



ANZ Travel Insurance

PRODUCT DISCLOSURE STATEMENT AND
POLICY DOCUMENT | 20 NOVEMBER 2010

This is an important document. If you cannot read and understand English, please use an interpreter to explain it to you before entering into this contract of insurance.

Questo è un documento importante. Se non avete una buona conoscenza dell'Inglese, per favore fatevelo spiegare da un interprete prima di concludere un contratto di assicurazione.

Αυτό είναι πολύ σπουδαίο έγγραφο. Αν έχετε δυσκολία με τα Αγγλικά, παρακαλείστε να μεταχειρισθείτε διερμηνέα να σας το εξηγήσει προτού συνάψετε μια ασφαλιστική συμφωνία.

這是一份重要文件。如你不諳英語，在投保前，請先用傳譯員為你解釋保險合約。

ان هذه الوثيقة هامة. إذا كنت لا تفهم الإنكليزية، يرجى استعمال مترجم لكي يشرحها لك قبل أن تدخل طرفاً في عقد تأمين.

Dies ist ein wichtiges Dokument. Falls Sie die englische Sprache nicht beherrschen, lassen Sie es sich von einem Dolmetscher erklären, bevor Sie einen Versicherungsvertrag eingehen.

Đây là một văn kiện quan trọng. Nếu quý vị không thông thạo tiếng Anh, xin vui lòng nhờ thông dịch viên giải thích để quý vị hiểu rõ trước khi ký tên vào hợp đồng bảo hiểm.

Este es un documento importante. Si Ud. No tiene conocimientos sólidos de inglés, pida a un intérprete que le explique el documento antes de contratar el seguro.

Πρόσβαση στην ιστοσελίδα μας: www.alpha.gr
Αριθμός τηλεφώνου: 1677 44444
Αριθμός τηλεφώνου: 1677 44444

ANZ Travel Insurance PDS and Policy Document

The purpose of this PDS and Policy document

This combined Product Disclosure Statement (PDS) and Policy document has been designed to help you understand ANZ Travel Insurance so you can get the most out of your Policy.

This PDS contains detailed information about ANZ Travel Insurance, including when you are covered, when you are not covered, and maximum cover limits. We have also included a glossary on pages 62-64 to describe words with a special meaning. To the extent that the content of this PDS could be construed as general advice, it does not take into account your personal objectives, financial situation or needs ('personal circumstances'). You should consider the appropriateness of the information, having regard to your personal circumstances.

When you take out ANZ Travel Insurance, we agree to provide the cover described in your current Schedule, and in this PDS as well as in any Supplementary PDS we may issue, and any written endorsements we give you. Together, these documents make up the terms and conditions of your Travel Insurance Policy with us. We recommend that you read them carefully and store them together in a safe place.

Each insurer takes full responsibility for this combined PDS and Policy document which has been prepared and is provided in accordance with Australian laws only.

Issuers of this PDS

ANZ Travel Insurance is co-issued by OnePath General Insurance Pty Limited (ABN 56 072 892 365, AFSL 288160) (OnePath General Insurance)– phone 132 062, and QBE Insurance (Australia) Limited (ABN 78 003 191 035, AFSL 239545) ('QBE') – phone 133 723. Australia and New Zealand Banking Group Limited (ANZ) is an authorised deposit taking institution (Bank) under the *Banking Act 1959* (Cth). OnePath General Insurance is owned by ANZ – it is the issuer of the product but it is not a Bank. This product is not a deposit or other liability of ANZ or its related group companies and none of them stands behind or guarantees the issuer.

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Conditions of application

You need to complete the Travellers Medical Appraisal Form and submit to us for approval for an:

- International Travel Plan – if you are 70 years of age or over, or you have an existing medical condition that is not automatically covered regardless of your age
- Australian Travel Plan – if you wish to apply for cover for your existing medical condition that is not automatically covered.

Refer to pages 18 and 19 for the definition of an existing medical condition and a list of those conditions automatically covered.

If your application is approved, we will issue your Policy and provide you with a Certificate of Insurance. Your Certificate of Insurance confirms the cover you have chosen including any additional benefits, the total amount paid by you and information about the terms of your Policy. Discover these benefits and more in this PDS.

Simple application process

If you are taking out a Policy with us for the first time, simply:

- Visit** your local ANZ branch
Call 13 16 14 weekdays from 8am to 8pm (Sydney time)
Visit anz.com

If we agree to insure you, you will be provided with a Certificate of Insurance setting out the details of your Policy.

For 24 hour claims service

- Call** 13 16 14

Why choose ANZ Travel Insurance?

ANZ Travel Insurance provides dependable protection offering a range of benefits including:

- Medical cover for unexpected illness and injury
- Dental cover for emergency dental expenses
- Cancellation cover
- Emergency travel and accommodation cover
- Luggage cover if damaged, lost or stolen
- Travel delay cover
- Emergency expenses cover
- Replacement passports and travel documents cover
- Repatriation
- Personal liability

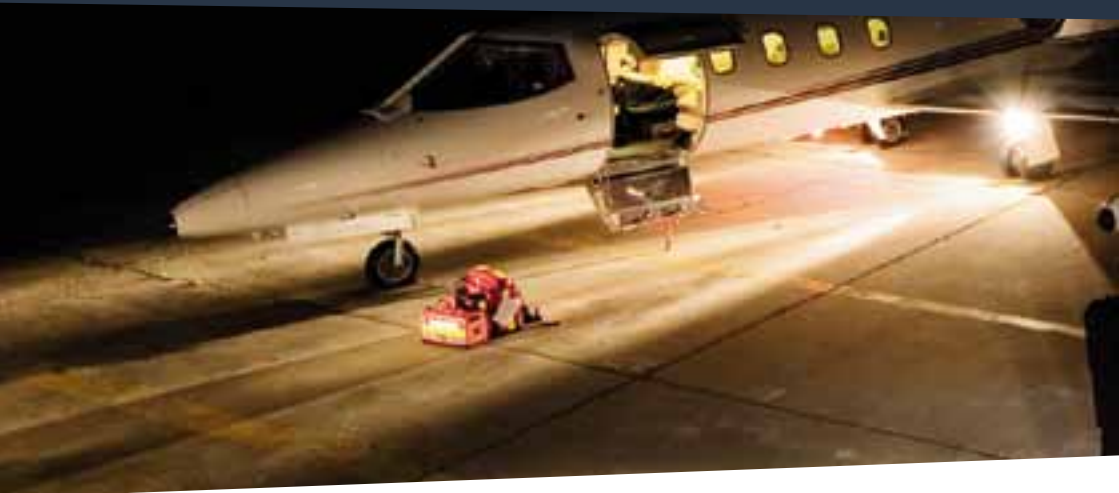
Sporting activities

Most amateur sports are covered at no additional charge. Some activities are excluded under the Policy. Here is a list of just some of the activities you may wish to do during your trip.

✓ means cover and ✗ means no cover

- | | | |
|---|--|------------------------------------|
| ✓ Snow skiing | ✓ Canoeing | ✓ Cycling |
| ✓ Scuba diving | ✓ Ski biking | ✓ Surfing |
| ✓ Sailboarding | ✓ Parachuting | ✓ Paragliding |
| ✓ Snow boarding | ✓ Horse riding | ✗ Basejumping |
| ✓ Hot air ballooning | ✓ Bungee jumping | ✓ Water skiing |
| ✗ Running with the bulls | ✗ Racing (except on foot) | ✓ White water rafting |
| ✗ Mountaineering or rock climbing using support ropes | ✗ Motorcycling without a valid licence | ✗ Professional sporting activities |





When disaster strikes and the unthinkable happens, it's reassuring to know someone back home is ready to take your call and assist. Our dedicated OMEGA travellers assistance team are on call 24 hours a day, 7 days a week to provide you with assistance when you need it most.

Our inhouse emergency assistance service OMEGA has been providing help to travellers since 1992.

OMEGA is a team of trained medical and insurance specialists who are able to make decisions about your situation and can provide assistance with things such as:

- paying hospital and medical bills
- repatriation to Australia after an accident or illness
- rescheduling of disrupted travel plans
- replacement of lost tickets, passports or travel documents
- arrangement of emergency transfer of funds
- urgent messages to your family or travel agent
- interpreters in non English speaking overseas hospitals.

Where relevant all services are subject to a claim being accepted under the Policy.

Emergency Calls

When you call OMEGA, they will need to know:

- Your Insurance Certificate Number
- Telephone numbers to contact you

**For travel advice, visit smartraveller.gov.au
It's a must see destination.**



Call us anytime from anywhere!

Austria	0800 291 702	Indonesia	001 803 61 683	South Africa	0800 99 3514
Brazil	0800 891 8401	Ireland	1800 552 636	Spain	900 996 167
Canada	1800 665 3870	Israel	180 945 6589	Sweden	0200 214 612
China North	10800 611 0133	Italy	800 875 100	Switzerland	0800 838 533
China South	10800 361 0151	Japan	00531 616 441	Thailand	001 800 611 2885
Fiji	00800 2149	Malaysia	1800 800 428	United Kingdom	0800 899 813
France	0800 90 5097	Netherlands	08000 226 742	United States	1800 765 8631
Germany	0800 181 7694	New Zealand	0800 441 678	Within Australia	1300 555 019
Greece	00800 6112 6195	Philippines	1800 1611 0045		
Hong Kong	800 933 877	Singapore	800 6161 051		

If you cannot make use of these numbers above, ring reverse charges via the operator.

Call 61 + 3 + 8523 2800
Fax 61 + 3 + 8523 2815
Email omega@qbe.com

Calls from mobile phones will be at your cost.

Lost your credit cards/travellers cheques?

Because of privacy requirements you will need to call any credit card or travellers cheque company directly in order to cancel the card or cheques and arrange for replacements. Call reverse charges.

American Express 61 + 2 + 9271 8664
Diners Club 61 + 3 + 8643 2210
Visa 1 + 410 + 581 9994
MasterCard 1 + 636 + 722 7111

To make a reverse charge call, firstly contact the international operator and ask to make a collect call to the appropriate phone number.

Table of benefits

This list is a summary of some of the benefits covered by this Policy and the applicable limits. Please refer to the relevant sections in the Policy wording for full details of cover. Other applicable limits may apply. Single means a person travelling alone and any accompanying child or children. Doubles means you and your travel partner and any accompanying child or children.

