

Why pay more for travel insurance?

**Combined Financial Services Guide
and Product Disclosure Statement**

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Financial Services Guide

This Financial Services Guide has been designed to help you make an informed decision whether to use the financial services provided by Mondial Assistance's Authorised Representatives.

It also contains information about how they and other persons are remunerated for providing these services and how complaints are dealt with.

When they arrange an insurance policy for you, they will give you a Product Disclosure Statement when required. This document is prepared by Allianz Australia Insurance Limited ABN 15 000 122 850 AFS Licence 234708 (Allianz) as the insurer and is designed to give you important information about the features benefits and risks of the policy to assist you to make an informed decision about whether or not to buy the product. It may be comprised of more than one document.

ABOUT MONDIAL ASSISTANCE

Mondial Assistance, which is a trading name of ETI Australia Pty Ltd ABN 52 097 227 177 AFS Licence No 245631 of 74 High Street, Toowong, Queensland 4066 is an Australian Financial Services Licensee authorised to deal in and provide general advice on general insurance products.

Mondial Assistance has been authorised by Allianz to act on its behalf to deal in and provide general advice and handle and settle claims in relation to Allianz's travel insurance products.

Mondial Assistance has a binding authority which means it can deal in and handle and settle claims on behalf of Allianz without reference to Allianz provided it acts within the binding authority. Mondial Assistance acts for Allianz and does not act on behalf of you.

ABOUT MONDIAL ASSISTANCE'S AUTHORISED REPRESENTATIVES

Travel Insurance Direct Pty Ltd ACN 121 659 470 AR No 305589 of Level 5, 24 York Street, Sydney, NSW 2000 (Travel Insurance Direct) has been appointed as an authorised representative of Mondial Assistance to act on its behalf. It does not act for you.

Travel Insurance Direct has been authorised by Mondial Assistance to deal in and provide general advice on travel insurance products, issued by Allianz, on behalf of Mondial Assistance.

REMUNERATION

Travel Insurance Direct receives a commission which is a percentage of the premium you pay for the product. It is only paid if you buy the policy. Employees and representatives of Travel Insurance Direct receive an annual salary which includes bonuses based on sales performance criteria.

Travel Insurance Direct also pays to other persons a commission from the amount that it receives, calculated as a percentage of the premium you pay for the product when they refer customers to www.tid.com.au. It is only paid if the customer buys a policy.

Mondial Assistance receives a service fee from Allianz if you buy the product which is a percentage of the total premium payable by you less any stamp duty, GST and any other government charges, taxes, fees or levies.

If you would like more detail about the remuneration that Mondial Assistance receives please ask Mondial Assistance to provide it to you. If you would like more detail about the remuneration that any of the Authorised Representatives

and other persons receive please ask Travel Insurance Direct to provide it to you. This request should be made within a reasonable time after this FSG is provided by the Authorised Representative to you and before the financial services are provided by the Authorised Representative.

IF YOU HAVE A COMPLAINT

If you have a complaint, please tell Travel Insurance Direct. If your complaint is not resolved please tell Mondial Assistance. Mondial Assistance has an internal dispute resolution process designed to seek to resolve any complaints or disputes that may arise. To access it please contact Mondial Assistance on 1300 728 025 or put the complaint in writing and send it to PO Box 162, Toowong, Queensland 4066. If your complaint is still not resolved to your satisfaction, you may contact the Insurance Ombudsman Service Limited (IOS) which is an independent external dispute resolution body. For more information or to access the IOS process please call 1300 780 808.

The distribution of this FSG by the Authorised Representative has been authorised by Mondial Assistance.

HOW TO CONTACT US

You can contact Travel Insurance Direct on 1300 843 843 or Mondial Assistance on 1300 728 025.

DATE PREPARED

This FSG was prepared on 1 February 2008.

