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(+61 7 3305 7499 (from overseas)

24 Hour Emergency Assistance

1800 010 075 (within Australia)
(+61 7 3305 7499 (from overseas)
(+) represents the dialling-out code from countries
outside of Australia

1Cover

1Cover Pty Ltd is an authorised
representative of Allianz Global Assistance

Allianz Global Assistance

This insurance is issued and managed
by AGA Assistance Australia Pty Ltd,
trading as Allianz Global Assistance

Allianz

This insurance is underwritten by
Allianz Australia Insurance Limited

AR No. 269304
ABN 91 105 954 265

AFS Licence No. 245631
ABN 52 097 227 177
PO Box 162,
Toowong QLD 4066

AFS Licence No. 234708
ABN 15 000 122 850
2 Market Street,
Sydney NSW 2000

Allianz 

Global Assistance

1 *Cover* **Travel
Insurance**



1 *Cover* **Travel
Insurance**

Level 11, 307 Pitt Street, Sydney 2000

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

Travel Insurance
Effective Date 15 November 2013

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Financial Services Guide

This Financial Services Guide (FSG) has been designed to help you make an informed decision about the financial services that 1Cover and Allianz Global Assistance can provide to you. It also contains information about how they and others are remunerated for providing these financial services and how your complaints are dealt with.

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

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

ABOUT ALLIANZ GLOBAL ASSISTANCE

Allianz Global Assistance (a trading name of AGA Assistance Australia Pty Ltd ABN 52 097 227 177, AFS Licence No. 245631) of 74 High Street, Toowong, Queensland 4066, Telephone 1800 119 862, is an Australian Financial Services Licensee authorised to deal in and provide general advice on general insurance products. Allianz Global Assistance has been authorised by the insurer, Allianz Australia Insurance Limited (Allianz) ABN 15 000 122 850, AFS Licence No. 234708 of 2 Market Street, Sydney, New South Wales 2000, Telephone 13 26 64, to act on its behalf to deal in and provide general advice and handle and settle claims in relation to travel insurance products underwritten by Allianz.

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

ABOUT 1COVER

1Cover Pty Ltd (1Cover) ABN 91 105 954 265, AR No. 269304 of Level 11, 307 Pitt Street, Sydney, New South Wales 2000, is an authorised representative of Allianz Global Assistance.

1Cover is authorised by Allianz Global Assistance to deal in and provide general advice on travel insurance products underwritten by Allianz. 1Cover acts for Allianz Global Assistance and does not act on your behalf.

The distribution of this FSG by 1Cover has been authorised by Allianz Global Assistance.

PROFESSIONAL INDEMNITY INSURANCE ARRANGEMENTS

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

REMUNERATION

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

1Cover receives a commission (inclusive of GST) which is calculated as a percentage of the premium you pay for a travel insurance policy issued to you. It is only paid if you buy a policy. 1Cover is paid a marketing contribution calculated as a percentage of gross written premium subject to meeting agreed sales targets. Employees and representatives of 1Cover receive an annual salary. 1Cover may also pay other persons who refer their customers to them a commission which is a percentage of the commission paid to 1Cover or an agreed fee. This is only paid if you buy a policy.

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

The above remuneration is included in the premium you pay.

If you would like more information about the remuneration that 1Cover, employees and representatives of 1Cover or Allianz Global Assistance receives, please ask them. This request should be made within a reasonable time after this FSG is provided to you and before the financial services are provided to you.

IF YOU HAVE A COMPLAINT

Should you have a complaint or dispute arising out of this insurance, or our employees, authorised representatives or service providers, please call Allianz Global Assistance on 1300 726 945 or put the complaint in writing and send it to PO Box 162, Toowong, Queensland 4066.

A dispute may also be referred to the Financial Ombudsman Service Limited (FOS), which is an independent external dispute resolution body. For more information or to access the FOS process please call 1300 780 808. Alternatively you can write to the FOS at GPO Box 3, Melbourne Victoria 3001. Access to the FOS is free.

PRIVACY STATEMENT

Allianz Global Assistance and 1Cover are committed to ensuring the privacy and security of your personal information. They adhere to the privacy terms set out in "Important Matters" in the PDS.

HOW TO CONTACT US

You can contact 1Cover or Allianz Global Assistance or provide them with instructions using the contact details outlined in this FSG. Please retain this document in a safe place for your future reference.

DATE PREPARED

This FSG was prepared on 9 October 2013.

PART 2 - Product Disclosure Statement

About this Product Disclosure Statement

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

This PDS sets out the cover available and the terms and conditions which apply. Please note that any recommendations or opinions in this document are of a general nature only and do not take into account your objectives, financial situation or needs.

If we are unable to offer you the cover you seek, it will be because the particular product offered is not designed to cover a particular risk or risks including, but not limited to, some geographical regions, some Pre-existing Medical Conditions or some ages.

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

ABOUT THE AVAILABLE COVERS

You can choose one of these 8 Plans:

Plan A - Comprehensive
(includes Sections* 1 to 22)

Plan B - Essentials
(includes Sections* 1, 2, 11, 12, 14 & 19)

Plan C - Basics
(includes Sections* 1, 2 & 19)

Plan D - Domestic
(includes Sections 3, 4, 5, 8, 14, 16, 17, 19 & 22)

Plan E - Frequent Traveller (International)
(includes Sections* 1 to 22)

Plan F - Frequent Traveller (Domestic)
(includes Sections 3, 4, 5, 8, 14, 16, 17, 19 & 22)

Plan G - Non-Residents (Incoming)
(includes Sections 1, 2, 3, 4, 5, 7, 8, 14, 16, 19 & 22)

Plan H - Residents (Incoming)# (includes Sections 1 to 22)

** you will not have cover under certain Sections while travelling in Australia - see "Geographical Regions" pages 15 to 17 for details.*

this Plan does not provide any cover in Australia

UNDERSTANDING YOUR POLICY AND ITS IMPORTANT TERMS AND CONDITIONS

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

- **"How to Purchase this Policy"** (pages 11 to 17) - this contains important information on who can purchase the policy, age limits and the choice of Plans and cover types available to you;
- The benefit limits provided under each Plan in the **"Table of Benefits"** pages 19 to 26, when *We will pay* a claim under each Section applicable to the cover you choose (**"Your Policy Cover"** pages 51 to 79), any endorsements under **"Additional Options"** page 18 and **"Pre-existing Medical Conditions"** pages 29 to 39 (remember, certain words have special meanings – see **"Words with Special Meanings"** pages 48 to 51);

- **"Important Matters"** (pages 40 to 47) - this contains important information on applicable Excesses, the period of cover and extensions of cover, the cooling-off period, your Duty of Disclosure (including how the Duty applies to you and what happens if you breach the Duty), our privacy notice and dispute resolution process, the Financial Claims Scheme, when you can choose your own doctor, when you should contact Allianz Global Assistance concerning 24 hour medical assistance, overseas hospitalisation or medical evacuation, and more;
- When *We will not pay* a claim under each Section applicable to the cover you choose (**"Your Policy Cover"** pages 51 to 79) and **"General Exclusions Applicable to all Sections"** pages 79 to 83 (which provides details of the general exclusions that apply to all covers and benefits); and
- **"Claims"** (pages 83 to 86) - this sets out important information about how we will pay claims. It also sets out certain obligations that you and we have. If you do not meet them we may refuse to pay a claim.

APPLYING FOR COVER

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

This PDS sets out the cover we are able to provide you with. You need to decide if the benefit limits, type and level of cover are appropriate for you and will cover your potential loss.

If you have any queries, want further information about the policy or want to confirm a transaction, please use the contact details on the back cover of this PDS.

ABOUT YOUR PREMIUM

You will be told the premium payable for the policy when you apply. It is based on a number of factors such as your destination(s), length of Journey, number of persons covered, your age, Pre-existing Medical Conditions, the Plan and any Additional Options selected. The higher the risk, the higher the premium is.

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

COOLING-OFF PERIOD

Even after you have purchased your policy, you have cooling-off rights (see page 41 of **"Important Matters"** for details).

WHO IS YOUR INSURER?

This policy is underwritten by Allianz Australia Insurance Limited (Allianz) ABN 15 000 122 850 AFS Licence No. 234708.

WHO IS ALLIANZ GLOBAL ASSISTANCE?

Allianz Global Assistance is a trading name of AGA Assistance Australia Pty Ltd. Allianz Global Assistance has been authorised by Allianz to enter into and arrange the policy and deal with and settle any claims under it, as the agent of Allianz, not as your agent.

Allianz Global Assistance acts under a binder which means that it can do these things as if it were the insurer. It administers all emergency assistance services and benefits of this insurance. You may contact Allianz Global Assistance in an emergency 24 hours a day, 7 days a week.

UPDATING THE PDS

We may need to update this PDS from time to time if certain changes occur where required and permitted by law. We will issue you with a new PDS or a supplementary PDS to update the relevant information except in limited cases. Where the information is not something that would be materially adverse from the point of view of a reasonable person considering whether to buy this product, Allianz Global Assistance may issue you with notice of this updated information (you can get a paper copy free of charge by calling 1Cover).

PREPARATION DATE

The preparation date of this PDS is 9 October 2013.

Summary of Benefits

This is only a summary of the benefits. Please read this PDS carefully for complete details of what *We will pay* and what *We will not pay*, and which of the Sections are provided under each plan (see pages 51 to 79). Importantly, please note that exclusions do apply, as well as limits to the cover.

SECTION 1 Overseas Emergency Medical Assistance (pg. 51 to 53)
Cover for emergency medical assistance while you are Overseas, including:

- 24 Hour emergency medical assistance – ambulance
- medical evacuations – funeral arrangements
- messages to family – Hospital guarantees.

SECTION 2 Overseas Emergency Medical & Hospital Expenses (pg. 53 & 54)
Cover for Overseas medical treatment if you are Injured or become Sick Overseas, including:

- medical – Hospital – surgical – nursing
- Emergency dental treatment for the relief of sudden and acute pain to sound and natural teeth.

SECTION 3 Additional Accommodation & Travel Expenses (pg. 54 to 56)
Cover for additional travel and accommodation expenses if you cannot travel because of an Injury or Sickness.

SECTION 4 Family Emergency (pg. 56 & 57)
Cover for additional travel expenses if your Travelling Companion, or a Relative of either of yours, dies unexpectedly, is disabled by an Injury or requires hospitalisation.

SECTION 5 Emergency Companion Cover (pg. 57 & 58)
Cover for additional travel and accommodation expenses if your Travelling Companion cannot continue their Journey because of an Injury or Sickness.

SECTION 6 Resumption of Journey (pg. 58 to 60)
Cover for the cost of airfares for you to resume your Journey if you return Home because of the unexpected death or hospitalisation of a Relative of yours.

SECTION 7 Hospital Cash Allowance (pg. 60)
An allowance of \$50 per day if you are hospitalised for more than 48 continuous hours while Overseas.

SECTION 8 Accidental Death (pg. 61)
A death benefit is payable if you die because of an Injury sustained during your Journey within 12 months of that Injury.

SECTION 9 Permanent Disability (pg. 61 & 62)
A permanent disability benefit is payable for total loss of sight in one or both eyes or loss of use of a hand or foot (for at least 12 months, and which will continue indefinitely) within 12 months of, and because of, an Injury you sustained during your Journey.

SECTION 10 Loss of Income (pg. 62 & 63)

A weekly loss of income benefit is payable if you become disabled within 30 days of an Injury you sustained during your Journey, and you are still unable to work more than 30 days after returning to Australia.

SECTION 11 Credit Card Fraud & Replacement (pg. 63 & 64)

Cover for the replacement cost of your credit cards lost or stolen from you during your Journey, and loss resulting from fraudulent use.

SECTION 12 Travellers Cheques & Travel Documents

(pg. 64 & 65)

Cover for the replacement cost of your travel documents including passports, travel documents or travellers cheques lost or stolen from you during your Journey.

SECTION 13 Theft Of Cash, Bank Notes, Currency Notes, Postal Orders or Money Orders (pg. 65 & 66)

Cover for the following items stolen from your person:

- bank notes – cash – currency notes
- postal orders – money orders.

SECTION 14 Luggage & Personal Effects (pg. 66 to 70)

Cover for replacing Luggage and Personal Effects stolen or reimbursing repair cost for accidentally damaged items, including:

- luggage – spectacles – personal effects
- personal computers – cameras.

SECTION 15 Luggage & Personal Effects Delay Expenses (pg. 70 & 71)

Cover to purchase essential items of clothing and other personal items following Luggage and Personal Effects being delayed, misdirected or misplaced by your Carrier for more than 12 hours.

SECTION 16 Cancellation Fees & Lost Deposits (pg. 71 to 73)

Cover for cancellation fees and lost deposits for pre-paid travel arrangements due to unforeseen circumstances neither expected nor intended by you and which are outside your control, such as:

- Sickness – Injuries – strikes – collisions
- retrenchment – natural disasters.

SECTION 17 Disruption of Journey (pg. 73 & 74)

Cover for additional meals and accommodation expenses, after an initial 6 hour delay, if your Journey is disrupted due to circumstances beyond your control.

SECTION 18 Alternative Transport Expenses (pg. 74 & 75)

Cover for additional travel expenses following transport delays to reach events such as:

- a wedding – funeral – conference – sporting event
- pre-paid travel/tour arrangements.