	International Travel Plan		Australian Travel Plan	
	Single	Doubles	Single	Doubles
	Applicable limits		Applicable limits	
Section A – Cancellation and additional expenses				
Cancellation or holiday deferment costs – Section A1	Unlimited	Unlimited	\$10,000	\$20,000
Emergency travel arrangements and accommodation expenses – Section A2	Unlimited	Unlimited	\$10,000	\$20,000
Section B – Medical and dental expenses				
Medical and dental expenses – Section B1	Unlimited	Unlimited	n/a	n/a
Hospital compensation – Section B2	\$8,000	\$16,000	n/a	n/a
Critical illness or injury – Emergency travel expenses for a relative – Section B3	\$20,000	\$40,000	n/a	n/a
Post hospitalisation accommodation – Section B4	\$500	\$1,000	n/a	n/a
Dental expenses due to sudden and acute pain – Section B5	\$2,000	\$4,000	n/a	n/a

	International Travel Plan		Australian Travel Plan	
	Single	Doubles	Single	Doubles
	Applicable limits		Applicable limits	
Section C – Evacuation and repatriation				
Medical evacuation and repatriation – Section C1	Unlimited	Unlimited	\$5,000	\$10,000
Non medical evacuation and repatriation – Section C2	Unlimited	Unlimited	\$5,000	\$10,000
Section D – Extra travel cover				
Travel delay – Section D1	\$1,500	\$3,000	\$500	\$1,000
Missed connection – special events – Section D3	\$2,500	\$5,000	\$2,000	\$4,000
Resumption of trip – Section D4	\$2,500	\$5,000	n/a	n/a
Hijacking – Section D6	Unlimited	Unlimited	n/a	n/a
Section E – Rental vehicle expenses				
Rental vehicle insurance excess – Section E1	\$5,000	\$5,000	\$3,000	\$3,000
Return of rental vehicle – Section E2	\$750	\$750	\$750	\$750
Section F – Luggage and personal effects				
Luggage and personal effects – Section F1	\$15,000	\$30,000	\$4,000	\$8,000
Personal computer item limit	\$6,000	\$6,000	\$1,000	\$1,000
Camera & video item limit	\$4,000	\$4,000	\$750	\$750
Watches & jewellery item limit	\$1,000	\$1,000	\$500	\$500
Other item limit	\$700	\$700	\$500	\$500

	International Travel Plan		Australian Travel Plan	
	Single	Doubles	Single	Doubles
	Applicable limits		Applicable limits	
Emergency luggage – Section F2	\$500	\$1,000	\$500	\$1,000
Stolen cash – Section F3	\$200	\$200	n/a	n/a
Replacement passports and travel documents – Section F5	\$3,000	\$3,000	\$2,000	\$2,000
Section G – Death expenses, permanent disability and loss of income				
Accidental death – Section G1	\$25,000	\$50,000	\$10,000	\$20,000
Funeral expenses overseas or repatriation of remains – Section G2	\$25,000	\$50,000	\$5,000	\$10,000
Funeral expenses within Australia – Section G3	\$10,000 limit \$5,000 per person	\$20,000 limit \$5,000 per person	n/a	n/a
Total permanent disability – Section G4	\$12,000	\$24,000	n/a	n/a
Section H – Personal liability and legal expenses				
Personal liability – Section H1	\$3,000,000	\$3,000,000	\$300,000	\$600,000
Legal expenses – Section H2	\$15,000	\$30,000	n/a	n/a

International Travel Plan

Eligibility

- This travel plan is only available if you:
 - reside in Australia and are eligible for an Australian Medicare Card;
 - are in Australia at the time the Certificate of Insurance is to be issued; and
 - intend to return to Australia.
- The terms and conditions of the Policy are subject to the laws of the Australian state or territory where the Certificate of Insurance is issued. You agree to submit to the jurisdiction of the courts of that state or territory.
- This Policy must be issued prior to the commencement of your trip.
- You cannot purchase insurance more than 12 months prior to travel.

Age limits

- This Policy is available to persons who are 16 years of age or over at the time the Certificate of Insurance is to be issued.
- This Policy does not provide any cover for any child born after the date the Certificate of Insurance was issued.

Existing medical conditions

Residents of Australia under 70 years of age

If you are under 70 years of age at the time the Certificate of Insurance is to be issued and you have an existing medical condition not automatically covered, you will need to complete the relevant sections of a

Travellers Medical Appraisal Form. Refer to pages 18 and 19 for the definition of an existing medical condition and a list of those conditions automatically covered. You can obtain the form by contacting ANZ. Once completed you must submit for approval. In most cases, if you answer the questions fully and accurately your application for travel insurance will be processed on this information. In certain circumstances however, we may ask you to have your usual medical practitioner complete Part B of the Travellers Medical Appraisal Form and/or provide further information before a Certificate of Insurance can be issued. If cover is granted, you will be asked to pay an additional premium and advised of any special terms imposed.

Residents of Australia who are 70 years of age or over

Regardless of your state of health, cover is not automatically provided for travellers 70 years of age or over at the time the Certificate of Insurance is to be issued. You must complete the Travellers Medical Appraisal Form and submit the form for evaluation by us. You must also have your usual medical practitioner complete Part B of the Travellers Medical Appraisal Form and/or provide further information before a Certificate of Insurance can be issued. If cover is granted you will be notified, and if applicable, asked to pay an additional amount and advised of any special terms imposed.

Excesses

We will not pay the first \$100 (the excess) for any one event except in relation to claims under Sections B2, B4, D, E, F2 – F4, G and I.

Policy durations

- There is no provision to suspend this Policy during the period of insurance.
- This Policy ends once you have returned to your normal place of residence within Australia, and there is no cover if you resume your trip unless the reason for your return to your normal place of residence was the hospitalisation or death of a relative, and the conditions of Section D4 of the Policy wording are satisfied.

Policy extensions

No extensions are available on policies issued to travellers 70 years of age or over at the time the Certificate of Insurance was issued.

Your Policy can be extended as many times as you like up to a maximum duration of 24 months from departure date. This is only available before the current Policy expires. When applying for an extension you must tell us:

- if there is a claim made or pending, or
- you suffer from an existing medical condition, or
- you have seen a medical or dental practitioner,

as an extension may not be available or special terms may be imposed. If you wish to extend your Policy, please contact the ANZ Insurance Centre on 13 16 14. The premium payable for an extension is calculated at the amount current at the time of the extension.

Australian Travel Plan

Eligibility

- The terms and conditions of the Policy are subject to the laws of the Australian state or territory where the Certificate of Insurance is issued. You agree to submit to the jurisdiction of the courts of that state or territory.
- This travel plan is only available if you reside in Australia and are eligible for an Australian Medicare Card.
- This Policy must be issued prior to the commencement of your trip.
- You cannot purchase insurance more than 12 months prior to travel.

Age limits

- This Policy is available to persons who are 16 years of age or over at the time the Certificate of Insurance is to be issued.
- This Policy does not provide any cover for any child born after the date the Certificate of Insurance was issued.

Existing medical conditions

If you would like cover for your existing medical condition not automatically covered please complete the Travellers Medical Appraisal Form and submit for approval. Refer to pages 18 and 19 for the definition of an existing medical condition and a list of those conditions automatically covered. In most cases, if you answer the questions fully and accurately your application for travel insurance will be processed on this information. In certain circumstances however, we may ask you to have your usual medical practitioner complete Part B of the Travellers Medical Appraisal Form and/or

provide further information before a Certificate of Insurance can be issued. If cover is granted, you will be asked to pay an additional premium and advised of any special terms imposed.

Excesses

We will not pay the first \$25 (the excess) for any one event except in relation to claims under Sections D1, D3, D5, D9, E, F2, F4, G1 – G2 and I.

Policy durations

- There is no provision to suspend this Policy during the period of insurance.
- This Policy ends once you have returned to your normal place of residence within Australia.

Policy extensions

Your Policy can be extended as many times as you like up to a maximum duration of 12 months from departure. This is only available before the current policy expires. When applying for an extension you must tell us:

- if there is a claim made or pending,
- you suffer from an existing medical condition, or
- you have seen a medical or dental practitioner,

as an extension may not be available or special terms may be imposed. If you wish to extend your Policy, please contact the ANZ Insurance Centre on 13 16 14. The premium payable for an extension is calculated at the amount current at the time of the extension.

Important information

Significant risks

This Policy may not match your expectations

This Policy may not match your expectations (for example, because an exclusion applies). You should therefore read this PDS and Policy Document carefully to ensure it meets your needs. Please ask ANZ if you are unsure about any aspect of the Policy.

Are you sure you have the right level of cover?

You need to make sure the limits of cover are appropriate for your needs. Otherwise you may be under insured and you have to bear part of any loss that exceeds the limits. Please refer to the applicable limits as set out in the 'Table of benefits' on page 12.

Unattended luggage and personal effects

There is no cover under this Policy for luggage and personal effects that are left unattended. Please refer to the definition of unattended in the Policy wording and 'What is not covered' under Section F on page 41.

Medical and ancillary costs

There is no cover for any medical, dental, or ancillary costs incurred within Australia.

Existing medical conditions

If you are applying for an international travel plan you must tell us if you have an existing medical condition not automatically covered. If you are applying for an Australian travel plan you must tell us if you require cover for an existing medical condition not automatically covered. You are not covered for an existing medical condition that you have not told us about and claims under other sections of the policy may be reduced to nil, unless the existing medical condition is automatically covered. To apply for cover ask ANZ for a Travellers Medical Appraisal Form which must be completed and submitted with your Application Form for approval. If your application is approved you will be advised of any restrictions that may apply and asked to pay an additional premium and excess.

An existing medical condition is:

- a. any chronic or ongoing (whether chronic or otherwise) medical or dental condition, illness or disease of which you were aware or should reasonably have been aware, and which is medically documented or under investigation prior to the issue of the Certificate of Insurance
- b. any physical, mental illness or medical condition (including pregnancy), defect, illness or disease of which you were aware or should reasonably have been aware, and for which treatment, medication, preventative medication, advice, preventative advice or investigation has been received or prescribed by a medical or dental adviser in the 60 days prior to the issue of the Certificate of Insurance.

Note:

- Where any condition is the subject of an investigation, that condition falls within this definition, regardless of whether or not a diagnosis of the condition has been made.
- This definition applies to you, your travelling party, your relatives, your business colleague, or any other person you have a relationship with whose state of health could impact your travel plans.

Existing medical conditions automatically covered

Provided the following existing medical conditions are stable and you or anyone else to be covered are not waiting for treatment, on a hospital waiting list or awaiting results of medical tests or investigations in relation to any of these conditions, cover is provided without application:

- acne
- allergies – such as allergic rhinitis, chronic rhinitis, hayfever, sinusitis, anaphylaxis, dermatitis, eczema, psoriasis, urticaria, food intolerance, latex allergy
- anaemia – including iron deficiency anaemia, B12 deficiency, folate deficiency, pernicious anaemia
- asthma – not requiring cortisone medication and no hospitalisation for the past 12 months including as an outpatient
- bell's palsy
- benign breast or renal cysts
- bunions
- carpal tunnel syndrome
- cataracts, dry eye syndrome, glaucoma, macular degeneration
- coeliac disease
- colonic polyps
- congenital blindness/deafness
- diabetes mellitus types 1 and 2 – where you have no known cardiovascular, hypertensive, vascular disease and no related kidney, eye or neuropathy complications
- epilepsy – you have been seizure free for the past 12 months and do not require more than one anti-seizure medication
- goitre, hypothyroidism, hashimotos disease, graves disease
- gout
- hiatus hernia/gastro-oesophageal reflux disease, peptic ulcer disease
- high cholesterol (hypercholesterolaemia)
- high lipids (hyperlipidaemia)
- insulin resistance, impaired glucose tolerance
- incontinence
- meniere's disease, tinnitus
- menopause
- migraines except where you have been hospitalised in the past 12 months
- nocturnal cramps
- osteoporosis – whereby there have been no fractures and you do not require more than one medication
- plantar fasciitis
- raynaud's disease
- sleep apnoea
- stable high blood pressure (hypertension)
- trigeminal neuralgia
- trigger finger
- routine screening tests where no underlying disease has been detected.

What forms need to be completed?