About this Product Disclosure Statement

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

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

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

ABOUT THE AVAILABLE COVERS

You can choose one of these 4 covers:

- Plan A Worldwide Holiday Travel (see Sections 1 – 5)
- Plan B Worldwide Business Travel (see Sections 1 – 6.3)
- Plan C Annual Frequent Traveller (see Sections 1 – 2R, 3A – 6.3)
- Plan D Australia Only (see Sections 2A, 2B, 2I, 2J, 2P, 2Q, 2R, 3A, 4 & 5)

UNDERSTANDING THIS PDS AND ITS IMPORTANT TERMS AND CONDITIONS

To properly understand this PDS' significant features, Benefits and risks you need to carefully read:

- About each of the available types of cover and Benefits in the "Summary of Benefits" pages 5 and 6 and the relevant Sections of the PDS applicable to the cover you choose including any endorsements under "Pre-existing Medical Conditions" pages 10 to 15 and "Additional Options" page 9 (remember certain words have special meanings – see "Words with Special Meanings" pages 20 and 21);
- The Exclusions under each Policy Section applicable to the cover you choose and "General Exclusions applicable to all Sections" pages 22 to 24 (this restricts the cover and Benefits);
- "Claims Conditions" page 24 and "Claims" pages 36 to 37 (these set out certain obligations that you and we have. If you do not meet them we may be able to refuse to pay a claim); and
- "Important Matters" pages 15 to 19 (this contains important information on your duty of disclosure, how the duty applies to you and what happens if you breach the duty, your cooling off period, claims queries/lodgements and our claims service guarantee, our privacy policy and our dispute resolution process, extension of your policy, your Excess and when you should contact us concerning 24 hour medical assistance, overseas hospitalisation or medical evacuation).

APPLYING FOR COVER

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

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

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

If you have any queries or want further information about the policy, please contact Mondial Assistance.

ABOUT YOUR PREMIUM

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

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

WHO IS YOUR INSURER?

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

WHO IS MONDIAL ASSISTANCE?

Mondial Assistance is a trading name of ETI Australia Pty Ltd. Mondial Assistance has been authorised by Allianz to enter into and arrange the policy and deal with and settle any claims under it, as the agent of Allianz, not as your agent. Mondial Assistance acts under a binder which means that it can do these things as if it were the insurer. It administers all emergency assistance services and Benefits of this insurance. You may contact Mondial Assistance in an emergency 24 hours a day, 7 days a week.

COOLING-OFF PERIOD

Even after you have purchased your policy, you have cooling-off period rights (see "Important Matters" page 19 for details).

UPDATING THE PDS

We may need to update this PDS from time to time if certain changes occur where required and permitted by law. We will issue you with a new PDS to update the relevant information except in limited cases. Where the information is not something that would be materially adverse from the point of view of a reasonable person considering whether to buy this product, we may issue you with notice of this information in other forms or keep an internal record of such changes (you can get a paper copy free of charge by calling us).

DATE PREPARED

This PDS is effective 1 February 2008.

Summary of Benefits

This is only a summary of Benefits. Please read this PDS carefully for which types of cover are provided under each Plan. Importantly, please note that exclusions do apply, as well as limits to cover.

MEDICAL EXPENSES INCURRED OVERSEAS

Medical, emergency dental, hospital and ambulance costs and when agreed by us, medical evacuation home or to the nearest appropriate medical facility. Includes funeral and repatriation of mortal remains.

CANCELLATION COSTS

Financial loss due to unforeseen cancellation of prepaid travel and accommodation arrangements. Includes conference/course fees not refunded as well as travel agency cancellation fees charged.

FREQUENT FLYER POINTS

Cover extends to pay the equivalent if you lose frequent flyer or equivalent points which you used to purchase your travel.

ADDITIONAL EXPENSES

Expenses you incur due to you not being able to continue your travel due to the injury or illness of you or a member of your Travelling Party. Also expenses you incur if your transport is delayed due to severe weather or accident.

LOSS OF INCOME

If you cannot return to your usual employment when your travel is completed due to an accidental injury suffered whilst you were away.

OUT OF POCKET EXPENSES

Cash payments if you are hospitalised.

TRAVEL DELAY

Meals and accommodation expenses due to transport delay.

RETURN AIRFARE

If the major part of your travel has been interrupted by you being hospitalised and you need to be escorted home, reimbursement of your return airfare.

