



Seniors

**Single Trip
Travel Insurance**

Product Disclosure Statement



The Over 50s Insurance Specialists

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This insurance is issued by The Hollard Insurance Company Pty Ltd (ABN 78 090 584 473 AFSL 241436). This Product Disclosure Statement was prepared on 12 July 2019.
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Welcome to Seniors Travel Insurance

Thank you for trusting us to take care of 'the unexpected' on your trip.

The insurance term for this document is the Product Disclosure Statement or 'PDS'.

Please read this PDS carefully to understand when you are covered, what you are covered for, any limits to the cover, how to make a claim, and to help you decide whether this policy is right for you and your circumstances. This PDS also explains the services that we provide, how we deal with complaints, and how to contact us.

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

Anytime the words 'you', 'your', or 'yourself' are used, we mean anyone detailed on the certificate of insurance. Anytime the words 'we', 'our' or 'us' are used, we mean The Hollard Insurance Company Pty Ltd (ABN 78 090 584 473, AFSL No. 241436).

Remember, as soon as you have purchased your travel insurance with us, we're ready to assist if the unexpected happens. Please keep our emergency assistance phone number handy.

Have a safe and happy holiday!

Contacting us:

Sales: 1300 071 521
(8am to 8pm Monday to Friday, 9am to 2pm Saturday AEST)

Website: www.seniors.com.au

Email: service@seniors.com.au

Urgent assistance 24/7:

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

In Australia: 02 8883 7006

From overseas: +61 2 8883 7006 (reverse charges)

Email: seniors24assist@hollard.com.au

To make a claim:

Website: seniors.com.au/travel-insurance/make-a-claim

What you must know before you buy this policy

Product Disclosure Statement

Reading this document and deciding if this product is right for you

It's your responsibility to read this PDS and decide whether this policy suits your needs. You should (and we rely on you to) read the PDS before purchasing this insurance.

Your policy is made up of this PDS, the certificate of insurance and any other change to the terms of the policy otherwise advised by us in writing (such as an endorsement or Supplementary PDS) which may vary or modify the above documents. Together they form our agreement with you. All benefits are subject to the policy terms, conditions, exclusions and limits of cover described in this PDS.

Certificate of insurance

When you take out Seniors Travel Insurance you will be issued with a certificate of insurance. The certificate of insurance will, amongst other things, detail the insured travellers and dependants, the type of policy you have purchased, your destination and dates of travel, any additional cover you have selected, the premium, and any variations to the standard terms and conditions that apply specifically to you or your policy.

What's covered and what's not

When the unexpected happens, Seniors Travel Insurance provides assistance and protects you from financial loss. However, like all travel insurance policies there are some things we don't cover. Here are some specific things you may find helpful:

- 'About this policy' on page 11 explains who can be covered, where and when you are covered, policy options, your premium and policy cancellation rights.
- 'Your summary of cover' on page 14 summarises the benefits available.
- 'What we cover' on pages 22 to 49 describes what cover is available under each benefit. Under each section benefit in 'What we cover' you will find:
 - i. 'There's cover under this section' provides an outline of the event(s) that are covered.
 - ii. 'We'll pay' gives a description of the costs that can be claimed for the event.
 - iii. 'Sub-limits applying to cover' details any sub-limits to the section benefit limits.
 - iv. 'Conditions applying to cover' outlines what you must do to ensure you are able to lodge a claim.
 - v. 'We won't pay' outlines costs and events we won't pay for under the section benefit.
- 'We won't pay under any circumstances' on pages 49 to 51 lists the exclusions that apply to all parts of the policy. They are in addition to the exclusions that apply under the 'We won't pay' headings on pages 22 to 49.

- 'What we cover - your choices' on pages 43 to 49 describes options available to extend your cover to include certain winter sports, motorcycling, moped or scooter driving or riding, certain adventure activities and how to add cover for your bicycle which is excluded under the 'Luggage and personal effects' benefit.
- 'Important matters' on pages 54 to 55 contains important information about our Privacy Policy, our Internal Dispute Resolution process and more.
- 'Definitions' on pages 7 to 10 explains the meaning of certain words in this PDS. These words have special meanings that may be different to your understanding.

Cover for your health

Your medical history affects your cover.

If you are injured or become sick overseas, pre-existing medical conditions may complicate medical treatment, lengthen your recovery, and increase medical costs. They may also increase the chance of needing to cancel your journey.

It's important that you carefully consider the medical history of anyone on the policy and understand what this policy covers when it comes to your health. You must tell us if the health of anyone on the policy changes before you go on your journey.

You can learn more about what a pre-existing medical condition is and the guidelines for cover on pages 18 to 21. You must declare all pre-existing medical conditions to us when you are applying for cover.

You should also read 'We won't pay under any circumstances' on pages 49 to 51 for additional medical-related circumstances that are excluded.

Your duty of disclosure

You have a legal duty of disclosure to us:

- a. when you apply for a policy;
- b. if you have a change in health before the start of your journey; and
- c. anytime you want to make a change to your policy.

What you need to tell us

We'll ask certain questions to assess, or reassess, your travel related risk. You must answer our questions honestly and tell us anything that a reasonable person in the circumstances would include, but you don't need to tell us something unless we specifically ask you about it. We'll use your answers to determine if we'll insure you and, if so, on what terms.

See page 21 for details on changes in your health, and page 13 about making a change to your policy.

If you are disclosing information on behalf of anyone else on the policy, you are responsible for meeting the duty of disclosure on their behalf.

If you don't meet your duty of disclosure responsibilities, such as not telling us something you are required to, or being dishonest or acting fraudulently in answering our questions, we may at our sole discretion:

- a. refuse to pay all or part of your claim;
- b. cancel your policy without refunding any premium (except as required by law);
- c. treat the policy as if it never existed; and/or
- d. refuse to provide any further insurance.

You must take care of your possessions

There are times when we will not pay if you have not looked after your luggage and personal effects. For example, we will not pay if you transport your jewellery, computer or certain other items in the cargo hold of the airplane (unless, in the case of a personal electronic device, you are instructed by the airline or relevant authority to check in the devices due to government regulation), ship, train, tram, bus or other modes of transportation. Similarly, we will not pay if your items are left unattended in a public place or in a motor vehicle overnight. This is not a complete list of times when we will not pay if you do not protect your possessions. See Section 12: Luggage and personal effects on pages 34 to 36 for other ways you must protect your possessions.

Cooling off period

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

We call this the 'cooling-off' period. During this period, you can cancel your policy and we'll give you a full refund of your premium, provided:

- a. you haven't made, and don't intend to make, a claim under the policy; and
- b. the start of your journey has not passed.

We won't refund any premium after the 'cooling-off' period (unless required by law), even if you cancel your policy.

No claim can be paid once your policy is cancelled.

To cancel your policy, call us on 1300 416 266.

About us

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

Hollard is responsible for this PDS, policy issuance and the assessment and payment of claims. In this wording 'we', 'us', or 'our' relates to Hollard.

This insurance is distributed and promoted by Australian Seniors Insurance Agency (Australian Seniors), a trading name of Greenstone Financial Services Pty Ltd, ABN 53 128 692 884 AFSL 343079, of 58 Norwest Blvd, Norwest NSW 2153. Australian Seniors operates under an arrangement with Hollard that allows Australian Seniors to issue certain general insurance products on behalf of Hollard.

It is important to note that any advice that we and Australian Seniors may provide is general only and does not take into account your individual circumstances.

Definitions

In this PDS, certain words have special meanings, which are explained below.

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

Adventure activities means any activity listed as covered under Section 26: Adventure cover on page 48 where additional premium has been collected and appears on your certificate of insurance.

Approved bicycle lock means a keyed armoured cable lock, or a keyed chain lock set or a keyed D-lock.

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

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

Certificate of insurance means a separate document, which shows certain insurance details relevant to you. It may include additional terms, conditions, exclusions and limitations that amend the standard terms of this PDS.

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

Dependant or dependants means your children or grandchildren not in full time employment who are under the age of 21 and travelling together with you for the entire journey.

Depreciation means the deduction from the original purchase price of an amount calculated to be the reduction in value because of wear and tear and/or the passing of time.

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 we will deduct from any amount payable under your policy for each claimable incident or event.

Family means you, your spouse (or someone legally recognised in Australia as your de facto partner) and your dependants.

Home means the place where you normally live in Australia.

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

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

Injury date means the date you are injured and will be deemed to be the earlier of:

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

Journey means travel that begins when you leave your home to go directly to the place you depart from on your travels and ends when you arrive back home.

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, personal computers, electrical devices or portable equipment. However, it does not mean a bicycle, any business sample or items that you intend to trade.

Medical advisor means a qualified Doctor of Medicine or dentist registered to provide the relevant service in the place where you receive the services acting within the scope of their registration and pursuant to the relevant laws.

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

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

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

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

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

Overseas means in any country other than Australia.

Pandemic means a geographically widespread outbreak of an infectious disease that causes serious illness in humans.

Period of insurance is the period you are insured for as described under the heading 'Period of insurance' on page 11.

Policy means this PDS, the certificate of insurance and any other change to the terms of the policy otherwise advised by us in writing (such as an endorsement).

Pre-existing medical condition means a disease, illness, medical or dental condition or physical defect as described on page 18.

Public place means any place that the public has access to, including but not limited to planes, trains, trams, cruise ships, taxis, buses, 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 other expenses, the standard level of care given in the country you are in or, for other expenses, the equivalent level you have booked for the rest of your journey, or as determined by us.

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

Registered psychiatrist means a psychiatrist registered with and accredited by the Australian Health Practitioner Regulation Agency (AHPRA) or, if you are overseas, an equivalent regulatory body which governs psychiatrists in the jurisdictions in which you seek medical assistance.

Relative means any of the following who is under 85 years of age and who is resident in Australia or New Zealand: you or your travelling companion's spouse, de facto partner, parent, parent-in-law, children (including adopted or fostered children), brother, sister, brother-in-law, sister-in-law, uncle, aunt, niece, nephew, son-in-law, daughter-in-law, grandchild, grandparent, step-parent, step-son, step-daughter, fiancé or fiancée, first cousin or guardian.

Relevant Time in respect of Top, Essential and Domestic Cover means the time of issue of the policy.

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

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

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

- your medical advisor reasonably diagnoses as the most likely date the sickness or symptoms of the sickness, first occurred or manifested, whichever is the earlier;
 - our medical advisor reasonably diagnoses as the most likely date the sickness or symptoms of the sickness, first occurred or manifested, whichever is earlier;
 - you first became aware of the sickness or symptoms of the sickness, whichever is the earlier;
 - a reasonable person in the circumstances would have been aware of the sickness or symptoms of the sickness, whichever is the earlier;
 - the sickness or symptoms of the sickness, were first diagnosed by a medical advisor, whichever is the earlier.
- Sub-limit** means the maximum dollar amount we will pay to cover a specific item, event or loss which we've described under a broader benefit limit.
- Terrorism** means any act which may or may not involve the use of, or threat of, force or violence where the purpose of the act is to further a political, religious, ideological aim or to intimidate or influence a government (whether lawfully constituted or not) or any section of the public.
- Travelling companion** means a person with whom you have made arrangements to travel with for at least 75% of your journey before your policy was issued.
- Unsupervised** means leaving your luggage and personal effects or bicycle:
- with a person you did not know prior to commencing your journey; or
 - where it can be taken without your knowledge; or
 - at such a distance from you that you are unable to prevent it being taken.
- We, our, us** means The Hollard Insurance Company Pty Ltd.

Winter sports means recreational skiing and snowboarding; big foot skiing and snowboarding; cat skiing and snowboarding; cross-country skiing and snowboarding (along a designated cross country ski route only); glacier skiing and snowboarding; heli-skiing and snowboarding (provided by a commercial operator and available to the general public only); ice hockey (not competitive); ice skating; lugeing on ice (provided by a commercial operator and available to the general public only); mono skiing and snowboarding; off-piste skiing and snowboarding with a professional snow sport instructor/guide snowmobiling; tobogganing.