Please also refer to the relevant travel plan you are applying for (pages 15–17)	Travellers Medical Appraisal Form	
	Part A	Part B
International Travel Plan		
0 – 69 years with an EMC* not automatically covered	✓ In some cases we may also ask for Part B to be completed	✗
70+ years regardless of state of health	✓	✓
Australian Travel Plan		
All age groups requiring cover for EMC* not automatically covered	✓ In some cases we may also ask for Part B to be completed	✗

*EMC means existing medical condition

If you require cover for your existing medical condition(s) not automatically covered, please refer to travel plan eligibility on pages 15-17 in the PDS relevant to the travel plan you are applying for and refer to table above.

Terms and conditions

Your Policy is a contract of insurance

Your Policy is a contract of insurance between you and us. You pay us the premium and in return we provide you with cover under the travel plan you have chosen.

Your contract consists of:

- this PDS and Policy document (including any supplementary PDS);
- your Certificate of Insurance, which will show the travel plan you have chosen; and
- any written endorsements we give you.

Together these documents make up your Policy.

It is important that you read your Policy carefully, and keep this booklet in a safe place for future reference.

If you have any questions regarding your Policy, please contact the ANZ Insurance Centre on 13 16 14.

You must co-operate with us

You must co-operate with us and give us all the information and assistance we need to deal with your claim. If you do not, we may not be able to settle your claim.

When does the Policy begin and end?

Your Policy will be valid for the period of insurance when you have paid the premium and you have been provided with a Certificate of Insurance. The period of insurance will start and end on the dates shown in your Certificate of Insurance or when you return to your home in Australia, whichever happens first.

However, if the scheduled transport in which you are to travel is delayed, or your trip is delayed by an event that entitles you to make a claim under this policy, the period of insurance is automatically extended beyond the period of your original trip. This extension lasts until you are capable of travelling to your final destination, including the journey there, or for a period of 6 months beyond the period of insurance, whichever happens first.

When does the cover under each benefit begin and end?

This Policy contains a number of different benefits. Cover under those benefits may begin and end at different times. Each section of the policy sets out when the cover begins and ends.

Making changes to the period of insurance

The period of insurance cannot be changed without our consent. If you wish to defer or alter the period of insurance, we may ask you to submit a Policy Amendment Form. We will decide whether or not to agree to alter the period of insurance based on the information you give us, together with any additional information we ask for. If we agree to defer or alter the period of insurance you will be issued with a new Certificate of Insurance which will show the change of the period of insurance and any premium adjustment.

Cancellation

By you

Once the Certificate of Insurance has been issued you are not entitled to a refund of any part of the premium except as provided for in the section headed 'Cooling off period'. See the 'Cooling off period' section for further details on page 57.

By us

We can cancel your insurance in any way permitted by law, including if you have:

- failed to comply with your duty of disclosure; or
- made a misrepresentation to us before the Policy was entered in to; or
- failed to comply with a provision of a Policy, including failure to pay the premium; or
- made a fraudulent claim under this Policy or any other current insurance; or
- failed to notify us of a specific act or omission as required by the Policy.

If we cancel your Policy, we will do so by giving you written notice. We will deduct from the premium an amount to cover the shortened period for which you have been insured by us, and refund to you what is left.

General exclusions

These are the general exclusions which apply to all sections of this Policy. You should read them, together with the cover and the specific exclusions referred to under each section of cover. There is no cover under any section of this policy for any claim arising directly or indirectly because of any of the following:

1. You travel:
 - a) even though you know you are unfit to travel; or
 - b) against medical advice; or
 - c) when you know you will have to consult a medical practitioner; or
 - d) for the purpose of obtaining medical advice or treatment.
2. You maintain a course of treatment you were on at the time your trip commenced, except where this is covered under Section F1 'Luggage and personal effects' on page 41.
3. The illness, injury or death, is caused or exacerbated by, or consequential upon, an existing medical condition not automatically covered of you, a member of the travelling party or a non-travelling relative or business partner. This exclusion will not apply to an existing medical condition of you if you have applied to cover the existing medical condition, cover has been granted by us in writing and you have paid us any additional amount we asked for.

4. The illness, injury or death of you, a member of the travelling party or a non-travelling relative or business partner is caused or exacerbated by or consequential upon, any condition which has been the subject of a medical investigation within the period of 12 months prior to the issue of the Certificate of Insurance, in respect of which no diagnosis has been made. This exclusion will not apply to an existing medical condition of you if you have applied to cover the existing medical condition, cover has been granted by us in writing and you have paid us any additional amount we asked for.
5. Illness, injury or death where a metastatic condition and/or terminal prognosis was made, in relation to any medical condition, prior to the issue of the Certificate of Insurance.
6. The birth of a child, whatever the proximate cause is. (Unless otherwise excluded by this Policy and provided a Travellers Medical Appraisal Form has been submitted and approved by us, we will cover pregnancy related illnesses of the mother, but not any expenses associated with or consequent upon the birth of a child).
7. Any cover under the International Travel Plan if you are 70 years of age or over at the time the Certificate of Insurance is to be issued unless you have submitted a Travellers Medical Appraisal Form, cover has been granted by us in writing and you paid us any additional premium asked for.
8. The illness, injury or death of a person who is not a member of your travelling party and is 80 years of age or over at the time the Certificate of Insurance is issued.
9. A member of the travelling party decides to alter their plans or not to continue with the trip.
10. A member of the travelling party:
 - a) deliberately injures themselves; or
 - b) being under the influence of, or is addicted to, intoxicating liquor or a drug, except a drug taken in accordance with the advice of a registered medical practitioner; or
 - c) suffers any mental illness including dementia, depression, anxiety, panic attack, stress, bipolar, mania, schizophrenia or other nervous disorder; or
 - d) suffers HIV with AIDS related infection or illness; or
 - e) takes part in a riot or civil commotion; or
 - f) acts maliciously; or
 - g) races (except on foot), mountaineers or rock climbs using support ropes, participates in basejumping, running with the bulls; or
 - h) participates in, or trains for, a professional sporting activity; or
 - i) rides a motor cycle in excess of 100 cc (except as a pillion passenger) without a licence that is valid in your country of residence.

11. A loss which is recoverable under some other scheme. For example, Medicare, a private health fund, national reciprocal health fund or scheme, workers' compensation scheme, travel compensation fund or accident compensation scheme.
12. Any consequential loss.
13. A loss caused by, or in any way connected with a criminal or dishonest act by you, or by a person with whom you are in collusion.
14. A loss caused by, or in any way connected with war, invasion, act of a foreign enemy, hostilities (whether war is declared or not), civil war, rebellion, revolution, military or usurped power or civil insurrection, except as provided for in event 2 under 'What are the events that will be covered under Section A – Cancellation and additional expenses?' on page 26.
15. A loss caused by, or in any way connected with the use, existence or escape of nuclear weapons material, or ionising radiation from, or contamination by radioactivity from, any nuclear fuel or nuclear waste from the combustion of nuclear fuel.
16. A loss caused by, or in any way connected with any government intervention, prohibition, or regulation except as provided for in event 5 under 'What are the events that will be covered under Section A – Cancellation and additional expenses?' on page 26.
17. A government authority seizing, withholding or destroying anything of yours or any prohibition by or regulation or intervention of any government or any government not allowing you to enter or to stay in that country.
18. An act or threat of terrorism. This exclusion does not apply to Section B1 'Medical and dental expenses' on page 31, Section D6 'Hijacking' on page 38, Section F1 'Luggage and personal effects on page 41' or under Section C1 'Medical evacuation and repatriation' on page 34, for the cost of repatriation to or within Australia, if the carrier requires you to be brought back with a medical escort.
19. The cancellation or delay of travel arrangements due to mechanical breakdown of transportation or failure of the carrier to operate the service.
20. You fail to take reasonable precautions to avoid a financial loss after a public warning of a strike, riot, civil commotion, or natural disaster.
21. You operate a rental vehicle in violation of the rental agreement.
22. Credit card conversion fees or any other bank charges.
23. The insolvency or financial default of a travel agent, scheduled serviced airlines, hotel and resort operators, car and campervan hire companies, cruise lines, railway operators and theme park operators to the extent that your loss is covered by a scheme or fund (not a contract of insurance), or would be but for this insurance.
24. The insolvency, bankruptcy, provisional liquidation, financial collapse, appointment of receivers or any other form of insolvency administration of any person, company, organisation involved in your travel arrangements at the time the Certificate of Insurance was issued.



Section A – Cancellation and additional expenses

Am I covered under Section A?

Section A is divided into different benefits which apply depending on the travel plan you have chosen. This plan appears on your Certificate of Insurance.

International Travel Plan all sections

Australian Travel Plan all sections

You must read Section A together with the General exclusions on page 22, as these may affect your cover.

What are the events that will be covered under Section A – Cancellation and additional expenses?

We will cover you under Section A in respect of your planned trip if one of the following events occurs after the issue of the Certificate of Insurance:

1. You are unable to start or finish the trip because of the death, sudden serious illness or serious injury arising before or during the trip of:
 - a member of your travelling party; or
 - a relative or business partner or person in the same employ as you, who is a resident in Australia or New Zealand.

But before we will cover you, you must provide us with proof that:

- the death has occurred or the illness or injury requires hospitalisation or confinement; or
- in the case of a business partner or person in the same employ as you, the person's absence made the cancellation or ending of the trip necessary, and you have written confirmation of that fact from a senior representative or director of the business.

2. Your pre-paid scheduled public transport services or pre-paid tour have been cancelled or restricted because of severe weather, natural disaster, riot, strike or civil insurrection.
3. Your pre-paid accommodation has been destroyed or is uninhabitable due to severe weather or natural disaster and no alternative equivalent accommodation is available in the vicinity. You must have done everything reasonable to obtain alternative accommodation.
4. A member of the travelling party is required to do jury service or has received a summons to give evidence in a criminal court of law.
5. A member of the travelling party is confined in compulsory quarantine.

6. You have been involved in, or your travel arrangements have been cancelled or delayed by, a motor vehicle, railway, air or marine accident or incident. You must have written confirmation of the accident or incident from an official body in the country where the accident or incident happened.
7. Your passport, travel documents or credit cards are lost or damaged.
8. A member of your travelling party, who is a full time student, is required to sit supplementary examinations conducted by their educational institution.
9. A member of your travelling party has been made redundant from full-time permanent employment in Australia.
10. The cancellation of pre-arranged leave by your employer for a member of your travelling party who is a full-time permanent employee of the police, fire, ambulance or emergency services.
11. Your normal place of residence or business premises in Australia has been destroyed or rendered insecure due to a natural disaster.
12. A wedding, conference, pre-paid concert, course, tuition or sporting event has been cancelled, and the sole purpose of the trip is to attend that wedding, conference, concert, course, tuition or sporting event.
13. A member of your travelling party has been affected by any form of insolvency, administration or bankruptcy of their employer.
14. A tour operator or wholesaler has cancelled a tour because there are not enough people to begin or complete the tour. Cover is limited to the pre-paid cost of the transport arrangements purchased solely to get to the departure point and returning from the finishing point of that tour, or rearrangement costs, whichever is the lesser.
15. The financial default of scheduled service airlines, hotel and resort operators, car and campervan hire companies, cruise lines, railways operators and theme park operators excluding travel agents. Cover is limited to \$10,000 Single Policy and \$20,000 Doubles Policy on the International Travel Plan and \$5,000 Single Policy and \$10,000 Doubles Policy on the Australian Travel Plan.

Section A1 – Cancellation or holiday deferment costs

When does the cover begin and end?

The cover under this benefit begins from the time the Certificate of Insurance is issued to you and ends when you return to your home in Australia or when the period of insurance ends, whichever happens first.