SECTION 19 Personal Liability (pg. 75 & 76)

Cover for legal liability including legal expenses for bodily injuries or damage to property of other persons as a result of a claim made against you.

SECTION 20 Domestic Pets (pg. 77)

Cover for additional boarding kennel or cattery fees resulting from your delayed return Home. Also veterinary fees if your pet is Injured while you are away.

SECTION 21 Domestic Services (pg. 77 & 78)

Cover for house keeping services following Injury/disablement continuing upon your return Home.

SECTION 22 Rental Vehicle Excess (pg. 78 & 79)

Cover for the excess payable on your Rental Vehicle's motor vehicle insurance resulting from the Rental Vehicle being:

- stolen – crashed – damaged

and/or
cost of returning the Rental Vehicle due to you being unfit to do so.

How to purchase this Policy

Step 1	Refer to "Who can purchase this policy?"	pages 12 to 14
Step 2	Refer to "Age Limits"	page 14
Step 3	Read the "Pre-existing Medical Conditions" section	pages 29 to 39
Step 4	Nominate the Geographical Region for your Journey (Plans A, B, C, E & H only)	pages 15 to 17
Step 5	Nominate the duration of your Journey	---
Step 6	Select your Plan (A, B, C, D, E, F, G or H)	pages 19 to 26
Step 7	Select the cover type (Single, Group or Family)	---
Step 8	Select any "Additional Options" you would like to include	page 18
Step 9	Contact 1Cover for your premium and to apply to purchase a policy	back cover

WHO CAN PURCHASE THIS POLICY?

PLANS A, B, C, D, E & F

Cover is only available if:

- you are a Resident of Australia; and
- you purchase your policy before you commence your Journey; and
- your Journey commences and ends in Australia.

PLAN G

Cover is only available if you:

- are not a Resident of Australia; and
- are travelling to Australia on a temporary basis; and
- purchase your policy within 14 days of your arrival in Australia[#]; and
- are not entitled to - or will not during the period of cover be entitled to - receive Medicare benefits.

[#] Refer "Policies purchased after arrival in Australia" (PLAN G) for conditions of cover

Cover is not available for:

- persons who are entitled to be covered under a Reciprocal Health Agreement between the government of Australia and the government of another country

Policies purchased after arrival in Australia (Plan G)

You can purchase your policy once you arrive in Australia, subject to the following conditions:

- you must purchase your policy within 14 days of your arrival in Australia; and
- cover commences from the time the policy is issued (refer "Period of Cover" page 40); and
- a waiting period of 7 days from the Start Date noted on your Certificate of Insurance applies to all claims arising from, related to or associated with any Injury or Sickness, regardless of the Section that applies to the claim. This means that you will not be covered for medical expenses, cancellation or Journey disruption costs, additional expenses, emergency companion

cover or hospital cash allowance arising from, related to or associated with any Injury or Sickness which occurs within this waiting period; and

- you cannot apply for or purchase cover for certain Pre-existing Medical Conditions. *Refer to page 30 for details of the Pre-existing Medical Conditions covered under Plan G;* and
- where the word “Journey” appears in this PDS, its definition under “**Words with Special Meanings**” (page 49) is to be substituted as follows:
“Journey” means from the time your policy is issued, and ends when you arrive at any immigration counter for departure from Australia to return to your Country of Residence.

Please refer to pages 28 & 29 for details of the variations to this PDS for Plan G.

If at any time after the policy is issued, your entitlement to Medicare benefits or your visa status has changed (e.g. you have been granted permanent residency), you may no longer be eligible

to buy this insurance or entitled to cover under it. You must notify 1Cover immediately if this is the case. When you apply they will tell you if you are eligible for this insurance or not.

PLAN H

Cover is only available if:

- you are a Resident of Australia
- you purchase your policy while you are Overseas
- your one-way Journey commences Overseas and ends in Australia

Policies purchased after leaving Australia (Plan H)

You can purchase your policy after you leave Australia, subject to the following conditions:

- cover commences from the time the policy is issued (refer “**Period of Cover**” page 41); and
- a waiting period of 7 days from the Start Date noted on your Certificate of Insurance applies to all claims arising from, related to or associated with any Injury or Sickness, regardless of the Section that applies to the claim. This means that you will

not be covered for medical expenses, cancellation or Journey disruption costs, additional expenses, emergency companion cover or hospital cash allowance arising from, related to or associated with any Injury or Sickness which occurs within this waiting period; and

- you cannot apply for or purchase cover for certain Pre-existing Medical Conditions. *Refer to page 30 for details of the Pre-existing Medical Conditions covered under Plan H;* and
- where the word “Journey” appears in this PDS, its definition under “**Words with Special Meanings**” (page 49) is to be substituted as follows:
“Journey” means the time from when the policy is issued while you are Overseas and ends when you arrive at any immigration counter in Australia.

AGE LIMITS

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

PLANS A, B, C, D, G & H

Available to travellers aged 16 to 69 years (includes cover for any accompanying Dependants where a Single or Family cover has been chosen). *Refer to page 48 for the definition of “Dependant”.*

PLANS E & F

Available to travellers aged 16 to 59 years (includes cover for any accompanying Dependants where a Single or Family cover has been chosen). *Refer to page 48 for the definition of “Dependant”.*

YOUR CHOICES

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

Whether you choose:

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

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

Cover Types

You can choose one of the following cover types:

Single- Covers you and your Dependants travelling with you.

Group- Covers you and your Travelling Companion/s. Group cover does not provide cover for Dependants. We issue one Certificate of Insurance, however, you are covered as if you are each insured under separate policies with Single benefit limits per insured person. *This option is not available under Plan E (Frequent Traveller - International) or Plan F (Frequent Traveller - Domestic).*

Family- Covers you and the members of your Family travelling with you. The benefit limits for Family cover apply to the total of all claims combined, regardless of the number of persons the claims relate to.

GEOGRAPHICAL REGIONS

Destinations	Geographical Regions
North, Central and South America (including Hawaii and the Caribbean), Japan, Africa, Middle East, Antarctica and any other destination not listed below)	Region 1 - Worldwide
Europe, Russia and United Kingdom	Region 2 - Europe
Asia (excluding Russia, Japan and Bali)	Region 3 - Asia
American Samoa, Ashmore & Cartier Islands, Bali, Christmas Island, Cocos (Keeling) Island, Cook Islands, Fiji, French Polynesia, Guam, Heard Island & McDonald Island, Kiribati, Marshall Islands, Micronesia, Nauru, New Caledonia, New Zealand, Niue, Norfolk Island, Northern Mariana Islands, Palau, Papua New Guinea, Pitcairn, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu and Wallis & Futuna Islands.	Region 4 - Pacific
Australia (including Thursday Island)	Region 5 - Domestic

Plans A, B, C & E

You must nominate the applicable Geographical Region for your Journey. Please note that under Plan E, Region 5 cannot be selected. However, Regions 1, 2, 3 & 4 include cover for certain Sections while travelling in Australia – see below for details. Region 5 can be selected under Plans A, B & C. Please contact us if there is any uncertainty as to which Geographical Region applies.

If you are travelling to multiple destinations which are in different Geographical Regions, you must select the highest Geographical Region (Region 1 being the highest Geographical Region, 5 the lowest), as this will cover travel in each of the lower Geographical Regions.

Example:
If you are travelling to Bali, Philippines and Europe, you must select Region 2. You will then have cover for all destinations in Regions 2 to 5.

Cover for any loss you suffer must occur in the Geographical Region (or any lower Geographical Region) you have selected. However, stopovers of 2 nights in a higher Geographical Region outside of your selected Geographical Region are permitted.

Example:
If you are travelling to Bali (and have accordingly selected Region 4 as the Geographical Region), you will have cover for all destinations listed in Region 4, as well as up to 2 nights stopover in any destination in Regions 1, 2 & 3.

You will only have cover under Sections 3, 4, 5, 8, 14, 16, 17, 19 & 22 while travelling in Australia (destination must be a minimum of 250km from Home).

Plans D & F

Geographical Region is fixed at Region 5 – Domestic. Cover for any loss you suffer must occur in this Geographical Region. There is no cover for stopovers in a higher Geographical Region.

Plan G

Geographical Region is fixed at Region 5 – Domestic. Cover for any loss you suffer must occur in this Geographical Region. However, stopovers of 2 nights in a higher Geographical Region outside of Region 5 are permitted.

Plan H

You must nominate the applicable Geographical Region for your Journey. Please note that under Plan H, Region 5 cannot be selected as cover ends upon your return to Australia. Please contact us if there is any uncertainty as to which Geographical Region applies.

If you are travelling to multiple destinations which are in different Geographical Regions, you must select the highest Geographical Region (Region 1 being the highest Geographical Region, 4 the lowest), as this will cover travel in each of the lower Geographical Regions.

Cover for any loss you suffer must occur in the Geographical Region (or any lower Geographical Region) you have selected. However, stopovers of 2 nights in a higher Geographical Region outside of your selected Geographical Region are permitted.

Travel on Cruise Liners

Travellers on domestic cruises in Australian waters may also purchase Plan A (selecting Geographical Region 4 - Pacific) to ensure cover is available for emergency medical assistance and emergency medical and Hospital expenses.

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

Additional Options

SPECIFIED LUGGAGE & PERSONAL EFFECTS COVER

PLEASE NOTE:

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

The maximum amount we will pay for all claims combined under Section 14 (Luggage and Personal Effects) is shown under the “Table of Benefits” (pages 19 to 26) for the plan you have selected.

Additional cover can be purchased for specified items (excluding jewellery, bicycles and watercraft other than surfboards) up to a total amount of \$5,000 by paying an additional premium.

Depreciation and the standard item limits under Section 14.1 b) will not apply to these specified items. Your nominated limit for “Specified Luggage & Personal Effects Cover” will be shown on your Certificate of Insurance. Receipts and/or valuations must be provided in the event of a claim.

This additional option is not available under Plan C.

VARIATION OF STANDARD EXCESS

You may be able to vary the Excess on Plans A, B, C, E & G. The Excess that applies to your policy will be shown on your Certificate of Insurance.

This option is not available under Plan D or Plan F.

For further details relating to the Excess which may apply to the plan you have selected, please read the “Excess” section on page 47.

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

Refer to “Your Policy Cover” pages 51 to 79 for details of what *We will pay* and what *We will not pay*, and which types of cover are provided under each Plan.

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

Policy Section & Benefit		PLAN A Comprehensive			PLAN B Essentials			PLAN C Basics		
		Single	Group (per person)	Family	Single	Group (per person)	Family	Single	Group (per person)	Family
*1	Overseas Emergency Medical Assistance ^	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited
*2	Overseas Emergency Medical & Hospital Expenses ^	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited
	Dental Expenses (per person)	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500
3	Additional Accommodation & Travel Expenses	\$50,000	\$50,000	\$100,000	---	---	---	---	---	---
*4	Family Emergency									
5	Emergency Companion Cover	\$3,000	\$3,000	\$6,000	---	---	---	---	---	---
*6	Resumption of Journey ^									
*7	Hospital Cash Allowance ^	\$5,000	\$5,000	\$10,000	---	---	---	---	---	---
*8	Accidental Death	\$25,000	\$25,000	\$50,000	---	---	---	---	---	---
*9	Permanent Disability ^	\$25,000	\$25,000	\$50,000	---	---	---	---	---	---
*10	Loss of Income ^	\$10,400	\$10,400	\$20,800	---	---	---	---	---	---

*sub-limits apply (refer to “Your Policy Cover” pages 51 to 79)

PLAN D Domestic			PLAN E Frequent Traveller (International)		PLAN F Frequent Traveller (Domestic)		PLAN G Non-Residents (Incoming)			PLAN H# Residents (Incoming)		
Single	Group (per person)	Family	Single	Family	Single	Family	Single	Group (per person)	Family	Single	Group (per person)	Family
---	---	---	unlimited	unlimited	---	---	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited
---	---	---	unlimited	unlimited	---	---	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited
---	---	---	\$500	\$500	---	---	\$500	\$500	\$500	\$500	\$500	\$500
\$50,000	\$50,000	\$100,000	\$50,000	\$100,000	\$50,000	\$100,000	\$50,000	\$50,000	\$100,000	\$50,000	\$50,000	\$100,000
---	---	---	\$3,000	\$6,000	---	---	---	---	---	\$3,000	\$3,000	\$6,000
---	---	---	\$5,000	\$10,000	---	---	\$1,000	\$1,000	\$2,000	\$5,000	\$5,000	\$10,000
\$25,000	\$25,000	\$50,000	\$25,000	\$50,000	\$25,000	\$50,000	\$20,000	\$20,000	\$40,000	\$25,000	\$25,000	\$50,000
---	---	---	\$25,000	\$50,000	---	---	---	---	---	\$25,000	\$25,000	\$50,000
---	---	---	\$10,400	\$20,800	---	---	---	---	---	\$10,400	\$10,400	\$20,800

*sub-limits apply (refer to “Your Policy Cover” pages 51 to 79)

^ Under Plans A, B, C & E there is no cover under these Sections while travelling in Australia - refer to the “Geographical Regions” section of this PDS for details (pages 15 to 17)

this Plan does not provide any cover in Australia

] Luggage Table of Benefits [

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

Refer to “Your Policy Cover” pages 51 to 79 for details of what *We will pay* and what *We will not pay*, and which types of cover are provided under each Plan.