You, your, yourself means the people listed as adults on the certificate of insurance and your dependants. Where more than one person is listed as an adult on the certificate of insurance, all benefits, limitations, conditions and exclusions will be interpreted as if a separate policy was issued to each of the persons listed as an adult other than:

- in the event of a claim arising from the one event is made, an excess (if applicable) will only be applied once;
- for Section 6: Cancellation or amendment expenses on Top Cover, Essential Cover and Domestic Cover where the limit applies per policy;
- for Section 15: Personal liability on Top Cover, Essential Cover and Domestic Cover where the limit applies per policy.

About this policy

Who is eligible to buy this policy

Cover is only available if you:

- a. are an Australian citizen or permanent Resident of Australia, who has resided in Australia for at least 200 days of the 12 months immediately preceding the purchase of this policy, and hold a current Australian Medicare card which is not a visitor Medicare card; or
- b. are a non-permanent resident who holds a valid Medicare card or are covered by an Australian Private Health Insurance policy that satisfies the government health insurance requirements for your visa type; and
- c. buy the policy before the start of your journey; and
- d. your journey starts and ends in Australia.

Choose from three policy types

Top Cover: covers holidays to destinations outside of Australia and provides cover under all sections of the policy.

Essential Cover: covers holidays to destinations outside of Australia but doesn't provide cover for benefits such as Section 7: Non-medical additional expenses, Section 13: Delayed luggage and personal effects and Section 14: Theft of cash or Section 16: Accidental death.

Domestic Cover: covers holidays within Australia but doesn't provide cover for benefits such as Section 1: Overseas emergency medical and hospital expenses, Section 3: Emergency overseas dental expenses, Section 9: Resumption of journey or Section 14: Theft of cash.

Period of insurance

Your Policy starts at the date of departure for all sections, except for section 6: Cancellation or amendment expenses, which starts as soon as you purchase your policy.

Your policy ends:

- a. at the end of your journey; or
- b. the date of return set out on your certificate of insurance; or
- c. on the date you submit a claim under Section 6: Cancellation or amendment expenses following the cancellation of your entire journey by you,

whichever occurs first.

If there is anyone named on the certificate of insurance that doesn't cancel their journey, cover remains for them under the policy. The 'Cancellation or amendment expenses' cover limit will be reduced by the amount that we have paid out on any cancellation claim.

How your premium is calculated

We'll advise you of any premium you are required to pay when you apply to purchase or amend your policy.

If you disclose any pre-existing medical conditions to us after you purchase your policy but before the start of your journey, we'll advise you of any additional premium you are required to pay.

The premium is based on the policy type, number and ages of the people on the policy, the area you are travelling to, duration of your journey, your pre-existing medical conditions, if applicable, and any additional cover you choose. The higher the risk, the higher the premium will be. The premium also includes stamp duty and GST, if applicable.

Your excess

An excess is the first amount payable by you on any claim. The excess you choose will be displayed on your certificate of insurance. The excess will be charged per policy, per event.

On Top and Essential Cover, you have a choice of no excess, \$100 or \$200 excess.

Domestic Cover has an excess of \$50.

Additional cover available

At Australian Seniors, we give you the flexibility to choose the cover you need. You may choose to add cover for the following:

- Cruise cover;
- Snow cover;
- Motorcycle, moped or scooter;
- Adventure cover;
- Bicycle cover (bicycles are specifically excluded under the Section 12: Luggage and personal effects).

You must read 'What we cover - your choices' on pages 43 to 49 to understand the additional cover available, the conditions of cover and what we won't pay.

You are not automatically covered for events related to these additional covers. You must have selected the cover at the time you took out your policy or prior to your departure date and paid the appropriate additional premium which will be shown on your certificate of insurance.

Travelling with children and/or dependants

Your Seniors Travel Insurance policy will automatically cover dependant children or grandchildren, who are listed on the certificate of insurance and travelling with you for your entire journey, provided they are under the age of 21 years and not employed on a full-time basis.

Making changes to your policy

You can request a change to your policy by calling 1300 416 266.

If we agree to make the change, we'll advise you of any additional premium that you are required to pay.

Changes to your policy will only take effect once we have received any additional premium required and confirmed the changes to you in writing with a new certificate of insurance.

Your duty of disclosure applies in these circumstances. See page 5 for details on 'Your duty of disclosure'.

Travelling for longer than planned

Except as described below, you can request an amendment to your policy to increase the policy duration by calling 1300 416 266 or emailing seniorstravel@hollard.com.au

You must:

- a. contact us at least two business days before your policy expires; and
- b. the total duration of your journey must not exceed 12 months.

Your duty of disclosure applies in these circumstances. See page 5 for details on 'Your duty of disclosure'.

Increases in policy duration are subject to our written approval and your payment of the additional premium.

We will increase your policy duration free of charge until you are physically able to return home by the quickest and most direct route 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 our written approval).

Your policy duration cannot be increased or extended for:

- a. any pre-existing medical conditions, except:
 - i. those automatically covered as specified under 'Conditions we automatically cover' in the section 'Pre-existing medical conditions' on pages 18 to 21, or those with approval that are listed on your policy documents with additional premium paid; and
 - ii. there have been no changes in your pre-existing medical condition after you have purchased the policy.
- b. new conditions you suffer during your journey; or
- c. where you have not advised us of any circumstances that have given (or may give) rise to a claim under your policy.

Where we have agreed to increase your policy duration, we will issue you with a new certificate of insurance. The period of insurance on your previous and new certificate of insurance cannot exceed a maximum combined period of 12 months.

If you choose to end your journey early, no premium will be refundable for the unused portion of your policy. We consider your policy to be used as we have provided cover to you and accepted the risk.

Your summary of cover

The following is a summary only. Please read the PDS for full terms and conditions, limits and exclusions that apply. The benefit amounts set out below are the maximum for the benefit that we will pay per journey per adult listed on the certificate of insurance, except for Section 15: Personal liability and Section 6: Cancellation or amendment expenses, where the benefit limit is the maximum amount that we will pay for all claims for all insured persons combined. The benefit limits include all claims for dependant children. Sub-limits apply for dependant children under certain sections of the policy. The excess applies per policy per claim as detailed below and in the 'What we cover' sections on pages 22 to 49.

Section Number	Section Name	Top Cover	Essential Cover	Domestic Cover	Excess	Summary of Benefit
Your health						
1	Overseas emergency medical and hospital expenses	Unlimited	Unlimited	-	Applies per event per claim	Cover for overseas hospital, medical, surgical, nursing and ambulance expenses if you suffer an injury or sickness while on your journey. We will only pay for treatment received and/or hospital accommodation during the 12 months period after the sickness first showed itself or the injury date.
2	Emergency medical assistance	Unlimited	Unlimited	\$10,000	Nil	Access to a specialist medical advisor, guarantees to foreign hospitals, arrangement of medical transfers and evacuation if necessary.
3	Overseas emergency dental expenses	\$5,000	\$1,000	-	Applies per event per claim	Cover for overseas emergency dental treatment for the relief of sudden and acute pain.
4	Hospital incidentals	\$5,000	-	-	Nil	\$50 per day to cover the cost of miscellaneous expenses after you are hospitalised overseas for at least 48 hours.
5	Medical additional expenses	\$50,000	\$50,000	\$15,000	Applies per event per claim	Cover for additional accommodation and transportation expenses as a result of your injury or sickness.
Your journey		Top Cover	Essential Cover	Domestic Cover	Excess	Summary of Benefit
6	Cancellation or amendment expenses	Choose cover	Choose cover	\$10,000	Applies per event per claim	Cover up to the benefit amount if your journey has to be cancelled or amended due to circumstances outside your control. Choose from: Unlimited, \$20,000, \$10,000 or \$5,000 on Top Cover and Essential Cover. This benefit is combined for all persons covered under this policy.

7	Non-medical additional expenses	\$15,000	-	\$15,000	Applies per event per claim	Cover up to the stated benefit amount for additional accommodation and transportation expenses as a result of certain events including natural disasters and strikes.
8	Missed connection & special events	\$5,000	-	\$2,000	Applies per event per claim	Cover for reasonable costs to use alternate public transport services to catch up on your planned itinerary or attend a special event if you miss your pre-booked transport due to unforeseeable circumstances outside your control.
9	Resumption of journey	\$3,000	-	-	Applies per event per claim	Covers the cost of resuming your journey if you have to return home to Australia as a result of the sickness or disabling injury of your travelling companion or close relative.
10	Travel delay	\$2,000	-	\$1,000	Nil	Cover up to \$200 per day for additional meals and accommodation expenses if your scheduled transport is delayed over 6 hours.
11	Rental vehicle insurance excess	\$8,000	-	\$5,000	Applies per event per claim	Cover up to the stated benefit amount for any rental vehicle insurance excess you become liable to pay as a result of damage to, or theft of, a rental vehicle, whilst in your control during the journey. Includes up to \$500 towards the cost of rental vehicle return if you are unfit to do so.
Your belongings		Top Cover	Essential Cover	Domestic Cover	Excess	Summary of Benefit
12	Luggage and personal effects	\$15,000	\$5,000	\$5,000	Applies per event per claim	Cover for lost, stolen or damaged luggage and personal effects. Note there are circumstances where cover is excluded. Cover amount is for all claims combined. There are individual item sub-limits between \$750 and \$4,000 (refer to page 34 for further detail).
13	Delayed luggage and personal effects	\$1,000	-	\$1,000	Applies per event per claim	If all your luggage and personal effects are delayed by a carrier during the journey for more than 24 hours, we will pay you up to \$500 for essential emergency items of clothing and toiletries you purchase whilst on your journey. These limits will be doubled if you still have not received your luggage and personal effects after 72 hours.
14	Theft of cash	\$250	-	-	Nil	Cover up to the stated benefit amount for cash, bank or currency notes, postal or money order stolen from your person.

Your security		Top Cover	Essential Cover	Domestic Cover	Excess	Summary of Benefit
15	Personal liability	\$3,000,000	\$1,500,000	\$1,000,000	Applies per event per claim	Cover for personal legal liability if your negligent act or omission during the journey causes bodily injury or damage to property of other persons. This does not include liability from your work or from operating any kind of vehicle. This benefit is combined for all persons covered under this policy.
16	Accidental death	\$25,000	-	\$15,000	Nil	Benefit payable if you die due to an injury sustained during your journey. Cover for dependants limited to \$5,000.
17	Funeral or repatriation expenses	\$20,000	\$20,000	\$5,000	Nil	If you die as a result of an injury or sickness during your journey, we will cover the cost of burial or cremation overseas or the cost to bring your remains back to your home in Australia.
18	Permanent disability	\$25,000	-	\$15,000	Nil	Benefit payable if, due to an injury sustained during your journey, you suffer total loss of sight in one or both eyes or total loss of the use of a limb.
19	Loss of income	\$10,400	-	-	Nil	If due to an injury sustained by you during your journey, you are completely unable to work on your return to Australia, this benefit will reimburse your lost income up to \$400 per week for up to 26 weeks of disablement after the first 30 days from the date you return home.
20	Domestic pet care	\$500	-	-	Nil	If you are delayed from returning home beyond the original end date of your journey due to unforeseen circumstances outside your control, or your pet at home suffers an injury during your journey, we will reimburse \$25 per day for additional kennel, boarding or cattery fees for domestic dogs and cats owned by you, or veterinary costs up to the stated benefit amount.
21	Domestic services	\$500	-	-	Nil	If you become disabled as a result of an injury which occurs during your overseas journey and the disablement continues after your return to Australia (documented by medical certificate), we will pay \$50 per day up to the stated benefit amount for the cost of housekeeping duties you are unable to perform yourself.
Additional cover options		Top Cover	Essential Cover	Domestic Cover	Excess	Summary of Benefit

22	Cruise cover	Mandatory if travelling on a multi night cruise. For benefits to apply, cover must be selected at time of policy purchase and additional premium shown on your certificate of insurance.				
22.1	Missed cruise connection	\$2,000	\$2,000	-	Applies per event per claim	Cover up to the stated benefit amount for reasonable additional transport costs to catch the start of your cruise you would otherwise miss, if your pre-booked scheduled transport is delayed, cancelled or re-routed within 24 hours of departure time.
22.2	Missed port	\$750	\$750	-	Applies per event per claim	If your cruise never docks at a port during your journey due to weather restrictions or mechanical breakdown, and an alternative port is not provided, we will pay \$100 per port up to the stated benefit amount.
22.3	Emergency formal attire	\$250	\$250	-	Applies per event per claim	Cover for reasonable expenses to purchase or hire replacement formal wear if your formal wear is delayed, misdirected or misplaced for over 12 hours from the time you boarded the vessel.
23	Snow cover	For benefits to apply, cover must be selected at time of policy purchase and additional premium shown on your certificate of insurance.				
23.1	Piste closure	\$500	\$500	\$500	Applies per event per claim	Up to \$100 per day towards the cost of transport to the nearest snow resort or additional ski passes, if your prepaid snow activities cannot take place due to your pre-booked snow resort closing all lift systems for more than 24 hours.
23.2	Prepaid snow costs	\$500	\$500	\$500	Applies per event per claim	Up to \$500 cover for any prepaid unused snow passes, snow equipment hire or tuition fees you are unable to use due to injury or sickness.
23.3	Equipment replacement	\$500	\$500	\$500	Applies per event per claim	Up to \$500 toward the cost of hiring snow sports equipment if snow sports equipment owned by you has been misdirected or delayed for more than 24 hours.
24	Bicycle cover	For benefits to apply, cover must be selected at time of policy purchase and additional premium shown on your certificate of insurance.				
		\$15,000	\$15,000	-	Applies per event per claim	Up to \$15,000 in total, maximum \$5,000 per bicycle, cover for loss, theft or damage to bicycles when not in use. Bicycles are specifically excluded from the standard luggage benefit.