What is covered?

We will pay the value of unused pre-paid travel arrangements, less any refunds you are entitled to, if you have to cancel these arrangements because of an event set out under 'What are the events that will be covered under Section A?' on page 26, or the reasonable cost of rearranging your

trip, provided that this cost is not greater than the cancellation fees or lost deposits which would have been incurred had the trip been cancelled. We will also pay the value of pre-paid theme park and event tickets, golf green fees or tuition fees that cannot be used due to illness, injury or death, less any refunds you are entitled to, if you have to cancel these arrangements. If cancellation is due to an illness or injury you must provide us with documentation from your treating doctor to confirm you are unfit to commence or continue with your trip.

What is not covered?

We will not pay for the value of unused pre-paid transport costs where we have repatriated you a distance equivalent to, or greater than, the total distance remaining on your itinerary at the point of repatriation. Where the total distance of the repatriation is less than the unused travel arrangements we will calculate your entitlement on a pro-rata basis, taking into account the cost of your original ticket.

What is the most we will pay?

The most we will pay is the amount set out in the section in the 'Table of benefits' on page 12, which relates to the travel plan you have chosen, unless you are claiming for pre-paid theme park and event tickets, golf green fees or tuition fees that cannot be used because of an event set out under 'What are the events that will be covered under Section A– Cancellation and additional expenses?' on page 26, which are limited to \$500 Single Policy or \$1,000 Doubles Policy.

Section A2 – Emergency travel arrangements and accommodation expenses

When does the cover begin and end?

The cover under this benefit begins when you leave on your trip and ends when you return to your home in Australia or when the period of insurance ends, whichever happens first.

What is covered?

We will cover you for expenses you incur for reasonable additional travel, accommodation, meals and internet use and emergency telephone calls if you have to interrupt your trip after it has begun, because of an event set out under 'What are the events that will be covered under Section A – Cancellation and additional expenses?' on page 26.

If the interruption to your trip requires repatriation refer to Section C on pages 34-35 for details of cover. You must not organise any additional travel or accommodation in excess of \$1,000 without our prior consent.

What is not covered?

1. Any additional travel you undertake must be at the fare class that you originally chose, except where we agree differently on the basis of a written recommendation from your treating doctor.

2. If you return to your home in Australia because of the interruption and you do not have a return ticket at the time of the event that causes a claim under this section, we will deduct from the amount we pay you the cost of an economy class airfare at the carrier's regular published rates for the return journey.
3. We will not pay for any expenses you incur to resume your trip after you have returned to your home in Australia except as set out under 'Section D4 Resumption of trip' on page 37.
4. We will not pay for additional travel or accommodation expenses when you have made a claim under another section of this policy for cancelled accommodation expenses covering the same period of time or a claim under another section of this policy for cancelled transport covering an equivalent distance.
5. We will not pay for accommodation expenses for periods where you have not forfeited pre-paid accommodation arrangements, except as set out under Section B4 'Post hospital accommodation' on page 33.

What is the most we will pay?

The most we will pay under this benefit for the reasonable cost of additional meals is \$50 Single Policy and \$100 Doubles Policy for each 24 hour period up to a maximum of \$500 Single Policy and \$1,000 Doubles Policy.

For additional travel, accommodation, emergency internet use and telephone calls, the most we will pay you under this benefit is the amount set out in the section in the 'Table of benefits' on page 12 which relates to the travel plan you have chosen.

Section A3 – Agents cancellation fees

When does the cover begin and end?

The cover under this benefit begins from the time the Certificate of Insurance is issued to you and ends when you return to your home in Australia or when the period of insurance ends, whichever happens first.

What is covered?

We will cover you for agent's cancellation fees when you have paid the agent the full amount for your trip and you have cancelled because of an event set out under 'What are the events that will be covered under Section A – Cancellation and additional expenses?' on page 26. If only a deposit has been paid at the time of cancellation, we will pay the agent's cancellation fees up to the maximum amount of the deposit.

What is not covered?

We will not pay more than the level of commission and/or service fees normally earned by the agent, had the trip not been cancelled.

What is the most we will pay?

The most we will pay under this benefit is \$1,500 Single Policy and \$3,000 Doubles Policy.

Section A4 – Loss of reward points

When does the cover begin and end?

The cover under this benefit begins when you leave on your trip and ends when you return to your home in Australia or when the period of insurance ends, whichever happens first.

What is covered?

We will pay for frequent flyer or similar flight reward points lost due to the cancellation of your airline ticket because of an event set out under 'What are the events that will be covered under Section A – Cancellation and additional expenses?' on page 26.

The amount we will pay is calculated as follows:

- a) the cost of the equivalent class airline ticket, based on the best available advance purchase airfare for the same season of the following year, less your financial contribution towards the airline ticket;
- b) multiplied by the total amount of points lost;
- c) divided by the total amount of points redeemed to obtain the airline ticket.

What is not covered?

We will not provide cover if you can recover your frequent flyer or similar reward points, or their value, from any other source.

What is the most we will pay?

Cover is unlimited.

Section B – Medical and dental expenses

Am I covered under Section B?

Section B is divided into different benefits which apply depending on the travel plan you have chosen. This plan appears on your Certificate of Insurance.

International Travel Plan all sections

Australian Travel Plan no cover

You must read Section B together with the 'General exclusions' on page 22, as these may affect your cover.

Section B1 – Medical and dental expenses

When does the cover begin and end?

The cover under this benefit begins when you leave on your trip and ends when you return to your home in Australia or when the period of insurance ends, whichever happens first.

What is covered?

We will cover you for:

- medical, hospital and ambulance expenses you incur as a result of an illness, injury or death; or
- dental treatment expenses you incur as a result of an injury to healthy natural teeth;

that you suffer while you are overseas.

We will pay medical and dental expenses which we believe are reasonable and necessary to treat the illness or injury. Any treatment you receive must be given by a

medical practitioner, physiotherapist, chiropractor, dentist or oral surgeon who is registered to practise in the country or jurisdiction where you receive treatment. Where you need treatment for an injury by a physiotherapist or a chiropractor or emergency dental treatment, you may have the first 6 treatments without asking us. Any treatments after that must be with our consent.

All expenses under this section must be incurred within 12 months of the date of the illness or injury.

What is not covered?

1. There is no cover for any medical, hospital or ambulance expenses you incur in Australia. We cannot cover these because we are not allowed to do so by law. There is no cover for any dental expenses you incur in Australia.
2. There is no cover under this benefit because of an illness or injury, the signs and symptoms of which you first became aware of before you went on your trip.
3. There is no cover for any person whose date of birth is after the date that the Certificate of Insurance was issued unless you advised us and we agreed to provide cover.
4. There is no cover for damage to dentures or dental prostheses under this section. Refer to 'Section F1 Luggage and personal effects' on page 41 for cover that may be available.

5. There is no cover for expenses incurred for dental treatment due to normal wear and tear or the normal maintenance of dental health.
6. There is no cover for any existing medical condition not automatically covered for you unless you have applied for cover for the existing medical condition, we have agreed to cover it in writing and, if applicable, you have paid the additional premium.
7. There is no cover for ongoing payments under this benefit if we decide on the advice of a doctor appointed by us that you are capable of being repatriated to or within Australia. If you do not agree to return to your home in Australia we may choose not to make any further payment for medical expenses and associated costs as determined by us.

What is the most we will pay?

The most we will pay under this benefit is the amount set out in the section in the 'Table of benefits' on page 12 which relates to the travel plan you have chosen.

Section B2 – Hospital compensation

No excess applies to claims under this benefit.

When does the cover begin and end?

The cover under this benefit begins when you are hospitalised overseas and ends when you are discharged from hospital.

What is covered?

We will cover you if you are hospitalised overseas for more than 48 continuous hours because of an illness or injury which first happened while you were outside Australia on your trip.

What is the most we will pay?

We will pay \$75 for every 24 hours up to the amount set out in the section in the 'Table of benefits' on page 12 which relates to the travel plan you have chosen.

Section B3 – Critical illness or injury – emergency travel expenses for a relative

When does the cover begin and end?

The cover under this benefit begins when you are hospitalised overseas and ends when you are discharged from hospital.

What is covered?

We will pay for a return economy class airfare and reasonable accommodation for a friend or relative to travel directly to you, if you are hospitalised as a direct result of you suffering a sudden life-threatening critical injury or illness during your trip. Before we will pay this you must give us a written recommendation from your treating doctor and you must have our consent.

What is the most we will pay?

The most we will pay under this benefit is the amount set out in the section in the 'Table of benefits' on page 12 which relates to the travel plan you have chosen.

Section B4 – Post-hospital accommodation

No excess applies to claims under this benefit.

When does the cover begin and end?

The cover under this benefit begins when you leave hospital and ends when your treating doctor deems you are fit to resume your trip, or after 5 days, whichever occurs first.

What is covered?

We will cover you if you are hospitalised overseas for more than 48 hours because of an illness or injury which first happened while you were outside Australia on your trip, and you need accommodation to recover from your illness or injury after you leave hospital. Before we will pay this you must give us a written recommendation from your treating doctor and you must have our consent.

What is not covered?

We will not pay for post-hospitalisation accommodation expenses when you have also made a claim for cancelled accommodation expenses covering the same period of time.

What is the most we will pay?

The most we will pay under this benefit is the amount set out in the section in the 'Table of benefits' on page 12 which relates to the travel plan you have chosen.

Section B5 – Dental expenses due to sudden and acute pain

When does the cover begin and end?

The cover under this benefit begins when you leave on your trip and ends when you return to your home in Australia or when the period of insurance ends, whichever happens first.

What is covered?

We will cover you for dental treatment expenses you incur overseas to relieve sudden and acute pain which occurs while you are outside Australia. We will pay expenses which we believe are reasonable and necessary to treat the pain. Before we will pay this you must give us written certification from your treating dentist that treatment is necessary to alleviate your pain. Any treatment you receive must be given by a dentist or oral surgeon who is registered to practise in the country where you receive treatment.

What is not covered?

1. There is no cover for expenses incurred for dental treatment due to normal wear and tear or the normal maintenance of dental health.
2. There is also no cover for any dental expenses you incur in Australia.

What is the most we will pay?

The most we will pay under this benefit is \$2,000 Single Policy and \$4,000 Doubles Policy.

Section C – Evacuation and repatriation

Am I covered under Section C?

Section C is divided into different benefits which apply depending on the travel plan you have chosen. This plan appears on your Certificate of Insurance.

International Travel Plan all sections

Australian Travel Plan all sections

You must read Section C together with the 'General exclusions' on page 22, as these may affect your cover.

Section C1 – Medical evacuation and repatriation

When does the cover begin and end?

The cover under this benefit begins when you leave on your trip and ends when you return to your home in Australia or when the period of insurance ends, whichever happens first.

What is covered?

We will cover you if you have to interrupt your trip after it has begun because you have suffered an illness or injury while you are on your trip, and in our opinion you need to be evacuated or repatriated.

We will pay expenses which we believe are reasonable and necessary to bring you back to your home in Australia or to another destination of our choice. Before we will pay this you must give us written certification from your treating doctor that your evacuation or repatriation is necessary and that you cannot continue your trip.