RESUMPTION OF TRIP

Transport costs to resume your travel if you had to return to Australia due to the hospitalisation of a Relative.

SPECIAL EVENTS

If your travel is interrupted and you will not get to a specified event in time, Reasonable additional cost of using alternative public transport to arrive at the destination on time.

RENTAL VEHICLE

Cover for the rental vehicle Excess if you have an accident or your vehicle is stolen, including costs to return a vehicle if you are unfit to do so.

DOMESTIC PETS

Additional boarding fees if you are delayed from returning home due to something happening to you that is covered by this insurance, including veterinary fees if your pet is injured whilst you are away.

TRIP DISRUPTION

Additional transport and accommodation expenses if disaster strikes your home whilst you are away.

HIJACKING

Loss of prepaid travel if you decide to end your travel following a hijacking incident.

ALTERNATIVE STAFF

If you are travelling on business and due to injury or illness you cannot complete your business commitments, costs to replace you with an alternative employee.

WITHDRAWAL OF SERVICES

Additional costs you incur if the accommodation you are staying at is affected by industrial action or extended water and electricity supply failures.

SNOW SKIING COVER

Cover for loss, theft or damage to ski equipment, including whilst you are using them, plus hire costs of replacement equipment. Cover extends to the misdirection of your ski equipment and if the resort you are staying at is closed, payment for alternative activities. Includes loss of prepaid lift passes, hire expenses and tuition fees if you cannot ski due to Sudden Illness or Serious Injury.

GOLFING COVER

Cover for loss, theft or damage of golfing equipment, including whilst you are using them, plus hire costs of replacement equipment. Cover extends to the misdirection of your golf equipment. Includes loss of prepaid green fees, hire expenses and tuition fees if you cannot play golf due to Sudden Illness or Serious Injury.

DOMESTIC SERVICES

Additional costs incurred if you are unable to perform domestic duties after being repatriated home due to Sudden Illness or Serious Injury.

ACCIDENTAL DEATH

Payment to your estate for accidental death.

LUGGAGE AND PERSONAL EFFECTS

Accidental loss, damage or theft of your possessions. Includes emergency expenses if your luggage is delayed and losses due to fraudulent use of lost or stolen credit cards, travellers cheques. Note: Exclusions apply to Luggage and Personal Effects stolen from a vehicle.

REPLACEMENT PASSPORT

Additional travel and accommodation costs if you lose your passport and you need to travel to the nearest passport issuing office.

PERSONAL LIABILITY

Protection for you being legally liable for injuring other people or causing damage to their property, including legal defence costs.

TOTAL PERMANENT DISABILITY

Cover if you suffer injury resulting in your permanent total loss of sight in one or both eyes or the permanent total loss of use of one or more limbs.

BUSINESS COVER

Additional cover for your laptop, mobile phone, palm top and other business equipment including hiring replacement items. Includes costs to recreate business documents and presentations lost or damaged during your travel.

