

KNOW YOU'RE: PROTECTED



Travel Insurance

Product Disclosure Statement
(including Policy Wording)



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About this Product Disclosure Statement

A Product Disclosure Statement (PDS) is a document required by the Corporations Act 2001 (Cth) and contains information designed to help you decide whether to buy the policy.

This PDS sets out the cover available and the terms and conditions which apply. You need to read it carefully to make sure you understand it and that it meets your needs.

This PDS, together with the Certificate of Insurance and any written endorsements by us, make up your contract with Allianz. Please retain these documents in a safe place.

ABOUT THE AVAILABLE COVERS

You can choose from one of these 7 Plans:

Plan A - Comprehensive (International)

includes Policy Sections 1 to 7 & 9 to 15

Plan B - Australia Only

includes Policy Sections 1, 4, 6, 7 & 9 to 15

Plan C - Backpackers (International)

includes Policy Sections 1 to 4, 6, 7, 9 to 11 & 13 to 15

Plan D - Annual Frequent Traveller (Leisure)

includes Policy Sections 1 to 7 & 9 to 16 while travelling Overseas and Policy Sections 1, 4, 6, 7 & 9 to 16 while travelling in Australia, which involves an interstate destination or intrastate destination (minimum of 250km from Home for both interstate and intrastate destinations).

Plan E - Annual Frequent Traveller (Business)

includes Policy Sections 1 to 20 while travelling Overseas and Policy Sections 1, 4, 6, 7 & 8 to 20 while travelling in Australia, which involves an interstate destination or intrastate destination (minimum of 250km from Home for both interstate and intrastate destinations).

Plan F – Non-Residents (Out-Bound Travel)

includes Policy Sections 1 to 7, 9 & 11 to 15

Plan G - Residents (In-Bound Travel)

includes Policy Sections 1 to 7, 9 & 11 to 15

Please refer to the Table of Benefits page 7 to 13, as well as **“Your Policy Cover”** pages 32 to 51 for details on the benefits and extent of cover that applies to your Plan.

UNDERSTANDING YOUR POLICY AND ITS IMPORTANT TERMS AND CONDITIONS

To properly understand this policy's significant features, benefits and risks you need to carefully read:

- About each of the available types of cover and benefits in the **“Summary of Benefits”** pages 4 to 6 and the relevant Sections of the PDS applicable to the cover you choose (**“Your Policy Cover”** pages 32 to 51), including any endorsements under **“Additional Options”** pages 14 to 15 (remember certain words have special meanings – see **“Words with Special Meanings”** pages 29 to 31);

- **“Important Matters”** pages 22 to 28 (this contains important information on who can purchase this policy, age limits, period of cover, your duty of disclosure, how the duty applies to you and what happens if you breach the duty, your cooling-off period, confirmation of your cover, our privacy policy and dispute resolution process, extension of your policy, your policy Excess, when you can choose your own doctor and when you should contact us concerning 24 hour medical assistance, Overseas hospitalisation or medical evacuation.)
- When **“We Will Not Pay”** a claim under each policy Section applicable to the cover you choose (**“Your Policy Cover”** pages 32 to 51) and **“General Exclusions applicable to all Sections”** pages 52 to 53 (this restricts the cover and benefits); and
- **“Claims”** pages 54 to 56 (these set out certain obligations that you and we have. If you do not meet them we may refuse to pay a claim).

APPLYING FOR COVER

When you apply for the policy, we will confirm with you things such as the period of insurance, your premium, what cover options and Excess will apply, and whether any standard terms are to be varied (this may be by way of an endorsement).

These details are recorded in the Certificate of Insurance we issue to you.

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 the policy 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 the policy when you apply. It is based on a number of factors such as your destination(s), length of Journey and number of persons. The higher the risk, the higher the premium is.

Your premium also includes amounts that take into account our obligation to pay any relevant compulsory government charges, taxes or levies (e.g. Stamp Duty and GST) in relation to your policy. These amounts will be included in your Certificate of Insurance as part of the total premium.

COOLING-OFF PERIOD

Even after you have purchased your policy, you have cooling-off rights (see **“Important Matters”** pages 24 to 25 for details).

WHO IS YOUR INSURER?

This policy is issued and underwritten by Allianz Australia Insurance Limited ABN 15 000 122 850 AFS License 234708 (Allianz).

WHO IS MONDIAL ASSISTANCE?

Mondial Assistance is a trading name of ETI Australia Pty Ltd. Mondial Assistance has been authorised by Allianz to enter into and arrange the policy and deal with and settle any claims under it, as the agent of Allianz, not as your agent. Mondial 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 Mondial 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 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, we may issue you with notice of this information in other forms or keep an internal record of such changes (you can get a paper copy free of charge by calling us).

PREPARATION DATE

The preparation date of this PDS is 30 June 2009.

Summary of Benefits

This is only a summary of the benefits. Please read this PDS carefully for complete details of what “We Will Pay” and “We Will Not Pay” and which of the benefits are provided under each Plan. Importantly, please note that exclusions do apply, as well as limits to the cover.

- 1 CANCELLATION FEES AND LOST DEPOSITS** (pg. 33 to 34)
Cover for cancellation fees and lost deposits for pre-paid travel arrangements due to unforeseen circumstances neither expected nor intended by you or which are outside your control, such as:
– Sickness – Accidents – Strikes – Collisions
– Retrenchment – Natural Disasters.
- 2 OVERSEAS EMERGENCY MEDICAL ASSISTANCE, MEDICAL EVACUATION OR FUNERAL EXPENSES** (pg. 34 to 35)
Cover for emergency medical assistance including:
– 24 Hour Emergency Medical Assistance – Ambulance
– Medical Evacuations – Funeral Arrangements
– Messages to family – Hospital Guarantees.
- 3 OVERSEAS EMERGENCY MEDICAL/HOSPITAL/DENTAL EXPENSES** (pg. 35 to 36)
Cover for Overseas medical treatment if you are Injured or become Sick Overseas, including:
– Medical – Hospital – Surgical – Nursing – Emergency Dental Treatment for the relief of sudden and acute pain to sound and natural teeth.
- 4 ADDITIONAL EXPENSES** (pg. 36 to 38)
Cover for additional accommodation and travel expenses caused by your or your Travelling Companion's or Relative's health problems resulting from:
– Sickness – Accidental Injury – Death.
Also cover for Travelling Companion or Relative's accommodation and travel expenses to travel to, stay near or escort you resulting from:
– Hospitalisation – Medical Evacuation.
- 5 HOSPITAL CASH ALLOWANCE** (pg. 38)
An allowance of \$50 per day if you are hospitalised while Overseas for more than 48 continuous hours.
- 6 ACCIDENTAL DEATH** (pg. 39)
A Death Benefit is payable if you die because of accidental bodily Injury sustained during your Journey within 12 months of that Injury.
- 7 PERMANENT DISABILITY** (pg. 39)
A Permanent Disability Benefit is payable for total loss of sight in one or both eyes or loss of use of a hand or foot within 12 months of, and because of, an Injury sustained during your Journey.

- 8 LOSS OF INCOME** (pg. 40)
A weekly Loss of Income Benefit is payable if, due to an Injury sustained during your Journey, you are unable to work after your return to Australia for more than 30 days.
- 9 TRAVEL DOCUMENTS, CREDIT CARDS AND TRAVELLERS CHEQUES** (pg. 40)
Costs to replace travel documents lost or stolen from you during your Journey, such as:
– Passports – Credit Cards – Travel Documents
– Travellers Cheques.
- 10 THEFT OF CASH** (pg. 41)
Cover for the following items stolen from your person, up to \$250 for all claims combined:
– Bank Notes – Cash – Currency Notes – Postal Orders
– Money Orders.
- 11 LUGGAGE AND PERSONAL EFFECTS** (pg. 41 to 43)
Cover for replacing Luggage and Personal Effects stolen or reimbursing repair cost for accidentally damaged items, including:
– Luggage – Spectacles – Personal Effects
– Personal Computers – Cameras.
- 12 LUGGAGE AND PERSONAL EFFECTS DELAY EXPENSES** (pg. 43)
Cover to purchase essential items of clothing and other personal items following your Luggage and Personal Effects being delayed, misdirected or misplaced by your Carrier for more than 12 hours.
- 13 TRAVEL DELAY EXPENSES** (pg. 44)
Cover for additional meals and accommodation expenses if your Journey is disrupted due to circumstances beyond your control after an initial 6 hour delay.
- 14 ALTERNATIVE TRANSPORT EXPENSES** (pg. 44)
Cover for additional travel expenses following transport delays to reach events such as:
– Wedding – Funeral – Conference – Sporting Event
– Pre-paid travel/tour arrangements.
- 15 PERSONAL LIABILITY** (pg. 45 to 46)
Cover for legal liability including legal expenses for bodily Injuries or damage to property of other persons as a result of a claim made against you.
- 16 RENTAL VEHICLE EXCESS** (pg. 46)
Cover for car Excess payable on Motor Vehicle Insurance resulting from your Rental Vehicle being:
– Stolen – Crashed – Damaged and/or cost of returning Rental Vehicle due to you being unfit to do so.
- 17 ALTERNATIVE STAFF** (pg. 46 to 47)
The costs of a substitute person to complete the original business purposes of your Journey that the you are unable to complete due to Injury or Sickness.

- 18 BUSINESS EQUIPMENT** (pg. 47 to 48)
Cover for business equipment following accidental loss, theft or damage.
- 19 HIRE BUSINESS EQUIPMENT** (pg. 47 to 48)
Cover to hire alternative business equipment following accidental loss, theft, damage or misdirection/delay in transit.
- 20 RECREATE BUSINESS DOCUMENTS** (pg. 48)
Costs for recreating your business documents if they are lost, stolen or accidentally damaged during your Journey.
- 21 EMERGENCY RESCUE** (pg. 48)
Cover for emergency evacuation from the ski slopes to the nearest Hospital for treatment.
- 22 OWN SKI EQUIPMENT** (pg. 49)
Cover for accidental loss, theft of or damage to ski equipment owned by you.
- 23 SNOW SKI HIRE EQUIPMENT** (pg. 50)
Cover for the hire of alternative snow skiing equipment following the accidental loss, theft of or damage to ski equipment owned by you.
- 24 SKI PACK** (pg. 50)
Cover for the value of any unused ski pass, ski hire, tuition fees or lift passes due to you being unable to utilise these benefits following your Injury or Sickness.
- 25 PISTE CLOSURE** (pg. 51)
Cover for travel to an alternative resort or the purchase of additional ski passes if you are unable to ski your pre-booked resort due to piste closure.
- 26 BAD WEATHER AND AVALANCHE CLOSURE** (pg. 51)
Extra travel and accommodation expenses if your pre-booked outward or return Journey Home is delayed for more than 12 hours because of an avalanche or bad weather.

Following is a Table of the benefits and their maximum limits.

All benefit limits and Excesses are in Australian Dollars (AUD).

Refer to "Your Policy Cover" pages 32 to 51 for details of what "We Will Pay" and what "We Will Not Pay" and which types of cover are provided under each Plan.

Policy Sections & Benefits		Maximum Benefit Limits			
		PLAN A - Comprehensive (International)		PLAN B - Australia Only	
		Single / Duo**	Family	Single / Duo**	Family
1*	Cancellation Fees and Lost Deposits	\$10,000	\$20,000	\$10,000	\$20,000
2*	Overseas Emergency Medical Assistance	unlimited	unlimited	-	-
3	Overseas Emergency Medical and Hospital Expenses	unlimited	unlimited	-	-
	<i>Dental Expenses (per person, per Journey)</i>	\$750	\$750	-	-
4*	Additional Expenses	\$10,000	\$20,000	\$10,000	\$20,000
5*	Hospital Cash Allowance	\$2,000	\$4,000	-	-
6*	Accidental Death	\$30,000	\$60,000	\$30,000	\$60,000
7*	Permanent Disability	\$50,000	\$100,000	\$50,000	\$100,000
8*	Loss of Income#	-	-	-	-
9	Travel Documents, Credit Cards and Travellers Cheques	\$1,000	\$2,000	\$1,000	\$2,000
10	Theft of Cash, Bank Notes, Currency Notes, Postal Orders or Money Orders	\$500	\$500	\$500	\$500
11*	Luggage and Personal Effects++	\$5,000	\$10,000	\$5,000	\$10,000
12	Luggage and Personal Effects Delay Expenses	\$250	\$500	\$250	\$500
13*	Travel Delay Expenses	\$1,000	\$2,000	\$1,000	\$2,000
14	Alternative Transport Expenses	\$3,000	\$6,000	\$3,000	\$6,000
15	Personal Liability	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000
16*	Rental Vehicle Excess#	-	-	-	-
17	Alternative Staff#	-	-	-	-
18	Business Equipment#	-	-	-	-
19*	Hire Business Equipment#	-	-	-	-
20	Recreate Business Documents#	-	-	-	-
21	Emergency Rescue#	-	-	-	-
22	Own Ski Equipment#	-	-	-	-
23	Snow Ski Hire Equipment#	-	-	-	-
24	Ski Pack#	-	-	-	-
25*	Piste Closure#	-	-	-	-
26	Bad Weather and Avalanche Closure#	-	-	-	-

*sub-limits apply - refer "Policy Cover" pages 32 to 51.

