apply is the rate at the time **you** incurred the expense.

Payment will be made by direct credit to an Australian bank account nominated by **you**.

YOU MUST NOT ADMIT FAULT OR LIABILITY

You must not admit that **you** are at fault, for any **accident**, incident or event causing a claim under **your policy**, and **you** must not offer or promise to pay any money, or become involved in legal action, without the approval of **Allianz Global Assistance**.

YOU MUST HELP US TO RECOVER ANY MONEY WE HAVE PAID

If **we** have a claim against someone in relation to the money **we** have to pay or **we** have paid under **your policy**, **you** must do everything **you** can to help **us** do that in legal proceedings. If **you** are aware of any third party that **you** or **we** may recover money from, **you** must inform **us** of such third party.

IF YOU CAN CLAIM FROM ANYONE ELSE, WE WILL ONLY MAKE UP THE DIFFERENCE

If **you** can make a claim against someone in relation to a loss or expense covered under this **policy** and they do not pay **you** the full amount of **your** claim, **we** will make up the difference. **You** must claim from them first.

OTHER INSURANCE

If any loss, damage or liability covered under this **policy** is covered by another insurance policy, **you** must give **us** details. If **you** make a claim under one insurance policy and **you** are paid the full amount of **your** claim, **you** cannot make a claim under the other policy. If **you** make a claim under another insurance policy and **you** are not paid the full amount of **your** claim, **we** will make up the difference, up to the amount this **policy** covers **you** for, provided **your** claim is covered by this **policy**. **We** may seek contribution to amounts **we** have paid, or must pay, from **your** other Insurer. **You** must give **us** any information **we** reasonably ask for to help **us** make a claim from **your** other Insurer.

SUBROGATION

We may, at **our** discretion undertake in **your** name and on **your** behalf, control and settlement of proceedings for **our** own benefit in **your** name to recover compensation or secure indemnity from any party in respect of anything covered by this **policy**. **You** are to assist and permit to be done, everything required by **us** for the purpose of recovering compensation or securing indemnity from other parties to which **we** may become entitled or subrogated, upon **us** paying **your** claim under this **policy** regardless of whether **we** have yet paid **your** claim and whether or not the amount **we** pay **you** is less than full compensation for **your** loss. These rights exist regardless of whether **your** claim is paid under a non-indemnity or an indemnity clause of this **policy**.

RECOVERY

We will apply any money **we** recover from someone else under a right of subrogation in the following order:

1. To **us**, **our** costs (administration and legal) arising from the recovery.
2. To **us**, an amount equal to the amount that **we** paid to **you** under **your policy**.
3. To **you**, **your** uninsured loss (less **your excess**).
4. To **you**, **your excess**.

Once **we** pay **your** total loss **we** will keep all money left over.

If **we** have paid **your** total loss and **you** receive a payment from someone else for that loss or damage, **you** must pay **us** the amount of that payment up to the amount of the claim **we** paid **you**.

If **we** pay **you** for lost or damaged property and **you** later recover the property or it is replaced by a third party, **you** must pay **us** the amount of the claim **we** paid **you**.

HOW GST MAY AFFECT 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 **your policy**.

FRAUD

Insurance fraud places additional costs on honest policyholders. Fraudulent claims force insurance premiums to rise. **We** encourage the community to assist in the prevention of insurance fraud.

You can help by reporting insurance fraud by calling **Allianz Global Assistance** on 1800 453 937. All information will be treated as confidential and protected to the full extent under law.

FINANCIAL SERVICES GUIDE

This Financial Services Guide (FSG) has been designed to help you make an informed decision about the financial services that MyCover and AWP Australia Pty Ltd ABN 52 097 227 177 AFS Licence No 245631 of 74 High Street, Toowong, Queensland 4066, telephone (07) 3305 7000 (Allianz Global Assistance) can provide to you. It also contains information about how they and others are remunerated for providing these financial services and how your complaints are dealt with.

AGA is responsible for the content of this FSG and has authorised its distribution.

Where they arrange an insurance policy for you, they will give you a Product Disclosure Statement (PDS) when required. The PDS is designed to provide important information on the significant features and benefits of the policy and is designed to assist you in making an informed decision about whether to buy the product. It may consist of more than one document.

Any advice that is provided to you is general in nature and does not take into account your individual objectives, financial circumstances or needs. Before you make any decisions about the product, you should read the PDS carefully to ensure that it is suitable for you.