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

Policy Section & Benefit		PLAN A Comprehensive			PLAN B Essentials			PLAN C Basics		
		Single	Group (per person)	Family	Single	Group (per person)	Family	Single	Group (per person)	Family
11	Credit Card Fraud & Replacement ^	\$5,000	\$5,000	\$10,000	\$1,000	\$1,000	\$2,000	---	---	---
12	Travellers Cheques & Travel Documents ^									
13	Theft Of Cash, Bank Notes, Currency Notes, Postal Orders or Money Orders ^	\$250	\$250	\$250	---	---	---	---	---	---
*14	Luggage & Personal Effects	\$5,000	\$5,000	\$10,000	\$2,000	\$2,000	\$4,000	---	---	---
15	Luggage & Personal Effects Delay Expenses ^	\$250	\$250	\$500	---	---	---	---	---	---

**sub-limits apply (refer to “Your Policy Cover” pages 51 to 79)*

PLAN D Domestic			PLAN E Frequent Traveller (International)		PLAN F Frequent Traveller (Domestic)		PLAN G Non-Residents (Incoming)			PLAN H# Residents (Incoming)		
Single	Group (per person)	Family	Single	Family	Single	Family	Single	Group (per person)	Family	Single	Group (per person)	Family
---	---	---	\$5,000	\$10,000	---	---	---	---	---	\$5,000	\$5,000	\$10,000
---	---	---	\$250	\$250	---	---	---	---	---	\$250	\$250	\$250
\$5,000	\$5,000	\$10,000	\$5,000	\$10,000	\$5,000	\$10,000	\$3,500	\$3,500	\$7,000	\$5,000	\$5,000	\$10,000
---	---	---	\$250	\$500	---	---	---	---	---	\$250	\$250	\$500

** sub-limits apply (refer to “Your Policy Cover” pages 51 to 79)*

^ Under Plans A, B, C & E there is no cover under these Sections while travelling in Australia - refer to the “Geographical Regions” section of this PDS for details (pages 15 to 17)

this Plan does not provide any cover in Australia

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

Refer to “Your Policy Cover” pages 51 to 79 for details of what *We will pay* and what *We will not pay*, and which types of cover are provided under each Plan.

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

Policy Section & Benefit		PLAN A Comprehensive			PLAN B Essentials			PLAN C Basics		
		Single	Group (per person)	Family	Single	Group (per person)	Family	Single	Group (per person)	Family
*16	Cancellation Fees & Lost Deposits	unlimited	unlimited	unlimited	---	---	---	---	---	---
*17	Disruption of Journey	\$1,000	\$1,000	\$2,000	---	---	---	---	---	---
18	Alternative Transport Expenses ^	\$5,000	\$5,000	\$10,000	---	---	---	---	---	---

*sub-limits apply (refer to “Your Policy Cover” pages 51 to 79)

PLAN D Domestic			PLAN E Frequent Traveller (International)		PLAN F Frequent Traveller (Domestic)		PLAN G Non-Residents (Incoming)			PLAN H# Residents (Incoming)		
Single	Group (per person)	Family	Single	Family	Single	Family	Single	Group (per person)	Family	Single	Group (per person)	Family
unlimited	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited
\$1,000	\$1,000	\$2,000	\$1,000	\$2,000	\$1,000	\$2,000	---	---	---	\$1,000	\$1,000	\$2,000
---	---	---	\$5,000	\$10,000	---	---	---	---	---	\$5,000	\$5,000	\$10,000

* sub-limits apply (refer to “Your Policy Cover” pages 51 to 79)

^ Under Plans A, B, C & E there is no cover under these Sections while travelling in Australia - refer to the “Geographical Regions” section of this PDS for details (pages 15 to 17)

this Plan does not provide any cover in Australia

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

Refer to “Your Policy Cover” pages 51 to 79 for details of what *We will pay* and what *We will not pay*, and which types of cover are provided under each Plan.

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

Policy Section & Benefit		PLAN A Comprehensive			PLAN B Essentials			PLAN C Basics		
		Single	Group (per person)	Family	Single	Group (per person)	Family	Single	Group (per person)	Family
19	Personal Liability	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000
*20	Domestic Pets ^	\$500	\$500	\$500	---	---	---	---	---	---
*21	Domestic Services ^	\$500	\$500	\$500	---	---	---	---	---	---
*22	Rental Vehicle Excess	\$5,000	\$5,000	\$5,000	---	---	---	---	---	---

*sub-limits apply (refer to “Your Policy Cover” pages 51 to 79)

PLAN D Domestic			PLAN E Frequent Traveller (International)		PLAN F Frequent Traveller (Domestic)		PLAN G Non-Residents (Incoming)			PLAN H# Residents (Incoming)		
Single	Group (per person)	Family	Single	Family	Single	Family	Single	Group (per person)	Family	Single	Group (per person)	Family
\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000
---	---	---	\$500	\$500	---	---	---	---	---	\$500	\$500	\$500
---	---	---	\$500	\$500	---	---	---	---	---	\$500	\$500	\$500
\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$2,500	\$2,500	\$2,500	\$5,000	\$5,000	\$5,000

* sub-limits apply (refer to “Your Policy Cover” pages 51 to 79)

^ Under Plans A, B, C & E there is no cover under these Sections while travelling in Australia - refer to the “Geographical Regions” section of this PDS for details (pages 15 to 17)

this Plan does not provide any cover in Australia

PLAN E – FREQUENT TRAVELLER (INTERNATIONAL)

- 12 month policy
- Unlimited number of Journeys
- Benefit limits and sub-limits reinstated on the completion of each Journey, except for Section 19 (*Personal Liability*) - the amount shown in the “**Table of Benefits**” is the most we will pay for all claims combined under Section 19 for the 12 month policy period.
- Your choice of Geographical Region (refer to the “**Geographical Regions**” section of this PDS pages 15 to 17 for details)
- Single or Family cover
PLEASE NOTE:
There is no cover for individuals who have not been listed as covered on your Certificate of Insurance.
Please contact 1Cover for details on additional premiums.
- The maximum period of cover for any one Journey cannot exceed a total of 90 days. This applies to both leisure and business travel.
- Not available to travellers aged 60 years or over.

PLAN F – FREQUENT TRAVELLER (DOMESTIC)

- 12 month policy
- Unlimited number of Journeys
- Benefit limits and sub-limits reinstated on the completion of each Journey, except for Section 19 (*Personal Liability*) - the amount shown in the “**Table of Benefits**” is the most we will pay for all claims combined under Section 19 for the 12 month policy period.
- Domestic Journeys
- Single or Family cover
PLEASE NOTE:
There is no cover for individuals who have not been listed as covered on your Certificate of Insurance.
Please contact 1Cover for details on additional premiums.
- The maximum period of cover for any one Journey cannot exceed a total of 90 days. This applies to both leisure and business travel.
- Not available to travellers aged 60 years or over

PLAN G – NON-RESIDENTS (INCOMING)

Cover for non-Residents of Australia travelling to and within Australia on a temporary basis. This policy does not cover your return trip to your Country of Residence.

PLEASE NOTE:

- Where the word “Australia” appears in this PDS, the policyholder’s Country of Residence is to be substituted, except where it appears:
 - in “**Financial Services Guide**” (pages 1 to 3)
 - in “**About this Product Disclosure Statement**” (pages 4 to 7)
 - under the “**Table of Benefits**” section (pages 19 to 29)
 - in “**Important Matters**” (pages 40 to 47) under the headings:
 - *Who can purchase this policy?*
 - *Period of cover*
 - *Jurisdiction and choice of law*

- in “**Words with Special Meanings**” (pages 48 to 51) under the definitions:
 - “*Resident of Australia*”
 - “*We, Our, Us*”
- in “**Your Policy Cover**” (page 73) under:
 - *Section 16.2 k]*
- under the Claims section (pages 83 to 86) under the headings:
 - *Claims are payable to you in Australian Dollars*
 - *Travel within Australia only*
- in “**Emergency Telephone Numbers**” (inside Back Cover)
- on the Back Cover of the PDS
- The definitions under “**Words with Special Meanings**” (page 49) for “Home” and “Journey” are to be substituted as follows for Plan G:
“Home” means the place where you normally live in your Country of Residence.

“Journey” means from the time your policy is issued, and ends when you arrive at any immigration counter for departure from Australia to return your Country of Residence.

Please refer to pages 12 & 13 for details on eligibility and cover provided for Plan G.

PLAN H – RESIDENTS (INCOMING)

Cover for Residents of Australia travelling to Australia from Overseas.

PLEASE NOTE:

- The definition under **“Words with Special Meanings”** (page 49) for *“Journey”* is to be substituted as follows for Plan H:

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

Please refer to pages 13 & 14 for details of eligibility and cover provided for Plan H.

Pre-existing Medical Conditions

This insurance provides cover for unforeseen medical events only. Not all Pre-existing Medical Conditions are covered under the policy. Please read this section carefully, especially the definition of **“Pre-existing Medical Condition”**.

WHAT IS A PRE-EXISTING MEDICAL CONDITION?

Pre-existing Medical Condition (or “pre-existing condition”) means:

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

- d] Any condition for which you have had surgery;
- e] Any condition for which you see a medical specialist; or
- f] Pregnancy.*

**refer to the “Pregnancy” section pages 30 to 32 for outline of cover).*

The above definition applies to you, your Travelling Companion, a Relative or any other person.

If you do not have a Pre-existing Medical Condition, you have cover for emergency medical costs under Plans A, B, C, E, G & H. There is no cover for emergency medical costs under Plans D & F.

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

If you have a Pre-existing Medical Condition and you want cover for that condition, read the following information. If you have any questions, please contact 1Cover on 1300 368 344.

You can apply for and/or purchase cover for certain Pre-existing Medical Conditions under the following plans:

- Plan A – Comprehensive
- Plan C – Basics

- Plan D – Domestic
- Plan E – Frequent Traveller (International)
- Plan F – Frequent Traveller (Domestic)

You cannot apply for or purchase cover for certain Pre-existing Medical Conditions under the following plans:

- Plan B – Essentials
- Plan G – Non-Residents (Incoming)
- Plan H – Residents (Incoming)

Only the Pre-existing Medical Conditions listed under Step 2 are covered under Plans B, G & H (unless hospitalisation has occurred), as well as certain conditions listed under the **“Pregnancy”** heading.

PREGNANCY

This section outlines the cover available for medical expenses, cancellation costs or additional expenses arising from, or related to, pregnancy under the following Sections of the policy:

- Section 1: Overseas Emergency Medical Assistance
- Section 2: Overseas Emergency Medical and Hospital Expenses (including Dental expenses)

- Section 3: Additional Expenses (applies to *We will pay* a) & b) only)
- Section 5: Emergency Companion Cover
- Section 7: Hospital Cash Allowance
- Section 16: Cancellation Fees and Lost Deposits
- Section 17: Disruption of Journey

There is no need to complete a Medical Declaration Form for the cover detailed in the table on pages 31 & 32.

In any event we will not pay medical expenses for:

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

Please read through this section to find the corresponding definition to your fertility treatment or pregnancy condition. Where cover for certain pregnancy conditions is shown as being available if you pay an additional premium, cover is available under Plans A, C, D, E & F only.

Fertility Treatment	Outcome
a) You are not yet pregnant, however you are undergoing fertility treatment, now or before your Journey commences	Cover is not available under any Plan.
Your pregnancy	Outcome
b) You have a single pregnancy without any complications*, which did not arise from services or treatment associated with an assisted reproduction program including but not limited to in vitro fertilisation	Cover is available if your Journey ends on or before the 26th week of your pregnancy. No additional premium is payable.
c) You have a single pregnancy without any complications*, where pregnancy arises from services or treatment associated with an assisted reproduction program including but not limited to in vitro fertilisation	Cover is available if you pay an additional premium under a Pre-existing Medical Condition Plan and your Journey ends on or before the 26th week of your pregnancy.

Your pregnancy	Outcome
d) You have a multiple pregnancy without any complications*, where pregnancy does not arise from services or treatment associated with an assisted reproduction program including but not limited to in vitro fertilisation	Cover is available if you pay an additional premium under a Pre-existing Medical Condition Plan and your Journey ends on or before the 19th week of your pregnancy.
e) You have a multiple pregnancy, which arises from services or treatment associated with an assisted reproduction program including but not limited to in vitro fertilisation	Cover is not available under any Plan.
f) You have experienced any pregnancy complications* prior to your policy being issued	Cover is not available under any Plan.