**Duo cover - Single cover benefits apply per insured person.

#These Sections are available under separate cover packages - see "Additional Options" pages 14 to 15.

++The Maximum Benefit Limit for this Section can be increased by paying an additional premium.

Policy Sections & Benefits		Maximum Benefit Limits	
		PLAN C - Backpackers (International)	
		Single / Duo**	Family
1*	Cancellation Fees and Lost Deposits	\$2,500	\$5,000
2*	Overseas Emergency Medical Assistance	unlimited	unlimited
3	Overseas Emergency Medical and Hospital Expenses	unlimited	unlimited
	<i>Dental Expenses (per person, per Journey)</i>	\$750	\$750
4*	Additional Expenses	\$10,000	\$20,000
5*	Hospital Cash Allowance	-	-
6*	Accidental Death	\$15,000	\$30,000
7*	Permanent Disability	\$20,000	\$40,000
8*	Loss of Income	-	-
9	Travel Documents, Credit Cards and Travellers Cheques	\$500	\$1,000
10	Theft of Cash, Bank Notes, Currency Notes, Postal Orders or Money Orders	\$500	\$500
11*	Luggage and Personal Effects++	\$2,000	\$4,000
12	Luggage and Personal Effects Delay Expenses	-	-
13*	Travel Delay Expenses	\$500	\$1,000
14	Alternative Transport Expenses	\$500	\$1,000
15	Personal Liability	\$2,000,000	\$2,000,000
16*	Rental Vehicle Excess#	-	-
17	Alternative Staff	-	-
18	Business Equipment	-	-
19*	Hire Business Equipment	-	-
20	Recreate Business Documents	-	-
21	Emergency Rescue	-	-
22	Own Ski Equipment	-	-
23	Snow Ski Hire Equipment	-	-
24	Ski Pack	-	-
25*	Piste Closure	-	-
26	Bad Weather and Avalanche Closure	-	-

*sub-limits apply - refer "Policy Cover" pages 32 to 51.

**Duo cover - Single cover benefits apply per insured person.

#These Sections are available under separate cover packages - see "Additional Options" pages 14 to 15.

++The Maximum Benefit Limit for this Section can be increased by paying an additional premium.

Please refer to page 12 for Plan D & Plan E details

Policy Sections & Benefits		Maximum Benefit Limits	
		PLAN D - Annual Frequent Traveller (Leisure)	PLAN E - Annual Frequent Traveller (Business)
		Single	Single
1*	Cancellation Fees and Lost Deposits	unlimited	unlimited
2*	Overseas Emergency Medical Assistance	unlimited	unlimited
3	Overseas Emergency Medical and Hospital Expenses	unlimited	unlimited
	<i>Dental Expenses (per person, per Journey)</i>	\$500	\$500
4*	Additional Expenses	\$50,000	\$50,000
5*	Hospital Cash Allowance	\$5,000	\$5,000
6*	Accidental Death	\$25,000	\$25,000
7*	Permanent Disability	\$25,000	\$25,000
8*	Loss of Income	-	\$10,400
9	Travel Documents, Credit Cards and Travellers Cheques	\$5,000	\$5,000
10	Theft of Cash, Bank Notes, Currency Notes, Postal Orders or Money Orders	\$250	\$250
11*	Luggage and Personal Effects++	\$5,000	\$5,000
12	Luggage and Personal Effects Delay Expenses	\$250	\$250
13*	Travel Delay Expenses	\$2,000	\$2,000
14	Alternative Transport Expenses	\$5,000	\$5,000
15	Personal Liability	\$5,000,000	\$5,000,000
16*	Rental Vehicle Excess	\$3,000	\$3,000
17	Alternative Staff	-	\$2,500
18	Business Equipment	-	\$5,000
19*	Hire Business Equipment	-	\$1,000
20	Recreate Business Documents	-	\$1,000
21	Emergency Rescue	-	-
22	Own Ski Equipment	-	-
23	Snow Ski Hire Equipment	-	-
24	Ski Pack	-	-
25*	Piste Closure	-	-
26	Bad Weather and Avalanche Closure	-	-

*sub-limits apply - refer "Policy Cover" pages 32 to 51.

++The Maximum Benefit Limit for this Section can be increased by paying an additional premium.

Following is a Table of the benefits and their maximum limits.

All benefit limits and Excesses are in Australian Dollars (AUD).

Refer to "Your Policy Cover" pages 32 to 51 for details of what "We Will Pay" and what "We Will Not Pay" and which types of cover are provided under each Plan.

Please refer to page 12 to 13 for Plan F details

Policy Sections & Benefits		Maximum Benefit Limits	
		PLAN F - Non-Residents (Out-Bound Travel)	
		Single / Duo**	Family
1*	Cancellation Fees and Lost Deposits	\$10,000	\$20,000
2*	Overseas Emergency Medical Assistance	unlimited	unlimited
3	Overseas Emergency Medical and Hospital Expenses	unlimited	unlimited
	Dental Expenses (per person, per Journey)	\$750	\$750
4*	Additional Expenses	\$10,000	\$20,000
5*	Hospital Cash Allowance	\$2,000	\$4,000
6*	Accidental Death	\$25,000	\$50,000
7*	Permanent Disability	\$25,000	\$50,000
8*	Loss of Income	-	-
9	Travel Documents, Credit Cards and Travellers Cheques	\$1,000	\$2,000
10	Theft of Cash, Bank Notes, Currency Notes, Postal Orders or Money Orders	-	-
11*	Luggage and Personal Effects++	\$5,000	\$10,000
12	Luggage and Personal Effects Delay Expenses	\$250	\$500
13*	Travel Delay Expenses	\$1,000	\$2,000
14	Alternative Transport Expenses	\$3,000	\$6,000
15	Personal Liability	\$2,000,000	\$2,000,000
16*	Rental Vehicle Excess#	-	-
17	Alternative Staff	-	-
18	Business Equipment	-	-
19*	Hire Business Equipment	-	-
20	Recreate Business Documents	-	-
21	Emergency Rescue	-	-
22	Own Ski Equipment	-	-
23	Snow Ski Hire Equipment	-	-
24	Ski Pack	-	-
25*	Piste Closure	-	-
26	Bad Weather and Avalanche Closure	-	-

* sub-limits apply - refer "Policy Cover" pages 32 to 51.

**Duo Cover - Single cover Benefits apply per insured person.

These Sections are available under separate cover packages - see "Additional Options" pages 14 to 15.

++ The Maximum Benefit Limit for this Section can be increased by paying an additional premium.

Please refer to page 13 for Plan G details

Policy Sections & Benefits		Maximum Benefit Limits	
		PLAN G - Residents (In-Bound Travel)	
		Single / Duo**	Family
1*	Cancellation Fees and Lost Deposits	\$10,000	\$20,000
2*	Overseas Emergency Medical Assistance	unlimited	unlimited
3	Overseas Emergency Medical and Hospital Expenses	unlimited	unlimited
	Dental Expenses (per person, per Journey)	\$750	\$750
4*	Additional Expenses	\$10,000	\$20,000
5*	Hospital Cash Allowance	\$2,000	\$4,000
6*	Accidental Death	\$25,000	\$50,000
7*	Permanent Disability	\$25,000	\$50,000
8*	Loss of Income	-	-
9	Travel Documents, Credit Cards and Travellers Cheques	\$1,000	\$2,000
10	Theft of Cash, Bank Notes, Currency Notes, Postal Orders or Money Orders	-	-
11*	Luggage and Personal Effects++	\$5,000	\$10,000
12	Luggage and Personal Effects Delay Expenses	\$250	\$500
13*	Travel Delay Expenses	\$1,000	\$2,000
14	Alternative Transport Expenses	\$3,000	\$6,000
15	Personal Liability	\$2,000,000	\$2,000,000
16*	Rental Vehicle Excess#	-	-
17	Alternative Staff	-	-
18	Business Equipment	-	-
19*	Hire Business Equipment	-	-
20	Recreate Business Documents	-	-
21	Emergency Rescue	-	-
22	Own Ski Equipment	-	-
23	Snow Ski Hire Equipment	-	-
24	Ski Pack	-	-
25*	Piste Closure	-	-
26	Bad Weather and Avalanche Closure	-	-

* sub-limits apply - refer "Policy Cover" pages 32 to 51.

**Duo Cover - Single cover Benefits apply per insured person.

These Sections are available under separate cover packages - see "Additional Options" pages 14 to 15.

++ The Maximum Benefit Limit for this Section can be increased by paying an additional premium.

PLAN D – Annual Frequent Traveller (Leisure)

- Annual Cover
- Unlimited number of Journeys
- Cover re-instated on the completion of each Journey
- Worldwide or Domestic Journeys

Covers Policy Sections 1 to 7 & 9 to 16 while travelling Overseas and Policy Sections 1, 4, 6, 7 & 9 to 16 while travelling in Australia, which involves an interstate destination or intrastate destination (minimum of 250km from Home for both interstate and intrastate destinations).

- Accompanying spouse and Dependant children/grandchildren under 21 covered free
(*"Accompanying" is defined as travelling with the insured person for 100% of the Journey*)
- Maximum length of any one Journey is 37 days for leisure travel or 90 days for business travel. The maximum period of cover for any one Journey cannot exceed a total of 90 days.

PLAN E – Annual Frequent Traveller (Business)

- Annual Cover
- Unlimited number of Journeys
- Cover re-instated on the completion of each Journey
- Worldwide or Domestic Journeys

Covers Policy Sections 1 to 20 while travelling Overseas and Policy Sections 1, 4 & 6 to 20 while travelling in Australia, which involves an interstate destination or intrastate destination (minimum of 250km from Home for both interstate and intrastate destinations).

- Accompanying spouse and Dependant children/grandchildren under 21 covered free
(*"Accompanying" is defined as travelling with the insured person for 100% of the Journey*)
- Maximum length of any one Journey is 37 days for leisure travel or 90 days for business travel. The maximum period of cover for any one Journey cannot exceed a total of 90 days.

PLAN F – Non-Residents (Out-Bound Travel)

This Plan covers your one-way travel to your Country of Residence from Australia.

PLEASE NOTE:

For cover under Plan F:

- Where "Australia" appears in this PDS, it is deleted and replaced with "your Country of Residence", except where "Australia" appears:
 - in *About the Available Covers* (page 1)
 - in the Table of Benefits (pages 7 to 13)
 - in Important Matters - under the headings:
 - *Who can Purchase this Policy?* (page 22)
 - *Period of Cover* (pages 23 to 24)
 - *Jurisdiction and Choice of Law* (page 25)
 - in Words with Special Meanings (pages 29 to 31) under the definitions of:
 - "Country of Residence"
 - "Resident of Australia"
 - "We", "Our" and "Us"

- in paragraph j) of **"We Will Not Pay"** under Policy Section 1 – Cancellation Fees and Lost Deposits (page 34):
We will not pay if your cancellation fees or lost deposits arise because of the death, Injury or Sickness of any person who resides outside of Australia or New Zealand. This exclusion does not apply to the individuals named on your Certificate of Insurance.
- in the Claims section (pages 54 to 56) under the headings:
 - *Claims are Payable to You in Australian Dollars*
 - *Travel Within Australia Only*
- on the Back Cover of this PDS
- The definitions of **"Home"** and **"Journey"** under **"Words with Special Meanings"** (pages 29 to 31) are deleted and replaced with:
"Home" means the place where you normally live in your Country of Residence.
"Journey" means the time from when you depart from Australia to return to your Country of Residence, and ends when you arrive at any immigration counter in your Country of Residence.
- General Exclusions 9 and 10 (page 52) are deleted and replaced with:
 9. Your claim arises from being in control of a Motorcycle without a current motorcycle licence issued in your Country of Residence or you are a passenger travelling on a Motorcycle that is in the control of a person that does not hold a current motorcycle licence valid for the country you are travelling in.
 10. Your claim arises from being in control of a Moped or Scooter without a current motorcycle or drivers licence issued in your Country of Residence or you are a passenger travelling on a Moped or Scooter that is in the control of a person that does not hold a current motorcycle or drivers licence valid for the country you are travelling in.