Pre-existing medical conditions

This policy does not automatically include cover for claims arising from or exacerbated by some pre-existing medical conditions and pregnancy. This applies to you, your travelling companion, a relative or any other person.

A pre-existing medical condition means a disease, illness, medical or dental condition or physical defect that you are aware of at the relevant time and/or any time before your journey starts and involves any one of the following:

- a. your heart, brain, circulatory system, kidneys or liver;
- b. your respiratory system;
- c. cancer;
- d. back pain requiring prescribed pain relief medication;
- e. surgery involving any joints, the back, spine, brain or abdomen;
- f. shown symptoms or signs and you have not yet sought a medical opinion regarding the cause;
- g. you are under investigation to confirm a diagnosis or you are awaiting a specialist opinion;
- h. you have required an emergency department visit, hospitalisation or day surgery procedure within the last five years;
- i. you require:
 - i. prescription medication from a qualified medical practitioner or dentist;
 - ii. regular review or check ups;
 - iii. ongoing medication for treatment or risk factors control;
 - iv. consultation with a specialist.

If you are unsure whether you have a pre-existing medical condition, please call us on 1300 416 266.

Getting cover for your pre-existing medical condition/s

We have three categories of pre-existing medical conditions:

1. Conditions we automatically cover.
2. Conditions we need to assess.
3. Conditions which we cannot cover.

It is important that you understand whether your pre-existing medical condition is automatically covered, whether we need to assess it or whether we cannot cover you. Please read this information carefully.

Unless your pre-existing medical condition is automatically covered, you will not be covered unless you have applied for the cover, the condition is approved by us, the additional premium is paid if required, and the condition is listed on your certificate of insurance.

Conditions we automatically cover

We automatically cover the pre-existing medical conditions listed below provided:

- you have not been hospitalised or require treatment by any registered medical practitioner in the last 12 months for any of the listed conditions; and
- you are not under investigation for any of the listed conditions; and
- you are not awaiting investigation, surgery, treatment or procedures for any of the listed medical conditions; and
- your condition satisfies the additional criteria in the table.

Condition	Additional Criteria
1. Acne	No additional criteria.
2. Allergy	You have no known respiratory conditions e.g. asthma; and you haven't required treatment by a medical practitioner in the last 6 months.
3. Asthma	You are under 60 years of age; and in the last 12 months, you haven't had an asthma exacerbation requiring treatment by a medical practitioner; and you don't have a chronic lung condition or disease.
4. Bell's Palsy	No additional criteria.
5. Bunions	No additional criteria.
6. Carpal Tunnel Syndrome	No additional criteria.
7. Cataracts	In the last 90 days you haven't had an operation for this condition.
8. Glaucoma	You have no ongoing complications for this condition.
9. Coeliac Disease	In the last 6 months you haven't been treated by a medical advisor for this condition.
10. Congenital Blindness	No additional criteria.
11. Congenital Deafness	No additional criteria.
12. Ear Grommets	You haven't had an ear infection in the last 3 months.
13. Epilepsy	In the last 2 years you haven't required treatment; and you don't have an underlying medical condition e.g. previous head trauma, brain tumour or stroke.
14. Gastric Reflux	Your gastric reflux doesn't relate to an underlying diagnosis e.g. hernia/gastric ulcer.
15. Goitre	No additional criteria.
16. Graves' Disease	No additional criteria.
17. Gout	No additional criteria.
18. Hiatus Hernia	No additional criteria.
19. Hip Replacement, Knee Replacement and Shoulder Replacement	The procedure was performed more than 6 months ago and less than 10 years ago.
20. Hip Resurfacing	You haven't had any post-operative complications related to the surgery.
21. Hypercholesterolaemia (High Cholesterol)	You don't have a known heart or cardiovascular condition.
22. Hypertension (High Blood Pressure)	You don't have a known heart or cardiovascular condition; and you don't have Diabetes Type 1 or Type 2; and in the last 12 months your blood pressure medication has not changed; and you aren't suffering symptoms of hypertension.

Condition	Additional Criteria
23. Menopause	You don't have Osteoporosis.
24. Migraine	No additional criteria.
25. Peptic Ulcer/Gastric Ulcer	In the last 12 months, the Peptic/Gastric Ulcer has been stable.
26. Plantar Fasciitis	No additional criteria.
27. Raynaud's Disease	No additional criteria.
28. Skin Cancer	Your skin cancer is not a melanoma; and you haven't had chemotherapy or radiotherapy for this condition; and your skin cancer does not require any follow up treatment.
29. Trigger Finger	No additional criteria.
30. Urinary Incontinence	No additional criteria.
31. Underactive Thyroid/Overactive Thyroid	The cause of your underactive/overactive thyroid wasn't a tumour.

Pre-existing medical conditions we need to assess

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

- does not meet the criteria in the table above; or
- are not listed in the table of above.

You will need to declare all your pre-existing medical conditions to us. You can complete an online health assessment with your travel insurance quote.

Pre-existing medical conditions which we cannot cover

Under no circumstances is cover available on any policy for:

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

Pregnancy

If you know you are pregnant at the relevant time or prior to the start of your journey, you will need to apply for cover if:

- there have been complications with this pregnancy or a previous pregnancy;
- you have a multiple pregnancy;
- the conception was medically assisted e.g. using assisted fertility treatment including hormone therapies or IVF.

The following restrictions apply to claims arising in any way from the pregnancy of any person:

- cover is only provided for serious, unexpected pregnancy complications that occur up to and including the 24th week of pregnancy.
- childbirth is not covered at any stage of the pregnancy.
- costs relating to the health or care of a newborn child are not covered, irrespective of the stage of pregnancy when the child is born.

Expectant mothers should consider if our insurance is right for them when travelling beyond the 24th week as costs for childbirth and neonatal care overseas can be expensive.

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

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

We'll offer you a policy covering unexpected events relating to your pre-existing medical condition(s). Additional premium may be payable and will be added to your policy.

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

If your risk is higher than we're able to cover, or unknown because you have symptoms that haven't been diagnosed, we will offer you a policy that will have some exclusions. These will be outlined in your pre-existing medical condition(s) assessment and subsequent certificate of insurance if you purchase the policy.

Change in health & new medical conditions

If your pre-existing medical condition changes or a new medical condition (which will be treated as a pre-existing medical condition under this policy) arises any time after you purchase your policy but before the start of your journey, you must contact us to complete a medical assessment.

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

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

We'll advise you of any additional policy premium that you're required to pay for the cover. You may have already paid a premium to cover pre-existing medical condition(s) declared when you purchased your policy, however if your overall health risk has increased, we have the right to collect additional premium to cover the increase in risk.

Once you have paid any additional premium required, we will email modified policy documents to you, with your covered pre-existing medical condition(s) listed, as well as any additional conditions, restrictions and exclusions on the certificate of insurance.

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

Even if your pre-existing medical condition(s) were covered when you purchased your policy, your overall health risk has either increased beyond what we are prepared to cover or is now unknown because you've developed symptoms that haven't been diagnosed, and we are no longer able to provide the same level of cover under Section 1: Overseas emergency medical and hospital expenses and Section 3: Overseas emergency dental expenses provided by the terms of your existing policy.

You are covered under the terms of your existing policy to cancel your journey and make a claim under Section 6: Cancellation or amendment expenses.

If you still want to go on your trip, you have the option to accept a policy with cover excluded for the pre-existing medical condition(s).

What we cover - your health

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

Section 1: Overseas emergency medical & hospital expenses	Top Cover	Essential Cover	Domestic Cover
Section cover limits	Unlimited	Unlimited	No cover
Excess applicable	Yes	Yes	N/A

There is cover under this section if you suffer an unexpected injury or sickness while on your journey.

We'll pay up to the section limit for the reimbursement of reasonable costs for emergency medical treatment, advice, attention, medication and assistance, incurred by you until you get back to Australia.

Conditions applying to cover:

- a. 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 date.
- b. the medical or hospital expenses must have been incurred due to a claimable event and these are confirmed on the written advice of a medical advisor.
- c. if you don't agree to return to Australia at the point that we determine you should, then we will pay you the amount that we determine would cover your medical expenses and/or related costs had you agreed to our recommendation. You will then be responsible for any ongoing or additional costs relating to or arising out of the event you have claimed for.

- d. if we've paid for costs to return you home, but you don't have a pre-paid return flight home, we're entitled to recover that cost from you.
- e. if you require any medical procedure relating to an implantable cardioverter-defibrillator (ICD or AICD), we'll bring you back to Australia for this procedure, provided our medical advisor determines that you are well enough to travel.

You must do the following:

- a. contact our emergency assistance team as soon as reasonably possible, or have someone else contact us on your behalf, if you:
 - i. are admitted to hospital;
 - ii. need surgery; or
 - iii. need outpatient treatment likely to cost more than \$1,000.
- b. if you are admitted to hospital, provide a copy of the discharge summary with your claim.
- c. keep receipts for any costs and provide them with your claim.
- d. make every effort to keep your medical or hospital expenses to a minimum.

We won't pay any claims, costs or losses under this section:

- a. if you don't meet, to our reasonable satisfaction, all the requirements that apply to you under 'You must do the following', unless we advise in writing that you don't need to.
- b. for medical treatment or ambulance transportation which is provided in Australia.
- c. for the continuation or follow up of medical treatment (including medication and ongoing immunisations) that started prior to your journey.
- d. for any pre-existing medical conditions, except ones automatically covered as specified under 'Conditions we automatically cover' in the section 'Pre-existing medical conditions' on pages 18 to 21, or ones with approval that are listed

- on your policy documents with additional premium paid.
- e. for routine medical or prenatal visits.
- f. after 2 weeks of treatment by a chiropractor, physiotherapist or dentist unless approved by us.
- g. if you do not take our advice.
- h. for private medical treatment if the same treatment is available under a Reciprocal Health Care Agreement between Australia and another country. Reciprocal Health Care Agreements are currently in place with Finland, Italy, Malta, the Netherlands, Norway, Sweden, the Republic of Ireland, Belgium, Slovenia, United Kingdom and New Zealand.

It is important to also read 'What we won't pay under any circumstances' on pages 49 to 51 for other reasons why we will not pay.

Section 2: Emergency medical assistance	Top Cover	Essential Cover	Domestic Cover
Section cover limits	Unlimited	Unlimited	\$10,000
Excess applicable	No	No	No

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

We'll pay up to the section limit if, at our sole discretion, we determine that you should be moved from one overseas hospital to another, or return to home (for treatment or because the risk of continuing your journey is too high), reasonable costs and arrangements:

- a. for your medical transfer or evacuation;
- b. to bring dependants named on your certificate of insurance back home if they're left unsupervised;
- c. access to a medical advisor for emergency medical treatment while overseas;

- d. any messages which need to be passed on to your family or employer in the case of an emergency;
- e. the provision of any written guarantees for payment of reasonable expenses for emergency hospitalisation while overseas.