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

NO COVER FOR MEDICAL EXPENSES, CANCELLATION COSTS OR ADDITIONAL EXPENSES

There is no cover for medical expenses, cancellation costs or additional expenses if the following circumstances apply:

1. You have been given a terminal prognosis for any condition with a life expectancy of under 24 months
2. You require home oxygen therapy or you will require oxygen for the Journey
3. You have Chronic Renal Failure treated by haemodialysis or peritoneal dialysis
4. You have been diagnosed with Congestive Heart Failure
5. You have an AIDS-defining illness or any condition associated with immunocompromise
6. You have had, or are on a waiting list for an organ transplant

If any of these apply to you, cover under the following Sections is excluded:

- Section 1: Overseas Emergency Medical Assistance
- Section 2: Overseas Emergency Medical & Hospital Expenses (including Dental expenses)
- Section 3: Additional Expenses (applies to *We will pay* a) & b) only)
- Section 5: Emergency Companion Cover
- Section 7: Hospital Cash Allowance
- Section 16: Cancellation Fees and Lost Deposits
- Section 17: Disruption of Journey

This means that we will not pay:

- your medical expenses whatsoever (regardless of whether the Sickness/Injury relates to the excluded circumstance)
- your evacuation or repatriation to Australia
- your trip cancellation or rearrangement costs
- any additional or out of pocket expenses (including additional travel and accommodation expenses)

If you take blood thinning prescription medication like Warfarin
Taking blood-thinning prescription medication like Warfarin (also known under brand names such as Coumadin, Jantoven, Marevan, and Waran) has a complex range of serious complications and side effects.

If you take blood-thinning prescription medication, General Exclusion 17 in the **“General Exclusions Applicable to all Sections”** (see page 81) applies to any claims for medical expenses or any other costs or expenses arising directly or indirectly from, or in any way connected with, any Injury or Sickness (including any Pre-existing Medical Condition).

STEP 1 – IS YOUR PRE-EXISTING MEDICAL CONDITION DESCRIBED IN THE LIST BELOW?

1. Any type of cancer that you have previously been diagnosed with, or secondaries from that cancer
2. Any condition for which surgery/treatment/procedure is planned, including any fertility treatment

3. Any condition which arises from signs or symptoms that you are currently aware of, but:
 - a) You have not yet sought a medical opinion regarding the cause; or
 - b) You are currently under investigation to define a diagnosis; or
 - c) You are awaiting specialist opinion
4. Any condition for which you have undergone surgery in the past 6 weeks
5. Any condition for which you have ever required spinal or brain surgery
6. Any condition which has caused a seizure in the past 12 months
7. Any Chronic or recurring pain (including back pain) requiring regular medication or other ongoing treatment such as physiotherapy or chiropractic treatment
8. Any mental illness as defined by DSM-IV including:
 - a) Dementia, depression, anxiety, stress or other nervous condition; or

- b) Behavioural diagnoses such as autism; or
- c) A therapeutic or illicit drug or alcohol addiction

9. Any cardiovascular disease (see examples) if you have:
 - a) Experienced angina (chest pain) within the past 6 months; or
 - b) Had a stroke (cerebrovascular accident or CVA) or a Transient Ischaemic Attack (TIA) within the past 12 months

If **YES** – There is no cover for claims arising from, related to or associated with that Pre-existing Medical Condition.

STEP 2 – IS YOUR PRE-EXISTING MEDICAL CONDITION DESCRIBED IN THE LIST BELOW?

- | | |
|--|--|
| 1) Acne | b) are less than 60 years of age at the date of policy issue |
| 2) Allergies, limited to Rhinitis, Chronic Sinusitis, Eczema, Food Intolerance, Hay Fever | 4) Bell's palsy |
| 3) Asthma – providing that you: <ol style="list-style-type: none"> a) have no other lung disease; and | 5) Benign Positional Vertigo |
| | 6) Bunions |
| | 7) Carpal Tunnel Syndrome |

- 8) Cataracts

9) Coeliac disease

10) Congenital Blindness

11) Congenital Deafness

12) *Diabetes Mellitus (Type I) – providing you:

a) were diagnosed over 12 months ago, and

b) have no eye, kidney, nerve or vascular complications, and

c) do not also suffer from a known cardiovascular disease, hypertension or hypercholesterolaemia, and

d) are under 50 years of age at the date of policy issue

13) *Diabetes Mellitus (Type II) – providing you:

a) were diagnosed over 12 months ago, and

b) have no eye, kidney, nerve or vascular complications, and

c) do not also suffer from a known cardiovascular disease, hypertension or hypercholesterolaemia

14) Dry Eye Syndrome

15) Epilepsy – providing there has been no change to your medication regime in the past 12 months, and you are on no more than one anti-convulsant medication

16) Folate Deficiency

17) Gastric Reflux

18) Goitre

19) Glaucoma

20) Graves’ Disease

21) Hiatus Hernia

22) *Hypercholesterolaemia (High Cholesterol) – provided you do not also suffer from a known cardiovascular disease and/ or diabetes

23) *Hyperlipidaemia (High Blood Lipids) – provided you do not also suffer from a known cardiovascular disease and/or diabetes

24) *Hypertension (High Blood Pressure) – provided you do not also suffer from a known cardiovascular disease and/or diabetes

25) Hypothyroidism, including Hashimoto’s Disease

26) Impaired Glucose Tolerance

27) Incontinence

28) Insulin Resistance

29) Iron Deficiency Anaemia

30) Macular Degeneration

31) Meniere’s Disease

32) Migraine

33) Nocturnal Cramps

34) Osteopaenia
- 35) Osteoporosis

36) Pernicious Anaemia

37) Plantar Fasciitis

38) Raynaud’s Disease

39) Sleep Apnoea

40) Solar Keratosis

41) Trigeminal Neuralgia

42) Trigger Finger

43) Vitamin B12 Deficiency
- *Diabetes (Type I and Type II) ,*
- Hypertension, Hypercholesterolaemia and Hyperlipidaemia are risk factors for cardiovascular disease. If you have a history of cardiovascular disease, and it is a Pre-existing Medical Condition, cover for these conditions is also excluded.*
- If **YES** – We will pay claims arising from that Pre-existing Medical Condition, provided that you have not been hospitalised (including Day Surgery or Emergency Department attendance) for that condition in the past 24 months.
- If hospitalisation has occurred, cover is not automatic. You are required to submit a completed Medical Declaration Form, as outlined in Step 4.
- STEP 3 – IS YOUR PRE-EXISTING MEDICAL CONDITION DESCRIBED IN THE LIST BELOW?

1. Any condition for which you have been hospitalised (including Day Surgery or Emergency Department attendance) in the past 24 months

2. Any condition that requires ongoing treatment with prednisone or other immunosuppressive therapy*

3. You have had heart problems requiring coronary angiography, stents or bypass grafting (CABG) in the past 12 months or you had such procedures more than 3 years ago

4. You have a Pacemaker or AICD (internal defibrillator)

5. You have had a stroke (cerebrovascular accident or CVA) or Transient Ischaemic Attack (TIA) in the past 24 months

6. Diabetes resulting in eye, kidney, nerve or vascular complications

7. HIV infection

8. Epilepsy if you are on two or more anti-convulsant medications
- 35

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9. Cystic fibrosis

10. Any past history of Deep Vein Thrombosis (DVT) or Pulmonary Embolism

* "immunosuppressive therapy" means drugs prescribed to inhibit or prevent activity of the immune system. Clinically, they are used to:

- prevent the rejection of transplanted organs and tissues (e.g. bone marrow, heart, kidney, liver)
- treat autoimmune diseases or diseases that are most likely of autoimmune origin (e.g. Rheumatoid Arthritis, Myasthenia Gravis, Systemic Lupus Erythematosus, Crohn's Disease, and Ulcerative Colitis)
- treat some other non-autoimmune inflammatory diseases (e.g. long-term Allergic Asthma control, and other respiratory diseases)

If **YES** – you will need to complete a Medical Declaration Form, as outlined in Step 4.

Provided your Pre-existing Medical Condition is not listed under:

- a), b), e) or f) of the table under the **"Pregnancy"** heading;
- the **"No cover for medical expenses, cancellation costs or additional expenses"** heading (pages 32 & 33);

- Step 1;
- Step 2; or
- Step 3,

or your Pre-existing Medical Condition is:

- pregnancy condition c) in the table under the **"Pregnancy"** heading, provided your Journey ends on or before the 26th week of your pregnancy; or
- pregnancy condition d) in the table under the **"Pregnancy"** heading, provided your Journey ends on or before the 19th week of your pregnancy;

you may purchase cover for your Pre-existing Medical Condition under Plans A, C, D, E or F, provided you pay an additional premium before you commence your Journey. You do not need to complete a Medical Declaration Form or see your doctor.

No cover is available under Plans B, G or H for any Pre-existing Medical Conditions, except as specified under:

- pregnancy condition b) in the table under the **"Pregnancy"** heading, provided your Journey ends on or before the 26th week of your pregnancy; or
- Step 2, provided that you have not been hospitalised (including Day Surgery or Emergency Department attendance) for that condition in the past 24 months.

STEP 4 – HOW DO I GET MY PRE-EXISTING MEDICAL CONDITION ASSESSED?

If your Pre-existing Medical Condition falls under Step 3 or you have been hospitalised for a condition listed under Step 2 and you would like to apply for cover for your Pre-existing Medical Condition, we will require you to complete a Medical Declaration Form and send it to 1Cover.

You cannot apply for cover for conditions outlined under the heading **"No cover for medical expenses, cancellation costs or additional expenses"** or conditions outlined in Step 1.

You can only apply for cover for your Pre-existing Medical Condition under Plans A, C, D, E & F.

No cover is available under Plans B, G or H for any Pre-existing Medical Conditions, except as specified under:

- pregnancy condition b) in the table under the **"Pregnancy"** heading, provided your Journey ends on or before the 26th week of your pregnancy; or
- Step 2, provided that you have not been hospitalised (including Day Surgery or Emergency Department attendance) for that condition in the past 24 months.

Medical Declaration Forms are available from 1Cover. In some cases we will need a Doctor's Declaration to be completed by your regular treating doctor, but this is outlined in more detail in the Medical Declaration Form.

Once Allianz Global Assistance assesses your application, they have the right to accept or decline cover. If they accept cover, you must pay an additional premium under the relevant Pre-existing Medical Condition Plan.

For further information, visit www.1Cover.com.au or call 1Cover on 1300 368 344.

Please also refer to “Your Policy Cover” (pages 51 to 79) and “General Exclusions Applicable to all Sections” (pages 79 to 83).

Following are two (2) examples of common Pre-existing Medical Conditions:

Chronic Lung Disease:

If you have ever been diagnosed with a Chronic Lung Disease including (but not limited to) Emphysema and Chronic Bronchitis, Bronchiectasis, Chronic Obstructive Airways Disease (COAD), Chronic Obstructive Pulmonary Disease (COPD) or Asthma (if you have another lung disease and are 60 years of age or over at the date of policy issue), and you do not purchase adequate cover for your respiratory disease, cover will not be available for any claims relating to a new airways infection.

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

Cardiovascular disease:

Medical conditions involving the heart and blood vessels are collectively called cardiovascular disease (CVD). All such conditions are interrelated.

If you have ever needed to see a specialist cardiologist, or been diagnosed with a form of CVD such as (but not limited to):

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

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

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

Important Matters

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

PERIOD OF COVER

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

PLANS A, B, C, D, E & F

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

The period of cover for any one Journey under Plans E & F cannot exceed a total of 90 days. This applies to both leisure and business travel.

PLAN G

- The cover for cancellation fees and lost deposits begins from the time the policy is issued.
- Cover for all other Sections begins on the Start Date as noted on the Certificate of Insurance.
A waiting period of 7 days applies if you purchase your policy after your arrival in Australia for Plan G (refer to “Policies purchased after arrival in Australia” pages 12 & 13 for details).
- Cover ends when you arrive at any immigration counter for departure from Australia to return to your Country of Residence, or on the end date set out on your Certificate of Insurance, whichever happens first. Cover is not available for your return trip to your Country of Residence. *Refer to pages 28 & 29 for the definitions of “Home” and “Journey” for Plan G.*

PLAN H

- The cover for cancellation fees and lost deposits begins from the time the policy is issued.

- Cover for all other Sections begins on the Start Date as noted on your Certificate of Insurance.

A waiting period of 7 days from the Start Date noted on your Certificate of Insurance applies to all claims arising from, related to or associated with any Injury or Sickness, regardless of the Section that applies to the claim (refer to “Policies purchased after leaving Australia” pages 13 & 14 for details).

- Cover ends when you arrive at any immigration counter in Australia, or on the end date set out on your Certificate of Insurance, whichever happens first. Refer to page 29 for the amended definition of “Journey” for Plan H.

The period of cover for your policy cannot exceed 12 months – this applies to all Plans.

COOLING-OFF PERIOD

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

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

EXTENSION OF COVER

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

- A bus line, airline, shipping line or rail authority you are travelling on, or that has accepted your fare or Luggage and Personal Effects, is delayed; or
- The delay is due to a reason for which you can claim under your policy (subject to Allianz Global Assistance’s written approval).

If the delay is for any other reason, 1Cover must receive your request to extend cover at least 7 days before your original policy expires if you send your request by post. All other requests to extend cover must be received by 1Cover prior to your original policy expiry date. Cover will be extended subject to 1Cover’s written approval, and your payment of the additional premium.

Where 1Cover have agreed to extend cover, they will issue you with a new Certificate of Insurance. The period of cover on your new Certificate cannot exceed 12 months.

Extensions of cover are not available:

- for any Pre-existing Medical Condition, unless it is listed under Step 2 on pages 34 to 36 and you have not been hospitalised (including Day Surgery or Emergency Department attendance) for that condition in the past 24 months. This applies regardless of whether your Pre-existing Medical Condition was covered under the original policy; or
- for conditions you suffered during the term of your original policy; or
- where you have not advised Allianz Global Assistance of any circumstances that have given (or may give) rise to a claim under your original policy; or
- where at the time of extension you are aged 70 years or over under Plans A, B, C, D, G & H, or aged 60 years or over under Plans E & F.