ABOUT ALLIANZ GLOBAL ASSISTANCE

Allianz Global Assistance is an Australian Financial Services Licensee authorised to deal in and provide general advice on general insurance products. Allianz Global Assistance has been authorised by the insurer Allianz Australia Insurance Limited (Allianz) ABN 15 000 122 850 AFS Licence No 234708 of 2 Market Street, Sydney, New South Wales, 2000 Telephone 13 26 64 to act on its behalf to deal in and provide general advice and handle and settle claims in relation to travel insurance products underwritten by Allianz.

Allianz Global Assistance has a binding authority which means it can enter into, vary or cancel these insurance products and handle and settle claims without reference to Allianz provided it acts within the binding authority. When providing these services, Allianz Global Assistance acts for Allianz and does not act on your behalf.

PROFESSIONAL INDEMNITY INSURANCE ARRANGEMENTS

Allianz Global Assistance and its representatives (including its authorised representatives) are covered under professional indemnity insurance that complies with the requirements of section 912B of the Corporations Act. The insurance (subject to its terms and conditions) will continue to cover claims in relation to Allianz Global Assistance's representatives/employees who no longer work for it (but who did at the time of the relevant conduct).

ABOUT MYCOVER

MyCover Pty Ltd (MyCover) ABN 87 119 164 537 Authorised Representative Number 323627 of Level 10, 221 Queen Street, Melbourne, Victoria, 3000 Telephone 1300 855 240 is an authorised representative of Allianz Global Assistance.

MyCover is authorised by Allianz Global Assistance to deal in and provide general advice on travel insurance products underwritten by Allianz. MyCover acts for Allianz Global Assistance and does not act on your behalf.

REMUNERATION

The premium for this travel insurance policy is payable to Allianz as the insurer.

MyCover receives from Allianz Global Assistance commission (inclusive of GST) which is calculated as a percentage of the premium you pay for a travel insurance policy issued to you and is only paid if you buy a policy.

Allianz Global Assistance is also remunerated by Allianz for providing services on behalf of Allianz. This is a percentage (exclusive of GST) of the premium that you pay for an insurance policy and is only paid if you buy a policy.

Employees and representatives of Allianz Global Assistance and MyCover receive an annual salary, which may include bonuses and/or other incentives, which can be based on performance or other criteria.

The above remuneration is included in the premium you pay.

If you would like more information about the remuneration that MyCover, or employees and representatives of MyCover or Allianz Global Assistance, receive please ask them. This request should be made within a reasonable time after this FSG is provided to you and before the financial services are provided to you.

IF YOU HAVE A COMPLAINT

Should you have a complaint or dispute arising out of this insurance, or our employees, authorised representatives or service providers, please call Allianz Global Assistance on 1300 725 154 or put the complaint in writing and send it to PO Box 162, Toowong, Queensland 4066.

A dispute may also be referred to the Financial Ombudsman Service Australia (FOS), which is an independent external dispute resolution body. For more information or to access the FOS process please call 1800 367 287. Alternatively you can write to the FOS at GPO Box 3, Melbourne, Victoria 3001. Access to the FOS is free.

PRIVACY STATEMENT

Allianz Global Assistance and MyCover are committed to ensuring the privacy and security of your personal information. They adhere to the privacy terms set out in "Important Matters" in the PDS.

HOW TO CONTACT US

You can contact MyCover or Allianz Global Assistance or provide them with instructions by using the contact details outlined in this FSG. Please keep this document in a safe place for your future reference.

PREPARATION DATE

The preparation date of this FSG is 10 February, 2017.

**You can lodge your claim online
24 hours a day at:**

www.travelclaims.com.au

Sales & General Enquires

Telephone: 1300 855 240

E-mail: mycoversales@allianz-assistance.com.au

Claims Enquiries

Telephone: 1300 725 154

24 hour Emergency Assistance

Telephone: +61 7 3305 7499 (within Australia)

Telephone: 1800 010 075

(reverse charge from overseas)

This insurance is arranged and managed by

AWP Australia Pty Ltd

ABN 52 097 227 177

AFS Licence 245631

74 High Street, Toowong QLD 4066

This insurance is issued and underwritten by

Allianz Australia Insurance Limited

ABN 15 000 122 850

AFS Licence 234708

2 Market Street, Sydney NSW 2000

MyCover Pty Ltd

ABN 87 119 164 537

AR Number 323627

Level 10, 221 Queen Street, Melbourne VIC
3000

**is an authorised representative of
Allianz Global Assistance**