Conditions applying to cover:

- a. if you are overseas and don't agree to return to Australia at the point that we determine you should, then we will pay you the amount that we determine would cover your medical expenses and/or related costs had you agreed to our recommendation. You will then be responsible for any ongoing or additional costs relating to or arising out of the event you have claimed for.

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

You must do the following:

Contact our emergency assistance team as soon as reasonably possible, or have someone else contact us on your behalf, if you:

- i. are admitted to hospital;
- ii. need surgery; or
- iii. need outpatient treatment likely to cost more than \$1,000.

We won't pay any claims, costs or losses under this section:

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

- b. medical treatment or ambulance transportation which is provided in Australia.
- c. for any pre-existing medical conditions, except those automatically covered as specified under 'Conditions we automatically cover' in the section 'Pre-existing medical conditions' on pages 18 to 21, or those with approval that are listed on your policy documents with additional premium paid.
- d. for medical evacuation unless it has been first approved by us.
- e. if you decline to promptly follow the medical advice of us (and we also will not be responsible for subsequent medical, hospital or evacuation expenses).
- f. for medical evacuation from Australia to an overseas country.

It is important to also read 'What we won't pay under any circumstances' on pages 49 to 51 for other reasons why we will not pay.

Section 3: Overseas emergency dental expenses	Top Cover	Essential Cover	Domestic Cover
Section cover limits	\$5,000	\$1,000	No cover
Excess applicable	Yes	Yes	N/A

There is cover under this section for the relief of unexpected, sudden and acute dental pain.

We'll pay up to the section limit for the reimbursement of reasonable costs for emergency dental treatment received overseas.

Conditions applying to cover:

We will only pay for treatment received during the 12 month period after the unexpected, sudden and acute dental pain first showed itself.

You must do the following:

- a. keep receipts for any costs and provide them with your claim.

- b. contact our emergency assistance team as soon as reasonably possible if your treatment is likely to cost more than \$1,000.

We won't pay any claims, costs or losses under this section:

- a. if you don't meet, to our reasonable satisfaction, all the requirements that apply to you under 'You must do the following', unless we advise in writing that you don't need to.
- b. for dental treatment received in Australia.
- c. for any costs without proof of the amount, and if we are reimbursing you directly, proof that you have paid it.

- d. for damage to dentures, dental prostheses, bridges or crowns.
- e. relating to dental treatment involving the use of precious metals or for cosmetic dentistry.
- f. dental treatment caused by or related to the deterioration and/or decay of teeth or associated tissue.

- g. the continuation or follow-up of treatment started prior to your journey
- h. routine dental treatment.

It is important to also read ‘What we won’t pay under any circumstances’ on pages 49 to 51 for other reasons why we will not pay.

Section 4: Hospital incidentals	Top Cover	Essential Cover	Domestic Cover
Section cover limits	\$5,000	No cover	No cover
Excess applicable	No	N/A	N/A

There’s cover under this section if you are admitted to a hospital overseas for more than 48 continuous hours.

We’ll pay you to the section cover limit, \$50 for each day you are in hospital after you are admitted to hospital for more than 48 continuous hours while you are on an overseas journey and you suffered an injury or sickness.

You must do the following:

Provide a copy of the discharge summary with your claim.

We won’t pay any claim, cost or loss under this section:

- a. for the first 48 continuous hours You are admitted to Hospital.
- b. if you cannot claim for Overseas medical expenses in Section 2: Overseas emergency medical and hospital expenses.

It is important to also read ‘What we won’t pay under any circumstances’ on pages 49 to 51 for other reasons why we will not pay.

Section 5: Medical additional expenses	Top Cover	Essential Cover	Domestic Cover
Section cover limits	\$50,000	\$50,000	\$15,000
Sub-limits: For events relating to a pre-existing medical condition of a relative not travelling with you on your journey	\$2,000	\$2,000	\$2,000
Excess applicable	Yes	Yes	Yes

There’s cover under this section if you incur additional accommodation and travel expenses due to a medical event such as your sudden and serious injury or sickness or the sudden

and serious sickness or death of your relative in Australia or New Zealand.

We’ll pay up to the section limit for the reimbursement of reasonable costs for:

- a. your additional accommodation and travel expenses incurred after the start of your journey if you cannot continue your journey due to injury or sickness which needs immediate attention from a medical advisor who certifies that you are unfit to travel.
- b. reimbursement of your reasonable additional accommodation and travel expenses for you to be with your travelling companion if they cannot continue their journey for the same reason.
- c. accommodation and travel expenses of your travelling companion or a relative (not both), to travel to you, stay near you or escort you if you are admitted to hospital suffering from a life threatening or other serious condition, or are evacuated for medical reasons.
- d. the additional cost of your return to home if, during your journey, your travelling companion or a relative of either of you:
 - i. dies unexpectedly; or
 - ii. is disabled by an injury; or
 - iii. becomes seriously sick and requires hospitalisation.

Conditions applying to cover:

- a. 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 home.
- b. if you need to return home and did not have a return ticket booked home before the circumstances giving rise to a claim under this section of the policy happened, we will reduce the amount of your claim by the price of the fare home from the place you planned to return to home from. The fare will be at the same fare class as the one you left home on.
- c. costs incurred must be on the written advice of a medical adviser approved by us, and with our prior approval.

Sub-limits applying to cover

Where your relative is hospitalised or dies in Australia or New Zealand due to a pre-existing medical condition, the maximum we'll pay under this section is \$2,000, unless at the time of policy issue you could not reasonably be aware of the likelihood of such hospitalisation or death.

You must do the following:

- a. keep receipts for any costs and provide them with your claim.
- b. provide a medical or death certificate with your claim, as evidence of the injury, sickness or death.
- c. keep receipts for any costs and provide them with your claim.

We won't pay any claims, costs or losses under this section:

- a. if you don't meet, to our reasonable satisfaction, all the requirements that apply to you under 'you must do the following', unless we advise in writing that you don't need to.
- b. for any pre-existing medical conditions, except ones automatically covered as specified under 'Conditions we automatically cover' in the section 'Pre-existing medical conditions' on pages 18 to 21, or ones with approval that are listed on your policy documents with additional premium paid.
- c. due to the death, injury or sickness of your relative that arises from a pre-existing medical condition; unless your relative is hospitalised in or dies in Australia or New Zealand after the policy is issued and the hospitalisation or death is due to a pre-existing medical condition that at the time of policy issue you could not reasonably be aware would result in hospitalisation or death.

It is important to also read 'What we won't pay under any circumstances' on pages 49 to 51 for other reasons why we will not pay.

What we cover - your trip

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

Section 6: Cancellation or amendment expenses	Top Cover	Essential Cover	Domestic Cover
Section cover limits: This benefit is combined for all persons covered under this policy	Cover chosen and listed on your certificate of insurance	Cover chosen and listed on your certificate of insurance	\$10,000
Section cover sub-limits: For events relating to a pre-existing medical condition of a relative not travelling with you on your journey	\$2,000	\$2,000	\$2,000
Section cover sub-limits: For travel agent’s cancellation fees	\$1,500	\$1,500	\$1,500
Excess applicable	Yes	Yes	Yes

There’s cover under this section if, due to circumstances outside your control and not expected or intended by you at the relevant time you need to:

- a. cancel or change your journey before the start of your journey; or
- b. make changes to your journey arrangements whilst you are on journey; or
- c. end your journey early to return home.

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

- a. your cancellation costs for travel and accommodation arrangements that you have paid in advance and cannot recover in any other way (where you cannot rearrange it prior to leaving home); or
- b. your reasonable costs to rearrange your journey prior to leaving home;

- c. the loss of frequent flyer or similar air travel points you used to purchase an airline ticket following the cancellation of that airline ticket, if you cannot recover the lost points from any other source. We calculate the amount we pay you as follows:
 - i. the cost of an equivalent class airline ticket based on the quoted retail price at the time the ticket was issued, less your financial contribution; multiplied by:
 - ii. the total value of points lost, divided by the total number of points used to obtain the ticket.

Sub-limits applying to cover:

- a. where your relative is hospitalised or dies in Australia or New Zealand due to a pre-existing medical condition, the maximum we’ll pay under this section is \$2,000. This is provided only if at the time of policy issue you could not reasonably be aware of the likelihood of such hospitalisation or death.

- b. the travel agent's cancellation fees up to \$1,500 where all monies have been paid or the maximum amount of the deposit has been paid at the time of the cancellation.

Conditions applying to cover:

- a. any refunds of credits you're eligible to receive will be deducted from the amount payable on your claim.
- b. if you submit a claim under this section following cancellation by you of your entire journey, cover under this policy ends. You'll need to purchase another policy for any subsequent trip. Cover will remain in place for anyone named on the certificate of insurance who isn't claiming to cancel their journey, however the cover limit will be reduced by the amount payable on the cancellation claim.
- c. if we've paid to bring you back to Australia under 'Medical additional expenses' we won't reimburse you for your original unused prepaid flight back to Australia.

You must do the following:

- a. provide with your claim, written confirmation of the unexpected, unforeseen event that caused you to change your journey.
- b. request credits and refunds from service providers and provide written confirmation of whether you're entitled to any credits or refunds. If you are unable to provide any of this information, please provide a reason why.
- c. keep receipts for any costs paid for your original arrangements and provide them with your claim.
- d. keep receipts for any additional costs incurred and provide them with your claim.
- e. provide with your claim a copy of your original travel itinerary and your new travel itinerary, if applicable.

We won't pay any claims, costs or losses under this section:

- a. for costs to rearrange your journey if it costs more to rearrange than the cancellation costs which you would have incurred had the journey been cancelled.
- b. if you were aware of any reason, before your period of insurance commenced, that causes your journey to be cancelled, abandoned or shortened.
- c. due to the death, injury or sickness of your relative that arises from a pre-existing medical condition unless your relative is hospitalised in or dies in Australia or New Zealand after the policy is issued and the hospitalisation or death is due to a pre-existing medical condition that at the time of policy issue you could not reasonably be aware would result in hospitalisation or death.
- d. as a result of the death, injury or sickness of any person who resides outside of Australia or New Zealand.
- e. as a result of you or your travelling companion changing plans or deciding not to continue with the intended journey.
- f. if your claim relates to the financial collapse of any carrier or tour or accommodation provider.
- g. as a result of a tour operator or wholesaler being unable to complete arrangements for any tour because there were not enough people to go on the tour.
- h. arising out of 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.
- i. as a result of delays or rescheduling by a bus line, airline, shipping line or rail authority other than when caused by strikes.

- j. as a result of the mechanical breakdown of any means of transport.
- k. as a result of an act or threat of terrorism.
- l. if you can claim your cancellation or amendment expenses from anyone else.
- m. for costs which you have paid on behalf of any other person, unless that person is also an insured person named on your certificate of insurance.
- n. as a result of mental illness (including depression, anxiety, stress, mental or nervous conditions) suffered by you, a relative or another person unless:
 - i. a mental illness diagnosis has been made by a registered psychiatrist; and
 - ii. the treating registered psychiatrist certifies that the mental illness prevents you from starting or finishing your journey; and
- o. if you don't meet, to our reasonable satisfaction, all the requirements that apply to you under 'you must do the following'; unless we advise in writing that you don't need to.
- p. for cruise deposits if you didn't select 'cruise' when you purchased your policy.
- q. for a return flight home if you didn't have a prepaid return flight home when the unexpected event occurred.
- r. for additional arrangement costs if we've paid your unused pre-paid costs.
- s. for travel or accommodation that was upgraded to a different nature and/or class that you originally booked, unless approved by us.
- iii. the mental illness has first occurred or first manifested as a new condition during your period of insurance.

Section 7: Non-medical additional expenses	Top Cover	Essential Cover	Domestic Cover
Section cover limits	\$15,000	No cover	\$15,000
Excess applicable	Yes	N/A	Yes

There's cover under this section if you incur reasonable additional accommodation and travel expenses incurred on the journey due to an unforeseeable circumstance outside your control listed below under 'we'll pay'.