PLAN G – Residents (In-Bound Travel)

This Plan covers your one-way travel to Australia from Overseas.

PLEASE NOTE:

For cover under Plan G, the definition of **"Journey"** under **"Words with Special Meanings"** (page 30) is deleted and replaced with:

"Journey" means your journey from the time from when the policy is issued while you are Overseas and ends when you arrive at any immigration counter in Australia.

Refer to **"Important Matters"** pages 22 to 28 for details of eligibility and the exclusions to cover.

| Additional Options

The General Exclusions applicable to all Sections apply to any Additional Option purchased.

For details on additional premiums, please refer to www.duinsure.com.au or call Downunder on 1800 148 766.

BUSINESS COVER

Business Cover is covered as standard under Plan E.

You can purchase Business Cover (Sections 8, 17, 18, 19 & 20) under Plans A or B by paying an additional premium. Please note that these Sections cannot be purchased individually.

This Additional Option is not available under Plans C, D, F or G.

Following is a table of the benefits and their maximum limits. Refer to **"Your Policy Cover"** pages 32 to 51 for details of what **"We Will Pay"** and what **"We Will Not Pay"** and which types of cover are provided under each Plan.

Policy Sections & Benefits		Maximum Benefit Limits			
		PLAN A - Comprehensive (International)		PLAN B - Australia Only	
		Single / Duo**	Family	Single / Duo**	Family
8*	Loss of Income	\$10,400	\$20,800	\$5,200	\$10,400
17	Alternative Staff	\$2,500	\$2,500	\$1,000	\$1,000
18	Business Equipment	\$5,000	\$5,000	\$2,500	\$2,500
19*	Hire Business Equipment	\$1,000	\$1,000	\$500	\$500
20	Recreate Business Documents	\$1,000	\$1,000	\$500	\$500

* sub-limits apply - refer "Policy Cover" pages 32 to 51.

**Duo Cover - Single cover benefits apply per insured person.

RENTAL VEHICLE EXCESS COVER

Rental Vehicle Excess Cover is covered as standard under Plans D & E.

You can purchase \$3,000 Rental Vehicle Excess Cover under Plans A, B, C, F or G by paying an additional premium.

Refer to **"Your Policy Cover"** pages 32 to 51 for details of what **"We Will Pay"** and what **"We Will Not Pay"** and which types of cover are provided under each Plan.

INCREASED LUGGAGE AND PERSONAL EFFECTS COVER

PLEASE NOTE:

- *"specified items" refers to Luggage and Personal Effects that have been listed as covered on your Certificate of Insurance with a nominated sum insured.*
- *Items that have not been specifically listed on your Certificate of Insurance are referred to as "unspecified items" and the standard item limits apply (see Section 11 pages 41 to 43).*

Cover for unspecified items is limited to:

- *Personal Computer/Video Camera/Camera: \$3,000 each item*
- *Mobile phones (including PDAs and any items with phone capabilities): \$1,000 each item*
- *Other items: \$750 each item.*

The maximum amount we will pay for all claims combined under Section 11 is shown under the Table of Benefits pages 7 to 13 for the Plan you have selected.

Additional cover up to a total of \$5,000 can be purchased under all Plans for specified items (excluding jewellery) by paying an additional premium - receipts and/or valuations need to be provided.

SNOW COVER

You can purchase Snow Cover (Sections 21, 22, 23, 24, 25 & 26) under Plans A or B by paying an additional premium. Please note that these Sections cannot be purchased individually.

This Additional Option is not available under Plans C, D, E, F or G.

Following is a table of the benefits and their maximum limits. These benefits apply to Plans A & B where this Additional Option has been purchased. Refer to **"Your Policy Cover"** pages 32 to 51 for details of what **"We Will Pay"** and what **"We Will Not Pay"** and which types of cover are provided under each Plan.

Policy Sections & Benefits		Maximum Benefit Limits			
		PLAN A - Comprehensive (International)		PLAN B - Australia Only	
		Single / Duo**	Family	Single / Duo**	Family
21	Emergency Rescue	unlimited	unlimited	unlimited	unlimited
22	Own Ski Equipment	\$1,500	\$3,000	\$1,500	\$3,000
23	Snow Ski Hire Equipment	\$1,500	\$3,000	\$1,500	\$3,000
24	Ski Pack	\$750	\$1,500	\$750	\$1,500
25*	Piste Closure	\$1,000	\$1,000	\$1,000	\$1,000
26	Bad Weather and Avalanche Closure	\$750	\$1,500	\$750	\$1,500

* sub-limits apply - refer "Policy Cover" pages 32 to 51.

**Duo Cover - Single cover benefits apply per insured person.

REMOVAL OF STANDARD EXCESS

You can remove the standard \$100 Excess on Plans A, C, D, E, F & G by paying an additional premium.

Pre-existing Medical Conditions

PREGNANCY

This section outlines the cover available for medical expenses or cancellation costs arising from, or related to, pregnancy. There is no need to complete a medical declaration form for the cover detailed in the table below.

In any event we will not pay medical expenses for:

- regular antenatal care
- childbirth at any gestation
- care of the newborn child

No cover is available for your pregnancy if your Journey extends past the 26th week for a single pregnancy or past the 19th week for a multiple pregnancy.

Fertility Treatment	Outcome
You are not yet pregnant, however, you are undergoing fertility treatment, now, or before your Journey commences.	No cover is available under any Plan for this treatment or any resulting pregnancy.
Your Pregnancy	Outcome
You have a single, uncomplicated pregnancy, which did not arise from services or treatment associated with an assisted reproduction program including but not limited to in vitro fertilisation	Cover is available under all Plans for Journeys ending on or before 26 weeks gestation
You have a single uncomplicated pregnancy, which arises from services or treatment associated with an assisted reproduction program including but not limited to in vitro fertilisation	Cover is available if you pay an additional premium under a Pre-existing Medical Condition Plan for Journeys ending on or before 26 weeks gestation
You have a multiple uncomplicated pregnancy, which does not arise from services or treatment associated with an assisted reproduction program including but not limited to in vitro fertilisation	Cover is available if you pay an additional premium under a Pre-existing Medical Condition Plan for Journeys ending on or before 19 weeks gestation.
You have a multiple pregnancy, which arises from services or treatment associated with an assisted reproduction program including but not limited to in vitro fertilisation	Cover is not available under any Plan
You have experienced any pregnancy complications prior to your policy being issued	Cover is not available under any Plan

Complications are defined as "Any secondary diagnosis occurring prior to, during the course of, concurrent with, or as a result of the pregnancy, which may adversely affect the pregnancy outcome."

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 52 TO 53 FOR OTHER REASONS WHY WE WILL NOT PAY.

PRE-EXISTING MEDICAL CONDITIONS

Please read this section carefully.

Travel Insurance only provides cover for emergency Overseas medical events that are unforeseen. Medical conditions that were pre-existing at the time of the policy being issued are not covered, unless they are a condition that we expressly agree to cover.

If you have a Pre-existing Medical Condition that is not covered, we will not pay any claims arising from, related to or associated with that condition. This means that you may have to pay for an Overseas medical emergency and any associated costs, which can be prohibitive in some countries.

What is a Pre-existing Medical Condition?

A Pre-existing Medical Condition means:

- An ongoing medical or dental condition of which you are aware, or related complication you have, or the symptoms of which you are aware;
- A medical or dental condition that is currently being, or has been investigated, or treated by a health professional (including dentist or chiropractor) at any time in the past, prior to policy purchase;
- Any condition for which you take prescribed medicine;
- Any condition for which you have had surgery;
- Any condition for which you see a medical specialist; or
- Pregnancy.

This definition applies to you, your Travelling Party, a Relative or any other person.

How do I obtain cover for my Pre-existing Medical Condition?

If you have a Pre-existing Medical Condition and you want cover for that condition, read the following information. **If you have any questions regarding Pre-existing Medical Conditions, please contact us on 1800 227 771.**

GROUP 1 - Pre-existing Medical Conditions which are automatically excluded

We will not pay any costs or expenses arising directly or indirectly from any of the following Pre-existing Medical Conditions, e.g. cost of medical care while Overseas, or cost of cancellation of your travel plans due to a change in health.

- Any type of cancer that you have previously been diagnosed with, or secondaries from that cancer
- Any condition for which surgery/treatment/procedure is planned
- Any condition which arises from signs or symptoms that you are currently aware of, but;
 - You have not yet sought a medical opinion regarding the cause; or
 - You are currently under investigation to define a diagnosis; or
 - You are awaiting specialist opinion

- Any condition for which you have undergone surgery in the past 6 weeks
- Any condition for which you have ever required spinal or brain surgery
- Any condition which has caused a seizure in the past 12 months
- Any chronic or recurring pain (including back pain) requiring regular medication or other ongoing treatment such as physiotherapy or chiropractic treatment
- Any mental illness as defined by DSM-IV including;
 - Dementia, depression, anxiety, stress or other nervous condition; or
 - Behavioural diagnoses such as autism; or
 - A therapeutic or illicit drug or alcohol addiction
- Any cardiovascular disease or cerebrovascular disease (see example) if you have:
 - Experienced angina (chest pain) within the past 6 months; or
 - Had a stroke (cerebrovascular accident or CVA) or a Transient Ischaemic Attack (TIA) within the past 12 months
- Any cardiac or respiratory condition (see examples) if you:
 - require home oxygen therapy; or
 - will require oxygen for the Journey; or
 - have been diagnosed with Congestive Heart Failure
- Chronic Renal Failure which is treated by haemodialysis or peritoneal dialysis
- Any AIDS defining illness or any condition associated with immunocompromise
- Organ transplantation, previous organ transplantation, or any condition for which you are awaiting organ transplantation
- Any condition for which you have been given a terminal prognosis for any condition with a life expectancy of under 24 months

Travel insurance is available to you, however there is no provision to claim for any of the medical conditions as listed in the above Group 1.

GROUP 2 - Pre-existing Medical Conditions which are automatically covered – no additional premium is payable

You are automatically covered if your Pre-existing Medical Condition is described below, provided that you have **not** been hospitalised (including Day Surgery or Emergency Department attendance) for that condition in the past 24 months.

We do not require any further information or a Medical Declaration Form if your condition is described in this list, and has not caused hospitalisation in the past 24 months:

- | | |
|--|------------------------------|
| 1. Acne | 4. Bell's palsy |
| 2. Allergies limited to Rhinitis, Chronic Sinusitis, Eczema, Food Intolerance, Hay Fever | 5. Benign Positional Vertigo |
| 3. Asthma – providing that you | 6. Bunions |
| a] have no other lung disease and | 7. Carpal Tunnel Syndrome |
| b] are less than 60 years of age at the date of policy purchase. | 8. Cataracts |
| | 9. Coeliac disease |
| | 10. Congenital Blindness |
| | 11. Congenital Deafness |

- 12. *Diabetes Mellitus (Type I) – providing you:
 - a] were diagnosed over 12 months ago, and
 - b] have no eye, kidney, nerve or vascular complications, and
 - c] do not also suffer from a known cardiovascular disease, hypertension, hyperlipidaemia or hypercholesterolaemia and
 - d] are under 50 years of age at the date of policy purchase.
- 13. *Diabetes Mellitus (Type II) – providing you:
 - a] were diagnosed over 12 months ago, and
 - b] have no eye, kidney, nerve or vascular complications, and
 - c] do not also suffer from a known cardiovascular disease, hypertension, hyperlipidaemia or hypercholesterolaemia.
- 14. Dry eye syndrome
- 15. Epilepsy – providing there has been no change to your medication regime in the past 12 months
- 16. Folate Deficiency
- 17. Gastric Reflux
- 18. Goitre
- 19. Glaucoma
- 20. Graves' Disease
- 21. Hiatus Hernia
- 22. *Hypercholesterolaemia (High Cholesterol) – provided you do not also suffer from a known cardiovascular disease and/or diabetes
- 23. *Hyperlipidaemia (High Blood Lipids) – provided you do not also suffer from a known cardiovascular disease and/or diabetes
- 24. *Hypertension (High Blood Pressure) – provided you do not also suffer from a known cardiovascular disease and/or diabetes
- 25. Hypothyroidism, including Hashimoto's Disease
- 26. Impaired Glucose Tolerance
- 27. Incontinence
- 28. Insulin Resistance
- 29. Iron Deficiency Anaemia
- 30. Macular Degeneration
- 31. Meniere's Disease
- 32. Migraine
- 33. Nocturnal cramps
- 34. Osteopaenia
- 35. Osteoporosis
- 36. Pernicious Anaemia
- 37. Plantar fasciitis
- 38. Raynaud's Disease
- 39. Sleep apnoea
- 40. Solar keratosis
- 41. Trigeminal Neuralgia
- 42. Trigger finger
- 43. Vitamin B12 Deficiency

** Diabetes (Type I and Type II), Hypertension, Hypercholesterolaemia and Hyperlipidaemia are risk factors for cardiovascular disease. If you have a history of cardiovascular disease, and it is excluded under your policy, cover for these conditions is also excluded.*

If hospitalisation has occurred, or your condition does not meet the description above, cover is **not** automatic. You are required to submit a completed Medical Declaration Form, as explained in Group 3.