CONFIRMATION OF COVER

To confirm any policy transaction, (if the Certificate of Insurance does not have all the information you require), call 1Cover on 1300 368 344.

YOUR DUTY OF DISCLOSURE

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

You will be asked various questions when you first apply for your policy. When you answer these questions, you must:

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

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

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

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

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

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

Who does the duty apply to?

The duty of disclosure applies to you and everyone who is insured under the policy. If you provide information for another insured, it is as if they provided it to us.

What happens if you or they breach the duty?

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

GENERAL INSURANCE CODE OF PRACTICE

We proudly support the General Insurance Code of Practice.

The Code sets out the minimum standards of practice in the general insurance industry. For more information on the Code please contact Allianz Global Assistance on 1300 726 945.

JURISDICTION AND CHOICE OF LAW

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

FINANCIAL CLAIMS SCHEME

In the unlikely event Allianz Australia Insurance Limited were to become insolvent and could not meet its obligations under this policy, a person entitled to claim may be entitled to payment under the Financial Claims Scheme.

Access to the Scheme is subject to eligibility criteria - for more information see the APRA website at <http://www.apra.gov.au> or call the APRA hotline on 1300 558 849.

DISPUTE RESOLUTION PROCESS

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

If you have a complaint or dispute in relation to this insurance, or our services or our representatives, please call us on 1300 726 945, or put the complaint in writing and send it to The Dispute Resolution Department, PO Box 162, Toowong, Queensland 4066. We will attempt to resolve the matter in accordance with our Internal Dispute Resolution process. To obtain a copy of our procedures, please contact us.

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

Financial Ombudsman Service Limited (FOS)

GPO Box 3, Melbourne Victoria 3001

Phone: 1300 780 808

Fax: (03) 9613 6399

Website: www.fos.org.au

Email: info@fos.org.au

IN THE EVENT OF A CLAIM

Immediate notice should be given to Allianz Global Assistance (see contact details on back of this PDS).

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

SAFEGUARDING YOUR LUGGAGE & PERSONAL EFFECTS

You must take all reasonable precautions to safeguard your Luggage and Personal Effects. If you leave your Luggage and Personal Effects Unsupervised in a Public Place we will not pay your claim. (For an explanation of what we mean by “Luggage and Personal Effects”, “Unsupervised” and “Public Place” see pages 49 to 51).

CLAIMS PROCESSING

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

PRIVACY NOTICE

To arrange and manage your travel insurance, we (in this Privacy Notice “we”, “our” and “us” includes Allianz Global Assistance and 1Cover) collect personal information from you and others (including those authorised by you such as your doctors, hospitals and persons whom we consider necessary).

Any personal information you provide is used by us to evaluate and arrange your travel insurance. We also use it to administer and provide the insurance services and manage your and our rights and obligations in relation to those insurance services, including managing, processing and investigating claims. We may also collect, use and disclose it for product development, marketing, research, IT systems maintenance and development, recovery against third parties and for other purposes with your consent.

Unless you opt out, we may contact you on an ongoing basis by telephone, electronic messages (like email), online and other means with offers and other promotional material, including in relation to financial and insurance products and services provided by Allianz

brands. Please contact us if you do not want to receive this kind of marketing material or do not want us to disclose your personal information to our related companies for those purposes. In many cases, you can opt out at the point of application, otherwise you can call us on 1300 667 132.

This personal information may be disclosed to third parties involved in the above process, such as travel consultants, travel insurance providers and intermediaries, authorised representatives, reinsurers, claims handlers and investigators, cost containment providers, medical and health service providers, legal and other professional advisers, your agents and our related companies. Some of these providers may be located in other countries. You agree that while those parties will often be subject to confidentiality or privacy obligations, they may not follow the particular requirements of Australian privacy laws.

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

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

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

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

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

If you have a complaint about your privacy, please contact:

Privacy Officer, Allianz Global Assistance, PO Box 162, Toowong, QLD 4066 or you can contact the Privacy Commissioner at the

Office of The Australian Information Commissioner, GPO Box 2999, Canberra, ACT 2601.

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

YOU CAN CHOOSE YOUR OWN DOCTOR

You are free to choose your own Medical Adviser or Allianz Global Assistance can appoint an approved Medical Adviser to see you, unless you are treated under a Reciprocal Health Agreement.

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

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

OVERSEAS HOSPITALISATION OR MEDICAL EVACUATION

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

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

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

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

EXCESS

PLANS A, B, C, E & G

We will deduct any Excess (shown on your Certificate of Insurance) from claims arising from any one event under Sections 2, 11, 12, 13, 14, 16, 19 & 22.

A NIL Excess applies to all other Sections.

PLANS D & F

A NIL Excess applies to all Sections.

PLAN H

We will deduct the standard Excess from claims arising from any one event under Sections 2, 11, 12, 13, 14, 16, 19 & 22.

A NIL Excess applies to all other Sections.

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

Words with Special Meanings

Some words and phrases used in this Policy Wording have a special meaning. When these words and phrases are used, they have the meaning set out below.

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

“Arise”, “Arises” or “Arising” means directly or indirectly arising or in any way connected with.

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

“Chronic” means a persistent and lasting condition. We do not consider that chronic pain has to be ‘constant’ pain. In many situations it has a pattern of relapse and remission. The pain may be long-lasting, recurrent (occurred on more than 2 occasions), or characterised by long suffering.

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

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

“DSM” means the Diagnostic and Statistical Manual of Mental Disorders. It is an American handbook for mental health professionals that lists different categories of mental disorders and the criteria for diagnosing them.

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

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

“Family” means you, your spouse (or legally recognised de facto) and your Dependants.

“Home” means the place where you normally live in Australia. Refer to page 28 for the definition of “Home” for Plan G.

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

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

“Journey” means your journey from the time when you leave your Home to go directly to the place you depart from on your travels, and ends when you return to your Home. *Refer to page 29 for the definition of “Journey” for Plan G. Refer to page 29 for the definition of “Journey” for Plan H.*

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

“Luggage and Personal Effects” means any personal items owned by you and that you take with you or buy on your Journey and which are designed to be worn or carried about with you. This includes items of clothing, personal jewellery, photographic and video equipment or personal computers, or electrical devices or

portable equipment. However, it does not mean any cash, bank notes, currency notes, cheques, negotiable instruments, bicycles, business samples or items that you intend to trade.

“Medical Adviser” means a qualified doctor of medicine or dentist registered in the place where you received the services.

“Moped” or **“Scooter”** means any two-wheeled or three-wheeled motor vehicle with an engine displacement of not greater than 50cc.

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

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

“Overseas” means in any country other than Australia.

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

“Policy” means your travel insurance policy with us covering you and is made up of this Policy Wording, your Certificate of Insurance and any other document we tell you forms part of this policy. Together these documents make up your contract with us.

“Pre-existing Medical Condition” means:

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

The above definition applies to you, your Travelling Companion, a Relative or any other person.

“Public Place” means any place that the public has access to, including but not limited to planes, trains, trams, cruise ships, taxis, buses, air or bus terminals, stations, wharves, streets, museums, galleries, hotels, hotel foyers and grounds, beaches, restaurants,

private car parks, public toilets and general access areas.

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

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

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

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

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

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

“Unsupervised” means leaving your Luggage and Personal Effects:

- with a person who is not named on your Certificate of Insurance or who is not a Travelling Companion or who is not a Relative;
- with a person who is named on your Certificate of Insurance or who is a Travelling Companion or who is a Relative but who fails to keep your Luggage and Personal Effects under close supervision; or
- where they can be taken without your knowledge; or
- at such a distance from you that you are unable to prevent them being taken.

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

“You” and “Your” means the person(s) whose name(s) are set out on your Certificate of Insurance, and if you have a Single or Family policy, your Dependants.

Your Policy Cover

This part of the PDS outlines what *We will pay* and what *We will not pay* under each Section in the event of a claim.

1 OVERSEAS EMERGENCY MEDICAL ASSISTANCE

You only have this cover if you choose Plan A, B, C, E, G or H.

PLEASE NOTE: You will not have cover under this Section while travelling in Australia.

1.1 WE WILL PAY

Allianz Global Assistance will help you with any Overseas medical emergency (see “Overseas Hospitalisation or Medical Evacuation” on page 47). You may contact them at any time 7 days a week.

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

- Access to a Medical Adviser for emergency medical treatment while Overseas.
- Any messages which need to be passed on to your family or employer in the case of an emergency.
- Provision of any written guarantees for payment of Reasonable expenses for emergency hospitalisation while Overseas.
- Your medical transfer or evacuation if you must be transported to the nearest Hospital for emergency medical treatment Overseas or be brought back to Australia with appropriate medical supervision.
- The return to Australia of your Dependants if they are left without supervision following your hospitalisation or evacuation.

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

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

The maximum amount we will pay for all claims combined under this Section for Single and Family cover is shown under the Table of Benefits for the Plan you have selected. The amount applies to the total of all claims combined, regardless of the number of persons the claims relate to.

For Group cover, the Table of Benefits shows the maximum amount we will pay for all claims combined under this Section. The amount applies to each person.

1.2 WE WILL NOT PAY

- We will not pay for any expenses for medical evacuation, funeral services or cremation or bringing your remains back to Australia unless it has been first approved by Allianz Global Assistance.
- We will not pay if you decline to promptly follow the medical advice Allianz Global Assistance have obtained and we will not be responsible for subsequent medical, Hospital or evacuation expenses.

- c] We will not pay for medical evacuation or the transportation of your remains from Australia to an Overseas country.

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 79 TO 83 FOR OTHER REASONS WHY WE WILL NOT PAY.

2 OVERSEAS EMERGENCY MEDICAL & HOSPITAL EXPENSES

You only have this cover if you choose Plan A, B, C, E, G or H.

PLEASE NOTE: You will not have cover under this Section while travelling in Australia.

2.1 WE WILL PAY

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

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

We will only pay for treatment received and/or Hospital accommodation during the 12 month period after the Sickness first showed itself or the Injury happened.

- b] We will also pay the cost of emergency dental treatment up to a maximum amount of \$500 per person for dental costs incurred which the treating dentist certifies in writing is for the relief of sudden and acute pain to sound and natural teeth.

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

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

total of all claims combined, regardless of the number of persons the claims relate to.

For Group cover, the Table of Benefits shows the maximum amount we will pay for all claims combined under this Section. The amount applies to each person.

2.2 WE WILL NOT PAY

We will not pay for expenses:

- a] Arising from Pre-existing Medical Conditions except as specified under the **"Pre-existing Medical Conditions"** section - see pages 29 to 39.
- b] When you have not notified Allianz Global Assistance as soon as practicable of your admittance to Hospital.
- c] After 2 weeks treatment by a chiropractor, physiotherapist or dentist unless approved by Allianz Global Assistance.
- d] If you do not take the advice of Allianz Global Assistance.
- e] If you have received medical care under a Reciprocal National Health Scheme. Reciprocal Health Agreements are in place with

Finland, Italy, Malta, the Netherlands, Norway, Sweden, the Republic of Ireland, United Kingdom and New Zealand.

- f] For damage to dentures, dental prostheses, bridges or crowns.
- g] Relating to dental treatment involving the use of precious metals or for cosmetic dentistry.

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 79 TO 83 FOR OTHER REASONS WHY WE WILL NOT PAY.

3 ADDITIONAL ACCOMMODATION & TRAVEL EXPENSES

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

3.1 WE WILL PAY

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

- b] If you shorten your Journey and return to Australia on the written advice of a Medical Adviser approved by Allianz Global Assistance, we will reimburse the Reasonable cost of your return to Australia. We will only pay the cost of the fare class that you had planned to travel at and you must take advantage of any pre-arranged return travel to Australia.

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

- c] In addition, we will reimburse your Reasonable additional travel and accommodation expenses if a disruption to your Journey arises from the following reasons:

- Your scheduled or connecting transport is cancelled, delayed, shortened or diverted because of a strike, riot, hijack, civil protest, weather or natural disaster.

- You unknowingly break any quarantine rule.
- You lose your passport, travel documents or credit cards or they are stolen.
- An accident involving your mode of transport. You must have written confirmation of the accident from an official body in the country where the accident happened.
- Your Home is rendered uninhabitable by fire, explosion, earthquake or flood.

Wherever claims are made by you under this Section and Section 16 (*Cancellation Fees & Lost Deposits*) for cancelled services/facilities or alternative arrangements for the same or similar services/facilities, we will pay for the higher of the two amounts, not both.

THE MAXIMUM AMOUNT WE WILL PAY FOR ALL CLAIMS COMBINED UNDER SECTIONS 3, 4 & 5 IS \$50,000 FOR SINGLE COVER, \$50,000 FOR GROUP COVER (PER PERSON) AND \$100,000 FOR FAMILY COVER.

3.2 WE WILL NOT PAY

- a] We will not pay if you were aware of any reason, before your period of cover commenced, that may cause your Journey to be cancelled, disrupted or delayed.
- b] We will not pay if you can claim your additional travel and accommodation expenses from anyone else.
- c] We will not pay if your claim relates to the financial collapse of any transport, tour or accommodation provider.
- d] We will not pay for delays or rescheduling by a bus line, airline, shipping line or rail authority unless it is due to a strike, riot, hijack, civil protest, weather or natural disaster.
- e] We will not pay if you operate a Rental Vehicle in breach of the rental agreement.
- f] We will not pay as a result of you or your Travelling Companion changing travel plans.