We'll pay for additional expenses arising from:

- a. disruption of your scheduled or connecting transport because of riot, strike, civil commotion, severe weather conditions or natural disaster occurring after the commencement of the journey.
- b. loss of passport or travel documents except involving government confiscation or articles sent through the mail.
- c. a collision of a motor vehicle, watercraft, aircraft or train in which you are travelling.

- d. if your home is rendered uninhabitable by fire, explosion, or a natural disaster while you are on your journey we will pay for your early return home.
- e. a quarantine regulation you unknowingly breach.

You must do the following:

- a. obtain written confirmation from the transport provider or other relevant body as to the cause of the event and delay.
- b. keep receipts for any costs and provide them with your claim.
- c. act reasonably in avoiding additional costs.
- d. take advantage of any pre-arranged return travel to Australia where possible.

Conditions applying to cover:

- a. we will only pay the cost of the fare class and accommodation standard (room rate only) as originally booked that you had planned to travel at.
- b. if you need to return to Australia and did not have a return ticket booked to Australia before the circumstances giving rise to a claim under this section of the policy happened, 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.
- c. wherever claims are made by you under this section and Section 6: Cancellation or amendment expenses 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.

For example, if the cost to cancel part of your trip due to your home being rendered uninhabitable whilst travelling is \$3,000 and the cost to amend or rearrange your booking is \$2,000 then the most we will pay is \$3,000.

We won't pay any claim, cost or loss under this section:

- a. if you don't meet, to our reasonable satisfaction, all the requirements that apply to you under 'you must do the following'; unless we advise in writing that you don't need to.
- b. for delays or rescheduling by a bus line, airline, shipping line or rail authority unless it is due to a strike, riot, hijack, civil protest, severe weather conditions or natural disaster.
- c. if you were aware of any reason, before your period of insurance commenced, that may cause your journey to be cancelled or disrupted or delayed.
- d. as a result of you or your travelling companion changing plans or deciding not to continue with the intended journey.
- e. if your claim relates to the financial collapse of any transport, tour or accommodation provider.
- f. if you can claim your additional travel and accommodation expenses from anyone else.

It is important to also read 'What we won't pay under any circumstances' on pages 49 to 51 for other reasons why we will not pay.

Section 8: Missed connection & special events	Top Cover	Essential Cover	Domestic Cover
Section cover limits	\$5,000	No cover	\$2,000
Excess applicable	Yes	N/A	Yes

There's cover under this section:

If your journey is interrupted due to an unforeseeable circumstance outside of your control, resulting in you being unable to arrive on time for pre-booked connection, a wedding, funeral, conference, concert, sporting event or prepaid travel/tour arrangements.

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

- a. your reasonable additional transport

expenses due to transport delay if during the period of insurance your prepaid, scheduled transport is cancelled, delayed or rerouted within 24 hours of the scheduled departure time and this means you will miss a pre-booked connection.

- b. your reasonable additional travel expenses to arrive at a wedding, funeral, conference, sporting event or prepaid travel/tour arrangements on time

Conditions applying to cover under this section:

If you make a claim under Section 6: Cancellation or amendment expenses for unused, prepaid, non-refundable costs and cancellation fees as a result of the same event for which you are claiming under this section, we'll only pay for the greater amount. We won't pay a claim for the same event under both sections.

You must do the following:

- a. seek credits and refunds from the transport provider who was responsible for the cancellation, delay or diversion.
- b. provide with your claim, written confirmation from the transport provider who was responsible regarding:
 - i. the reason for the cancellation, delay or diversion; and
 - ii. whether you are entitled to any credits or refunds and if not, why; and
 - iii. details of any credits or refunds that you are entitled to.
- c. get and provide with your claim, proof of the scheduled date and time of the wedding, funeral, conference, concert or sporting event.
- d. keep receipts for any costs incurred and provide them with your claim.

We won't pay any claims, costs or losses under this section:

- a. if you don't meet, to our reasonable satisfaction, all the requirements that apply to you under 'you must do the following'; unless we advise in writing that you don't need to.
- b. for any amount of compensation, you receive, or are entitled to receive from the transport provider whose transport was delayed (we will deduct this from your claim).
- c. claims where the leg of transport that is initially delayed arrives at its destination:
 - i. less than 2 hours later than originally scheduled in respect of domestic transport; or
 - ii. less than 3 hours later than originally scheduled in respect of international transport.
- d. claims where the transport provider provides an alternative mode of transportation without additional cost to you.
- e. the cancellation, delay, shortening or diversion of your scheduled transport arises from the financial collapse of any transport, tour or accommodation provider.
- f. arising from or related to, an act, threat, or perceived threat of terrorism.

Section 9: Resumption of journey	Top Cover	Essential Cover	Domestic Cover
Section cover limits	\$3,000	No cover	No cover
Excess applicable	Yes	N/A	N/A

There's cover under this section for airfares for you to return to the place you were when your overseas journey was interrupted if you are required to return home to Australia because a relative of yours dies unexpectedly or is hospitalised following a sudden serious injury, sickness, disease.

We'll pay up to the section cover limit, for the economy class transport costs you incur to return overseas.

Conditions applying to cover:

- a. less than 50% of your insurance had elapsed at the time of the onset of the sudden serious injury, sickness, disease or death of your relative;
- b. there is more than 14 days remaining of the period of insurance, as noted on your certificate of insurance;
- c. your return overseas to resume your journey is within 6 months of your return to Australia;
- d. it is possible for your journey to be resumed;
- e. there is no claim for the same event under Section 6: Cancellation or amendment expenses of this policy.

You must do the following:

- a. provide a death certificate with your claim, as evidence of the death; or
- b. provide a medical certificate from your relatives treating medical advisor in support of your claim;

- c. keep receipts for any costs and provide them with your claim.
- We won't pay** any claim, cost or loss under this section:
- a. if you don't meet, to our reasonable satisfaction, all the requirements that apply to you under 'you must do the following'; unless we advise in writing that you don't need to.
 - b. if the death was caused by a sickness or injury appearing prior the commencement of your original journey;
 - c. if the onset of the sickness or injury occurred prior to the commencement of your original journey.

It is important to also read 'What we won't pay under any circumstances' on pages 49 to 51 for other reasons why we will not pay.

Section 10: Travel delay	Top Cover	Essential Cover	Domestic Cover
Section cover limits	\$2,000	No cover	\$1,000
Excess applicable	No	N/A	No

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

We'll pay up to the section cover limit, \$200 at the end of the initial 6-hour period. In addition, we will pay up to \$200 for each full 24-hour period that the delay continues beyond the initial 6 hour delay.

You must do the following:

- a. provide with your claim, written confirmation that the circumstances outside your control that caused the delay.
- b. provide receipts for meals and accommodation claimed.
- c. seek credits and refunds from the transport provider who was responsible for the cancellation, delay or diversion.
- d. provide with your claim, written confirmation from the provider who was responsible regarding:
 - i. the reason for the cancellation, delay or diversion;
 - ii. whether you are entitled to any credits or refunds and if not, why; and
 - iii. details of any credits or refunds that you are entitled to.

We won't pay any claims, costs or losses under this section if:

A delay to your journey arises from:

- a. the financial collapse of any transport, tour or accommodation provider;
- b. an act or threat of terrorism;

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

It is important to also read 'What we won't pay under any circumstances' on pages 49 to 51 for other reasons why we will not pay.

Section 11: Rental vehicle insurance excess	Top Cover	Essential Cover	Domestic Cover
Section cover limits	\$8,000	No cover	\$5,000
Section cover sub-limits: For return of rental vehicle	\$500	No cover	\$500
Excess applicable	Yes	N/A	Yes

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

We'll pay up to the section cover limit and section cover sub-limit, the lower of either:

- a. the rental vehicle insurance excess; or
- b. the cost of repairing the rental vehicle;
- c. the cost for the return of your rental vehicle.

Sub-limits applying to cover

In the event that you are injured or sick and unable to return your rental vehicle, we will pay up to \$500 to have the vehicle returned to the nearest depot.

You must do the following:

- a. provide a copy of the rental agreement along with the repair account or quote.
- b. keep receipts for any costs you have paid and provide them with your claim.
- c. provide a medical certificate from your attending medical advisor where you are medically unfit to return the rental vehicle.

We won't pay any claim, cost or loss under this section:

- a. if you don't meet, to our reasonable satisfaction, all the requirements that apply to you under 'you must do the following'; unless we advise in writing that you don't need to.
- b. if the rental vehicle is operated or used by a person not named as a designated driver on the rental vehicle agreement, or by anyone not named on your certificate of insurance.
- c. if you don't hold the correct licence to operate the rental vehicle for the country you are in.
- d. if the rental vehicle is used or driven in a way that violates the rental agreement, or breaks the law of the country you are in.
- e. for administration costs or penalties.
- f. if the vehicle does not fit our definition of rental vehicle in this policy.

It is important to also read 'What we won't pay under any circumstances' on pages 49 to 51 for other reasons why we will not pay.

What we cover - your belongings

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

Section 12: Luggage and personal effects	Top Cover	Essential Cover	Domestic Cover
Section cover limits	\$15,000	\$5,000	\$5,000
Section cover sub-limit Item limit: Video recorders, cameras, laptops, tablets and other personal handheld computers (including attached and unattached accessories)	\$4,000	\$4,000	\$4,000
Section cover sub-limit Item limit: Mobile phones, smartphones and tablets (including attached and unattached accessories)	\$2,000	\$2,000	\$2,000
Section cover sub-limit Item Limit: Medical aids e.g. dental prostheses (including attached and unattached accessories)	\$3,500	\$3,500	\$3,500
Section cover sub-limit Item limit: Other items (including attached and unattached accessories)	\$750	\$750	\$750
Section cover sub-limit Luggage and personal effects stolen during daylight hours from the locked boot or from a locked storage compartment	\$200 for each stolen item to a maximum of \$2,000	\$200 for each stolen item to a maximum of \$2,000	\$200 for each stolen item to a maximum of \$2,000
Excess applicable	Yes	Yes	Yes

There's cover under this section if your luggage and personal effects are lost, stolen or damaged. For example:

- a. a thief on a motorcycle snatched your handbag off your shoulder and sped away, or a thief broke into your hotel room and stole your laptop.
- b. your luggage and personal effects are destroyed, damaged or unable to be recovered, due to an unexpected accident, such as a car crash or fire. For example, all your clothes are destroyed in a fire at your hotel or your camera is damaged in a car accident.
- c. your luggage and personal effects stored in checked-in luggage are unexpectedly lost by your scheduled transport provider and can't be found. For example, the airline loses your suitcase and confirms they're unable to locate it.

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

For the original value of your luggage and personal effects after deducting reasonable depreciation, where applicable and determined by us. We may choose to replace, repair or pay you the monetary value.

Sub-limits applying to cover:

- a. you can claim for any combination of luggage and personal effects up to the applicable sub-limits, but the maximum amount we will pay under this section will not exceed the section cover limit.
- b. for luggage and personal effects stolen during daylight hours from the locked boot or from a locked storage compartment of an unoccupied motor vehicle, provided however there must be signs of forced entry which is confirmed by a police report. The most we will pay is \$200 for each stolen item and \$2,000 in total for all stolen items.

Conditions applying to cover:

- a. you must take reasonable care to protect luggage and personal effects. The level of care required is relative to the value of the item. The more expensive the item, the greater the level of care we expect you to take.
- b. a pair or related set of items are considered as one item and the appropriate single item limit will be applied. These include but are not limited to the following examples, each of which is considered a single item:
 - i. a camera, lenses (attached or not), tripod and accessories;
 - ii. a matched or unmatched set of golf clubs, golf bag and buggy;
 - iii. a matching pair of earrings.

You must do the following:

- a. report any crime or accident to the police, and hotel or transport provider, if applicable, within 24 hours of the crime, and provide a copy of the report with your claim.
- b. report lost checked-in luggage to the transport provider as soon as you realise that it's lost and provide a copy of the report with your claim.
- c. report any crime or accident resulting in the loss or damage of your luggage and personal effects to us as soon as reasonably possible.
- d. provide with your claim, proof of ownership and value for any luggage and personal effects you are claiming for, such as receipts, valuations, or bank statements.
- e. contact your Australian telecommunications provider to block your mobile phone SIM and IMEI (International Mobile Equipment Identity) if it is stolen or unrecoverable and provide written confirmation they have been blocked with your claim.