GROUP 3 - Pre-existing Medical Conditions about which we need further information – require approval and an additional premium is payable

If your Pre-existing Medical Condition does not fall within Group 1 or 2 and you would like to apply for cover for your Pre-existing Medical Condition, we will require you to complete a Medical Declaration Form and send it to us for consideration. We will respond within 1 business day.

Examples of three (3) common Pre-existing Medical Conditions are set out below:

Cardiovascular disease:

Medical conditions involving the heart and blood vessels are collectively called cardiovascular disease (CVD). All such conditions are interrelated. If you have ever needed to see a specialist cardiologist, or been diagnosed with a form of CVD such as (but not limited to):

- | | |
|---|--|
| 1. Aneurysms | 6. Previous heart surgery |
| 2. Angina | (including valve replacements, bypass surgery, stents) |
| 3. Cardiomyopathy | 7. Myocardial infarction |
| 4. Cerebrovascular Accident (Stroke) | (heart attack) |
| 5. Disturbances in heart rhythm (cardiac arrhythmias) | 8. Transient Ischaemic Attack |

and you do not purchase adequate cover for CVD, cover will not be available for any claims relating to the heart/cardiovascular system (including heart attacks and strokes).

If we have not agreed in writing to provide cover for a particular CVD, then all CVD is excluded.

Warfarin Use:

Taking the medication Warfarin (also known under the brand names of Coumadin, Jantoven, Marevan, and Waran) has a complex range of serious complications and side effects. These risks are in excess of those associated with the underlying condition for which you take this medication.

If you are currently prescribed the drug, you must complete a Medical Declaration Form (even if you decide not to apply for cover for a Pre-existing Medical Condition) and we must agree in writing to provide cover.

If you do not submit a completed Medical Declaration Form, the General Exclusion in clause 28 will apply and you will not have cover.

Chronic Lung Disease:

If you have ever been diagnosed with a chronic lung disease including (but not limited to) Emphysema and Chronic Bronchitis, Bronchiectasis, Chronic Obstructive Airways Disease (COAD), Chronic Obstructive Pulmonary Disease (COPD) or Asthma and you do not purchase adequate cover for your respiratory disease, you may not be covered for any claims relating to a new airways infection.

If we have not agreed in writing to provide cover for a particular chronic lung condition, then all new respiratory infections are also excluded.

If you have a Pre-existing Medical Condition and:

- (i) you do not apply for cover (or you apply for cover and we do not agree to provide cover); or
- (ii) you do not pay the relevant additional premium,

we **will not** pay any claims arising from or related to your Pre-existing Medical Condition.

PLEASE ALSO READ THE "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" ON PAGES 52 TO 53 AND THE SECTION-SPECIFIC EXCLUSIONS ON PAGES 32 TO 51.

You cannot apply for cover for conditions outlined in Group 1 (pages 17 and 18 of this PDS).

You are only covered for claims which arise from a Pre-existing Medical Condition suffered by a Relative who is hospitalised or dies in Australia or New Zealand after the policy is issued and at the time of the policy issue you were unaware of the likelihood of such hospitalisation or death. The most we will pay in respect of all claims under all Sections of the policy is \$2,000 for a Single cover and \$4,000 for a Family cover.

We do not offer any cover at all under Plans C, D, E or F for any Pre-existing Medical Conditions except as specified in Group 2.

We do not offer any cover at all under Plan G for any Pre-existing Medical Conditions.

A Medical Declaration form is available from Downunder or online at www.duinsure.com.au. In most cases it can be completed entirely by you.

In some cases we will also need a Doctor's Declaration to be completed by your regular treating doctor, but this is explained in more detail in the Medical Declaration Form.

Important Matters

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

WHO CAN PURCHASE THIS POLICY?

Plans A, B, C, D & E

Cover is only available if:

- You are a citizen or permanent Resident of Australia
- You purchase your policy before you commence your Journey
- Your Journey commences and ends in Australia

Plan F

Cover is only available if:

- You are not a Resident of Australia
- You purchase your policy before you commence your Journey
- Your Journey consists of one-way travel only to your Country of Residence from Australia

Plan G

Cover is only available if:

- You are a citizen or permanent Resident of Australia
- You purchase your policy while you are Overseas
- Your one-way Journey commences Overseas and ends in Australia

Please note that a waiting period applies under Plan G. Refer to page 24 for details.

GEOGRAPHICAL REGIONS

Destinations	Geographical Regions
South-West Pacific, New Zealand, Papua New Guinea, Bali, Lord Howe Island and Norfolk Island	REGION 1
Europe, United Kingdom, Africa, Middle East & Asia excluding Japan	REGION 2
USA, Hawaii, Canada, South America and Japan	REGION 3
Australia	DOMESTIC

If you are travelling to multiple destinations that are in different Geographical Regions you must select the Geographical Region with the greatest number. This will cover travel in each of the Geographical Regions with a smaller number.

Example:

If you are travelling to Bali, the Philippines and USA you must select Region 3. You will then be covered for all destinations in Regions 1, 2 and 3.

Cover for any loss you suffer must occur in the Geographical Region (or any Geographical Region with a smaller number) that applies to the Plan selected by you.

However, under Plans A, C & F, stopovers of 2 nights in a Geographical Region with a greater number outside of your selected Geographical Region are permitted.

Example:

If you have chosen Plan C and are travelling to Europe (and so have selected Region 2), you will be covered for all destinations listed in Region 2 as well as up to 2 nights stopover in any destination in Region 3.

Travel on Cruise Liners

Travellers on domestic cruises in Australian waters may also purchase Plan A (selecting Geographical Region 1) to ensure cover is available for emergency medical assistance and emergency medical and Hospital expenses.

If you do not purchase Plan A, you will not be covered for medical transfer or evacuation (for example, by helicopter) if you need to be transported to the nearest Hospital for emergency medical treatment.

AGE LIMITS

Age limits are as at date of issue of Certificate of Insurance.

All Plans are available to travellers aged 65 years and under.

YOUR PERIOD OF COVER

You are not covered until we issue a Certificate of Insurance. That Certificate forms part of your policy. The period you are insured for is set out in the Certificate.

However:

Plans A, B, C, D and E

- Cover for cancellation fees and lost deposits begins from the time the policy is issued
- Cover for all other Sections begins on date of departure (Start Date) as stated on the Certificate of Insurance
- Cover ends when you return to your Home or on the date of return (End Date) set out on your Certificate of Insurance, whichever happens first

The maximum period of cover for any one Journey under the Annual Frequent Traveller Plans (Plans D & E) is 37 days per leisure Journey and 90 days per business Journey. The maximum period of cover for any one Journey cannot exceed a total of 90 days.

Plan F

- Cover for cancellation fees and lost deposits begins from the time the policy is issued
- Cover for all other Sections begins on date of departure (Start Date) as stated on the Certificate of Insurance
- Cover ends when you arrive at any immigration counter in your Country of Residence or on the end date set out on your Certificate of Insurance, whichever happens first. Refer to page 13 for the definition of "Journey" for Plan F.

Plan G

- Cover for cancellation fees and lost deposits begins from the time the policy is issued
- A waiting period of 7 days applies from the Start Date on your Certificate of Insurance for all claims arising from or related to Injury or Sickness, regardless of the Policy Section that applies to the claim. This means that you are not covered for medical expenses, cancellation costs, additional expenses, hospital cash allowance or travel delay expenses arising from or related to any Injury or Sickness which happens within 7 days of the Start Date on your Certificate of Insurance
- There is no cover for Pre-existing Medical Conditions
- Cover ends when you arrive at any immigration counter in Australia or on the end date set out in your Certificate of Insurance, whichever happens first. Refer to page 13 for the definition of "Journey" for Plan G.

Important Travel Dates

Please note that cover under Sections 21, 24, 25 & 26 is excluded for periods outside of:

- 15th December to 31st March in Northern Hemisphere resorts
- 15th June to 30th September in Southern Hemisphere resorts

EXTENSION OF YOUR POLICY

See "Period of Cover" on pages 23 to 24.

You may extend your policy if you find that your return to Australia has been delayed because of one or more of the following:

- If a bus line, airline, shipping line or rail authority you are travelling on, or that has accepted your fare or luggage, is delayed; or
- If the delay is due to a reason for which you can claim under your policy, cover will be extended free of charge subject to our approval.

If the delay is for any other reason, we must receive your request to extend the policy at least 7 days before your original policy expires. We must agree in writing to your request for the extension.

The maximum period of cover is 12 months. If we extend cover, we will issue you with a new policy and Certificate of Insurance. The maximum total term of cover (the original policy plus any new policy) is 24 months.

An extension of cover is not provided:

- for Pre-existing Medical Conditions previously accepted by us in writing;
- for any medical conditions you suffered during the term of your original policy;
- if you are aged 66 years and over at time of extension; or
- where you have not advised us of any circumstances that have or may give rise to a claim under your original policy.

COOLING-OFF PERIOD

If you decide that you do not want this policy, you may cancel it within 14 days after you are issued your Certificate of Insurance and PDS, and you will be given a full refund of the premium you paid, provided you have not

started your Journey and you do not want to make a claim or to exercise any other right under the policy.

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

JURISDICTION AND CHOICE OF LAW

This 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 policy with us, the Insurance Contracts Act 1984 (Cth) requires you to provide us with the information we need to enable us to decide whether and on what terms your proposal for insurance is acceptable and to calculate how much premium is required for your policy.

You will be asked various questions when you first apply for your policy.

When you answer these questions, you must:

- give us honest and complete answers;
- tell us everything you know; and
- tell us everything that a reasonable person in the circumstances could be expected to tell us.

If you vary, extend, reinstate or replace the policy your duty is to tell us before that time, every matter known to you which:

- you know; or
- a reasonable person in the circumstances could be expected to know,

is relevant to our decision whether to insure you and whether any special conditions need to apply to your policy.

You do not need to tell us about any matter that:

- diminishes our risk;
- is of common knowledge;
- we know or should know as an insurer; or
- we tell you we do not need to know.

Who does the duty apply to?

Everyone who is insured under the policy must comply with the duty of disclosure.

What happens if you or they breach the duty?

If you or they do not comply with the duty of disclosure, we may cancel the policy or reduce the amount we pay if you make a claim. If fraud is involved, we may treat the policy as if it never existed and pay nothing.

GENERAL INSURANCE CODE OF PRACTICE

We 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 contact Mondial Assistance on 1300 725 154.

DISPUTE RESOLUTION PROCESS

Should you have a complaint or dispute arising out of this insurance, or our employees, authorised representatives or service providers please contact Mondial Assistance on 1300 725 154.

We will respond to your complaint within 15 business days, provided we receive all necessary information and have completed any investigation required. If we need more time, we will agree on a reasonable alternative timeframe. We will keep you informed of the progress of our response to your complaint.

When we provide our response we will also provide information on how our response can be reviewed by a different employee, who has appropriate experience, knowledge and authority.

If you want our response reviewed we will treat the matter as a dispute and provide you with the contact details of our employee, who will respond in writing within 15 business days (provided we receive all necessary information and have completed any investigation required). If we need more time, we will agree on a reasonable alternative timeframe, failing which you can report your concerns to the Financial Ombudsman Service Limited (FOS). We will keep you informed of the progress of our review at least every 10 business days. We will give you reasons for our decision.

If this does not resolve the matter, you may contact the FOS, the industry's independent external complaints scheme:

Financial Ombudsman Service Limited (FOS)

GPO Box 3, Melbourne VIC 3001

Phone: 1300 780 808

Fax: (03) 9613 6399

Website: www.fos.org.au

Email: info@fos.org.au

IN THE EVENT OF A CLAIM:

Immediate notice should be given to Mondial Assistance (see contact details on back of brochure).

PLEASE NOTE: For claims purposes, evidence of the value of the property insured or the amount of any loss must be kept.