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 79 TO 83 FOR OTHER REASONS WHY WE WILL NOT PAY.

4 FAMILY EMERGENCY

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

4.1 WE WILL PAY

- a] If, during your Journey, your Travelling Companion or a Relative of either of you:
- dies unexpectedly;
 - is disabled by an Injury; or
 - becomes seriously Sick and requires hospitalisation (except arising out of a Pre-existing Medical Condition), we will reimburse the Reasonable additional cost of your return to Australia. We will only pay the cost of the fare class you had planned to travel at.
- b] If, as a result of a Pre-existing Medical Condition, a Relative is hospitalised in Australia or New Zealand or dies in Australia or New Zealand after the policy is issued, and at the time of policy issue you were unaware of the likelihood of such hospitalisation or death, the most we will pay under this Section is as follows:

- \$2,000 for Single cover
- \$2,000 per person for Group cover
- \$4,000 for Family cover

Wherever claims are made by you under this Section and Section 16 (*Cancellation Fees & Lost Deposits*) for cancelled services/facilities or alternative arrangements for the same or similar services/facilities, we will pay for the higher of the two amounts, not both.

THE MAXIMUM AMOUNT WE WILL PAY FOR ALL CLAIMS COMBINED UNDER SECTIONS 3, 4 & 5 IS \$50,000 FOR SINGLE COVER, \$50,000 FOR GROUP COVER (PER PERSON) AND \$100,000 FOR FAMILY COVER.

4.2 WE WILL NOT PAY

- a] We will not pay if you were aware of any reason, before your period of cover commenced, that may cause your Journey to be cancelled, disrupted or delayed.
- b] We will not pay if the death, Injury or Sickness of a Relative arises from a Pre-existing Medical Condition except as specified under Section 4.1 b].

- c] We will not pay if you can claim your additional travel expenses from anyone else.
- d] We will not pay as a result of you or your Travelling Companion changing travel plans.

YOU MUST CHECK “GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS” PAGES 79 TO 83 FOR OTHER REASONS WHY WE WILL NOT PAY.

5 EMERGENCY COMPANION COVER

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

5.1 WE WILL PAY

- a] We will reimburse your Reasonable additional accommodation and travel expenses for you to be with your Travelling Companion if he or she cannot continue their Journey because of an Injury or Sickness which needs immediate treatment from a Medical Adviser who certifies that they are unfit to travel.

- b] We will also reimburse the Reasonable accommodation and travel expenses of your Travelling Companion or a Relative to travel to you, stay near you or escort you, if you are in Hospital suffering from a life threatening or other serious condition, or are evacuated for medical reasons. He or she must travel, stay with you or escort you on the written advice of a Medical Adviser and with the prior approval of Allianz Global Assistance.

Wherever claims are made by you under this Section and Section 16 (*Cancellation Fees & Lost Deposits*) for cancelled services/facilities or alternative arrangements for the same or similar services/facilities, we will pay for the higher of the two amounts, not both.

THE MAXIMUM AMOUNT WE WILL PAY FOR ALL CLAIMS COMBINED UNDER SECTIONS 3, 4 & 5 IS \$50,000 FOR SINGLE COVER, \$50,000 FOR GROUP COVER (PER PERSON) AND \$100,000 FOR FAMILY COVER.

5.2 WE WILL NOT PAY

- a] We will not pay if you were aware of any reason, before your period of cover commenced, that may cause your Journey to be cancelled, disrupted or delayed.

- b] We will not pay if you can claim your additional travel and accommodation expenses from anyone else.
- c] We will not pay if you operate a Rental Vehicle in breach of the rental agreement.
- d] We will not pay as a result of you or your Travelling Companion changing travel plans.

YOU MUST CHECK “GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS” PAGES 79 TO 83 FOR OTHER REASONS WHY WE WILL NOT PAY.

6 RESUMPTION OF JOURNEY

You only have this cover if you choose Plan A, E or H.

PLEASE NOTE: You will not have cover under this Section while travelling in Australia.

6.1 WE WILL PAY

- a] We will reimburse you for airfares for you to return to the place you were when your Journey was interrupted, if you return to your Home because:

- during your Journey, a Relative of yours dies unexpectedly or is hospitalised following a serious Injury or a Sickness (except arising from a Pre-existing Medical Condition); and
 - It is possible for your Journey to be resumed; and
 - there is more than 14 days remaining of the period of cover, as noted on your Certificate of Insurance; and
 - You resume your Journey within 12 months of your return to Australia.
- b] If, as a result of a Pre-existing Medical Condition, a Relative is hospitalised in Australia or New Zealand or dies in Australia or New Zealand after the policy is issued, and at the time of policy issue you were unaware of the likelihood of such hospitalisation or death, the most we will pay under this Section is as follows:
- \$2,000 for Single cover
 - \$2,000 per person for Group cover
 - \$4,000 for Family cover

Wherever claims are made by you under this Section and Section 16 (*Cancellation Fees & Lost Deposits*) for cancelled services/facilities or alternative arrangements for the same or similar services/facilities, we will pay for the higher of the two amounts, not both.

The maximum amount we will pay for all claims combined under this Section for Single and Family cover is shown under the Table of Benefits for the Plan you have selected. The amount applies to the total of all claims combined, regardless of the number of persons the claims relate to.

For Group cover, the Table of Benefits shows the maximum amount we will pay for all claims combined under this Section. The amount applies to each person.

6.2 WE WILL NOT PAY

- a] We will not pay if you were aware of any reason, before your period of cover commenced, that may cause your Journey to be cancelled, disrupted or delayed.

- b] We will not pay if the death, Injury or Sickness of a Relative arises from a Pre-existing Medical Condition except as specified under Section 6.1 b].
- c] We will not pay if you can claim your resumption of Journey expenses from anyone else.

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 79 TO 83 FOR OTHER REASONS WHY WE WILL NOT PAY.

7 HOSPITAL CASH ALLOWANCE

You only have this cover if you choose Plan A, E, G or H.

PLEASE NOTE: You will not have cover under this Section while travelling in Australia.

7.1 WE WILL PAY

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

The maximum amount we will pay for all claims combined under this Section for Single and Family cover is shown under the Table of Benefits for the Plan you have selected. The amount applies to the total of all claims combined, regardless of the number of persons the claims relate to.

For Group cover, the Table of Benefits shows the maximum amount we will pay for all claims combined under this Section. The amount applies to each person.

7.2 WE WILL NOT PAY

- a] We will not pay for the first 48 continuous hours you are in Hospital.
- b] We will not pay if you cannot claim for Overseas medical expenses in Section 2 (*Overseas Emergency Medical & Hospital Expenses*).

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 79 TO 83 FOR OTHER REASONS WHY WE WILL NOT PAY.

8 ACCIDENTAL DEATH

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

8.1 WE WILL PAY

We will pay the death benefit, to the estate of the deceased, if:

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

The amount we will pay for the death of accompanying Dependants is \$5,000 per Dependant (*Single & Family cover only*).

The maximum amount we will pay for all claims combined under this Section for Single and Family cover is shown under the Table of Benefits for the Plan you have selected. The amount applies to the total of all claims combined, regardless of the number of persons the claims relate to.

For Group cover, the Table of Benefits shows the maximum amount we will pay for all claims combined under this Section. The amount applies to each person.

8.2 WE WILL NOT PAY

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 79 TO 83 FOR REASONS WHY WE WILL NOT PAY.

9 PERMANENT DISABILITY

You only have this cover if you choose Plan A, E or H.

PLEASE NOTE: You will not have cover under this Section while travelling in Australia.

9.1 WE WILL PAY

- a) We will pay if you are Injured during your Journey; and
- b) Because of the Injury, you become permanently disabled within 12 months of the Injury.

“Permanently disabled” means:

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

The amount we will pay for the permanent disability of Dependants is \$5,000 per Dependant (*Single & Family cover only*).

The maximum amount we will pay for all claims combined under this Section for Single and Family cover is shown under the Table of Benefits for the Plan you have selected. The amount applies to the total of all claims combined, regardless of the number of persons the claims relate to.

For Group cover, the Table of Benefits shows the maximum amount we will pay for all claims combined under this Section. The amount applies to each person.

9.2 WE WILL NOT PAY

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 79 TO 83 FOR REASONS WHY WE WILL NOT PAY.

10 LOSS OF INCOME

You only have this cover if you choose Plan A, E or H.

PLEASE NOTE: You will not have cover under this Section while travelling in Australia.

10.1 WE WILL PAY

If you are Injured during your Journey and become disabled within 30 days because of the Injury, and the disablement continues for more than 30 days after your return to Australia, we will pay you \$400 per person, per week for a period of up to 26 weeks. We will only pay if you cannot do your normal or suitable alternative work and you lose all your income.

The maximum amount we will pay for all claims combined under this Section for Single and Family cover is shown under the Table of

Benefits for the Plan you have selected. The amount applies to the total of all claims combined, regardless of the number of persons the claims relate to.

For Group cover, the Table of Benefits shows the maximum amount we will pay for all claims combined under this Section. The amount applies to each person.

10.2 WE WILL NOT PAY

- a] We will not pay for the first 30 days of your disablement from the time you return to Australia.
- b] We will not pay for the loss of income of Dependents.

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 79 TO 83 FOR OTHER REASONS WHY WE WILL NOT PAY.

11 CREDIT CARD FRAUD & REPLACEMENT

You only have this cover if you choose Plan A, B, E or H.

PLEASE NOTE: You will not have cover under this Section while travelling in Australia.

11.1 WE WILL PAY

- a] We will reimburse you the replacement costs (including communication costs) for your credit cards you lose or which are stolen from you during your Journey.
- b] We will also cover loss resulting from the fraudulent use of any credit card held by you following the loss or theft of the card during your Journey.

We will only cover those amounts not covered by any guarantee given by the bank or issuing company to you as the cardholder covering such losses.

THE MAXIMUM AMOUNT WE WILL PAY FOR ALL CLAIMS COMBINED UNDER SECTIONS 11 & 12 FOR PLANS A & F IS \$5,000 FOR SINGLE COVER, \$5,000 FOR GROUP COVER (PER PERSON) AND \$10,000 FOR FAMILY COVER.

THE MAXIMUM AMOUNT WE WILL PAY FOR ALL CLAIMS COMBINED UNDER SECTIONS 11 & 12 FOR PLAN B IS \$1,000 FOR SINGLE COVER, \$1,000 FOR GROUP COVER (PER PERSON) AND \$2,000 FOR FAMILY COVER.

11.2 WE WILL NOT PAY

We will not pay if:

- a] you do not report the theft within 24 hours to the police and to the issuing bank or company in accordance with the conditions under which the cards were issued; and
- b] you cannot provide Allianz Global Assistance with a written statement from them.

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 79 TO 83 FOR OTHER REASONS WHY WE WILL NOT PAY.

12 TRAVELLERS CHEQUES & TRAVEL DOCUMENTS

You only have this cover if you choose Plan A, B, E or H.

PLEASE NOTE: You will not have cover under this Section while travelling in Australia

12.1 WE WILL PAY

We will reimburse you the replacement costs (including communication costs) of any travel documents, including passports or travellers cheques you lose or which are stolen from you during your Journey.

We will only cover those amounts not covered by any guarantee given by the bank or issuing company covering such losses.

THE MAXIMUM AMOUNT WE WILL PAY FOR ALL CLAIMS COMBINED UNDER SECTIONS 11 & 12 FOR PLANS A & F IS \$5,000 FOR SINGLE COVER, \$5,000 FOR GROUP COVER (PER PERSON) AND \$10,000 FOR FAMILY COVER.

THE MAXIMUM AMOUNT WE WILL PAY FOR ALL CLAIMS COMBINED UNDER SECTIONS 11 & 12 FOR PLAN B IS \$1,000 FOR SINGLE COVER, \$1,000 FOR GROUP COVER (PER PERSON) AND \$2,000 FOR FAMILY COVER.

12.2 WE WILL NOT PAY

We will not pay if:

- a] you do not report the theft within 24 hours to the police and to the issuing bank or company in accordance with the conditions under which the cheques were issued; and
- b] you cannot provide Allianz Global Assistance with a written statement from them.

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 79 TO 83 FOR OTHER REASONS WHY WE WILL NOT PAY.

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

You only have this cover if you choose Plan A, E or H.

PLEASE NOTE: You will not have cover under this Section while travelling in Australia.

13.1 WE WILL PAY

We will pay for cash, bank notes, currency notes, postal orders or money orders stolen from your person during your Journey.

The maximum amount we will pay for all claims combined under this Section for Single and Family cover is shown under the Table of Benefits for the Plan you have selected. The amount applies to the total of all claims combined, regardless of the number of persons the claims relate to.

For Group cover, the Table of Benefits shows the maximum amount we will pay for all claims combined under this Section. The amount applies to each person.

13.2 WE WILL NOT PAY

- a] To the extent permissible by law, we will not pay if you do not report the theft within 24 hours to the police or an office of the bus line, airline, shipping line or rail authority you were travelling on when the theft occurred. You can prove that you made a report by providing Allianz Global Assistance with a written statement from whoever you reported it to.
- b] We will not pay if the cash, bank notes, currency notes, postal orders or money orders were not on your person at the time they were stolen.