We won't pay any claims, costs or losses under this section:

- a. if you don't meet, to our reasonable satisfaction, all the requirements that apply to you under 'You must do the following', unless we advise in writing that you don't need to.
- b. for 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, bus or carrier.
- c. if the loss, theft or damage is to or of bicycles and bicycle accessories, household equipment, mobile phone prepaid minutes you have not used, mobile rental charges or payments, motor vehicles and accessories, or items of a perishable nature (meaning items that can decay or rot and will not last for long).
- d. if the loss, theft or damage is to items left behind in any hotel or motel room after you have checked out or items left behind in any aircraft, ship, train, tram, taxi or bus or rental vehicle.
- e. if the loss, theft or damage is to watercraft of any type (other than surfboards).
- f. if the luggage and personal effects were being sent unaccompanied or by post, courier or under a freight contract.
- g. if the loss or damage arises from any process of cleaning, repair or alteration.
- h. if the loss or damage arises from ordinary wear and tear, deterioration, atmospheric or weather conditions, insects, rodents or vermin.
- i. if the luggage and personal effects were left unsupervised in a public place.
- j. if the luggage and personal effects were left unattended during the daylight hours in a motor vehicle, unless they were locked in the boot or in a locked storage compartment.
- k. if the luggage and personal effects were left unattended at night or overnight in a motor vehicle, even if they were locked in the boot or in a locked storage compartment.
- l. if the luggage and personal effects have an electrical or mechanical breakdown.
- m. if the damage is caused to fragile or brittle articles unless caused by a fire or motor vehicle collision. This exclusion does not apply to spectacles, lenses in cameras and video cameras, laptop and tablet computers or binoculars.
- n. if 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. if the loss or damage is to, or of, sporting equipment while in use (including surfboards).
- p. for drones (including attached and unattached accessories) whilst in use.
- q. for negotiable instruments (such as gift cards, precious metals or securities).
- r. for information stored on any electronic device or other media, including software.

It is important to also read 'What we won't pay under any circumstances' on pages 49 to 51 for other reasons why we will not pay.

Section 13: Delayed luggage and personal effects	Top Cover	Essential Cover	Domestic Cover
Section cover limits	\$1,000	No cover	\$1,000
Excess applicable	Yes	N/A	Yes

There's cover under this section if all your luggage is delayed, misdirected or misplaced by your transport provider for more than 24 hours during your journey.

We'll pay up to the section cover limit, \$500 at the end of the initial 24 hour period, for the cost of purchasing reasonable essential personal items. This limit will be doubled if you still have not received your luggage and personal effects after 72 hours. Any compensation you are eligible to receive from the transport provider will be deducted from the amount payable on your claim.

You must do the following:

- a. seek compensation from the transport provider responsible for the delay.
- b. provide with your claim, written confirmation from the transport provider who was responsible regarding:
 - i. the reason for the luggage delay;

- ii. the length of the delay;
- iii. whether you are entitled to any compensation; and
- iv. details of any compensation you are entitled to.
- c. Keep receipts for any additional costs incurred and provide them with your claim.

We won't pay any claims, costs or losses under this section:

- a. if you don't meet, to our reasonable satisfaction, all the requirements that apply to you under 'You must do the following'; unless we advise in writing that you don't need to.
- b. arising from your luggage being delayed on your return home.

It is important to also read 'What we won't pay under any circumstances' on pages 49 to 51 for other reasons why we will not pay.

Section 14: Theft of cash	Top Cover	Essential Cover	Domestic Cover
Section cover limits	\$250	No cover	No cover
Excess applicable	No	N/A	N/A

There's cover under this section for the theft of cash, bank notes, currency notes, postal orders or money orders that have been stolen from your person.

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

You must do the following:

- a. report any crime or accident to the police, your hotel or your transport provider, if

- applicable, within 12 hours of the crime, and provide a copy of the report with your claim.
- b. provide a credit card or bank statements or receipts showing cash withdrawals.

We won't pay for:

Any claim, cost or loss under this section for cash not carried on you when it was stolen.

It is important to also read 'What we won't pay under any circumstances' on pages 49 to 51 for other reasons why we will not pay.

What we cover - your security

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

Section 15: Personal liability This benefit is combined for all persons covered under this policy	Top Cover	Essential Cover	Domestic Cover
Section cover limits	\$3,000,000	\$1,500,000	\$1,000,000
Excess applicable	Yes	Yes	Yes

There’s cover under this section if, due to an unexpected accident that occurs on your journey, you become liable for:

- a. death or bodily injury; or
- b. physical loss of, or damage to, property.

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

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

Conditions applying to cover:

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

You must do the following:

- a. get proof of the death, injury, loss or damage and provide it with your claim.
- b. keep invoices for costs you are liable for and provide them with your claim.
- c. keep receipts for any legal costs that we have approved and provide them with your claim.

We won’t pay any claims, costs or losses under this section:

Arising from or related to:

- a. you not meeting, to our reasonable satisfaction, all the requirements that apply to you under ‘you must do the following’,

- unless we advise in writing that you don’t need to.
- b. an injury to you, a travelling companion or relative.
- c. damage to property belonging to you, a travelling companion or immediate family member.
- d. ownership, custody or use of any vehicle, airplane, aerial device, drone, watercraft, firearm or weapon.
- e. buildings you own or occupy, except if you temporarily reside there.
- f. the conduct of a business, profession or trade.
- g. disease that is transmitted by you.
- h. assault and/or battery committed by you or at your direction.
- i. any conduct intended to cause injury, property damage or other personal liability.
- j. a contract that imposes on you a liability which you would not otherwise have.
- k. any non-financial assistance, remedy or recovery.
- l. any fine, penalty or aggravated, punitive, exemplary, or liquidated damages.

It is important to also read ‘What we won’t pay under any circumstances’ on pages 49 to 51 for other reasons why we will not pay.

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

Section 16: Accidental death	Top Cover	Essential Cover	Domestic Cover
Section cover limits	\$25,000	No cover	\$15,000
Section cover sub-limits: Dependants	\$5,000	No cover	\$5,000
Excess applicable	No	N/A	No

There’s cover under this section if anyone listed on the certificate of insurance passes away due to an injury sustained on the journey.

We’ll pay up to the section cover limit, to your estate provided:

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

Sub-limits applying to cover under this section

Maximum amount payable for dependants listed on the certificate of insurance is \$5,000.

You must do the following:

Provide a death certificate with the claim, as evidence of the death.

We won’t pay any claim, cost or loss under this section if the death is caused by suicide or for any reason other than caused by injury as defined on page 7.

Section 17: Funeral or repatriation expenses	Top Cover	Essential Cover	Domestic Cover
Section cover limits	\$20,000	\$20,000	\$5,000
Excess applicable	No	No	No

There’s cover under this section if anyone listed on the certificate of insurance passes away on the journey regardless of the cause of death.

We’ll pay up to the section cover limit, for reasonable costs:

- a. on Top and Essential Cover: to cremate or embalm the body in the overseas city or region where the insured passed away.
- b. on Top and Essential Cover: for a funeral in the overseas city or region where the insured passed away, or to bring the remains back to home.
- c. on the Domestic Cover: for the costs to bring the remains home.
- d. for an immediate family member to travel to the city or region where the insured passed

away on a scheduled return economy flight to assist with the funeral arrangements or the repatriation.

You must do the following:

- a. provide a death certificate with your claim, as evidence of the death.
- b. keep receipts for any costs and provide them with your claim.

We won’t pay any claim, cost or loss under this section:

- a. if you don’t meet, to our reasonable satisfaction, all the requirements that apply to you under ‘you must do the following’; unless we advise in writing that you don’t need to.
- b. to return the deceased person to a country other than Australia.

Section 18: Permanent disability	Top Cover	Essential Cover	Domestic Cover
Section cover limits	\$25,000	No cover	\$10,000
Excess applicable	No	N/A	No

There’s cover under this section if anyone listed on the certificate of insurance suffers an injury during the journey causing permanent disability.

Permanent disability and permanently disabled means:

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

We’ll pay up to the section cover limit if:

- a. you suffer an injury; and

- b. due to this injury, you become permanently disabled within 12 months of the injury date.

You must do the following:

Provide a medical certificate in your claim.

We won’t pay any claim, cost or loss under this section due to injury caused by self-harm or for any reason other than caused by injury as defined in ‘definitions’ on page 7.

It is important to also read ‘What we won’t pay under any circumstances’ on pages 49 to 51 for other reasons why we will not pay.

Section 19: Loss of income	Top Cover	Essential Cover	Domestic Cover
Section cover limits	\$10,400	No cover	No cover
Section cover sub-limits: Weekly limit	\$400 per week	No cover	No cover
Excess applicable	No	N/A	N/A

There’s cover under this section if you are injured during your journey and as a result of the injuries, after 30 days of you returning home, you are unable to attend to your usual or suitable alternative occupation in Australia and you lose all your income.

We’ll pay you up to \$400 per week for a period of up to 26 weeks to replace your lost income.

You must do the following:

- a. obtain a medical report from your medical advisor overseas regarding the nature of your injury and confirming your disablement.

- b. obtain a medical report from your medical advisor in Australia once you return home outlining the treatment plan for your return to your usual occupation in Australia, the expected return to work date or length of expected disablement.
- c. provide us with satisfactory evidence of your employment in Australia and your scheduled return to work date after your journey, confirming that you had work to return to in Australia.
- d. provide us with satisfactory evidence of your lost income by providing us with your recent payslips.

We won't pay any claim, cost or loss under this section:

- a. if you don't meet, to our reasonable satisfaction, all the requirements that apply to you under 'you must do the following', unless we advise in writing that you don't need to.
- b. for the first 30 days of your disablement from the time you originally planned to resume your work.
- c. for the loss of income of dependants.

Section 20: Domestic pet care	Top Cover	Essential Cover	Domestic Cover
Section cover limits	\$500	No cover	No cover
Section cover sub-limit: Daily limit kennel, boarding or cattery fees	\$25	No cover	No cover
Section cover sub-limit: Veterinary costs	\$500	No cover	No cover
Excess applicable	No	N/A	N/A

There's cover under this section if anyone listed on the certificate is delayed from returning home due to an unforeseen circumstance that is outside of their control, or if your pet back at home requires emergency veterinary care.

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

- a. \$25 for each 24-hour period for additional kennel, boarding or cattery fees for domestic dogs and cats owned by you if you are delayed beyond your original return date due to an event covered under this policy; or
- b. \$500 for veterinary costs, if your pet suffers an injury during your journey and requires treatment provided at the time your pet was in the care of a relative or a boarding kennel/ cattery.

You must do the following:

- a. provide a veterinary statement with your claim, as evidence of the emergency care.
- b. keep receipts for any costs and provide them with your claim.

We won't pay any claim, cost or loss under this section for any kennel or cattery boarding fees, or veterinary costs incurred outside of Australia.

Section 21: Domestic services	Top Cover	Essential Cover	Domestic Cover
Section cover limits	\$500	No cover	No cover
Daily limit	\$50	No cover	No cover
Excess applicable	No	N/A	N/A

There’s cover under this section if you become disabled as a result of an injury which occurs during an overseas journey and the disablement continues after your return to Australia.

We’ll pay up to the section cover limit, \$50 per day for reasonable costs for the cost of housekeeping duties you are unable to perform yourself.

You must do the following:

- a. provide a medical certificate with your claim that states you are unable to perform your usual house duties; and
- b. keep receipts for any costs and provide them with your claim.

We won’t pay any claim, cost or loss under this section if you do not have a medical certificate confirming disablement and verifying the need for the housekeeping services while you are disabled.

It is important to also read ‘What we won’t pay under any circumstances’ on pages 49 to 51 for other reasons why we will not pay.

What we cover - your choices

The following section benefits and activities are not automatically included in your policy unless cover is selected, and an additional premium is paid and listed on your certificate of insurance.