Schedule of Benefits

Section	Benefit Type	Plan A Worldwide Holiday		Plan B Worldwide Business		Plan C Annual Frequent Traveller	Plan D Australia Only	
		Single	Family	Single	Family		Single	Family
1	Medical Expenses Incurred Overseas	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited		
	-Emergency Dental	\$500	\$500	\$500	\$500	\$500		
2A	Cancellation Costs	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	\$ 10,000	\$ 20,000
2B	Additional Expenses / Medical Evacuation	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	\$ 10,000	\$ 20,000
2C	Loss Of Income <i>(sub-limit of \$1,500 per month)</i>	\$10,000	\$20,000	\$10,000	\$20,000	\$20,000		
2D	Out Of Pocket Expenses <i>(sub-limit of \$50 per day)</i>	\$6,000	\$12,000	\$6,000	\$12,000	\$ 12,000		
2E	Travel Delay <i>(sub-limit of \$200 per 12 hours delay)</i>	\$2,000	\$4,000	\$2,000	\$4,000	\$ 4,000		
2F	Return Airfare	\$6,000	\$12,000	\$6,000	\$12,000	\$ 12,000		
2G	Resumption Of Trip	\$3,000	\$6,000	\$3,000	\$6,000	\$ 6,000		
2H	Special Events	\$2,000	\$4,000	\$2,000	\$4,000	\$ 4,000		
2I	Rental Vehicle Excess	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000	\$ 4,000	\$ 4,000
2J	Return Of Rental Vehicle	\$1,000	\$1,000	\$1,000	\$1,000	\$ 1,000	\$ 500	\$ 500
2K	Domestic Pets	\$500	\$500	\$500	\$500	\$ 500		
2L	Trip Disruption	\$2,000	\$4,000	\$2,000	\$4,000	\$ 4,000		
2M	Hijacking	\$2,000	\$4,000	\$2,000	\$4,000	\$ 4,000		
2N	Alternative Staff	\$1,500	\$3,000	\$1,500	\$3,000	\$ 3,000		
2O	Withdrawal Of Services	\$500	\$500	\$500	\$500	\$500		
2P	Snow Skiing Piste Closure	\$500	\$1,000	\$500	\$1,000	\$1,000	\$500	\$ 1,000
2Q	Snow Skiing and/or Golfing Benefits	\$200	\$400	\$200	\$400	\$400	\$ 200	\$ 400
2R	Snow Skiing and/or Golfing Equipment Replacement	\$200	\$400	\$200	\$400	\$400	\$ 200	\$ 400
2S	Domestic Services	\$500	\$500	\$500	\$500			
3A	Accidental Death	\$25,000	\$50,000	\$25,000	\$50,000	\$ 50,000	\$ 10,000	\$ 20,000
3B	Total Permanent Disability	\$12,500	\$25,000	\$12,500	\$25,000	\$ 25,000		
4	Luggage & Personal Effects <i>(sub-limits on laptop, notebook and hand held computers, video cameras and cameras up to \$4,000 all other items \$700)</i>	\$12,000	\$24,000	\$12,000	\$24,000	\$ 24,000	\$ 4,000	\$ 8,000
5	Personal Liability	\$2,500,000	\$2,500,000	\$2,500,000	\$2,500,000	\$2,500,000	\$1,000,000	\$1,000,000
6.1	Business Equipment			\$5,000	\$5,000	\$ 5,000		
6.2	Hire Business Equipment			\$1,000	\$1,000	\$ 1,000		
6.3	Recreate Business Documents			\$1,000	\$1,000	\$1,000		

Plan C – Annual Frequent Traveller

A 12 month policy for the frequent traveller.

All Trips under 38 days for a leisure Trip & 90 days for a business Trip are automatically covered and accompanying partner and children as well.

Plan C covers all international and Australian domestic travel.

Additional Options

EXTENSION OF YOUR POLICY

Extensions of your insurance policy are available unless:

- You are over 81 years of age at the time of extension, or
- Your Pre-existing Medical Condition was accepted by us in writing following the completion of a Medical Declaration, or
- There has been any change in your health status, including the discovery of new medical conditions, since the start of your original policy, or
- You are aware of a possible claim resulting from your original policy, but you have not advised us of it.

Extensions of your insurance cover are available calculated at the current rates for the relevant Plan at the time of the extension.

If the scheduled transport in which you are to travel is delayed, or the delay is caused by an event that entitles you to make a claim under this policy, the insurance is automatically extended beyond the period of the Trip stated in the Certificate of Insurance. The extension lasts until you are capable of travelling to your final destination, including the journey there, or for a period of six (6) months, whichever happens first.

INCREASED LUGGAGE AND PERSONAL EFFECTS COVER

- The item limit we will pay for any one item, pair or set (including accessories) is;

\$700 under all Plans (and \$4,000 where the item limit is a laptop, note book, handheld computer, camera or video camera).

Under Plans B and C, a \$5,000 single item limit applies in respect of business equipment.

An increased item limit of up to \$4,000 per item can be purchased at a rate of 4% of the amount in excess of the standard limit for all Plans provided the combined increase for all items does not exceed \$10,000.

Note: The General Exclusions of the policy apply regardless of the limit of additional Luggage and Personal Effects Cover purchased.