EXCESS

Plans A, C, D, E, F & G

A \$100 Excess applies to all Sections of this policy.

You can remove this Excess by paying an additional premium.

Plan B

A NIL Excess applies to all Sections.

If any additional Excess applies to your policy, the amount is shown in the Certificate of Insurance, Pre-existing Medical Conditions Letter, or advised to you in writing before the Certificate is issued to you.

SAFEGUARDING YOUR LUGGAGE AND 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. (For an explanation of what we mean by "**Luggage and Personal Effects**", "**Unsupervised**" and "**Public Place**" see pages 29 to 31).

CLAIMS PROCESSING

We will process your claim within 10 business days of receiving a completed claim form and all necessary documentation. If we 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 Mondial Assistance and its authorised representative) collect personal information from you and others (including those authorised by you such as your doctors, Hospitals and persons whom we consider necessary).

Any personal information you provide is 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 the insurance services, including managing, processing and investigating claims. We may also collect, use and disclose it for product development, marketing, research, IT systems maintenance and development, recovery against third parties and for any other purposes with your consent.

This personal information may be disclosed to (and received from) third parties in Australia or Overseas involved in the above process, such as travel consultants, travel insurance providers and intermediaries, authorised representatives, reinsurers, claims handlers and investigators, cost containment providers, medical and health service providers, legal and other professional advisers, your agents and our related companies. The use and disclosure of such personal information will be provided to third parties for the primary purposes stated above. The personal information (but not sensitive information) may also be used for a secondary purpose, but only if you would reasonably expect us to use that information for such secondary purpose.

When you give 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 information to us;
- of the types of third parties to whom the information may be provided to;
- of the relevant purposes we and the third parties we will disclose it to will use it for; and
- of how they can access it.

We rely on you to have obtained their consent on these matters. If you have not done or will not do these things, you must tell us or our agents 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 dependants under 16 years.

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.

YOU CAN CHOOSE YOUR OWN DOCTOR

You are free to choose your own Medical Adviser or we can appoint an approved Medical Adviser to see you, unless you are treated under a Reciprocal Health Agreement. Refer to pages 35 to 36.

You must, however, advise Mondial Assistance of your admittance to Hospital or your early return to Australia based on medical advice.

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

OVERSEAS HOSPITALISATION OR MEDICAL EVACUATION

For emergency assistance anywhere in the world at any time, Mondial 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 Mondial Assistance as soon as possible. If you do not, we will not pay for these expenses or for any evacuation or airfares that have not been approved or arranged by us (see pages 34 to 36).

If you are not hospitalised but you are being treated as an outpatient and the total cost of such treatment will exceed \$2,000 you MUST contact Mondial Assistance.

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

| Words with Special Meanings

Some words in this PDS that have special meanings are defined here.

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

"Arises" or "arising" means directly or indirectly arising or in any way connected with.

"Carrier" means an aircraft, vehicle, train, vessel or other public transport operated under a licence for the purpose of transporting passengers. This definition excludes taxis.

"Chronic" A persistent and lasting condition is said to be chronic in medicine. We do not consider that chronic pain has to be 'constant' pain. In many situations it has a pattern of relapse and remission. The pain may be long-lasting, recurrent (occurred on more than 2 occasions), or characterised by long suffering.

"Country of Residence" means the country outside of Australia of which you are a citizen or permanent resident.

"Dependant" means your children or grandchildren not in full time employment who are under the age of 21 and travelling with you on the Journey.

"DSM" means The Diagnostic and Statistical Manual of Mental Disorders. It is an American handbook for mental health professionals that lists different categories of mental disorders and the criteria for diagnosing them. It is used worldwide by clinicians, researchers, insurance companies, pharmaceutical companies and policy makers. "IV" relates to the 4th edition.

"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 amount which you must first pay for each claim arising from the one event before a claim can be made under your policy.

"Family" means you, your spouse (or legally recognised de facto) and your Dependents.

"Home" means the place where you normally live in Australia. Refer to page 13 for the amended definition of "Home" for Plan F.

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

"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.

"Journey" means the time from when you leave your Home to go directly to the place you depart from on your travels, and ends when you return to your Home. Refer to page 13 for the amended definition of "Journey" for Plan F and Plan G.

"Locked Storage Compartment" means a boot, trunk, glove box, enclosed centre console, or concealed cargo area of a sedan, station wagon, hatchback, van or motorhome.

"Luggage and Personal Effects" means any personal items owned by you and that you take with you or buy on your Journey and which are designed to be worn or carried about with you. This includes items of clothing, personal jewellery, photographic and video equipment or personal computers, or electrical devices or portable equipment. However, it does not mean any business samples or items that you intend to trade.

"Medical Adviser" means a qualified Doctor of Medicine or Dentist registered in the place where you received the services.

"Moped" or "Scooter" means any two-wheeled or three-wheeled motor vehicle with automatic transmission and an engine displacement of not greater than 50cc.

"Motorcycle" means any two-wheeled or three-wheeled motor vehicle with manual transmission, or has an engine displacement greater than 50cc (regardless of transmission type).

"Open Water Sailing" means sailing more than 10 nautical miles off any land mass.

"Overseas" means in any country other than Australia.

"Pandemic" means a form of an Epidemic that extends throughout an entire continent, even the entire human race.

"Pre-existing Medical Condition" means:

- a] An ongoing medical or dental condition of which you are aware, or related complication you have, or the symptoms of which you are aware;
- b] A medical or dental condition that is currently being, or has been investigated, or treated by a health professional (including dentist or chiropractor) at any time in the past, prior to policy purchase;
- c] Any condition for which you take prescribed medicine;
- d] Any condition for which you have had surgery;
- e] Any condition for which you see a medical specialist; or
- f] Pregnancy.

This definition applies to you, your Travelling Party, a Relative or any other person

"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, museums, galleries, hotels, hotel foyers and grounds, beaches, restaurants, private car parks, public toilets and general access areas.

"Reasonable" means, for medical or dental expenses, the standard level of care given in the country you are in or, for other expenses, the standard level you have booked for the rest of your Journey or, as determined by us.

| Your Policy Cover

“**Relative**” means any of the following who is under 85 years of age and who is resident in Australia or New Zealand. It means your or a member of your Travelling Party’s spouse, de facto partner, parent, parent-in-law, daughter, son, daughter-in-law, son-in-law, brother, sister, brother-in-law, sister-in-law, grandchild, grandparent, step-parent, step-son, step-daughter, fiancé or fiancée, or guardian.

“**Rental Vehicle**” means a campervan/motorhome that does not exceed 4.5 tonne, a sedan, hatchback or station-wagon, four wheel drive or mini bus/ person mover rented from a licensed motor vehicle rental company.

“**Resident of Australia**” means someone who currently resides in Australia and is eligible for an Australian Medicare Card.

“**Sick**” or “**Sickness**” means a medical condition, not being an Injury, which first occurs during your period of cover.

“**Travelling Companion**” means a person with whom you have made arrangements to travel with you for at least 75% of your Journey before you entered into your policy.

“**Travelling Party**” means those people defined in Family and any Travelling Companion who has made arrangements to accompany you for at least 75% of the Journey.

“**Unsupervised**” means leaving your Luggage and Personal Effects:

- with a person you did not know prior to commencing your Journey.
- in a position where it can be taken without your knowledge; or
- at such a distance from you that you are unable to prevent it being taken.

“**We**”, “**Our**” and “**Us**” means Allianz Australia Insurance Limited.

“**You**” and “**Your**” means the person whose name is set out on your Certificate of Insurance and everyone else who is covered under your policy.

YOUR CHOICES

Under this policy, you choose the cover you require based on your travel arrangements.

Whether you choose:

- Single, Duo or Family cover
- Plan A, B, C, D, E, F or G

depends on the type of cover you want and are eligible to purchase.

COVER TYPE

You can choose one of the following Cover types:

Single Cover - Covers you and your Dependant children/grandchildren under 21 travelling with you

Duo Cover - Covers you and your Travelling Companion. Duo cover does not provide cover for Dependant children/grandchildren. We issue one Certificate of Insurance, however, you are both covered as if you are each insured under separate policies with Single cover benefits per insured person.

Family Cover - Covers you and the members of your Family travelling with you. The benefit limits for Family cover apply to the total of all claims combined, regardless of which insured person the claim relates to.

PLEASE NOTE: There is no cover for individuals who have not been listed as covered on your Certificate of Insurance.

PLAN BENEFITS

You can choose from one of these 7 Plans:

Plan A - Comprehensive (International)

includes Policy Sections 1 to 15

Plan B - Australia Only

includes Policy Sections 1, 4, 6, 7 & 9 to 15

Plan C - Backpackers (International)

includes Policy Sections 1 to 4, 6, 7, 9 to 11 & 13 to 15

Plan D - Annual Frequent Traveller (Leisure)

includes Policy Sections 1 to 7 & 9 to 16 while travelling Overseas and Policy Sections 1, 4, 6, 7 & 9 to 16 while travelling in Australia, which involves an interstate destination or intrastate destination (minimum of 250km from Home for both interstate and intrastate destinations).

Plan E - Annual Frequent Traveller (Business)

includes Policy Sections 1 to 20 while travelling Overseas and Policy Sections 1, 4, 6, 7 & 8 to 20 while travelling in Australia, which involves an interstate destination or intrastate destination (minimum of 250km from Home for both interstate and intrastate destinations).

Plan F - Non-Residents (Out-Bound Travel)

includes Policy Sections 1 to 7, 9 & 11 to 15

Plan G - Residents (In-Bound Travel)

includes Policy Sections 1 to 7, 9 & 11 to 15

The remainder of this section outlines what “**We Will Pay**” and what “**We Will Not Pay**” under each benefit in the event of a claim.

1 CANCELLATION FEES AND LOST DEPOSITS

You have this cover if you chose Plan A, B, C, D, E, F or G.

WE WILL PAY:

- a] Your cancellation fees and lost deposits for travel and accommodation arrangements that you have paid in advance and cannot recover in any other way if your Journey is cancelled or shortened at any time through circumstances neither expected nor intended by you or outside your control.
- b] The travel agent’s cancellation fees up to \$1,500 for Single Cover, \$1,500 per person for Duo Cover or \$3,000 for Family Cover where all monies have been paid or the maximum amount of the deposit has been paid at the time of cancellation. However, we will not pay more than the level of commission or service fees normally earned by the agent, had your Journey not been cancelled. Documentary evidence of the travel agent’s fee is required.
- c] You for loss of frequent flyer or similar air travel points you used to purchase an airline ticket following cancellation of your air ticket, if you cannot recover the lost points from any other source. The cancellation must be due to unforeseen circumstances outside of your control. We calculate the amount we pay you by multiplying:
 - The cost of an equivalent class airline ticket based on the quoted retail price at the time the ticket was issued, less your financial contribution; and
 - The total value of points lost divided by the total value of points used to obtain the ticket.
- d] If, as a result of a Pre-existing Medical Condition, a Relative is hospitalised in Australia or New Zealand, or dies in Australia or New Zealand after the policy is issued, and at the time of policy issue you were unaware of the likelihood of such hospitalisation or death, the most we will pay under this Section is as follows:
 - \$2,000 for Single Cover
 - \$2,000 per person for Duo Cover
 - \$4,000 for Family Cover

This limit applies to you (or your Travelling Companion, a Relative or any other person).

The maximum amount we will pay for all claims combined under this Section is shown under the Table of Benefits for the Plan you have selected.

WE WILL NOT PAY:

- a] If you were aware of any reason, before your period of cover commenced, that may cause your Journey to be cancelled, abandoned or shortened.

Nor will we pay if your cancellation fees or lost deposits arise because of:

- b] You or your Travelling Companion changing plans.

- c) Any business, financial or contractual obligations. This exclusion does not apply to claims where you or a member of your Travelling Party are made redundant from full-time employment in Australia, provided you or they were not aware that the redundancy was to occur before you purchased your policy.
- d) Prohibition or regulation by any government.
- e) A tour operator or wholesaler being unable to complete arrangements for any tour because there were not enough people to go on the tour.
- f) Delays or rescheduling by a bus line, airline, shipping line or rail authority.
- g) The financial collapse of any transport, tour or accommodation provider.
- h) The mechanical breakdown of any means of transport.
- i) An act or threat of terrorism.
- j) The death, Injury or Sickness of any person who resides outside of Australia or New Zealand. This exclusion does not apply to the individuals named on your Certificate of Insurance.
- k) Your pre-arranged leave being cancelled by your employer (where you are a full-time permanent employee).

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 52 TO 53 FOR OTHER REASONS WHY WE WILL NOT PAY.