The decision to evacuate or repatriate you is ours, and we will not pay for any evacuation or repatriation expenses unless it is medically justified and you have received our consent. Based on the advice of your treating doctor we will either:

- return you to your home in Australia with a medical attendant; or
- pay for a return economy class airfare, reasonable accommodation and additional expenses for a friend or relative to fly to, remain with and escort you in place of a medical attendant; or
- return you to your home in Australia without an attendant.

We will also pay you for necessary home services provided by a registered home services business, up to a maximum of \$750 if you have been repatriated to your home in Australia by us during your trip and your illness or injury restricts your ability to perform these duties. You must have our consent before you incur any costs for home services.

What is not covered?

1. We will not cover you if you evacuate or repatriate when it is not medically necessary or without our consent.
2. We will not pay for any expenses you incur to resume your trip after you have returned to your home in Australia.
3. For repatriation, we will not pay more than the cost of repatriation to your home in Australia.

4. There is no cover under this benefit because of an illness or injury, the signs and symptoms of which you first became aware of before you went on your trip.
5. Any additional costs for travel you undertake that is not at the fare class that you originally chose, unless it is medically justified, based on the written recommendation from your treating doctor and you have our consent.
6. If you do not have a return ticket at the time of the event that causes a claim under this section, we will deduct from the amount we pay you the cost of an economy class airfare at the carrier's regular published rates for the return journey.

What is the most we will pay?

The most we will pay under this benefit is the amount set out in the section in the 'Table of benefits' on page 12 which relates to the travel plan you have chosen.

Section C2 – Non-medical evacuation and repatriation

When does the cover begin and end?

The cover under this benefit begins when you leave on your trip and ends when you return to your home in Australia or when the period of insurance ends, whichever happens first.

What is covered?

We will cover you if you have to interrupt your trip after it has begun because of one of the events listed in 'What are the events that will be covered under Section A –

Cancellation and additional expenses?' on page 26, while you are on your trip, and in our opinion you need to be evacuated or repatriated.

We will pay expenses which we believe are reasonable and necessary to bring you back to your home in Australia or to another destination of our choice.

The decision to evacuate or repatriate you is ours, and we will not pay for any evacuation or repatriation expenses unless you have received our prior consent.

What is not covered?

1. We will not cover you if you evacuate or repatriate without our consent.
2. We will not pay for any expenses you incur to resume your trip after you have returned to your home in Australia.
3. For repatriation, we will not pay more than the cost of repatriation to your home in Australia.
4. Any additional travel you undertake must be at the fare class that you originally chose unless you have our consent.
5. If you do not have a return ticket at the time of the event that causes a claim under this section, we will deduct from the amount we pay you the cost of an economy class airfare at the carrier's regular published rates for the return journey.

What is the most we will pay?

The most we will pay under this benefit is the amount set out in the section in the 'Table of benefits' on page 12 which relates to the travel plan you have chosen.

Section D – Extra travel cover

Am I covered under Section D?

Section D is divided into different benefits which apply depending on the travel plan you have chosen. This plan appears on your Certificate of Insurance.

International Travel Plan all sections

Australian Travel Plan Sections D1, D3, D5 and D9

You must read Section D together with the 'General exclusions' on page 22, as these may affect your cover.

Section D1 – Travel delay

No excess applies to claims under this benefit.

When does the cover begin and end?

The cover under this benefit begins when you leave on your trip and ends when you return to your home in Australia or when the period of insurance ends, whichever happens first.

What is covered?

We will cover you if your scheduled public transport from or within Australia or overseas in respect of any individual leg of your trip is delayed for at least 6 hours for a reason outside your control, and for each subsequent 12 hours (or part of that time) from the original departure time.

What is not covered?

If you are entitled to a claim under 'Section A2 Emergency travel arrangements and accommodation expenses' on page 28, there is no cover under this benefit.

What is the most we will pay?

The most we will pay under this benefit is the applicable limit. The benefit is the total of the reasonable costs of:

- a) rearranging your travel arrangements, including additional travel to resume your pre-paid arrangements; and
- b) additional accommodation, up to a maximum of \$375 Single Policy and \$750 Doubles Policy per day for the International Travel Plan, and \$75 Single Policy and \$150 Doubles Policy per day for the Australian Travel Plan; and
- c) additional expenses incurred for meals, up to a maximum of \$50 Single Policy and \$100 Doubles Policy per day for both the International and Australian Travel Plans.

Section D2 – Airfare compensation

No excess applies to claims under this benefit.

When does the cover begin and end?

The cover under this benefit begins when you leave on your trip and ends when you return to your home in Australia or when the period of insurance ends, whichever happens first.

What is covered?

We will cover you if, because of an injury occurring during your trip that happens after your departure from Australia, the carrier requires you to be brought back to Australia with a medical attendant.

However, we will only do so if either:

- there are more than 5 days of the trip, or 25% of the length, whichever is the greater, remaining; or
- you have been confined to hospital overseas for more than 25% of the trip.

What is the most we will pay?

The most we will pay under this benefit is the cost of your original air ticket (less any refund that is due to you), up to a maximum of \$6,000 Single Policy and \$12,000 Doubles Policy.

Section D3 – Missed connection – special events

No excess applies to claims under this benefit.

When does the cover begin and end?

The cover under this benefit begins when you leave on your trip and ends when you return to your home in Australia or when the period of insurance ends, whichever happens first.

What is covered?

We will cover you if your trip is interrupted by an event that is not anticipated, is unexpected, and outside of your control, and you are unable to arrive at your destination by the time originally scheduled for the purpose of attending a wedding, funeral, conference, 25th or 50th wedding anniversary or sporting event which cannot be delayed as a consequence of your late arrival. We will pay for the reasonable additional cost of using alternative public transport to arrive at the destination on time.

What is the most we will pay?

The most we will pay under this benefit is the amount set out in the 'Table of benefits' on page 12 which relates to the travel plan you have chosen.

Section D4 – Resumption of trip

This benefit is in place of, and not in addition to, any benefit payable under 'Section A1 Cancellation or holiday deferment costs' on page 27.

No excess applies to claims under this benefit.

When does the cover begin and end?

The cover under this benefit begins when you leave on your trip and ends when you return to your home in Australia or when the period of insurance ends, whichever happens first.

There is no cover under this policy for any period of time you are in Australia. The policy will recommence when you leave Australia to resume your trip.

What is covered?

We will cover you if you have to return to Australia with more than 25% of your trip remaining because of the hospitalisation or death of a relative in Australia during your trip as a direct result of sudden serious illness or serious injury. We will pay you for the transport costs you have paid to resume your original trip so you can use any pre-paid travel, accommodation or tours. We will extend this policy to cover the remainder of your trip where a claim is accepted by us under this benefit. In no other circumstances will the resumption of your trip be covered under this policy unless you have obtained our consent.

What is not covered?

We will pay no more than the cancellation costs that would have been incurred on those pre-paid arrangements had you not resumed your journey.

What is the most we will pay?

The most we will pay under this benefit is the amount set out in the 'Table of benefits' on page 12 which relates to the travel plan you have chosen.

Section D5 – Withdrawal of services

No excess applies to claims under this benefit.

When does the cover begin and end?

The cover under this benefit begins when you leave on your trip and ends when you return to your home in Australia or when the period of insurance ends, whichever happens first.

What is covered?

We will cover you if all electrical and water facilities in your room, or waiter service at meals, or kitchen services where no food is served, or all chambermaid services are withdrawn due to unforeseeable circumstances at the pre-paid accommodation that you are staying at during your trip. These services must be withdrawn for 48 hours continuously and you must have written confirmation of your claim from the accommodation manager.

What is the most we will pay?

The most we will pay under this benefit is up to \$50 for each completed 24 hour period up to a maximum \$500 Single Policy

and \$1,000 Doubles Policy for the International Travel Plan and \$250 Single Policy and \$500 Doubles Policy for the Australian Travel Plan.

Section D6 – Hijacking

No excess applies to claims under this benefit.

When does the cover begin and end?

The cover under this benefit begins when you leave on your trip and ends when you return to your home in Australia or when the period of insurance ends, whichever happens first.

What is covered?

We will cover you if the scheduled public transport on which you are travelling is hijacked during your trip and you subsequently want to cancel your trip and return to your home in Australia. We will pay you for your reasonable additional travel expenses and the cost of pre-paid travel arrangements that you do not use, less any refunds due to you.

What is the most we will pay?

The benefit under this section is unlimited.

Section D7 – Domestic pets

No excess applies to claims under this benefit.

When does the cover begin and end?

The cover under this benefit begins when you leave on your trip and ends when you return to your home in Australia or when the period of insurance ends, whichever happens first.

What is covered?

We will cover you for additional kennel or cattery boarding fees for domestic cats and dogs owned by you if you are delayed beyond your original return date because of an event set out under 'What are the events that will be covered under Section A – Cancellation and additional expenses?' on page 26.

What is not covered?

There is no cover for kennel or cattery fees incurred outside Australia or as a result of quarantine regulations.

What is the most we will pay?

The most we will pay per adult under this benefit is up to \$150 for each full 24 hour period, up to a maximum of \$500.

Section D8 – Childcare costs

No excess applies to claims under this benefit.

When does the cover begin and end?

The cover under this benefit begins when you leave on your trip and ends when you return to your home in Australia or when the period of insurance ends, whichever happens first.

What is covered?

We will cover you for the additional cost of childcare provided by a registered or appropriately qualified childcare worker for a child or children who are related to you, financially dependant, under the age of 18 years at the time the Certificate of Insurance is issued and who are in your full time care, if you are delayed beyond your

original return date because of an event set out under 'What are the events that will be covered under Section A – Cancellation and additional expenses?' on page 26.

What is not covered?

There is no cover for child care costs incurred outside Australia.

What is the most we will pay?

The most we will pay under this benefit is up to \$75 for each full 24 hour period, up to a maximum of \$750.

Section D9 – Home and contents insurance excess

No excess applies to claims under this benefit.

When does the cover begin and end?

The cover under this benefit begins when you leave on your trip and ends when you return to your home in Australia or when the period of insurance ends, whichever happens first.

What is covered?

We will cover you for the home and contents insurance excess if your normal place of residence in Australia is damaged or burgled during your trip and you make a claim against your home and contents insurance.

What is the most we will pay?

The most we will pay under this benefit is \$200.

Section E – Rental vehicle expenses

Am I covered under Section E?

Section E is divided into different benefits which apply depending on the travel plan you have chosen. This plan appears on your Certificate of Insurance.

International Travel Plan all sections

Australian Travel Plan all sections

You must read Section E together with the 'General exclusions' on page 22, as these may affect your cover.

Section E1 – Rental vehicle insurance excess

No excess applies to claims under this benefit.

When does the cover begin and end?

The cover under this benefit begins when you leave on your trip and ends when you return to your home in Australia or when the period of insurance ends, whichever happens first.

What is covered?

We will cover you for the rental vehicle insurance excess, or the cost of repairing the vehicle, whichever is lower, if

- you rent a vehicle from a rental company;
- it is damaged by accident, storm, fire or theft; and
- you are a nominated driver on the Rental Vehicle Agreement.

For this benefit to apply, the rental vehicle must have comprehensive motor vehicle insurance for the period of hire.

What is not covered?

This cover is not in place of rental vehicle insurance and only provides cover for the excess component up to the applicable limit.

What is the most we will pay?

The most we will pay under this benefit is the amount set out in that section of the 'Table of benefits' on page 12 which relates to the travel plan you have chosen.

Section E2 – Return of rental vehicle

No excess applies to claims under this benefit.

When does the cover begin and end?