- It is important that you report all losses to the police if theft is suspected or you lose something. However all losses that occur aboard public transport or whilst you are guest of an accommodation provider should be reported to a responsible officer where the loss occurred. Please obtain a written report from whomever you reported your loss to. All losses must be reported within 24 hours.

RENTAL VEHICLE EXCESS OPTIONS

For all Plans a \$4,000 limit applies to your Rental Vehicle Excess cover. You can purchase additional amounts in \$500 units up to \$2,000. Cost is \$25 per \$500 unit.

Pre-existing Medical Conditions

PREGNANCY

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

In any event we will not pay medical expenses for:

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

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

YOUR PREGNANCY	OUTCOME
You have a single, uncomplicated pregnancy, which did not arise from services or treatment associated with an assisted reproduction program including but not limited to in vitro fertilisation	Cover is available under the Standard/Basic Plan for Trips ending on or before 26 weeks gestation
You have a single uncomplicated pregnancy, which arises from services or treatment associated with an assisted reproduction program including but not limited to in vitro fertilisation	Cover is available if you pay an additional premium under a Pre-existing Medical Condition Plan for Trips ending on or before 26 weeks gestation
You have a multiple uncomplicated pregnancy, which does not arise from services or treatment associated with an assisted reproduction program including but not limited to in vitro fertilisation	Cover is available if you pay an additional premium under a Pre-existing Medical Condition Plan for Trips ending on or before 19 weeks gestation
You have a multiple pregnancy, which arises from services or treatment associated with an assisted reproduction program including but not limited to in vitro fertilisation	Cover is not available under any Plan
You have experienced any pregnancy complications prior to your policy being issued	Cover is not available under any Plan

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

Please also read "General Exclusions applicable to all Sections" on pages 22 to 24 and "Exclusions to Sections 1, 2 and 3" on pages 32 and 33.

NO COVER FOR MEDICAL EXPENSES, CANCELLATION COSTS OR ADDITIONAL EXPENSES

This section applies if any of the following conditions apply to you (or to any member of your Travelling Party or a Relative) at the time your policy was issued.

- You have been given a terminal prognosis for any condition with a life expectancy of under 24 months
- You require home oxygen therapy or you will require oxygen for the Trip
- You have Chronic Renal Failure treated by haemodialysis or peritoneal dialysis
- You have been diagnosed with Congestive Heart Failure

- You have full-blown AIDS (not an asymptomatic HIV infection)
- You have had, or are on a waiting list for an organ transplant

We do not provide medical cover for these conditions **in any circumstances**.

If any of these apply to you (or a member of your Travelling Party or a Relative), we will not cover you under Sections 1, 2A, 2B and 2D (Medical Expenses Incurred Overseas, Cancellation Costs, Additional Expenses/Medical Evacuation and Out of Pocket Expenses).

This means that we will not pay:

- your medical expenses whatsoever
- your evacuation or repatriation to Australia
- your Trip cancellation or rearrangement costs
- any out of pocket expenses or additional expenses

PRE-EXISTING MEDICAL CONDITIONS

Please read this section carefully.

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

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

What is a Pre-existing Medical Condition?

A Pre-existing Medical Condition means:

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

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

Do I require cover for my Pre-existing Medical Condition(s)?

If you have a Pre-existing Medical Condition (and we decide to cover you), and do not pay the Pre-existing Medical Premium (excluding Step 2), you will not be covered for any medical claim related or associated with your condition. For example, by not taking Pre-existing Medical Cover, you will have to pay the high costs of overseas health care if you suffer an illness associated with your Pre-existing Medical Condition.

How do I obtain cover for my Pre-existing Medical Condition(s) if I am under 81 years of age?

We **do not** require everyone with a Pre-existing Medical Condition to visit their doctor and supply a medical report. By following the steps (1 to 3) below, you can see if you are automatically covered or if you need to make an application for cover. In most cases, you will only need to notify us of your Pre-existing Medical Condition/s if you make a claim.

Follow the steps below to obtain cover for your Pre-existing Medical Conditions.

In the following steps, references to time are applied to the date on which an application for cover is made.