2 OVERSEAS EMERGENCY MEDICAL ASSISTANCE, MEDICAL EVACUATION OR FUNERAL EXPENSES

You only have this cover if you chose Plan A, C, D, E, F or G.

Mondial Assistance will help you with any Overseas medical emergency (see "Who is Mondial Assistance?" on page 2). You may contact them at any time 7 days a week.

WE WILL PAY:

MONDIAL ASSISTANCE WILL ARRANGE FOR THE FOLLOWING ASSISTANCE SERVICES IF YOU INJURE YOURSELF OVERSEAS OR BECOME SICK WHILE OVERSEAS:

- 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 Australia with appropriate medical supervision.
- e) The return to Australia of your Dependant children if they are left without supervision following your Hospitalisation or evacuation.

If you die as a result of an Injury or a Sickness during your Journey, we will pay for the Reasonable cost of either a funeral or cremation Overseas and/or of bringing your remains back to your Home. The maximum amount we will pay is \$15,000 for all claims combined.

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

The most we will pay under this Section for all claims combined made under items 2.1 a) to e) is shown under the Table of Benefits for the Plan you have selected.

WE WILL NOT PAY:

- a) For any expenses for medical evacuation, funeral services or cremation or bringing your remains back to Australia unless it has been first approved by Mondial 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.

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 52 TO 53 FOR OTHER REASONS WHY WE WILL NOT PAY.

3 OVERSEAS EMERGENCY MEDICAL, HOSPITAL OR DENTAL EXPENSES

You only have this cover if you chose Plan A, C, D, E, F or G.

WE WILL PAY:

- a) We will reimburse the Reasonable medical or Hospital expenses you incur until you get back to Australia if you Injure yourself Overseas, or become Sick there. The medical or Hospital expenses must have been incurred on the advice of a Medical Adviser. You must make every effort to keep your medical or Hospital expenses to a minimum.

If we determine that you should return Home to Australia for treatment and you do not agree to do so then we will pay you the amount which we determine would cover your medical expenses and/or related costs had you agreed to our recommendation. You will then be responsible for any ongoing or additional costs relating to or arising out of the event you have claimed for.

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 amounts set out below 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.

We will pay up to the following amounts:

- * \$750 per person per Journey (Plans A, C, F & G)
- * \$500 per person per Journey (Plans D & E)

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

The maximum amount we will pay for all claims combined under this Section is shown under the Table of Benefits for the Plan you have selected.

WE WILL NOT PAY:

We will not pay for expenses:

- a) Arising from Pre-existing Medical Conditions except as specified under the heading "Pre-existing Medical Conditions" see pages 16 to 21.
- b) When you have not notified us as soon as practicable of your admittance to Hospital.
- c) After 2 weeks treatment by a chiropractor, physiotherapist or dentist unless approved by us.
- d) If you do not take the advice of Mondial Assistance.
- e) If you have received medical care under a Reciprocal National Health Scheme. Reciprocal Health Agreements are currently in place with the following countries: Finland, Italy, Malta, the Netherlands, Norway, Sweden, the Republic of Ireland, United Kingdom and New Zealand.
- f) For damage to dentures, dental prostheses, bridges or crowns.
- g) Relating to dental treatment involving the use of precious metals or for cosmetic dentistry.

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 52 TO 53 FOR OTHER REASONS WHY WE WILL NOT PAY.

4 ADDITIONAL EXPENSES

You have this cover if you chose Plan A, B, C, D, E, F or G.

WE WILL PAY:

WE WILL PAY BECAUSE OF HEALTH PROBLEMS

- a) We will reimburse any Reasonable additional accommodation and travel expenses if you cannot travel because of an Injury or Sickness which needs immediate treatment from a Medical Adviser who certifies that you are unfit to travel.

We will also reimburse your Reasonable additional accommodation and travel expenses for you to be with your Travelling Companion if he or she cannot continue their Journey for the same reason.

We will also reimburse the Reasonable accommodation and travel expenses of your Travelling Companion or a Relative to travel to you, stay near you or escort you, if you are in Hospital suffering from a life threatening or other serious condition, or are evacuated for medical reasons. 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 Mondial Assistance.

- b) If you shorten your Journey and return to Australia on the advice of a Medical Adviser approved by us, we will reimburse the Reasonable cost of your return to Australia. 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 Australia.
- c) If, during your Journey, your Travelling Companion or a Relative of either of you:

- dies unexpectedly;
- is disabled by an Injury; or

- becomes seriously Sick and requires hospitalization

(except arising out of a Pre-existing Medical Condition), we will reimburse the Reasonable additional cost of your return to Australia. We will only pay the cost of the fare class you had planned to travel at.

- d] If you return to your Home in Australia because, during your Journey, a Relative of yours:

- dies unexpectedly; or
- is hospitalised following a serious Injury or a Sickness

(except arising out of a Pre-existing Medical Condition), we will reimburse you up to:

- \$3,000 for Single Cover
- \$3,000 per person for Duo Cover
- \$6,000 for Family Cover

for return airfares if you are able to resume your Journey, but only if more than 14 days remain of the period of your Journey on your Certificate of Insurance.

- e] If, as a result of a Pre-existing Medical Condition, a Relative is hospitalised in Australia or New Zealand or dies in Australia or New Zealand after the policy is issued, and at the time of policy issue you were unaware of the likelihood of such hospitalisation or death, the most we will pay under this Section is as follows:

- \$2,000 for Single Cover
- \$2,000 per person for Duo Cover
- \$4,000 for Family Cover

This limit applies to you (or your Travelling Companion, a Relative or any other person).

- f] If you do not have a return ticket booked to Australia before you were Injured or became Sick, we will reduce the amount of your claim by the price of the fare to Australia from the place you planned to return to Australia from. The fare will be at the same fare class as the one you left Australia on. **This does not apply to Plan F or Plan G.**

WE WILL ALSO PAY FOR THE FOLLOWING REASONS:

- g] We will reimburse your Reasonable additional travel and accommodation expenses if a disruption to your Journey arises from the following reasons:

- Your scheduled or connecting transport is cancelled, delayed, shortened or diverted because of a strike, riot, hijack, civil protest, weather or natural disaster.
- You unknowingly break any quarantine rule.
- You lose your passport, travel documents or credit cards or they are stolen.
- An accident involving your mode of transport. You must have written confirmation of the accident from an official body in the country where the accident happened.
- Your Home is rendered uninhabitable by fire, explosion, earthquake or flood.

Wherever claims are made by you under this Section and Section 1 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.

The maximum amount we will pay for all claims combined under this Section is shown under the Table of Benefits for the Plan you have selected.

WE WILL NOT PAY:

WE WILL NOT PAY FOR ANY EXPENSES:

- a] If you were aware of any reason, before your period of cover commenced, that may cause your Journey to be cancelled or disrupted or delayed.
- b] The death, Injury or Sickness relates to any person who resides outside of Australia or New Zealand. This exclusion does not apply to the individuals named on your Certificate of Insurance.
- c] If you can claim your additional travel and accommodation expenses from anyone else.
- d] If your claim relates to the financial collapse of any transport, tour or accommodation provider.
- e] For delays or rescheduling by a bus line, airline, shipping line or rail authority unless it is due to a strike, riot, hijack, civil protest, weather or natural disaster.
- f] If you operate a Rental Vehicle in violation of the rental agreement.
- g] As a result of you or your Travelling Companion changing plans.

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 52 TO 53 FOR OTHER REASONS WHY WE WILL NOT PAY.

5 HOSPITAL CASH ALLOWANCE

You only have this cover if you chose Plan A, D, E, F or G.

WE WILL PAY:

We will pay you \$50 for each day you are in Hospital if you are in Hospital for more than 48 continuous hours while you are Overseas.

However, no matter how long you are in Hospital the maximum amount we will pay for all claims combined under this Section is shown under the Table of Benefits for the Plan you have selected.

WE WILL NOT PAY:

- a] For the first 48 continuous hours you are in Hospital.
- b] If you cannot claim for Overseas medical expenses in Section 3.

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 52 TO 53 FOR OTHER REASONS WHY WE WILL NOT PAY.

6 ACCIDENTAL DEATH

You have this cover if you chose Plan A, B, C, D, E, F or G.

WE WILL PAY:

We will pay the Death Benefit, to the estate of the deceased, if:

- a] you are Injured during your Journey and you die because of that Injury within 12 months of the Injury; or
- b] during your Journey, something you are travelling on disappears, sinks or crashes and you are presumed dead and your body is not found within 12 months.

The limit we will pay for the death of any one accompanying Dependant is \$5,000.

The limit for the death of one person, who is not an accompanying Dependant is the benefit limit as per the Plan selected.

The maximum amount we will pay for all claims combined under this Section is shown under the Table of Benefits for the Plan you have selected.

WE WILL NOT PAY:

For death caused by suicide or for any other reason other than caused by Injury as defined under "Words with Special Meanings" on page 29.

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 52 TO 53 FOR OTHER REASONS WHY WE WILL NOT PAY.

7 PERMANENT DISABILITY

You have this cover if you chose Plan A, B, C, D, E, F or G.

WE WILL PAY:

- a] If you are Injured during your Journey; and
- b] Because of the Injury, you become permanently disabled within 12 months of the Injury.

"Permanently disabled" means:

- you have totally lost all of the sight in one or both eyes, or the use of a hand or foot at or above the wrist or ankle; and
- the loss is for at least 12 months and, in our opinion after consultation with an appropriate medical specialist, will continue indefinitely.

The limit for the permanent disability of one person is shown in the Table of Benefits as per the Plan selected, and the most we will pay for any one Dependant is \$5,000.

The maximum amount we will pay for all claims combined under this Section is shown under the Table of Benefits for the Plan you have selected.

WE WILL NOT PAY:

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 52 TO 53 FOR REASONS WHY WE WILL NOT PAY.

8 LOSS OF INCOME

You only have this cover if you chose Plan E, or you purchased the Additional Option, "Business Cover" under Plan A or B.

✓ WE WILL PAY:

If you are Injured during your Journey and become disabled within 30 days because of the Injury, and the disablement continues for more than 30 days after your return to Australia, we will pay you an allowance under this Benefit.

We will only pay if you cannot do your normal or suitable alternative work and you lose all your income.

Under Plan E & Plan A (where the Additional Option "Business Cover" has been purchased), we will pay you \$400 per week under Single & Duo covers (\$800 per week under Family cover) for a period of up to 26 weeks, subject to the maximum limits shown under the Table of Benefits for the type of cover (Single, Duo or Family) and Plan you have selected.

Under Plan B (where the Additional Option "Business Cover" has been purchased), we will pay you \$400 per week under Single & Duo covers (\$800 per week under Family cover) for a period of up to 13 weeks, subject to the maximum limits shown under the Table of Benefits for the type of cover (Single, Duo or Family) and Plan you have selected.

✗ WE WILL NOT PAY:

For the first 30 days of your disablement from the time you return to Australia.

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 52 TO 53 FOR OTHER REASONS WHY WE WILL NOT PAY.

9 LOSS OF TRAVEL DOCUMENTS, CREDIT CARDS AND TRAVELLERS CHEQUES

You have this cover if you chose Plan A, B, C, D, E, F or G.

✓ WE WILL PAY:

- We will reimburse you the replacement costs (including communication costs) of any travel documents, including passports, credit cards or travellers cheques you lose or which are stolen from you during your Journey.
- We will also cover loss resulting from the fraudulent use of any credit card held by you following the loss of the card during your Journey.
- We will only cover those amounts not covered by any guarantee given by the bank or issuing company to you as the cardholder covering such losses.

The maximum amount we will pay for all claims combined under this Section is shown under the Table of Benefits for the Plan you have selected.

✗ WE WILL NOT PAY:

- If you do not report the theft within 24 hours to the police and, in the case of credit cards and travellers cheques, to the issuing bank or company in accordance with the conditions under which the cards or cheques were issued; and
- If you cannot prove that you made a report to the above relevant persons by providing us with a written statement from them.

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 52 TO 53 FOR OTHER REASONS WHY WE WILL NOT PAY.

10 THEFT OF CASH, BANK NOTES, CURRENCY NOTES, POSTAL ORDERS OR MONEY ORDERS

You only have this cover if you chose Plan A, B, C, D or E.

✓ WE WILL PAY:

For any cash, bank notes, currency notes, postal orders or money orders stolen from your person.

The maximum amount we will pay for all claims combined under this Section is shown under the Table of Benefits for the Plan you have selected.

✗ 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 can prove that you made a report by providing us with a written statement from whoever you reported it to.
- If the cash, bank notes, currency notes, postal orders or money orders were not on your person at the time they were stolen.