The cover under this benefit begins when you leave on your trip and ends when you return to your home in Australia or when the period of insurance ends, whichever happens first.

What is covered?

We will pay towards the cost of returning your rental vehicle to the nearest depot, including airport concession charges, if due to a claimable event covered by any section of this policy you are unable to do so during your trip.

What is the most we will pay?

The most we will pay under this benefit is the amount set out in that section of the 'Table of benefits' on page 12 which relates to the travel plan you have chosen.

Section F – Luggage and personal effects

Am I covered under Section F?

Section F is divided into different benefits which apply depending on the travel plan you have chosen. This plan appears on your Certificate of Insurance.

International Travel Plan	all sections
Australian Travel Plan	Sections F1, F2 and F4 – F5

You must read Section F together with the 'General exclusions' on page 22, as these may affect your cover.

Section F1 – Luggage and personal effects

When does the cover begin and end?

The cover under this benefit begins when you leave on your trip and ends when you return to your home in Australia or when the period of insurance ends, whichever happens first.

What is covered?

We will cover you for each of the following:

1. Accidental loss, theft of, or damage to, your luggage or personal effects including things you buy during the trip, while they are accompanying you during your trip.
2. Loss of, or damage to, dentures or dental prostheses during your trip.
3. The cost of medical consultation fees you incur to replace prescription medication which is accidentally lost, stolen or damaged, together with the cost of the medication itself.

4. Theft of, or damage to, your luggage or personal effects while they are left in a locked motor vehicle or a motor home during daylight hours and there is forced entry into the vehicle.

We will allow you one automatic reinstatement of the sum insured in the event of a claim.

What is not covered?

There is no cover under Section F1 for any of the following:

1. Accidental loss or damage to or theft of:
 - a) cash, bank or currency notes, cheques or negotiable instruments;
 - b) fragile or brittle items (eg. glass or china), except loss or damage caused by fire, or by accident to the transport carrying them;
 - c) damage to computer screens at any time;
 - d) luggage or personal effects that are being transported independently of you;
 - e) property that you leave unattended or that occurs because you do not take reasonable care to protect it;
 - f) luggage or personal effects for which you are entitled to compensation from the carrier;
 - g) personal computer, communication, photographic, electronic equipment, jewellery or watches left unattended by you in a motor vehicle or a motor home for any length of time, even if they are locked in the motor vehicle or motor home;

- h) luggage or personal effects left unattended by you during non daylight hours in a motor vehicle or a motor home for any length of time;
 - i) luggage or personal effects left unattended by you in a tent or caravan for any length of time;
 - j) personal computer, communication, photographic, electronic equipment, jewellery or watches checked in as luggage;
 - k) trade items, trade samples or your tools of trade or profession;
 - l) gold or precious metals, precious unset or uncut gemstones;
 - m) watercraft of any type (excluding theft of surfboards or damage to surfboards whilst in transit); or
 - n) sporting equipment whilst in use.
2. Wear and tear or depreciation of property or damage by the action of insects or vermin, mildew, rust or corrosion.
 3. Mechanical or electrical breakdown, or malfunction repair costs.

What is the most we will pay?

The most we will pay under this benefit is the amount set out in that section of the 'Table of benefits' on page 12 which relates to the travel plan you have chosen. We will not pay more than the original price you paid for an item, even if the applicable limit set out in the 'Table of benefits' is higher.

We will choose between:

- repairing or replacing your items to a condition no better than their condition at the time of loss, damage or theft; or
- paying you their value in cash, taking into account an allowance for age, wear and tear. The way in which we depreciate is set out in the 'Depreciation' section under 'Making a claim' on page 52.

Section F2 – Emergency luggage

No excess applies to claims under this benefit.

When does the cover begin and end?

The cover under this benefit begins when you leave on your trip and ends when you return to your home in Australia or when the period of insurance ends, whichever happens first.

What is covered?

We will cover you towards the cost of purchasing essential articles such as clothing, toiletries and personal requisites if your accompanied luggage is delayed, misdirected or temporarily misplaced by the carrier for a period in excess of 12 hours during your trip. If your luggage is not recovered, the amount paid by us for the loss under 'Section F1 – Luggage and Personal Effects' on page 41, will be reduced by the total of any amounts paid for under this section.

What is the most we will pay?

The most we will pay under this benefit, is the amount set out in the section in the 'Table of benefits' on page 12 which relates to the travel plan you have chosen.

If after 72 hours your delayed luggage is still missing, the applicable limit for this benefit is doubled.

Section F3 – Stolen cash

No excess applies to claims under this benefit.

When does the cover begin and end?

The cover under this benefit begins when you leave on your trip and ends when you return to your home in Australia or when the period of insurance ends, whichever happens first.

What is covered?

We will cover you for the loss of cash that was either carried on your person at the time of loss or secured in a locked safe, provided that you reported the loss to the police within 12 hours of becoming aware of the loss and obtained a written police report.

What is the most we will pay?

The most we will pay under this benefit is the amount set out in the section in the 'Table of benefits' on page 12 which relates to the travel plan you have chosen.

Section F4 – Hiring replacement golf and surf equipment

No excess applies to claims under this benefit.

When does the cover begin and end?

The cover under this benefit begins when you leave on your trip and ends when you return to your home in Australia or when the period of insurance ends, whichever happens first.

What is covered?

If your golf or surf equipment is accidentally lost, delayed or damaged during your trip we will pay for the cost of hiring replacement golf or surf equipment.

What is the most we will pay?

The most we will pay under this benefit is \$200 Single Policy and \$400 Doubles Policy.

Section F5 – Replacement passports and travel documents

When does the cover begin and end?

The cover under this benefit begins when you leave on your trip and ends when you return to your home in Australia or when the period of insurance ends, whichever happens first.

What is covered?

We will pay for the cost of reissuing or replacing your travel or personal documents, travellers' cheques, passport, or debit or credit cards, after they have been stolen, accidentally lost or damaged during your trip.

We will also cover the reasonable cost of you travelling to the nearest location where the documents can be replaced. You must comply with any conditions of the issuing body of the travel documents, travellers' cheques, passport, or debit or credit cards.

What is the most we will pay?

The most we will pay under this benefit is the amount set out in the section in the 'Table of benefits' on page 12 which relates to the travel plan you have chosen.

Section G – Death expenses, permanent disability and loss of income

No excess applies to claims under this section.

Am I covered under Section G?

Section G is divided into different benefits which apply depending on the travel plan you have chosen. This plan appears on your Certificate of Insurance.

International Travel Plan all sections

Australian Travel Plan Sections G1 – G2

You must read Section G together with the 'General exclusions' on page 22, as these may affect your cover.

Section G1 – Accidental death

When does the cover begin and end?

The cover under this benefit begins when you leave on your trip and ends when you return to your home in Australia or when the period of insurance ends, whichever happens first.

What is covered?

We will pay your Estate, if you are 18 years of age or over at the time the Certificate of Insurance is issued and during your trip:

- you suffer an injury which results in your death within 12 months of the injury being sustained; or
- you disappear because your means of transport disappeared, sank or was wrecked, and your body has still not been found 12 months after your disappearance.

What is not covered?

There is no cover if your death is due to an illness or your suicide.

What is the most we will pay?

The most we will pay per adult is the amount set out in the section in the 'Table of benefits' on page 12 which relates to the travel plan you have chosen. Cover for each accompanying child or children is limited to an additional \$1,000 per child.

Section G2 – Funeral expenses overseas or repatriation of remains

When does the cover begin and end?

The cover under this benefit begins when you leave on your trip and ends when you return to your home in Australia or when the period of insurance ends, whichever happens first.

What is covered?

We will pay for expenses for your burial or cremation overseas on the international travel plan or the transporting of your remains to a funeral home in Australia under the international and Australian travel plans if you die during the trip.

What is the most we will pay?

The most we will pay under this benefit is the amount set out in the section in the 'Table of benefits' on page 12 which relates to the travel plan you have chosen.

Section G3 – Funeral expenses within Australia

When does the cover begin and end?

The cover under this benefit begins when you leave on your trip and ends when you return to your home in Australia or when the period of insurance ends, whichever happens first.

What is covered?

We will pay for funeral expenses incurred within Australia if during your trip you suffer an injury which results in your death.

What is the most we will pay?

The most we will pay under this benefit is the amount set out in the section in the 'Table of benefits' on page 12 which relates to the travel plan you have chosen.

Section G4 – Total permanent disability

When does the cover begin and end?

The cover under this benefit begins when you leave on your trip and ends when you return to your home in Australia or when the period of insurance ends, whichever happens first.

What is covered?

We will cover you if during your trip you suffer an injury and as a result of that injury you suffer total permanent disability within 12 months of sustaining the injury.

What is not covered?

There is no cover if you suffer total permanent disability as a result of illness or disease.

What is the most we will pay?

The most we will pay under this benefit is the amount set out in the section in the 'Table of benefits' on page 12 which relates to the travel plan you have chosen. The amount payable for each person named in the Certificate of Insurance is the applicable limit in the single Policy, not exceeding in total the limit of the doubles Policy.

Section G5 – Loss of income

When does the cover begin and end?

The cover under this benefit begins from the time you leave Australia on your trip and ends 6 months from the first day in respect of which compensation is paid or when you are fit to resume your employment, whichever happens first.

What is covered?

We will cover you if due to an injury you suffer during your trip, and on the advice of your treating doctor, you are unable to return to your usual place of employment in Australia. This benefit is only payable if you are unable to resume your employment within 30 days of the injury. Before we make any payment we will contact Centrelink or similar bodies to confirm any payments that must be deducted from any payment we make.

What is not covered?

We will not pay you in respect of the first 30 days after you originally planned to resume work in Australia.

What is the most we will pay?

The most we will pay under this benefit is up to \$2,000 per person, per month up to a maximum of \$12,000 Single Policy and \$24,000 Doubles Policy.

Section H – Personal liability and legal expenses

Am I covered under Section H?

Section H is divided into different benefits which apply depending on the travel plan you have chosen. This plan appears on your Certificate of Insurance.

International Travel Plan all sections

Australian Travel Plan Section H1

You must read Section H together with the 'General exclusions' on page 22, as these may affect your cover.

Section H1 – Personal liability

When does the cover begin and end?

The cover under this benefit begins when you leave on your trip and ends when you return to your home in Australia or when the period of insurance ends, whichever happens first.

What is covered?

We will pay you for your legal liability to pay damages or compensation because your negligence during the trip causes:

- a) injury to a person who is not a member of your family or travelling party; or
- b) loss or damage to property that is not owned by you or a member of your family or travelling party, or which is not in your or their custody or control.

We will also pay your legal costs in relation to that liability, but only if you get our consent before you take or are involved in any legal action.

What is not covered?

There is no cover for any liability:

- a) arising out of your trade, business or profession; or
- b) for injury to an employee arising out of, or in the course of, their employment by you; or
- c) arising out of your unlawful, wilful or malicious act; or
- d) arising out of your ownership, possession or use (including as a passenger) of a mechanically propelled vehicle, or any aircraft or watercraft, or firearm; or
- e) arising out of you passing on an illness or disease to another person.

What is the most we will pay?

The most we will pay under this benefit is the amount set out in that section of the 'Table of benefits' on page 12 which relates to the travel plan you have chosen. The applicable limit is a combined total for your liability and your costs.

Section H2 – Legal expenses

When does the cover begin and end?