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

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

1. Any type of cancer that you have previously been diagnosed with, or secondaries from that cancer
2. Any condition for which surgery/treatment/procedure is planned
3. Any condition which arises from signs or symptoms that you are currently aware of, but;
 - a) You have not yet sought a medical opinion regarding the cause; OR
 - b) You are currently under investigation to define a diagnosis; OR
 - c) You are awaiting specialist opinion
4. Any condition for which you have undergone surgery in the past 6 weeks
5. Any condition for which you have ever required spinal or brain surgery
6. Any condition which has caused a seizure in the past 12 months
7. Any chronic or recurring pain (including back pain) requiring regular medication or other ongoing treatment such as physiotherapy or chiropractic treatment
8. Any mental illness as defined by DSM-IV including;
 - a) Dementia, depression, anxiety, stress or other nervous condition;
 - b) Behavioural diagnoses such as autism; and
 - c) A therapeutic or illicit drug or alcohol addiction
9. Any cardiovascular disease (see examples) if you have
 - a) Experienced angina (chest pain) within the past 6 months; or
 - b) You have had a stroke or a Transient Ischaemic Attack (TIA) within the past 12 months

If yes – you have any of the above conditions or symptoms, we cannot cover you for any claim relating to or associated with that Pre-existing Medical Condition. Travel insurance is available to you, however there is no provision to claim for any of the medical conditions as listed in the above Step 1.

STEP 2 – PRE-EXISTING MEDICAL CONDITIONS WHICH ARE AUTOMATICALLY COVERED – NO ADDITIONAL PREMIUM IS PAYABLE

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

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

- | | |
|---|--|
| 1. Acne | 21. Hypercholesterolaemia (High Cholesterol) – provided you do not also suffer from a known cardiovascular disease and/or diabetes |
| 2. Allergies limited to Rhinitis, Chronic Sinusitis, Eczema, Food Intolerance, Hay Fever | 22. Hyperlipidaemia (High Blood Lipids) – provided you do not also suffer from a known cardiovascular disease and/or diabetes |
| 3. Asthma – providing that you are less than 60 years of age at the time of application and/or have no other lung disease. | 23. Hypertension (High Blood Pressure) – provided you do not also suffer from a known cardiovascular disease and/or diabetes |
| 4. Bell's palsy | 24. Hypothyroidism, including Hashimoto's Disease |
| 5. Benign Positional Vertigo | 25. Impaired Glucose Tolerance |
| 6. Bunions | 26. Incontinence |
| 7. Carpal Tunnel Syndrome | 27. Insulin Resistance |
| 8. Cataracts | 28. Iron Deficiency Anaemia |
| 9. Coeliac disease | 29. Macular Degeneration |
| 10. Congenital Blindness | 30. Meniere's Disease |
| 11. Congenital Deafness | 31. Menopause |
| 12. Diabetes Mellitus (Types I and II) – providing you were diagnosed over 12 months ago, have no eye, kidney, nerve or vascular complications and do not also suffer from a known cardiovascular disease, hypertension or hypercholesterolaemia. | 32. Migraine |
| 13. Dry eye syndrome | 33. Nocturnal cramps |
| 14. Epilepsy – providing there has been no change to your medication regime in the past 12 months | 34. Osteopaenia |
| 15. Folate Deficiency | 35. Osteoporosis |
| 16. Gastric Reflux | 36. Pernicious Anaemia |
| 17. Goitre | 37. Plantar fasciitis |
| 18. Glaucoma | 38. Raynaud's Disease |
| 19. Graves' Disease | 39. Sleep apnoea |
| 20. Hiatus Hernia | 40. Solar keratosis |
| | 41. Trigeminal Neuralgia |
| | 42. Trigger finger |
| | 43. Vitamin B12 Deficiency |

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

STEP 3 – IS YOUR PRE-EXISTING MEDICAL CONDITION DESCRIBED IN THE LIST BELOW?