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 52 TO 53 FOR OTHER REASONS WHY WE WILL NOT PAY.

11 LUGGAGE AND PERSONAL EFFECTS

You have this cover if you chose Plan A, B, C, D, E, F or G.

PLEASE NOTE: for the purpose of this section:

- "specified items" refers to Luggage and Personal Effects that have been listed as covered on your Certificate of Insurance with a nominated sum insured
- items that have not been specifically listed on your Certificate of Insurance are referred to as "unspecified items"

✓ WE WILL PAY:

- We will pay the repair cost or value of any Luggage and Personal Effects which are stolen or accidentally damaged or are permanently lost. When calculating the amount payable we will apply depreciation due to age, wear and tear. The amount of such depreciation will be determined by us. No depreciation will be applied to goods purchased duty free prior to your departure or goods purchased during your Journey. We will not pay more than the original purchase price of any item. We decide what is to be allowed for depreciation and wear and tear. We have the option to repair or replace the Luggage and Personal Effects instead of paying you.
- The maximum amount we will pay for any item (i.e. the item limit) is:
 - \$3,000 for personal computers, video cameras or cameras.
 - \$1,000 for mobile phones (including PDAs and any items with phone capabilities).
 - \$750 for all other unspecified 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;
- 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.

- In addition to the limit shown on the Table of Benefits for this Section, we will also pay up to a maximum of \$5,000 (or such other lower amount which you have nominated) for all items combined, that you have specified under "Increased Luggage and Personal Effects Cover" and paid an additional premium for.
- Luggage and Personal Effects left in a motor vehicle are only covered during daylight hours and must have been locked in the boot or a Locked Storage Compartment and forced entry must have been made. No cover applies if Luggage and Personal Effects are left unattended in the passenger compartment of the motor vehicle or if the Luggage and Personal Effects have been left in the motor vehicle overnight. The most we will pay if your Luggage and Personal Effects are stolen from the Locked Storage Compartment of an unoccupied vehicle is \$200 for each item and \$2,000 in total for all stolen items, even if you have purchased "Increased Luggage and Personal Effects Cover".

The maximum amount we will pay for all claims combined under this Section is shown under the Table of Benefits for the Plan you have selected.

We will also pay up to the limits(s) shown on your Certificate of Insurance for any additional cover purchased under "Increased Luggage and Personal Effects Cover", up to a maximum of \$5,000.

✗ WE WILL NOT PAY:

We will not pay a claim in relation to your Luggage and Personal Effects if:

- 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.
- Your jewellery, mobile phone, camera, video camera, computer equipment or their accessories are transported in the cargo hold of any aircraft, ship, train or bus.
- The loss, theft of or damage is to or of bicycles.
- The loss, theft or damage is to items left behind in any hotel or motel room after you have checked out or items left behind in any aircraft, ship, train, taxi or bus.
- The loss, theft or damage is to watercraft of any type (other than surfboards).
- The Luggage and Personal Effects were being sent unaccompanied or under a freight contract.
- The loss or damage arises from any process of cleaning, repair or alteration.
- The loss or damage arises from ordinary wear and tear, deterioration, atmospheric or weather conditions, insects, rodents or vermin.
- The Luggage and Personal Effects were left Unsupervised in a Public Place.
- The Luggage and Personal Effects were left unattended in a motor vehicle unless it was locked in the boot or Locked Storage Compartment.

- k] The Luggage and Personal Effects were left overnight in a motor vehicle even if they were in the Locked Storage Compartment.
- l] The Luggage and Personal Effects have an electrical or mechanical breakdown.
- m] The Luggage and Personal Effects 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.
- n] 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).
- o] The loss or damage is to sporting equipment while in use (including surfboards).

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 52 TO 53 FOR OTHER REASONS WHY WE WILL NOT PAY.

12 LUGGAGE AND PERSONAL EFFECTS DELAY EXPENSES

You only have this cover if you chose Plan A, B, D, E, F or G.

WE WILL PAY:

We will reimburse up to the Benefit limit as per the Plan selected for all claims combined 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 Reasonable for you to purchase essential items of clothing or other personal items.

Your claim must contain written proof from the Carrier who was responsible for your Luggage and Personal Effects being delayed, misdirected or misplaced. We will deduct any amount we pay you under this Benefit for any subsequent claim for lost Luggage and Personal Effects.

The maximum amount we will pay for all claims combined under this Section is shown under the Table of Benefits for the Plan you have selected.

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.

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 52 TO 53 FOR OTHER REASONS WHY WE WILL NOT PAY.

13 TRAVEL DELAY EXPENSES

You have this cover if you chose Plan A, B, C, D, E, F or G.

WE WILL PAY:

We will reimburse the cost of your Reasonable additional meals and accommodation expenses if a delay to your Journey, for at least 6 hours, arises from circumstances outside your control.

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.

The maximum amount we will pay for all claims combined under this Section is shown under the Table of Benefits for the Plan you have selected.

WE WILL NOT PAY:

We will not pay if a disruption to your Journey arises from any of the following reasons:

- a] The financial collapse of any transport, tour or accommodation provider.
- b] Your claim arises directly or indirectly from an act or threat of terrorism.

Nor will we pay if:

- c] You can claim your additional meals and accommodation expenses from anyone else.

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 52 TO 53 FOR OTHER REASONS WHY WE WILL NOT PAY.

14 ALTERNATIVE TRANSPORT EXPENSES

You have this cover if you chose Plan A, B, C, D, E, F or G.

WE WILL PAY:

We will pay your Reasonable additional travel expenses as determined by us to reach a wedding, funeral, conference, sporting event or prepaid travel/tour arrangements on time if your scheduled transport is cancelled, delayed, shortened or diverted and that means you would not arrive on time.

We decide which expenses are Reasonable, and the maximum amount we will pay for all claims combined under this Section is shown under the Table of Benefits for the Plan you have selected.

WE WILL NOT PAY:

- a] If cancellation, delay, shortening or diversion of your scheduled transport arises from the financial collapse of any transport, tour or accommodation provider.
- b] If your claim arises directly or indirectly from an act or threat of terrorism.

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 52 TO 53 FOR OTHER REASONS WHY WE WILL NOT PAY.

15 PERSONAL LIABILITY

You have this cover if you chose Plan A, B, C, D, E, F or G.

WE WILL PAY:

We will cover your legal liability for payment of compensation in respect of:

- death, bodily Injury or Sickness, and/or
- physical loss or damage to property,

occurring during your Journey which is caused by an accident or a series of accidents attributable to one source or originating cause.

We will also reimburse your Reasonable legal expenses for settling or defending the claim made against you. We decide whether the expenses are Reasonable.

You must not accept liability without our prior written approval.

The maximum amount we will pay for all claims combined under this Section is shown under the Table of Benefits for the Plan you have selected.

WE WILL NOT PAY:

We will not reimburse you for anything you have to pay because of a legal claim against you for causing Injury, death or damage to property, if the claim arises out of or is for:

- a] Bodily Injury to you, your Travelling Companion, or to a Relative or employee of either of you;
- b] Damage to property belonging to, or in the care or control of:
 - you;
 - a Relative;
 - your Travelling Companion; or
 - an employee of any of the above.
- c] Something arising out of the ownership, custody or use of any aerial device, watercraft or mechanically propelled vehicle;
- d] Something arising out of the conduct of a business, profession or trade;
- 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, penalty or aggravated, punitive or exemplary or liquidated damages;
- g] Disease that is transmitted by you;
- h] Any relief or recovery other than monetary amounts;
- i] Liability arising from a contract that imposes on you a liability which you would not otherwise have;
- j] Anything that is covered under any other insurance policy. We will be liable only for the amount your liability exceeds the limits of cover under any other policy;
- k] Assault and/or battery committed by you or at your direction; or

- i] Conduct intended to cause personal Injury, property damage or liability with reckless disregard for the consequences of you or any person acting with your knowledge, consent or connivance.

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 52 TO 53 FOR OTHER REASONS WHY WE WILL NOT PAY.

16 RENTAL VEHICLE EXCESS

You only have this cover if you chose Plan D or E, or you purchased the Additional Option, "Rental Vehicle Excess Cover" under Plan A, B, C, F or G.

WE WILL PAY:

We will reimburse the Rental Vehicle insurance Excess or the cost of repairing the vehicle, whichever is the lesser, if a vehicle you have rented from a rental company is involved in a motor vehicle accident while you are driving, or is damaged or stolen while in your custody. You must provide a copy of the repair account and/or quote.

This cover does not take the place of Rental Vehicle insurance and only provides cover for the Excess component up to the applicable Section limit.

In addition, we will pay up to \$500 for the cost of returning your Rental Vehicle to the nearest depot if your attending registered Medical Adviser or dentist certifies in writing that you are unfit to do so during your Journey.

The maximum amount we will pay for all claims combined under this Section is shown under the Table of Benefits for the Plan you have selected.

WE WILL NOT PAY:

We will not pay a claim involving the theft or damage to your Rental Vehicle if the claim arises directly or indirectly from:

- a] You operating a Rental Vehicle in violation of the rental agreement.
- b] You using the Rental Vehicle while affected by alcohol or any other drug in a way that is against the law of the place you are in.
- c] You using a Rental Vehicle without a licence for the purpose that you were using it.

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 52 TO 53 FOR OTHER REASONS WHY WE WILL NOT PAY.

17 ALTERNATIVE STAFF

You only have this cover if you chose Plan E, or you purchased the Additional Option, "Business Cover" under Plan A or B.

WE WILL PAY:

The Reasonable travel expenses for a substitute person to complete the original business purposes of the Journey on your behalf, if:

- a] you suffer an Injury or Sickness that prevents you from completing the business purposes of the Journey; and

- b] you are either required to stay in Hospital Overseas, or required to return to your Home on the advice of a registered Medical Adviser.

The maximum amount we will pay for all claims combined under this Section is shown under the Table of Benefits for the Plan you have selected.

WE WILL NOT PAY:

- a] Unless we have also agreed to pay a claim under Section 2 – Overseas Emergency Medical Assistance
- b] If the Injury or Sickness did not occur during your Journey and within the period of cover

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 52 TO 53 FOR OTHER REASONS WHY WE WILL NOT PAY.

18 BUSINESS EQUIPMENT

You only have this cover if you chose Plan E, or you purchased the Additional Option, "Business Cover" under Plan A or B.

WE WILL PAY:

For accidental loss, theft of or damage to business equipment (consisting of computer equipment, communication devices, other business-related equipment and business documents). We are entitled to choose between repairing or replacing the business equipment, or paying you its value in cash, after allowing for wear, tear, and depreciation. Any payment however, will not exceed the original cost price of the item.

The maximum amount we will pay for all claims combined under this Section is shown under the Table of Benefits for the Plan you have selected.

WE WILL NOT PAY:

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 52 TO 53 FOR REASONS WHY WE WILL NOT PAY.

19 HIRE BUSINESS EQUIPMENT

You only have this cover if you chose Plan E, or you purchased the Additional Option, "Business Cover" under Plan A or B.

WE WILL PAY:

For the hire of alternative business equipment following accidental loss, theft of, damage to or the misdirection or delay in transit for more than 24 hours of business equipment. The most we will pay is \$250 for each complete day.

The maximum amount we will pay for all claims combined under this Section is shown under the Table of Benefits for the Plan you have selected.

WE WILL NOT PAY:

Unless we have agreed to pay a claim under Section 18 – Business Equipment.

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 52 TO 53 FOR OTHER REASONS WHY WE WILL NOT PAY.

20 RECREATE BUSINESS DOCUMENTS

You only have this cover if you chose Plan E, or you purchased the Additional Option, "Business Cover" under Plan A or B.

WE WILL PAY:

For the re-creation during your Journey, of business documents, business plans and business presentations if they are lost, stolen or accidentally damaged.

The maximum amount we will pay for all claims combined under this Section is shown under the Table of Benefits for the Plan you have selected.

WE WILL NOT PAY:

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 52 TO 53 FOR REASONS WHY WE WILL NOT PAY.

21 EMERGENCY RESCUE

You only have this cover if you purchased the Additional Option, "Snow Cover" under Plan A or B.

WE WILL PAY:

If you Injure yourself while on the ski slope, Mondial Assistance will arrange for your medical transfer or evacuation if they decide that you must be transported to the nearest Hospital for emergency medical treatment.

The maximum amount we will pay for all claims combined under this Section is shown under the Table of Benefits for the Plan you have selected.