The cover under this benefit begins from the time you leave on your trip and ends when you return to your home in Australia or the period of insurance ends, whichever happens first.

What is covered?

We will cover you for legal costs and expenses incurred in pursuit of compensation and/or damages arising from, or out of:

- a) your personal injury, or
- b) your death

occurring during the trip.

Before we will cover you for any legal costs and expenses under this benefit you or your estate must obtain our express consent in writing and we will have complete control over the selection and appointment of your lawyers and the conduct of the proceedings.

What is not covered?

1. There is no cover for:
 - a) any claims against a travel agent, tour operator, accommodation provider or carrier involved in the arrangement or provision of your travel or accommodation;
 - b) any legal expenses incurred without our written consent;
 - c) any claims reported in excess of 180 days after the commencement of the incident giving rise to such a claim;
 - d) any claim in which we consider that no benefit would be achieved in pursuing such claim; or
 - e) any claim against any insurance company.

What is the most we will pay?

The most we will pay under this benefit is the amount set out in that section of the 'Table of benefits' on page 12 which relates to the travel plan you have chosen.

Section I – Snow sports package

No excess applies to claims under this section.

Am I covered under Section I?

Section I is divided into different benefits which apply depending on the travel plan you have chosen. This plan appears on your Certificate of Insurance.

International Travel Plan all sections

Australian Travel Plan all sections

You must read Section I together with the 'General exclusions' on page 22, as these may affect your cover.

Section I1 – Ski lift passes

When does the cover begin and end?

The cover under this benefit begins when you leave on your trip and ends when you return to your home in Australia or when the period of insurance ends, whichever happens first.

What is covered?

We will cover you for non-refundable, pre-paid ski lift passes or ski equipment hire or tuition fees that cannot be used due to your illness or injury sustained during your trip.

What is the most we will pay?

The most we will pay under this benefit is \$300 Single Policy and \$600 Doubles Policy.

Section I2 – Ski run closure

When does the cover begin and end?

The cover under this benefit begins when you leave on your trip and ends when you return to your home in Australia or when the period of insurance ends, whichever happens first.

What is covered?

We will pay you if you are prevented from skiing at a pre-booked ski resort for more than 24 continuous hours during your trip, because insufficient snow or too much snow causes a total closure of the lift system.

What is not covered?

We will not cover you for claims in respect of ski resorts that do not have skiing facilities at least 1,000 metres above sea level. We will not cover you for claims that arise due to insufficient snow in northern hemisphere ski resorts outside the period 15 December to 31 March, or in southern hemisphere ski resorts outside the period 1 July to 30 September.

What is the most we will pay?

The most we will pay under this benefit is \$100 single Policy or \$200 doubles Policy per day up to a maximum of \$500 Single Policy or \$1,000 Doubles Policy.

Section I3 – Hiring replacement snow ski equipment

When does the cover begin and end?

The cover under this benefit begins when you leave on your trip and ends when you return to your home in Australia or when the period of insurance ends, whichever happens first.

What is covered?

We will pay you the reasonable cost of the hiring replacement equipment if your snow skiing equipment is lost, delayed or damaged during the trip.

What is the most we will pay?

The most we will pay under this benefit is \$200 Single Policy and \$400 Doubles Policy.



Making a claim

You must do everything reasonable to prevent a loss from occurring or, when a loss has occurred, from making the loss worse. In the event of a claim you must:

- a) notify us promptly of a claim and complete a Claim Form;
- b) give us any documents, letters or notices relating to a claim or possible claim, medical certificates, itemised medical accounts, original receipts, rental agreements, repair quotes, ticket and luggage checks or information that we reasonably ask for. This will be at your expense;
- c) forward immediately any letters or documents you receive from anyone else relating to a potential claim;
- d) not make any promise or offer of payment, or admit fault to anyone, or become involved in any litigation in respect of an event that may result in a claim under this policy, without our consent;
- e) in the event of a claim caused by any medical condition, obtain evidence from the treating doctor as soon as you are aware of signs or symptoms of the condition;
- f) in cases of theft, damage or loss, report the matter to the police, transport provider, hotel or other authority within 24 hours and obtain a copy of that report; and

- g) report any loss or damage to your accompanying luggage in writing to the carrier within 3 days and send to us a property irregularity report, along with details of any settlement that they make in relation to the loss or damage.

We may, at our expense, take proceedings in your name to recover compensation or enforce an indemnity against someone else in respect of a loss covered by this insurance in accordance with the law.

We may refuse to pay a claim under this Policy if you do not comply with any condition of this Policy.

We will not pay a claim if your claim is fraudulent.

If anyone else is legally responsible for your illness, injury or death we may seek compensation from them to recover any costs we have paid or seek reimbursement from you if you receive any payment from any other source for these expenses.

Proof of loss

If you make a claim under your Policy we will ask you for evidence of the circumstances which gave rise to the claim and proof that you have suffered a loss. If you are claiming for loss of, or damage to any item we will ask you to provide:

- proof that you owned the item; and
- proof of its value and age.

Therefore you should keep all relevant receipts, accounts, valuations and police or medical reports. We will not pay any claim when the only proof of ownership is:

- a photograph; or
- a photocopy of any documentation; or
- a statutory declaration; or
- a copy of the user's manual downloaded from the internet.

If you cannot provide the evidence or proof that we ask for we may not pay you.

Paying the claim

1. An excess may apply to a claim you make under this Policy. Where applicable we will deduct the excess from any payment we make to you. This excess will be reimbursed to you if we successfully recover an amount exceeding the amount of the excess.
2. Claims will be paid to you or your personal representative in Australian dollars on the basis of the exchange rate that applied at the time of the event that gave rise to the claim. We will not pay more than your actual loss.
3. You must tell us if you are entitled to claim an input tax credit at the time of making the claim. If you do not provide us with this information we may deduct up to 1/11th of the amount otherwise payable in settlement of your claim.

4. If we agree to pay a claim under your Policy, this policy covers GST inclusive costs (up to the relevant travel plan limit). However, we will reduce any claim payment by any input tax credit you are or would be entitled to for the repair or replacement of insured property or for other things covered by the Policy.
5. At the time you make a claim you must tell us if your entitlement to an input tax credit disclosed to us:
 - a) is incorrect; or
 - b) changes from what you have told us, when you extend or vary your Policy.

Depreciation

The nominated depreciation rate will apply to each year of age up to a maximum of 80% of the original purchase price of that item.

- 10% Camping, sporting and leisure equipment (not leisure clothing), and musical instruments.
- 15% Clothing, footwear, personal effects, luggage, prescription glasses, sunglasses, costume jewellery and books.
- 20% Personal and or laptop computers, communication, photographic or electronic equipment, iPods, mobile phones, CDs and DVDs.
- 50% Toiletries including skin care, makeup, perfume, medication.

Items not listed above will also be subject to depreciation at our discretion.

Obtaining a Claim Form

You can notify us of a claim 24 hours a day, 7 days a week from overseas or when you return home to Australia.

Upon request original supporting documentation and completed Claim Forms should be sent to:

ANZ Travel Claims

PO Box 12090
Melbourne VIC 8006

Claims Enquiries

Call the ANZ Insurance Centre on 13 16 14

Email

travel.claims@qbe.com

Claims service standard

Our claims service standard is to settle your claims within 10 working days upon the receipt of a completed Claim Form and all necessary supporting information. If more information is required we will contact you within 10 working days.



The cost of this insurance

What you have to pay

When calculating the cost of your Policy, we take a range of factors into account, including:

- the length of your trip
- the travel plan selected
- whether it is a Single or Doubles Policy
- any additional amounts determined by us to cover an existing medical condition.

The premium payable by you for the travel plan selected and cover for approved existing medical condition, will be shown on your Certificate of Insurance, including compulsory government charges (including Stamp Duty and GST where applicable). This Policy is only valid when you pay the premium and we issue a Certificate of Insurance to you.



Matters you need to know about

Amendment of travel details

If you wish to change your personal details or travel dates after your Certificate of Insurance has been issued, please contact the ANZ Insurance Centre on 13 16 14. We will either amend the Policy over the telephone or in certain circumstances we may ask you to complete and submit to us a Policy Amendment Form which needs to be assessed and approved prior to any amendment to your Policy. Also refer to section headed 'When does the cover begin and end?' in the Policy wording.

Confirming transactions

A Certificate of Insurance must be issued once you have completed your application and paid the appropriate amount. If you want to confirm a transaction, for example whether the Certificate of Insurance has been issued, please contact the ANZ Insurance Centre on 13 16 14.

Customer complaints

How to resolve a complaint or dispute

Call us

If you have a complaint, the first thing you should do is speak to the ANZ Insurance Centre on 13 16 14, weekdays from 8am to 8pm (Sydney time). If the ANZ Insurance Centre or the claims officer are unable to resolve the matter for you, you can speak to a manager. If you are not satisfied with the decision, you can seek a review.

If your complaint relates specifically to a claim, you should speak with the claims officer managing your claim.

Seek a review

If the matter is not resolved after speaking with a manager, your complaint will be referred to an internal dispute resolution team who will conduct a review of your dispute. We will advise you of the results of your review within 15 working days of your request. If you are still not satisfied with the decision, you can seek an external review.

Seek an external review

If you are dissatisfied with our decision or the way we handled your complaint, you can seek an external review of the decision. The dispute resolution area will provide you with information about the options available to you, such as referring you to the external dispute resolution scheme administered by the Financial Ombudsman Service, the details for which are:

Address GPO Box 3
Melbourne Victoria 3001

Phone 1300 780 808

Email info@fos.org.au

Website www.fos.org.au

For further information about the complaint or dispute resolution procedures, please contact us on 13 16 14, weekdays from 8am to 8pm (Sydney time).

Our commitment to you

The General Insurance Code of Practice

We support the General Insurance Code of Practice. The Code aims to:

- promote more informed relations between insurers and their customers
- improve consumer confidence in the general insurance industry
- provide better mechanisms for the resolution of complaints and disputes between insurers and their customers
- commit insurers and the professionals they rely upon to higher standards of customer service.

You can get a copy of the Code from the Insurance Council of Australia website, www.insurancecouncil.com.au

Cooling off period

If, having purchased the Policy, you want to return it, you can do so within 21 days of receiving the Certificate of Insurance and obtain a full refund, provided no right or power has been exercised under it by you (e.g. no claim has been made) and your trip has not commenced. A refund of the premium will be made within 15 days of you cancelling your Policy. The cooling off period does not apply to Policy or trip extensions.

Privacy Statement

OnePath General Insurance

In this section 'we', 'us' and 'our' refers to OnePath General Insurance and other members of the ANZ Group. We are committed to ensuring the confidentiality, security and privacy of your personal information.

We collect your personal information to provide you with the products and services you request. Without your personal information, we may not be able to process your application or provide you with the products or services you require.

In order to manage and administer the products and services requested by you, we may need to disclose your personal information to certain third parties, including:

- other members within the ANZ Group, to the extent necessary to service our relationship with you and carry on business as a group
- organisations performing administration or compliance functions in relation to the products and services
- organisations maintaining our information technology systems
- authorised financial institutions
- organisations providing services such as mailing, printing or data verification
- a person who acts on your behalf (such as your financial adviser or your agent)
- the policy owner (where you are a life insured who is not the policy owner)

- our solicitors, valuers and insurers
- lenders who provide lending facilities to you

For life risk products we collect health information with your consent. Your health information will only be disclosed to service providers or organisations providing medical or other services for the purpose of underwriting, assessing the application or assessing any claim.