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 79 TO 83 FOR OTHER REASONS WHY WE WILL NOT PAY.

14 LUGGAGE & PERSONAL EFFECTS

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

PLEASE NOTE: for the purpose of this Section:

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

14.1 WE WILL PAY

- a] We will pay the repair cost or value of any Luggage and Personal Effects which, during the Journey, are stolen or accidentally damaged or are permanently lost.

When calculating the amount payable we will apply depreciation due to age, wear and tear. The amount of such depreciation will be determined by Allianz Global Assistance. No depreciation will be applied to goods purchased duty free prior to your departure or goods purchased during your Journey.

We will not pay more than the original purchase price of any item. We have the option to repair or replace the Luggage and Personal Effects instead of paying you.

- b]** The maximum amount we will pay for any item (i.e. the item limit) is:

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

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

Plan B

- \$2,000 for personal computers, video recorders or cameras
- \$1,000 for mobile phones (including PDAs and any items with phone capabilities)
- \$750 for all other unspecified items

A pair or related set of items for example - but not limited to:

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

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

- c]** In addition to the limit shown on the Table of Benefits for this Section, we will also pay up to a maximum of \$5,000 (or such other lower amount which you have previously selected) for all items combined, that you have specified under “*Specified Luggage & Personal Effects Cover*” and paid an additional premium for. The standard item limits shown in 14.1 b) do not apply to the specified items listed on your Certificate of Insurance.

- d]** Luggage and Personal Effects left in a motor vehicle are only covered during daylight hours and must have been locked in the boot or a Locked Storage Compartment and forced entry must have been made.

No cover applies if Luggage and Personal Effects are left unattended in the passenger compartment of the motor vehicle or if the Luggage and Personal Effects have been left in the motor vehicle overnight.

The most we will pay if your Luggage and Personal Effects are stolen from the locked boot or from a Locked Storage Compartment of an unoccupied motor vehicle during daylight hours is \$200 for each item, and \$2,000 in total for all stolen items, even if you have purchased “*Specified Luggage & Personal Effects Cover*”.

The maximum amount we will pay for all claims combined under this Section for Single and Family cover is shown under the Table of Benefits for the Plan you have selected. The amount applies to the total of all claims combined, regardless of the number of persons the claims relate to.

For Group cover, the Table of Benefits shows the maximum amount we will pay for all claims combined under this Section. The amount applies to each person.

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

14.2 WE WILL NOT PAY

To the extent permissible by law, we will not pay a claim in relation to your Luggage and Personal Effects if:

- a]** You do not report the loss, theft or misplacement within 24 hours to the police or an office of the bus line, airline, shipping line or rail authority you were travelling on when the loss, theft or misplacement occurred. You must prove that you made such report by providing Allianz Global Assistance with a written statement from whoever you reported it to.
- b]** Your jewellery, mobile phone, camera, video camera, personal computer, computer equipment or their accessories are transported in the cargo hold of any aircraft, ship, train, tram or bus.
- c]** The loss, theft or damage is to, or of, bicycles.

- d] The loss, theft or damage is to, or of, items left behind in any hotel or motel room after you have checked out or items left behind in any aircraft, ship, train, tram, taxi or bus.
- e] The loss, theft or damage is to, or of, watercraft of any type (other than surfboards).
- f] The Luggage and Personal Effects were being sent unaccompanied or under a freight contract.
- g] The loss or damage arises from any process of cleaning, repair or alteration.
- h] The loss or damage arises from ordinary wear and tear, deterioration, atmospheric or weather conditions, insects, rodents or vermin.
- i] The Luggage and Personal Effects were left Unsupervised in a Public Place.
- j] The Luggage and Personal Effects were left unattended in a motor vehicle unless they were locked in the boot or in a Locked Storage Compartment.

- k] The Luggage and Personal Effects were left overnight in a motor vehicle even if they were locked in the boot or in a Locked Storage Compartment.
- l] The Luggage and Personal Effects have an electrical or mechanical breakdown.
- m] The Luggage and Personal Effects are fragile, brittle or an electronic component is broken or scratched - unless either:
 - it is the lens of spectacles, binoculars or photographic or video equipment; or
 - the breakage or scratch was caused by a crash involving a vehicle in which you are travelling.
- n] You are entitled to be reimbursed by the bus line, airline, shipping line or rail authority you were travelling on when the loss, theft, misplacement or damage occurred. However, if you are not reimbursed the full amount of your claim, we will pay the difference between the amount of your loss and what you were reimbursed, up to the limit of your cover (allowing for depreciation due to age, wear and tear).

- o] The loss or damage is to, or of, sporting equipment while in use (including surfboards).

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 79 TO 83 FOR OTHER REASONS WHY WE WILL NOT PAY.

15 LUGGAGE & PERSONAL EFFECTS DELAY EXPENSES

You only have this cover if you choose Plan A, E or H.

PLEASE NOTE: You will not have cover under this Section while travelling in Australia.

15.1 WE WILL PAY

We will reimburse you if any items of your Luggage and Personal Effects are delayed, misdirected or misplaced by the Carrier for more than 12 hours, and in Allianz Global Assistance's opinion it was reasonable for you to purchase essential items of clothing or other personal items. Your claim must contain written proof from the Carrier who was responsible for your Luggage and Personal Effects that they were delayed, misdirected or misplaced.

We will deduct any amount we pay you under this Section for any subsequent claim for lost Luggage and Personal Effects (Section 14).

The maximum amount we will pay for all claims combined under this Section for Single and Family cover is shown under the Table of Benefits for the Plan you have selected. The amount applies to the total of all claims combined, regardless of the number of persons the claims relate to.

For Group cover, the Table of Benefits shows the maximum amount we will pay for all claims combined under this Section. The amount applies to each person.

15.2 WE WILL NOT PAY

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

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 79 TO 83 FOR OTHER REASONS WHY WE WILL NOT PAY.

16 CANCELLATION FEES & LOST DEPOSITS

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

16.1 WE WILL PAY

- a] We will pay your cancellation fees and lost deposits for travel and accommodation arrangements that you have paid in advance and cannot recover in any other way if your Journey is cancelled or shortened at any time through circumstances neither expected nor intended by you or outside your control.
- b] We will pay the travel agent's cancellation fees up to \$1,500 Single cover, \$1,500 per person Group cover or \$3,000 Family cover where all monies have been paid or the maximum amount of the deposit has been paid at the time of cancellation. However, we will not pay more than the level of commission or

service fees normally earned by the agent, had your Journey not been cancelled. Documentary evidence of the travel agent's fee is required.

- c] We will pay you for loss of frequent flyer or similar air travel points you used to purchase an airline ticket following cancellation of that airline ticket, if you cannot recover the lost points from any other source. The cancellation must be due to unforeseen circumstances outside of your control. We calculate the amount we pay you by multiplying:
 - The cost of an equivalent class airline ticket based on the quoted retail price at the time the ticket was issued, less your financial contribution toward the airline ticket;
 multiplied by
 - The total number of points lost
 divided by the number value of points used to obtain the ticket.

- d] If you cancel or shorten your Journey because a Relative of yours is hospitalised in Australia or New Zealand, or dies in Australia or New Zealand after the policy is issued, as a result of a Pre-existing Medical Condition, we will not cover you unless at the time of policy issue, you were unaware of the likelihood of such hospitalisation or death. However, the most we will pay under this Section is as follows:
 - \$2,000 for Single cover
 - \$2,000 per person for Group cover
 - \$4,000 for Family cover

The maximum amount we will pay for all claims combined under this Section for Single and Family cover is shown under the Table of Benefits for the Plan you have selected. The amount applies to the total of all claims combined, regardless of the number of persons the claims relate to.

For Group cover, the Table of Benefits shows the maximum amount we will pay for all claims combined under this Section. The amount applies to each person.

16.2 WE WILL NOT PAY

- a] We will not pay if you were aware of any reason, before your period of cover commenced, that may cause your Journey to be cancelled, abandoned or shortened.

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

- b] The death, Injury or Sickness of a Relative arising from a Pre-existing Medical Condition except as specified under Section 16.1 d].
- c] You or your Travelling Companion changing plans.
- d] Any business, financial or contractual obligations. This exclusion does not apply to claims where you or your Travelling Companion are made redundant from full-time employment in Australia provided you or they were not aware that the redundancy was to occur before you purchased your policy.
- e] A tour operator or wholesaler being unable to complete arrangements for any tour because there were not enough people to go on the tour.

- f) Delays or rescheduling by a bus line, airline, shipping line or rail authority.
- g) The financial collapse of any transport, tour or accommodation provider.
- h) The mechanical breakdown of any means of transport.
- i) An act or threat of terrorism.
- j) The death, Injury or Sickness of any person who resides outside of Australia or New Zealand.
- k) Your pre-arranged leave being cancelled by your employer (where you are a full-time permanent employee).

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 79 TO 83 FOR OTHER REASONS WHY WE WILL NOT PAY.

17 DISRUPTION OF JOURNEY

You only have this cover if you choose Plan A, D, E, F or H.

17.1 WE WILL PAY

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

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

The maximum amount we will pay for all claims combined under this Section for Single and Family cover is shown under the Table of Benefits for the Plan you have selected. The amount applies to the total of all claims combined, regardless of the number of persons the claims relate to.

For Group cover, the Table of Benefits shows the maximum amount we will pay for all claims combined under this Section. The amount applies to each person.

17.2 WE WILL NOT PAY

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

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

Nor we will pay if:

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

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 79 TO 83 FOR OTHER REASONS WHY WE WILL NOT PAY.

18 ALTERNATIVE TRANSPORT EXPENSES

You only have this cover if you choose Plan A, E or H.

PLEASE NOTE: You will not have cover under this Section while travelling in Australia.

18.1 WE WILL PAY

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

The maximum amount we will pay for all claims combined under this Section for Single and Family cover is shown under the Table of Benefits for the Plan you have selected. The amount applies to the total of all claims combined, regardless of the number of persons the claims relate to.

For Group cover, the Table of Benefits shows the maximum amount we will pay for all claims combined under this Section. The amount applies to each person.

18.2 WE WILL NOT PAY

- a] We will not pay if the cancellation, delay, shortening or diversion of your scheduled transport arises from the financial collapse of any transport, tour or accommodation provider.
- b] We will not pay if your claim arises from an act or threat of terrorism.

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 79 TO 83 FOR OTHER REASONS WHY WE WILL NOT PAY.

19 PERSONAL LIABILITY

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

19.1 WE WILL PAY

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

- death or bodily injury, and/or
- physical loss of, or damage to, property,

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

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

You must not admit fault or liability for the claim, or incur any legal costs without Allianz Global Assistance's prior written approval.

The maximum amount we will pay for all claims combined under this Section for Single and Family cover is shown under the Table of Benefits for the Plan you have selected. The amount applies to the total of all claims combined, regardless of the number of persons the claims relate to.

For Group cover, the Table of Benefits shows the maximum amount we will pay for all claims combined under this Section. The amount applies to each person.

19.2 WE WILL NOT PAY

We will not pay for any amount you become legally liable to pay if the claim arises directly or indirectly from, or is in any way connected with, or is for:

- a] Bodily injury to you, your Travelling Companion, or to a Relative or employee of either of you;
- b] Damage to property belonging to you, or in your care or control, or belonging to, or in the care or control of, your Relative, or your Travelling Companion, or to an employee of either of you;
- c] The ownership, custody or use of any aerial device, watercraft or mechanically propelled vehicle;
- d] The conduct of a business, profession or trade;
- e] Any loss, damage or expenses which are covered or should have been covered under a statutory or compulsory insurance policy, Statutory or Compulsory Insurance or Compensation Scheme or Fund, or under Workers' Compensation Legislation, an Industrial Award or Agreement, or Accident Compensation Legislation;

- f] Any fine or penalty, or aggravated, punitive, exemplary or liquidated damages;
- g] Disease that is transmitted by you;
- h] Any relief or recovery other than monetary amounts;
- i] A contract that imposes on you a liability which you would not otherwise have;
- j] Assault and/or battery committed by you or at your direction; or
- k] Conduct intended to cause bodily injury, property damage or liability with reckless disregard for the consequences of you or any person acting with your knowledge, consent or connivance.

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 79 TO 83 FOR OTHER REASONS WHY WE WILL NOT PAY.

20 DOMESTIC PETS

You only have this cover if you choose Plan A, E or H.

20.1 WE WILL PAY

We will reimburse you up to:

- a) \$25 for each 24 hour period in respect of additional kennel or boarding cattery fees for domestic dogs and cats owned by you if you are delayed beyond your original return date due to an event covered under this policy.
- b) \$400 if your pet suffers an Injury during your Journey and requires veterinary treatment, provided that at the time of the Injury, your pet was in the care of a Relative, friend or boarding kennel.

The maximum amount we will pay for all claims combined under this Section for Single and Family cover is shown under the Table of Benefits for the Plan you have selected. The amount applies to the total of all claims combined, regardless of the number of persons the claims relate to.

For Group cover, the Table of Benefits shows the maximum amount we will pay for all claims combined under this Section. The amount applies to each person.

20.2 WE WILL NOT PAY

We will not pay any kennel or boarding cattery fees incurred outside of Australia.