WE WILL NOT PAY:

- a] If we have agreed to pay the claim under Section 2 – Overseas Emergency Medical Assistance
- b] For any claims arising from the following activities: off-piste skiing, bobsleighting, snow rafting, para-penting, heliskiing, ski acrobatics, ski or snowboard jumping, aerial skiing, stunting, freestyle, ski joring and 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.
- c] In resorts that do not have skiing facilities greater than 1,000 metres above sea level.
- d] If your claim arises outside the period 15th December to 31st March in Northern Hemisphere resorts and 15th June to 30th September in Southern Hemisphere resorts.

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 52 TO 53 FOR OTHER REASONS WHY WE WILL NOT PAY.

22 OWN SKI EQUIPMENT

You only have this cover if you purchased the Additional Option, "Snow Cover" under Plan A or B.

✔ WE WILL PAY:

For the accidental loss, theft of or damage to your own ski equipment. When calculating the amount payable we will apply depreciation due to age, wear and tear. The amount of such depreciation will be determined by us. We are entitled to choose between repairing or replacing the ski equipment, or paying you its value in cash. Any payment however, will not exceed the original cost price of the item.

The maximum amount we will pay for all claims combined under this Section is shown under the Table of Benefits for the Plan you have selected.

✘ WE WILL NOT PAY:

If:

- a] We have agreed to pay the claim under Section 11 – Luggage and Personal Effects.
- b] The loss, theft or damage occurs while the ski equipment is in use.
- c] 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.
- d] The loss, theft or damage is to ski equipment left behind in any hotel or motel room after you have checked out, or ski equipment left behind in any aircraft, ship, train, taxi or bus.
- e] The ski equipment was being sent unaccompanied or under a freight contract.
- f] The loss, theft or damage arises from any process of cleaning, repair or alteration.
- g] The loss, theft or damage arises from ordinary wear and tear, deterioration, atmospheric or weather conditions, insects, rodents or vermin.
- h] The ski equipment was left Unsupervised in a Public Place.
- i] The ski equipment was left unattended in a motor vehicle unless it was locked in the boot or Locked Storage Compartment.
- j] The ski equipment was left overnight in a motor vehicle even if it was in the Locked Storage Compartment.
- k] The ski equipment is fragile, brittle or an electronic component is broken or scratched - unless the breakage or scratch was caused by a crash involving a vehicle in which you are travelling.
- l] 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).

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 52 TO 53 FOR OTHER REASONS WHY WE WILL NOT PAY.

23 SNOW SKI HIRE EQUIPMENT

You only have this cover if you purchased the Additional Option, "Snow Cover" under Plan A or B.

✔ WE WILL PAY:

For the costs of hiring alternative snow skiing equipment following:

- a] accidental loss, theft of or damage to your snow skiing equipment for which a claim has been accepted by us under Section 22 – Own Ski Equipment
- b] the misdirection or delay of your snow skiing equipment for a period of more than 24 hours.

The maximum amount we will pay for all claims combined under this Section is shown under the Table of Benefits for the Plan you have selected.

✘ WE WILL NOT PAY:

- a] Unless we have agreed to pay a claim under Section 22 – Own Ski Equipment.

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 52 TO 53 FOR OTHER REASONS WHY WE WILL NOT PAY.

24 SKI PACK

You only have this cover if you purchased the Additional Option, "Snow Cover" under Plan A or B.

✔ WE WILL PAY:

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 pass, ski hire, tuition fees or lift passes, we will reimburse you the irrecoverable cost of the unused proportion for each insured person.

You must obtain a medical certificate from a registered Medical Adviser in support of your claim for your Injury or Sickness.

The maximum amount we will pay for all claims combined under this Section is shown under the Table of Benefits for the Plan you have selected.

✘ WE WILL NOT PAY:

- a] For any claims arising from the following activities: off-piste skiing, bobsleighbing, snow rafting, para-penting, heli-skiing, ski acrobatics, ski or snowboard jumping, aerial skiing, stunting, freestyle, ski joreing and 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.
- b] In resorts that do not have skiing facilities greater than 1,000 metres above sea level.
- c] If your claim arises outside the period 15th December to 31st March in Northern Hemisphere resorts and 15th June to 30th September in Southern Hemisphere resorts.

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 52 TO 53 FOR OTHER REASONS WHY WE WILL NOT PAY.

25 PISTE CLOSURE

You only have this cover if you purchased the Additional Option, "Snow Cover" under Plan A or B.

✔ WE WILL PAY:

Up to \$100 per 24 hour period if, as a result of not enough snow, bad weather or power failure in your pre-booked holiday resort, all lift systems are closed for more than 24 hours.

We will pay for either:

- a] The cost of transport to the nearest resort; or
- b] The cost of additional ski passes;

The maximum amount we will pay for all claims combined under this Section is shown under the Table of Benefits for the Plan you have selected.

✘ WE WILL NOT PAY:

- a] In resorts that do not have skiing facilities greater than 1,000 metres above sea level.
- b] If your claim arises outside the period 15th December to 31st March in Northern Hemisphere resorts and 15th June to 30th September in Southern Hemisphere resorts.

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 52 TO 53 FOR OTHER REASONS WHY WE WILL NOT PAY.

26 BAD WEATHER AND AVALANCHE CLOSURE

You only have this cover if you purchased the Additional Option, "Snow Cover" under Plan A or B.

✔ WE WILL PAY:

The Reasonable extra travel and accommodation expenses that you need to pay if your pre-booked outward or return Journey is delayed for more than 12 hours from your scheduled arrival time because of an avalanche or bad weather.

The maximum amount we will pay for all claims combined under this Section is shown under the Table of Benefits for the Plan you have selected.

✘ WE WILL NOT PAY:

- a] Unless 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 it lasted.
- b] In resorts that do not have skiing facilities greater than 1,000 metres above sea level.
- c] If your claim arises outside the period 15th December to 31st March in Northern Hemisphere resorts and 15th June to 30th September in Southern Hemisphere resorts.

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 52 TO 53 FOR OTHER REASONS WHY WE WILL NOT PAY.

General Exclusions applicable to all Sections

WE WILL NOT PAY UNDER ANY CIRCUMSTANCES IF: GENERAL

1. You do not act in a responsible way to protect yourself and your property and to avoid making a claim.
2. You do not do everything you can to reduce your loss as much as possible.
3. Your claim arises from consequential loss of any kind, including loss of enjoyment.
4. At the time of purchasing the policy, you were aware of something that would give rise to you making a claim under this policy.
5. 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.
6. Your claim arises from errors or omissions in your booking arrangements or failure to obtain relevant visa, passport or travel documents.
7. Your claim arises because you act illegally or break any government prohibition or regulation including visa requirements.
8. Your claim arises from a government authority confiscating, detaining or destroying anything.
9. Your claim arises from being in control of a Motorcycle without a current Australian motorcycle licence or you are a passenger travelling on a motorcycle that is in the control of a person that does not hold a current motorcycle licence valid for the country you are travelling in.
10. Your claim arises from being in control of a Moped or Scooter without a current Australian motorcycle or drivers licence or you are a passenger travelling on a Moped or Scooter that is in the control of a person that does not hold a current motorcycle or drivers licence valid for the country you are travelling in.
11. Your claim arises from, is related to or associated with a threatened, actual or likely Epidemic or Pandemic. Refer to www.who.int and www.smartraveller.gov.au for further information on Epidemics or Pandemics.
12. Your claim arises because you did not follow advice in the mass media of any government or other official body's warning:
 - against travel to a particular country or parts of a country; or
 - of a strike, riot, bad weather, civil protest or contagious disease (including an Epidemic or Pandemic),and you did not take appropriate action to avoid or minimise any potential claim under your policy (including delay of travel to the country or part of the country referred to in the warning). Refer to www.who.int and www.smartraveller.gov.au for further information.
13. 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.
14. Your claim arises from a nuclear reaction or contamination from nuclear weapons or radioactivity.
15. Your claim arises from biological and or chemical material, substance, compound or the like used directly or indirectly for the purpose to harm or to destroy human life and or create public fear.

MEDICAL

16. Your claim arises from a Pre-existing Medical Condition, except as specified under the section "Pre-existing Medical Conditions" on pages 16 to 21.
17. Your claim is in respect of travel booked or undertaken against the advice of any Medical Adviser.
18. Your claim arises directly or indirectly from any Injury or Sickness where a metastatic or terminal prognosis was made prior to the issue of the Certificate of Insurance.
19. Your claim arises out of pregnancy, childbirth or related complications, except as specified under the heading "Pregnancy" on pages 16 and 17.
20. Your claim involved a Hospital where you are being treated for addiction to drugs or alcohol, or are using it as a nursing, convalescent or rehabilitation place.
21. Your claim involves the cost of medication in use at the time the Journey began or the cost for maintaining a course of treatment you were on prior to the Journey.
22. Your claim arises from or is in any way related to depression, anxiety, stress, mental or nervous conditions.
23. Your claim arises from suicide or attempted suicide.
24. Your claim arises directly or indirectly from a sexually transmitted disease.
25. You were under the influence or addicted to intoxicating liquor or drugs except a drug prescribed to you by a Medical Adviser.
26. Despite our advice otherwise following your call to Mondial Assistance, you received private Hospital or medical treatment where public funded services or care is available in Australia or under any Reciprocal Health Agreement between the government of Australia and the government of any other country.
27. 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 to organise a repatriation to Australia for this procedure to be completed.
28. Your claim arises from or is any way related to the death or hospitalisation of any person aged 85 years and over, regardless of the country in which they may live.
29. You take a blood-thinning prescription medication such as Warfarin (also known under the brand names Coumadin, Jantoven, Marevan, and Waran).

SPORTS AND LEISURE

30. Your claim arises because you hunt, race (other than on foot), engage in Open Water Sailing, play polo, go mountaineering or rock climbing using ropes or climbing equipment (other than for hiking) or from professional sport of any kind, or from parachuting, hang gliding, sky diving or para pointing.
31. Your claim arises because you dive underwater using an artificial breathing apparatus, unless you hold an open water diving licence issued in Australia or you were diving under licensed instruction.
32. Your claim arises from travel in any air supported device other than as a passenger in a fully licensed aircraft operated by an airline or charter company. This exclusion does not apply to regulated or licensed ballooning.

Claims

HOW TO MAKE A CLAIM

You must give us notice of your claim as soon as possible by completing the claim form supplied by our Client Services department and posting to the address shown on the claim form. If the claim form is not fully completed by you, we cannot process your claim. If you do not, we can reduce your claim by the amount of prejudice we have suffered because of the delay.

You must give us any information we reasonably ask for to support your claim at your expense, such as but not limited to police reports, valuations, medical reports, original receipts or proof of ownership. If required we may ask you to provide us with translations into English of such documents to enable us to carry out our assessment of your claim.

You must co-operate with us at all times in relation to the provision of supporting evidence and such other information as we may reasonably require.

- a) For medical, Hospital or dental claims, contact Mondial Assistance as soon as practicable.
- b) For damage or permanent loss of your Luggage and Personal Effects, report it immediately to the police and obtain a written notice of your report.
- c) 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.
- d) Submit full details of any claim in writing within 30 days of your return.

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.

YOU MUST NOT ADMIT FAULT OR LIABILITY

In relation to any claim under this policy you must not admit that you are at fault, and you must not offer or promise to pay any money, or become involved in litigation, without our approval.

DEPRECIATION

Depreciation will be applied to claims for Luggage and Personal Effects at such rates as reasonably determined by Mondial 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 under this 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 you do not get paid 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. We may seek contribution 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, all acts and things as 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 administration and legal costs arising from the recovery.
2. To us, an amount equal to the amount that we paid to you under the 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.

BUSINESS TRAVELLERS – HOW GST AFFECTS YOUR CLAIM

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

TRAVEL WITHIN AUSTRALIA ONLY

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

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.

All information will be treated as confidential and protected to the full extent under law. Report insurance fraud by calling 1800 453 937.



Downunder Insurance Services Limited
ABN 59 094 140 655.
AFSL 281478

Sales & General Enquiries

Freephone: 1800 148 766
Website: www.duinsure.com.au
E-mail: australia@duinsure.com

Claims Enquiries

Phone: 1300 725 154
E-mail: travelclaims@mondial-assistance.com.au

24 hour Emergency Assistance

Freephone: 1800 010 075 (within Australia)
Phone: +61 7 3305 7499 (reverse charge from Overseas)

This insurance is arranged and managed by:

ETI Australia Pty Ltd
trading as Mondial Assistance
ABN 52 097 227 177
AFS Licence 245631
PO Box 162, Toowong QLD 4066

This insurance is issued and underwritten by:

Allianz Australia Insurance Limited (Allianz)
ABN 15 000 122 850
AFS Licence 234708
2 Market Street, Sydney NSW 2000