We may also disclose your personal information in circumstances where we are required to do so by law.

We may send you information about our financial products and services from time to time. You may elect not to receive such information at any time by contacting Customer Services on 1800 500 229.

You may access the personal information OnePath hold about you, subject to permitted exceptions and subject to OnePath still holding that information, by contacting OnePath at:

Privacy Officer

OnePath
 GPO Box 75
 Sydney NSW 2001
 Phone 02 9234 8111
 Fax 02 9234 8095
 Email privacy@onepath.com.au

If any of your personal information is incorrect or has changed, please let OnePath know by contacting Customer Services.

More information can be found in OnePath's Privacy Policy which can be obtained from its website at onepath.com.au/privacy-policy.

QBE

The Privacy Act 1988 contains National Privacy Principles which requires us to tell you to provide us with certain personal information. We are committed to safeguarding this information in accordance with the Privacy Act 1988. We need to collect, use and disclose your personal information in order to consider your application, to provide the cover you have chosen and to handle any claims. You can choose not to give us some or all of your personal information, but this may affect our ability to provide you with cover.

We, or our authorised agent(s), may disclose your personal information to:

- any person authorised by you
- a mail house (for the purpose of printing and/or delivery of your mail or processing mail you have sent us)
- an organisation who provides you with banking facilities (for the purpose of confirming the reasons for payment made by you to us)
- an insurance agent who is arranging your insurance (for the purpose of confirming your personal and insurance details)
- another person named as a co-insured on your Policy (for the purpose of confirming if full disclosure has been made to us)
- another insurer (to assess insurance risks or to assist with an investigation) or to another insurer or re-insurer who may be located overseas (for the purpose of seeking recovery from them)
- a records management company (for the purpose of recording or storing our records which may contain your personal information)

- an external dispute resolution organisation (for the purpose of resolving a dispute between us or between ourselves and a third party)
- a market research company (for the purposes of conducting marketing research on our behalf)
- our related entities so that they can also offer you products and services.

In addition to the above, in the event of a claim we or our authorised agent(s) may disclose your personal information to:

- a repairer or supplier (for the purpose of repairing or replacing your insured items)
- an assessor or investigator (for the purpose of assessing your claim)
- a lawyer or a recovery agent (for the purpose of defending an action by a third party against you or for recovering our costs including your excess or seeking a legal opinion regarding the acceptance of a claim)
- an insurance reference bureau (for the purpose of recording any claims you make on your Policy)
- a witness to a claim (for the purpose of obtaining a witness statement)

Personal information may also be obtained about you from the above people or organisations.

In addition we will:

- give you an opportunity to obtain access to your personal information and when necessary, correct any errors to this information. Generally we will do this without restriction or charge
- provide our dispute resolution procedures to you in respect of any complaint you may have regarding your personal information.

For further information about our Privacy Policy or to access or correct your personal information, please contact

The Compliance Manager,
QBE Insurance (Australia) Limited,
GPO Box 82,
Sydney NSW 2001.
Email compliance.manager@qbe.com

Updating our PDS

The information contained in this PDS may change from time to time. Updated information will be available free of charge from www.anz.com or by contacting the ANZ Insurance Centre on 13 16 14. We will issue a supplementary or replacement PDS if there is a materially adverse change to or omission from information in this PDS.

Financial Claims Scheme

This policy is a protected policy under the Financial Claims Scheme (FCS), which protects certain insureds and claimants in the event of an insurer becoming insolvent. In the unlikely event of QBE or OnePath General Insurance becoming insolvent you may be entitled to access the FCS, provided you meet the eligibility criteria.

More information may be obtained from APRA – www.apra.gov.au or 1300 13 10 60.

Your responsibilities to us

Your duty of disclosure

Before you enter into an insurance contract with an insurer, the Insurance Contracts Act 1984 requires you to disclose to the insurer information to enable them to decide whether and on what terms your proposal for insurance is acceptable and to calculate how much premium is required for your insurance.

New business

What you need to tell us

You will be asked certain questions when you first apply for a Policy. When answering these questions, you must be honest and you have a duty under law to tell us anything:

- known to you, and
- which a reasonable person in the circumstances would include in answer to the questions.

We will use the answers in deciding whether to insure you and anyone else to be insured under the policy, and on what terms.

Who needs to tell us

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

If you do not tell us

If you do not answer our questions in this way, we may reduce or refuse to pay a claim, or cancel the policy. If you answer our questions fraudulently, we may refuse to pay a claim and treat the policy as never having worked.

Extension or variation

When you extend or vary the policy, you have a duty, under the Insurance Contracts Act 1984, to disclose to us every matter that you know, or could reasonably be expected to know, is relevant to our decision whether to insure you and, if so, on what terms.

Your duty however does not require disclosure about any matter:

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

Non-disclosure

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

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

Other conditions when you are insured with us

In addition to your duty of disclosure, there are other conditions that you must meet when you are insured with us. It is important to advise us of any changes in the details of the information you have given us, otherwise your insurance may be affected.

You must advise us if:

- any people who are insured under the Policy have:
 - been convicted or been found guilty of any criminal offence
 - made a claim that is false under this Policy or another insurance Policy
- there are any changes in circumstances during the period of insurance.

If you tell us about any of these things, we may charge an additional premium, change the cover of your Policy, or cancel your Policy as allowed by law.

In addition, you must also:

- be honest in any statement you make in connection with your Policy
- pay your premium
- take reasonable precautions to avoid a claim being made
- obey all laws and make sure anyone acting on your behalf obeys all laws
- comply with the conditions of this Policy
- not make a fraudulent claim under this Policy or any other Policy.

Sanctions

You agree we may delay, block or refuse to process any transaction without incurring any liability if we suspect that:

- the transaction may breach any law in Australia or any other country
- the transaction may directly or indirectly involve the proceeds of, or be applied for the purposes of unlawful conduct.

Glossary

Applicable limit(s): The sum insured specified in the Table of benefits or Policy wording for the travel plan selected as shown on the Certificate of Insurance.

Carrier(s): The scheduled airline, vessel, train, or motor coach transport in which you are to travel to or from your intended destination.

Certificate of Insurance: Your Certificate of Insurance is a document outlining the details of your insurance cover. Alternatively, your Certificate of Insurance may also be called a Schedule.

Child or children: Children, who are related to you, under 21 years of age at the time the Certificate of Insurance is to be issued and who are financially dependant on you.

Doubles: You and your travel partner named in the Certificate of Insurance and accompanying dependant child or children.

Electronic equipment: Any equipment that operates using batteries or electricity including iPods, MP3 players, satellite navigation units and electronic games.

Existing medical condition(s):

a) any chronic or ongoing (whether chronic or otherwise) medical or dental condition, illness or disease of which you were aware or should reasonably have been aware, and which is medically documented or under investigation prior to the issue of the Certificate of Insurance; or

b) any physical, mental illness or medical condition (including pregnancy), defect, illness or disease of which you were aware or should reasonably have been aware, and for which treatment, medication, preventative medication, advice, preventative advice or investigation have been received or prescribed by a medical or dental adviser in the 60 days prior to the issue of the Certificate of Insurance.

Note:

- Where any condition is the subject of an investigation, that condition falls within this definition, regardless of whether or not a diagnosis of the condition has been made.
- This definition applies to you, your travelling party, your relative(s), your business colleague, or any other person you have a relationship with whose state of health could impact on your travel plans.

Endorsement: A document that includes any information from the existing Schedule that has not changed or varied, and confirms any alteration to coverage, and terms and conditions of your Policy.

Financial default: The insolvency, bankruptcy, provisional liquidation, financial collapse, appointment of receivers or any other form of insolvency administration of any person, company, or organisation.

Home in Australia: Your usual residential address in Australia or an Australian hospital if we repatriate you.

Injury: A bodily injury that is caused solely and directly by external and visible means as a result of an accident and which does not result from an illness or disease.

Mental illness: A condition characterised by the presence of symptoms such as delusions, hallucinations, disorder of thought form, disturbance of mood, or sustained or repeated irrational behaviour, which impairs, either temporarily or permanently, the mental functioning of a person.

Period of insurance: The period of cover specified in the Certificate of Insurance.

Personal computer: Laptops, personal digital assistants including a blackberry and other hand-held wireless devices and notebooks.

Policy: The contract between you and us which provides you with insurance cover in exchange for a premium. Your Policy is made up of these documents:

- this combined Product Disclosure Statement (PDS) and Policy document and any Supplementary PDS;
- your current Schedule (Certificate of Insurance); and
- any written endorsements.

Premium: The total amount payable for the insurance. It includes commission, stamp duty and GST if applicable.

Professional sporting activity: An activity for which you receive financial reward, or benefits from participating in that sporting activity, regardless of whether or not you are a professional sportsperson.

Relative(s): A relative of yours, or of a member of the travelling party, who is resident in Australia or New Zealand. It means a spouse, defacto partner, parent, parent in-law, daughter, son, daughter-in-law, son-in-law, brother, sister, brother-in-law, sister-in-law, grandchildren, grandparent, stepparent, stepchildren, fiancé or fiancée, or guardian.

Rental vehicle: Any car, campervan, motorcycle or boat you rent from a licenced rental vehicle company and have a signed contract with that company.

Repatriate(d) or repatriation: Travel arrangements made by us for your return to your home in Australia or where we consider to be the nearest suitable alternative.

Resident of Australia: Someone who currently resides in Australia and is eligible for an Australian Medicare Card.

Schedule: Your current Schedule is a document outlining the details of your insurance cover. Alternatively, your Schedule may also be called a Certificate of Insurance.

Scheduled public transport: A public transport system that runs to a timetable.

Single: A single person travelling alone or accompanied by a dependant child or children.

Snow sports: Skiing, snow boarding and ski biking.

Terrorist act: An act or threat of force or violence by any person acting alone or in association with an organisation or foreign government, where the purpose, by its nature or context, is to put the public or a section of the public in fear, to resist or influence a government or, to further an ideological, religious, ethnic or similar act.

Total permanent disability: You have lost any part of your arm between the shoulder and wrist or any part of your leg between the hip and ankle or use of the above, or lost sight in one or both eyes for at least 12 months and after consultation with an appropriate medical specialist and, in our opinion, that loss will continue indefinitely.

Travelling party: You and any travelling companion who has made arrangements to accompany you for at least 50% of the trip.

Trip(s): The period of travel stated in the Certificate of Insurance. The period begins on the date of departure, as stated in the Certificate of Insurance, from your home in Australia and ends when you return to your home in Australia or when the period of the trip set out in the Certificate of Insurance ends, whichever happens first. The period of travel cannot be altered without our consent.

Unattended: Leaving your luggage either with a person you have not previously met, or, in a public place where it can be taken without your knowledge or at a distance from which you cannot prevent it from being taken.

We, our(s), us: QBE Insurance (Australia) Limited ABN 78 003 191 035, AFSL 239545 for 50% Co-Insurance Share and OnePath General Insurance Pty Limited (OnePath General Insurance) ABN 56 072 892 365, AFSL 288160 for 50% Co-Insurance Share.

You, your, yours, yourself: The person or persons listed as adults in the Certificate of Insurance and their accompanying child or children.

Find out more and take out cover today



Visit your local ANZ Branch



Call 13 16 14 weekdays 8am to 8pm (Sydney time)



Visit anz.com

For 24 hour claims service



Call 13 16 14

Co-Insurers

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and

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