Section 22: Cruise	You will only have cover for cruising under all sections of the policy if you select this option prior to the start of your journey.		
	Top Cover	Essential Cover	Domestic Cover
Additional premium required for cover	Yes	Yes	N/A
22.1 Missed cruise connection	\$2,000	\$2,000	No cover
22.2 Missed port	\$750	\$750	No cover
22.3 Emergency formal attire	\$250	\$250	No cover
Excess applicable	Yes	Yes	N/A

22.1 Missed cruise connection

There's cover under this section if during the period of insurance your prepaid, scheduled transport is cancelled, delayed or rerouted within 24 hours of the scheduled departure time and this means you will miss the start of your pre-booked multi-night cruise.

We'll pay:

- a. the reasonable additional public transport costs you incur to arrive in time to catch the start of the multi-night tour/cruise; and
- b. the cost of any unused prepaid connection (you originally were going to use to reach the multi-night cruise) less any refund or credit you are entitled to from the supplier of that connection.

You must do the following:

- a. provide us with written confirmation from the transport provider of how much later than originally scheduled the transport arrived.

- b. provide us with written confirmation from the transport provider if you are entitled to receive any compensation and the amount.

We won't pay any claim, cost or loss under this section:

- a. where cruise cover has not been selected and listed on your certificate of insurance.
- b. for amounts already claimed under Section 6: Cancellation or amendments expenses.
- c. for any amount of compensation you receive, or are entitled to receive from the transport provider whose transport was delayed (we will deduct this from your claim).
- d. for claims where the leg of transport that is initially delayed arrives at its destination:
 - i. less than 2 hours later than originally scheduled in respect of domestic transport; or
 - ii. less than 3 hours later than originally scheduled in respect of international transport.

- e. claims related to a missed cruise unless the public transport you booked to meet that cruise arrived more than 2 hours later than originally scheduled.
- f. claims where the transport provider provides an alternative mode of transportation without additional cost to you.

22.2 Missed port

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

We’ll pay \$100 per port up to the stated benefit amount.

You must do the following:

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

We won’t pay any claim, cost or loss under this section:

- a. where cruise cover has not been selected and listed on your certificate of insurance
- b. if you don’t meet, to our reasonable satisfaction, all the requirements that apply to you under ‘you must do the following’, unless we advise in writing that you don’t need to.

22.3 Emergency formal attire

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

We’ll pay for reasonable expenses to purchase or hire replacement formal wear up to the section cover limit.

You must do the following:

Provide us with written confirmation from the cruise provider of delay to your formal attire.

We won’t pay any claim, cost or loss under this section:

Where a claim is also lodged under Section13: Delayed luggage and personal effects.

Section 23: Snow cover	Cover for your participation in winter sports is not automatically included in your policy. You will only have this cover if you pay the additional premium and it is noted on your certificate of insurance.		
	Top Cover	Essential Cover	Domestic Cover
Additional premium required for cover	Yes	Yes	Yes
23.1 Piste Closure	\$500	\$500	\$500
23.2 Prepaid snow costs	\$500	\$500	\$500
23.3 Equipment replacement	\$500	\$500	\$500
Excess applicable	Yes	Yes	Yes

23.1 Piste Closure

There’s cover under this section if your prepaid snow activities cannot take place due to your pre booked snow resort closing all lift systems for more than 24 hours.

We’ll pay up to \$100 per day up to the section limit towards the cost of transport to the nearest snow resort or additional ski passes.

You must do the following:

Provide us with written confirmation from the snow resort of the closure of the lift systems including the duration of the closure.

We won't pay for claims arising outside the period 15th December to 31st March in Northern Hemisphere resorts and 15th June to 30th September in Southern Hemisphere resorts.

23.2 Prepaid snow costs

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

We'll pay up to the section amount for prepaid snow passes, snow equipment hire or tuition fees.

You must do the following:

Obtain a medical certificate from a medical advisor in support of your claim for injury or sickness.

We won't pay for any claims arising from activities not defined as winter sports as defined in 'definitions' on page 10.

23.3 Equipment replacement

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

We'll pay up to \$500 toward the cost of hiring snow sports equipment.

You must do the following:

Provide us with written confirmation from the transport provider of the delay.

We won't pay for equipment sent unaccompanied or under a freight contract.

Section 24: Bicycle Cover	Top Cover	Essential Cover	Domestic Cover
Additional premium required for cover	Yes	Yes	N/A
Section cover limits	\$15,000	\$15,000	No cover
Section cover sub-limits:	\$5,000 per bicycle	\$5,000 per bicycle	No cover
Excess applicable	Yes	Yes	N/A

There's cover under this section if during your trip, a bicycle owned by you is permanently lost, stolen or accidentally damaged.

We'll pay:

At our option, up to the section limits we pay for the:

- a. repair of the bicycle; or
- b. replacement the bicycle; or
- c. the amount it would cost us to repair or replace the item.

Conditions applying to cover under this section:

- a. at the time the certificate of insurance is issued, the bicycle(s) are: less than three (3) years old; and
- b. each bicycle is valued at \$1,500 or more; and free of defects.
- c. the maximum amount we will pay for any one bicycle is \$5,000 and \$15,000 for all bicycles combined.

- d. you must take care to protect and secure your bicycle at all times. You must:
 - i. whenever your bicycle is unsupervised in a public place, secure the bicycle frame and wheels to a fixed object with an approved bicycle lock.
 - ii. not store your bicycle outside overnight (including in a motor vehicle, in a locked storage compartment, or on a bicycle rack).
 - iii. when you are transporting your bicycle by aircraft, securely pack it in a bike case or other container designed for bicycles.
 - iv. when you are transporting your bicycle by motor vehicle, keep it obscured from view inside the locked boot or locked storage compartment, or locked and secured to a properly fixed bicycle rack via the lockable security provision of the bicycle rack.
- e. where a claim is for the loss or theft of, or damage to, a bicycle, you must:
 - i. report the loss or 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 loss or theft occurred;
 - ii. provide us with a copy of the written report to the police or office of the bus line, airline, shipping line or rail authority you were travelling on.
 - iii. provide us with evidence of the broken lock or securing device or forced entry into a boot or locked storage compartment.
- c. if you don't meet, to our reasonable satisfaction, all the requirements that apply to you under 'you must do the following', unless we advise in writing that you don't need to.
- d. if the bicycle has a mechanical, electrical or electronic breakdown.
- e. for damage arising from or caused whilst your bicycle is being transported on a motor vehicle mounted bicycle rack.
- f. for damage arising from or caused by your bicycle being driven over by a motor vehicle.
- g. for scratching or denting or any cosmetic damage that does not impair the function and performance of the bicycle.
- h. if you leave your bicycle in any aircraft, cruise ship, ferry, train, tram, taxi or bus, or in any hotel or motel room after you have checked out.
- i. for repairing pre-existing or old damage, faulty workmanship, or incomplete repairs that existed at the time the certificate of insurance was issued.
- j. for crushing, cracking or deformation of your bicycle caused by tightening or clamping.
- k. for loss or damage that arises from ordinary wear and tear or deterioration.
- l. if the loss or damage arises from any process of cleaning, repair or alteration.
- m. if the loss or damage arises from atmospheric or weather conditions, insects, rodents or vermin.
- n. if the bicycle was being sent unaccompanied or under a freight contract.
- o. if you are entitled to be reimbursed by the bus line, airline, shipping line or rail authority you were travelling on when the loss, theft or damage occurred.

We won't pay:

- a. for any bicycle accessories (including but not limited to tools, bicycle pumps, lights, helmets, etc).
- b. while a bicycle is in use.

Section 25: Motorcycle, moped and scooter cover	Cover for your participation in riding a motorcycle, moped or scooter as a driver or passenger is not automatically included in your policy. You will only have this cover under the listed sections if you pay the additional premium and it is noted on your certificate of insurance.		
	Top Cover	Essential Cover	Domestic Cover
Additional premium required for cover	Yes	Yes	No cover

We'll pay, where the 'Motorcycle, moped and scooter' cover has been selected and is shown on your certificate of insurance, claims related to, you riding a motorcycle, moped or scooter as a driver or passenger under;

- Section 1: Overseas emergency medical and hospital expenses;
- Section 2: Overseas emergency medical assistance;
- Section 4: Overseas emergency dental expenses; and
- Section 5: Medical additional expenses

Conditions applying to cover:

- a. you must have selected 'Motorcycle' at the time you took out your policy or prior to your departure date and paid the appropriate additional premium which will be shown on your certificate of insurance.
- b. you must hold a current Australian motorcycle licence valid for the class of motorcycle, moped or scooter you are riding whilst overseas and a licence valid for the country that you are riding in; or

- c. the person that is in control of the motorcycle, moped or scooter you are travelling on as a passenger holds a current motorcycle licence valid for the country you are travelling in; and
- d. you wear a helmet, even if you are a passenger.

We won't pay any claims, costs or losses:

- a. if you don't meet, to our reasonable satisfaction, the conditions applying to cover.
- b. for personal liability. This means that you are responsible to pay for the damage to the motorcycle, moped, scooter or other two or three-wheeled vehicle, any property damage or for an injury to another person.

Section 26: Adventure cover	Cover for your participation in adventure activities is not automatically included in your policy. You will only have this this cover if you pay the additional premium and it is noted on your certificate of insurance.		
	Top Cover	Essential Cover	Domestic Cover
Additional premium required for cover	Yes	Yes	No cover

You are covered for most sports and leisure activities provided you act in a reasonable way to protect yourself. However, some adventure activities are not covered unless the 'Adventure' cover is selected and is shown on your certificate of insurance. There's cover under each section limit and sub-limit if you select 'Adventure cover' and are participating in any of the following activities:

- a. caving;
- b. outdoor rock climbing with appropriate ropes and safety gear;
- c. parachuting (not including BASE jumping), hang gliding or paragliding;
- d. deep sea fishing;
- e. quad biking & recreational all-terrain vehicle use. Note: you must be under the direct supervision of a properly licensed recreational organisation, obey all relevant safety codes and wear protective gloves and a motorcycle rider's helmet;
- i. scuba diving using artificial breathing apparatus at a depth no greater than 30 metres. Note: you must hold an open water diving licence issued in Australia or be diving under licensed instruction;
- f. Kokoda track/trail;
- g. trekking (that doesn't require specialist climbing equipment) peaking at altitudes between 3,000 and not more than 6,000 meters above sea level;
- h. abseiling.

Conditions applying to cover:

- a. you must have selected 'Adventure cover' at the time you took out your policy or prior to your departure date and paid the appropriate additional premium.
- b. you must act in a reasonable way to protect yourself. The best way that you can do this is to enjoy your activities with a properly licensed outdoor pursuits or sports organisation and to follow their instructions.

We won't pay:

For participation in the following activities, even if you have paid the additional 'Adventure cover' premium:

- a. contact sport, including but not limited to, rugby and martial arts;
- b. hunting;
- c. racing or participating in any timed event (other than on foot and no greater than 43kms);
- d. open water sailing;
- e. polo;
- f. professional sport of any kind;
- g. winter sports unless you select 'Snow cover';
- h. any of the following winter or snow related activities (even if you have 'Snow cover'):
 - i. ski/snowboard racing (including training);
 - ii. ski/snowboard acrobatics;
 - iii. freestyle skiing/snowboarding;
 - iv. ski/snowboard fun parks;

- v. ski/ snowboard jumping or stunting;
- vi. off-piste skiing/ snowboarding without a professional snow sport instructor/ guide;
- vii. cross-country skiing outside of a designated cross-country ski route;
- viii. bobsleighbing;
- ix. parascending (over snow);
- i. BASE jumping;
- j. flying other than as a passenger in a licensed aircraft operated by an airline or charter company;
- k. riding or as a passenger on a motorcycle, moped or scooter unless the 'Motorcycle, moped and scooter' cover is selected and listed on your certificate of insurance;
- l. mountaineering or trekking that requires the use of climbing equipment, including but not limited to sherpas, ropes and oxygen tanks.