YOU MUST CHECK “GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS” PAGES 79 TO 83 FOR OTHER REASONS WHY WE WILL NOT PAY.

21 DOMESTIC SERVICES

You only have this cover if you choose Plan A, E or H.

21.1 WE WILL PAY

If you are Injured during your Journey and become disabled as a result of the Injury and the disablement continues after your return to Australia we will reimburse you up to \$50 per day in respect of

expenses incurred in the provision of housekeeping services that you are unable to perform yourself.

The maximum amount we will pay for all claims combined under this Section for Single and Family cover is shown under the Table of Benefits for the Plan you have selected. The amount applies to the total of all claims combined, regardless of the number of persons the claims relate to.

For Group cover, the Table of Benefits shows the maximum amount we will pay for all claims combined under this Section. The amount applies to each person.

21.2 WE WILL NOT PAY

We will not pay if you do not have a medical certificate confirming your disablement and verifying the need for housekeeping services necessary while disabled.

YOU MUST CHECK “GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS” PAGES 79 TO 83 FOR OTHER REASONS WHY WE WILL NOT PAY.

22 RENTAL VEHICLE EXCESS

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

22.1 WE WILL PAY

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

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

- b) We will also pay up to \$500 for the cost of returning your Rental Vehicle to the nearest depot if your attending Medical Adviser certifies in writing that you are unfit to do so during your Journey.

The maximum amount we will pay for all claims combined under this Section for Single, Group and Family cover is shown under the Table of Benefits for the Plan you have selected. The amount applies to the total of all claims combined, regardless of the number of persons the claims relate to.

22.2 WE WILL NOT PAY

We will not pay a claim involving the theft or damage to your Rental Vehicle if the claim arises from you operating or using the Rental Vehicle:

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

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 79 TO 83 FOR OTHER REASONS WHY WE WILL NOT PAY.

General Exclusions Applicable to all Sections

We will not pay under any circumstances if:

GENERAL

1. You do not act in a responsible way to protect yourself and your property and to avoid making a claim.
2. You do not do everything you can to reduce your loss as much as possible.
3. Your claim is for consequential loss of any kind, including loss of enjoyment.
4. At the time of purchasing the policy, you were aware of something that would give rise to you making a claim under this policy.

5. Your claim is for a loss which is recoverable by compensation under any workers compensation or transport accident laws, government sponsored fund, plan, or medical benefit scheme, or any other similar type of legislation required to be effected by, or under, a law.
6. Your claim arises from errors or omissions in any booking arrangements or failure to obtain the relevant visa, passport or travel documents.
7. Your claim arises because you act illegally or break any government prohibition or regulation including visa requirements.
8. Your claim arises from a government authority confiscating, detaining or destroying anything.
9. Your claim arises from being in control of a Motorcycle without a current Australian motorcycle licence or you are a passenger travelling on a Motorcycle that is in the control of a person who does not hold a current motorcycle licence valid for the country you are travelling in.

10. Your claim arises from being in control of a Moped or Scooter without a current Australian motorcycle or drivers licence or you are a passenger travelling on a Moped or Scooter that is in the control of a person who does not hold a current motorcycle or drivers licence valid for the country you are travelling in.
11. Your claim arises from, is related to or associated with:
 - an actual or likely Epidemic or Pandemic; or
 - the threat of an Epidemic or Pandemic.
 Refer to www.who.int and www.smartraveller.gov.au for further information on Epidemics and Pandemics.
12. Your claim arises because you did not follow advice in the mass media or any government or other official body's warning:
 - against travel to a particular country or parts of a country; or
 - of a strike, riot, bad weather, civil protest or contagious disease (including an Epidemic or Pandemic);
 and you did not take appropriate action to avoid or minimise any potential claim under your policy (including delay of travel to the country or part of the country referred to in the warning).

Refer to www.who.int and www.smarttraveller.gov.au for further information.

13. Your claim arises from any act of war, whether war is declared or not or from any rebellion, revolution, insurrection or taking of power by the military.
14. Your claim arises from a nuclear reaction or contamination from nuclear weapons or radioactivity.
15. Your claim arises from biological and/or chemical materials, substances, compounds or the like used directly or indirectly for the purpose to harm or to destroy human life and/or create public fear.

MEDICAL

16. Your claim arises from, is related to or associated with any Pre-existing Medical Condition, except as provided under the section “**Pre-existing Medical Conditions**” (pages 29 to 39, Section 4.1 b] (pages 56 & 57), Section 6.1 b] (page 59) and Section 16.1 d] (page 72).

17. You take a blood-thinning prescription medication such as Warfarin (also known under the brand names Coumadin, Jantoven, Marevan, and Waran).
18. Your claim is in respect of travel booked or undertaken against the advice of any Medical Adviser.
19. Your claim arises from any Injury or Sickness where a metastatic or terminal prognosis was made prior to the issue of the Certificate of Insurance.
20. Your claim arises out of pregnancy, childbirth or related complications except as specified under the heading “**Pregnancy**” on page 30 to 32.
21. Your claim involves a Hospital where you are being treated for addiction to drugs or alcohol, or are using it as a nursing, convalescent or rehabilitation place.
22. Your claim involves the cost of medication in use at the time the Journey began or the cost for maintaining a course of treatment you were on prior to the Journey.

23. Your claim arises from or is in any way related to depression, anxiety, stress, mental or nervous conditions.
24. Your claim arises from suicide or attempted suicide.
25. Your claim arises from a sexually transmitted disease, except where previously accepted by Allianz Global Assistance in writing according to the Pre-existing Medical Conditions process on pages 29 to 39.
26. You were under the influence of any intoxicating liquor or drugs except a drug prescribed to you by a Medical Adviser, and taken in accordance with their instructions.
27. Despite Allianz Global Assistance’s advice otherwise following your call to them, you received private Hospital or medical treatment where public funded services or care is available in Australia or under any Reciprocal Health Agreement between the government of Australia and the government of any other country.

28. Your claim arises from any medical procedures in relation to AICD/ICD insertion during overseas travel. If you, your Travelling Companion or a Relative (as listed on your Certificate of Insurance) requires this procedure, due to sudden and acute onset which occurs for the first time during your period of cover and not directly or indirectly related to a Pre-existing Medical Condition, Allianz Global Assistance will exercise their right to organise a repatriation to Australia for this procedure to be completed.
29. Your claim arises from or is any way related to the death or hospitalisation of any person aged 85 years and over, regardless of the country in which they may live.

SPORTS AND LEISURE

30. Your claim arises because you hunt, race (other than on foot), engage in Open Water Sailing, play polo, go mountaineering or rock climbing using ropes or climbing equipment (other than for hiking), or from professional sport of any kind, or from parachuting or hang gliding.

31. Your claim arises because you dive underwater using an artificial breathing apparatus, unless you hold an open water diving licence issued in Australia or you were diving under licensed instruction.
32. Your claim arises from travel in any air supported device other than as a passenger in a fully licensed aircraft operated by an airline or charter company. This exclusion does not apply to regulated or licensed ballooning.

Claims

HOW TO MAKE A CLAIM

You must give Allianz Global Assistance notice of your claim as soon as possible by completing a claim form (available online or supplied by us - refer to the contact details on the back cover of this PDS), and posting it to the address shown on the claim form. If the claim form is not fully completed by you, Allianz Global Assistance cannot process your claim and they can reduce your claim by the amount of prejudice they have suffered because of the delay.

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

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

- a] For medical, Hospital or dental claims, contact Allianz Global Assistance as soon as practicable.
- b] For loss or theft of your Luggage and Personal Effects, report it immediately to the police and obtain a written notice of your report.
- c] For damage or misplacement of your Luggage and Personal Effects caused by the airline or any other operator or accommodation provider, report the damage or misplacement to an appropriate official and obtain a written report, including any offer of settlement that they may make.
- d] Submit full details of any claim in writing within 30 days of your return.

CLAIMS ARE PAYABLE IN AUSTRALIAN DOLLARS TO YOU

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

YOU MUST NOT ADMIT FAULT OR LIABILITY

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

DEPRECIATION

Depreciation will be applied to claims for Luggage and Personal Effects at such rates as reasonably determined by Allianz Global Assistance.

YOU MUST HELP US TO RECOVER ANY MONEY WE HAVE PAID

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

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

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

OTHER INSURANCE

If any loss, damage or liability covered under this policy is covered by another insurance policy, you must give us details. If you make a claim under one insurance policy and you are paid the full amount of your claim, you cannot make a claim under the other policy.

If you make a claim under another insurance policy and you are not paid the full amount of your claim, we will make up the difference. We may seek contribution from your other insurer. You must give Allianz Global Assistance any information they reasonably ask for to help us make a claim from your other insurer.

SUBROGATION

Allianz Global Assistance may, at their discretion, undertake in your name and on your behalf, control and settlement of proceedings for our own benefit, to recover compensation or secure indemnity from any party in respect of anything covered by this policy.

You are to assist and permit to be done, all acts and things as required by Allianz Global Assistance for the purpose of recovering compensation or securing indemnity from other parties to which we may become entitled or subrogated, upon us paying your claim under this policy regardless of whether we have yet paid your claim and whether or not the amount we pay you is less than full compensation for your loss. These rights exist regardless of whether your claim is paid under a non-indemnity or an indemnity clause of this policy.

RECOVERY

Allianz Global Assistance will apply any money they recover from someone else under a right of subrogation in the following order:

1. To Allianz Global Assistance, their administration and legal costs arising from the recovery

2. To us, an amount equal to the amount that we paid to you under the policy
3. To you, your uninsured loss (less your Excess)
4. To you, your Excess

Once we pay your total loss we will keep all money left over. If we have paid your total loss and you receive a payment from someone else for that loss or damage, you must pay us the amount of that payment up to the amount of the claim we paid you.

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

BUSINESS TRAVELLERS – HOW GST AFFECTS YOUR CLAIM

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

TRAVEL WITHIN AUSTRALIA ONLY

If you are entitled to claim an input tax credit in respect of your premium you must inform Allianz Global Assistance of the amount of that input tax credit (as a percentage) at the time you first make a claim.

If you fail to do so, you may have a liability for GST if we pay you an amount under this policy.

FRAUD

Insurance fraud places additional costs on honest policyholders. Fraudulent claims force insurance premiums to rise.

We encourage the community to assist in the prevention of insurance fraud. You can help by reporting insurance fraud by calling Allianz Global Assistance on 1800 453 937. All information will be treated as confidential and protected to the full extent under law.

Health Tips

The internet is a great source of health information for travellers. For vaccination and health advice including information on disease outbreaks:

www.cdc.gov or www.who.int
or www.smartraveller.gov.au

BEFORE TRAVEL, CONSULT YOUR HEALTH PROFESSIONAL TO DISCUSS:

- Itinerary • Duration of travel • Style of travel
- Past medical history • Pregnancy • Allergies
- Pre-existing Conditions • Vaccination requirements
- Disease prevention
- Medication (ensure that any medications taken with you are legal in the country you will visit – make sure you carry a letter of approval from your doctor/ dentist for any essential medication you need to take with you)

TIPS FOR LONG DISTANCE TRAVELLERS

- While travelling, regularly exercise the lower limbs to encourage blood flow
- Drink plenty of non-alcoholic drinks to prevent dehydration

OTHER USEFUL TIPS

- Carry a small first-aid kit with you containing a packet of adhesive dressings, some insect repellent, antiseptic cream and water sterilisation tablets (this takes up little space and could be useful). Emergency medical travel kits are available.
- Unless you know the water you are using is safe (bottled water usually is), sterilise all drinking water either by boiling or using sterilisation tablets
- It is unwise to have your skin pierced (ie. acupuncture, tattooing, ear piercing, etc.) unless you can be sure that the equipment used is sterile – a needle wiped with an alcohol swab is not necessarily sterile. Keep a note on your person advising of any significant medical condition affecting you (eg. diabetes, angina pectoris, haemophilia).

The Three R's of Travel Vaccination

ROUTINE VACCINATIONS (childhood or adult vaccinations)

- Tetanus/diphtheria • Polio • MMR • Influenza
- Pneumococcal • Varicella

REQUIRED VACCINATIONS

When crossing international borders certain vaccinations are required.

- Yellow Fever • Cholera • Meningococcal

RECOMMENDED VACCINATIONS

There are some vaccinations recommended when travelling overseas specific to your destination.

These may include:

- Hepatitis A • Hepatitis B • Typhoid
- Japanese Encephalitis • Poliomyelitis
- Rabies • Cholera

Please see your doctor to identify your specific needs.

Emergency Telephone Numbers

If you are in one of the countries listed below, simply dial the number shown for that country.
For all other countries, dial reverse charge (“collect”) via the local operator on: **+61 7 3305 7499**

Australia	1800 010 075	Japan	0066 3386 1052
Canada	1800 214 5514	Malaysia	1800 81 5102
China (North)	10800 6100 434	Netherlands	0800 023 2683
China (South)	10800 261 1323	New Zealand	0800 778 103
France	0800 905 823	Singapore	800 6162 187
Germany	0800 182 7635	Spain	900 996 115
Greece	00800 611 4107	Switzerland	0800 561 361
Hong Kong	800 900 389	Thailand	001 8006 121 082
India	00080 0610 1108	United Kingdom	08000 289 270
Indonesia	001 803 61 098	United States	1866 844 4085
Italy	800 787 451		