What we won't pay under any circumstances

In addition to 'we won't pay' listed for each section of policy cover;

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

General

1. any event or circumstance that you were aware could result in a claim, when you purchased your policy or prior to paying further deposits for your journey. In other words, it wasn't unexpected;
2. if you don't take reasonable action to avoid, minimise or reduce any claim or loss;
3. if you don't provide all assistance, information and cooperation reasonably requested by us or any government or relevant authorities, including but not limited to, undergoing an alcohol or drug test and releasing the result to us, or cooperating with any investigation related to your claim;
4. if you don't act in a responsible and careful manner to protect yourself (unless it is to save a person's life), your personal items and cash. This includes, but is not limited to, participating in dangerous or reckless activities, or putting yourself in unsafe circumstances;
5. if you break any laws in the country that you're in;
6. you being denied entry to a country, or failing to satisfy visa requirements to stay, as determined at any time by that country;
7. a natural disaster that commences before you purchase your policy;
8. any act of war, regardless of whether it was declared or not, or from any rebellion, revolution, insurrection, civil war or the taking of power by the military;

9. or is associated with:
- a. an actual or likely epidemic or pandemic;
or
 - b. the threat of an epidemic or pandemic.

Refer to www.who.int and www.smartraveller.gov.au for further information on epidemics and pandemics.

10. you not following advice in the mass media or any government or other official body's warning:
- a. against travel to a particular country or parts of a country; or
 - b. of a strike, riot, bad weather, civil protest or contagious disease (including an epidemic or pandemic); and you did not take appropriate action to avoid or minimise any potential claim under your policy (including delay of travel to the country or part of the country referred to in the warning).

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

- 11. a prohibition, regulation, intervention, quarantine, detention, confiscation, border closure or directives, given by any government or relevant authorities;
- 12. a nuclear reaction or contamination from nuclear weapons or radioactivity;
- 13. biological and/or chemical materials, substances or compounds used to harm or destroy human lives and/or to create fear;
- 14. the separation or break-up of any relationship;
- 15. pets or animals that you or your relative are responsible for;
- 16. paid or volunteer work during your journey, unless it's attendance at a conference, a business meeting, or doing office work, and as long as you are not doing any physical labour;

- 17. a destination not listed on your certificate of insurance;
- 18. currency fluctuations;
- 19. for an indirect loss of any kind, including but not limited to, loss of enjoyment, disappointment, or non-financial loss (except for air travel points cover under Section 6 Cancellation or amendment expenses). In other words, we won't pay a claim just because the weather was terrible for your entire journey;
- 20. for accommodation, meals, transport or health care that is provided by your relative or friends;
- 21. if it's recoverable from any other source.

Health

- 22. your pre-existing medical condition(s), unless we have received the additional premium requested for them and it is listed on your certificate of insurance, or otherwise advised by us in writing;
- 23. childbirth at any stage of pregnancy;
- 24. the health or care of a baby not named on your certificate of insurance;
- 25. jet lag or travel exhaustion;
- 26. if you decline to return to Australia, when our medical advisor has confirmed that you can be evacuated or repatriated safely back to Australia;
- 27. you travelling or acting against the advice of a medical advisor;
- 28. you travelling with the intention of receiving medical, dental or cosmetic treatment on your journey;
- 29. elective, cosmetic or non-emergency procedures, surgery or treatment, including any complications caused by them;
- 30. being under the influence of, or using, alcohol or drugs (except for prescribed medications that are taken as prescribed or administered by a medical professional);

31. addiction to alcohol or substances, including but not limited to, facilities where you receive treatment or rehabilitation for drug and/ or alcohol addiction, or are using as a place for nursing, convalescence or rehabilitation;
32. any event or occurrence where providing such cover would result in us violating the Health Insurance Act 1973 (Cth), the Private Health Insurance Act 2007 (Cth) or the National Health Act 1953 (Cth) (as amended or superseded);

Leisure and other activities

33. you riding a motorcycle, moped or scooter as a driver or passenger during your journey, unless the 'Motorcycle, moped and scooter' cover has been purchased, is listed on your certificate of insurance and you meet all the requirements as outlined in Section 25: Motorcycle, moped and scooter cover on page 47;
34. you riding on an all-terrain vehicle, as a driver or passenger during your journey, unless all the following apply:
 - a. You are under the direct supervision of an operator licensed in the country you are in;
 - b. You obey all relevant safety requirements; and
 - c. You are wearing a helmet.
35. you travelling by air or sea, unless you are a passenger with a paid ticket on a:
 - a. scheduled transport service; or
 - b. licensed charter flight; or
 - c. hot air balloon with a commercial operator licensed in the country you are in; or
 - d. licensed sightseeing air tour from one location back to that location; or
 - e. licensed charter vessel where crew are included, operating within coastal waters.
36. you taking part in, or training for, a professional sport;
37. you taking part in a competition where there are financial rewards or cash prizes;
38. you competing in any race or timed activity (other than on foot and no greater than 43kms);
39. you participating in winter sports, unless 'Snow cover' has been selected, is listed on your certificate of insurance and you meet all the requirements as outlined in Section 23: Snow cover on pages 44 to 45. Even if 'Snow cover' is selected there is no cover for any of the following winter or snow related activities:
 - a. ski/snowboard racing (including training);
 - b. ski/snowboard acrobatics;
 - c. freestyle skiing/snowboarding;
 - d. ski/snowboard fun parks;
 - e. ski/snowboard jumping or stunting;
 - f. off-piste skiing/ snowboarding without a professional snow sport instructor/guide;
 - g. cross-country skiing outside of a designated cross-country ski route;
 - h. bobsleighbing; parascending (over snow);
40. you participating in any adventure activities unless 'Adventure cover' has been selected, is listed on your certificate of insurance and you meet all the requirements as outlined in Section 26: Adventure cover on page 48;
41. you participating in any activity listed under 'We won't pay' of Section 26: Adventure cover on page 48;
42. you travelling or staying in geographically remote areas where there is limited or no telecommunications to enable you to get help, or call our emergency assistance team, unless you are with a commercial, licensed, and organised tour that make such communications possible;

When you have an emergency

We understand that it can be very stressful if something unexpected happens when travelling and you need to make a claim. Our helpful claims team will be there to assist you when you need us most.

In the event of an overseas emergency notify us immediately 24 hours a day 7 days a week on:

24-hour emergency assistance:

+61 2 8883 7006

(reverse charges if from overseas).

If you are admitted into hospital as an inpatient for more than 24 hours someone must contact us on your behalf immediately. Our emergency assistance team is available 24 hours a day every day. 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 us.

Our emergency assistance team will help you with medical problems, locate the nearest medical facilities, bring you home if medically necessary, locate embassies and consulates and liaise with loved ones and work colleagues if necessary in emergencies.

If you are not hospitalised but you are being treated as an outpatient and the total cost of such treatment will exceed \$1,000 you must contact us.

You are free to choose your own medical advisor, or we can appoint an approved medical advisor to see you, unless you are treated under a Reciprocal Health Agreement. You must, however, advise us of your admittance to hospital or of your early return to Australia based on written medical advice. If you do not get the medical treatment you expect, we can assist you, however we (the Insurer) and the agents of the insurer, are not liable for any problems that result from you choosing your own medical advisor.

Claiming with Seniors Travel Insurance

We hope that nothing goes wrong on your trip, but if it does and you need to claim, that's what we're here for. Just go to our website at www.seniors.com.au/travel-insurance/make-a-claim to submit your claim online.

- Submit full details of any claim in writing within 30 days of your return.
- In relation to any claim under this policy you must not admit that you are at fault, and you must not offer or promise to pay any money, or become involved in litigation, without our approval.

'Excess' is the amount that you are responsible for on a claim. It will be deducted, if applicable, from any claim payment we make to you. If you are claiming for more than one event, the excess will apply to each event. For example, if you need to book an additional night at a hotel because your flight is delayed, and then you need to come home early because your brother is hospitalised, two excesses will be deducted from your claim payment.

We'll ask certain questions to assess and process your claim, and you must answer honestly, and tell us everything that you know, or could be reasonably expected to know, when answering our questions. You must also supply any information we reasonably request.

We'll assess your claim within 10 business days of receiving your claim, provided you have included all necessary supporting documentation with your claim. If we need additional information, we will call or email you within 10 business days to request this information.

All claim amounts we pay to you will be in Australian dollars.

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

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

Once we have paid the total amount of your loss, we'll retain any extra funds. If we pay your claim for irrecoverable or damaged property and you get it back, or it's replaced by a third party, you must pay us back the same amount we paid you.

If you don't assist us with your claim, or you act dishonestly or fraudulently such as not telling us something you are required to, refusing to assist us with the information we request to process your claim, or submitting a claim which is fraudulent or false in any respect, we may at our sole discretion:

- a. refuse to pay all or part of your claim;
- b. cancel your policy without refunding any premium (except as required by law);
- c. treat the policy as if it never existed; and/or
- d. refuse to provide any further insurance.

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

If a claim, or claims, are made on behalf of someone else, the person making the claim:

a. must have their full authority to act on their behalf, and

b. is responsible for ensuring any payments are distributed appropriately to the people concerned. Neither Australian Seniors nor Hollard, is responsible if any payments are not distributed appropriately to the people concerned.

Important matters

How we protect your privacy

At Australian Seniors we believe the protection of your privacy is an essential right. To outline how we, and Hollard, collect and manage your personal information and to make sure we've got your privacy front of mind, we've crafted our Privacy Policy alongside the Privacy Act 1988 and the Australian Privacy Principles.

Both Hollard and Australian Seniors Privacy Policies are available at www.seniors.com.au/privacy-collection-notice and may change from time to time.

Overview:

- Personal information is collected to give you a quote, arrange and manage your trip insurance. It is also used to help us get better at helping people like you for purposes such as product development, quality checks and training and for IT system maintenance.
- Besides our staff, your personal information is shared with people involved in issuing or managing your policy or in claims you make, and with service providers, partners and other third parties who globally support our business, such as reinsurers, customer service suppliers, police, claims investigators, medical practitioners, professional advisers, and suppliers who provide technical infrastructure services.

- We keep your personal information to give you time to make a claim, and to meet any legal requirements. We have several security measures in place to ensure that your information is held securely.
- If you do not allow us to collect or use all or some of the personal information we request, we will not be able to provide you with our insurance or services.

By applying for cover, you consent to your information being collected and managed in this way.

To access or correct the personal information you have shared with Australian Seniors, or for any questions relating to privacy, please email service@seniors.com.au. If you believe that your privacy may have been breached, please email privacy@greenstone.com.au.

Jurisdiction and governing law

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

Financial Claims Scheme and Compensation Arrangements

In the unlikely event Hollard were to become insolvent and could not meet its obligations under the Policy, a person entitled to claim may be entitled to payment under the Financial Claims Scheme. Access to the Scheme is subject to eligibility criteria and for more information see APRA website at www.fcs.gov.au and the APRA hotline on 1300 55 88 49.

Hollard is an insurance company authorised under the Insurance Act 1973 (Cth). Due to this, it is not subject to the Australian Financial Services licensee Corporations Act 2001 (Cth) requirement to have compensation arrangements in place to compensate retail clients for loss or damage suffered because of breaches by the licensee or its representatives of Chapter 7 of that Act. Hollard has compensation arrangements in place that are in accordance with the Insurance Act.

The General Insurance Code of Practice

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

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

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

Both Hollard and Australian Seniors are committed to following the Code standards.

General advice

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

Changes to the PDS

From time to time and where permitted by law, we may change parts of the policy. If we do so, any updates which are not materially adverse to you from the point of view of a reasonable person deciding whether to buy this insurance, may be found on the Australian Seniors Insurance website at www.seniors.com.au. Should we substantially amend this PDS, we will issue you a Supplementary Product Disclosure Statement (SPDS) which will provide details of these amendments. Should you wish to receive a paper copy of the latest PDS please contact us on 1300 416 266 and we will send you a copy free of charge.

What if I'm not happy?

We'd like to hear about it - whether it's a complaint about our service or a claim. We'll work with you to resolve it through the process below.

Step 1: Let us know your concerns

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

Call us on **1300 416 266** or visit **<https://www.seniors.com.au/contact>** for more options to get in touch.

Step 2: Escalate Your Complaint to our Internal Dispute Resolution Team

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

Post: Seniors Travel Insurance,
Locked Bag 2010,
St Leonards NSW 1590

Email: resolution@holland.com.au

Call: 02 9253 6600

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

Step 3: Seek an external review of our decision

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

Phone: 1800 931 678

Post: GPO Box 3 Melbourne VIC 3001

Website: afca.org.au

Email: info@afca.org.au

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

Notes

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