1. Any condition for which you have been hospitalised (including day surgery), or attended the Emergency Department in the past 24 months.
2. Any condition that requires ongoing treatment with prednisone or other immunosuppressant therapy (refer to "Words with Special Meanings" page 26 of the PDS).
3. You have had heart problems requiring coronary angiography, stents or bypass grafting (CABG) in the past 12 months or you had such procedures more than 3 years ago.
4. You have a Pacemaker or AICD (internal defibrillator).

5. You have had a Cerebrovascular Accident (Stroke) or Transient Ischaemic Attack (TIA) in the past 24 months.
6. Diabetes resulting in eye, kidney, nerve or vascular complications.
7. HIV infection.
8. Epilepsy if you are on two or more anti-convulsant medications.
9. Cystic fibrosis.
10. Any past history of Deep Vein Thrombosis (DVT) or Pulmonary Embolism.

If you have any condition described in Step 3, you will need to complete a Medical Declaration Form, as outlined in Step 4.

If the condition is not outlined in Step 3, we do not require any further information and you do NOT need to complete a Medical Declaration Form or see your doctor. You are accepted for cover providing you pay under the relevant Pre-existing Medical Condition Plan.

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

Access the website www.tid.com.au for further information or call 1300 843 843. Once we assess your application, we have the right to accept or decline cover. If we accept cover, you must pay under the relevant Pre-existing Medical Plan.

You can apply for Pre-existing Medical Condition Cover under the following plans: Plan A and B.

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

You cannot apply for cover for conditions as outlined under the heading "No Cover for Medical Expenses, Cancellation Costs and Additional Expenses" or conditions outlined in Step 1 (pages 10 to 12 of the PDS).

Examples of two common Pre-existing Medical Conditions are set out below:

Cardiovascular Disease:

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

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

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

If any of these conditions are expressly excluded from the policy, all CVD is excluded.

Chronic Lung Disease:

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

If a chronic lung condition is expressly excluded under your policy, all new infections are also excluded.

If you have a Pre-existing Medical Condition and:

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

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

Refer to “Your Policy Cover” pages 25 to 35 and “General Exclusions applicable to all Sections” pages 22 to 24.

You cannot apply for cover for conditions outlined in Step 1 (page 12 of your policy).

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

A Medical Declaration Form is available online at www.tid.com.au. In most cases it can be completed entirely by you. In some cases we will also need a Doctor’s Declaration to be completed by your regular treating doctor, but this is explained in more detail in the Medical Declaration Form.

Important Matters

Under your policy there are rights and responsibilities which you and we have.

You must read this PDS in full for more details, but here are some you should be aware of.

WHO CAN PURCHASE THIS POLICY

This Policy is available for citizens or residents of Australia.

AGE LIMITS

Age limits as at date of Certificate issue.

Plans A and D – Available to travellers under 81 years of age.

Plans B and C – Available to travellers under 76 years of age.

TRAVELLERS 81 YEARS AND OVER

No cover is available to Travellers aged 81 years and over.

COOLING-OFF PERIOD

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

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

CONFIRMATION OF COVER

To confirm any policy transaction, (if the Certificate of Insurance does not have all the information you require), call on 1300 843 843.

YOUR DUTY OF DISCLOSURE

Before you enter into this policy, the Insurance Contracts Act 1984 (Cth) requires you to provide us with the information we need to enable us to decide whether and on what terms your proposal for insurance is acceptable and to calculate how much premium is required for your policy. You will be asked various questions when you first apply for your policy. When you answer these questions, you must:

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

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

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

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

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

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

Who does the duty apply to?

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

What happens if you or they breach the duty?

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

GENERAL INSURANCE CODE OF PRACTICE

We proudly support the General Insurance Code of Practice.

The Code sets out the minimum standards of practice in the general insurance industry. For more information on the Code please contact Mondial Assistance on 1300 728 025.

DISPUTE RESOLUTION PROCESS

Should you have a complaint or dispute arising out of this insurance, or our employees, authorised representatives or service providers please contact Mondial Assistance on 1300 728 025. We will respond to your complaint within 15 business days, provided we receive all necessary information and have completed any investigation required. If we need more time, we will agree on a reasonable alternative timeframe.

We will keep you informed of the progress of our response to your complaint. When we provide our response we will also provide information on how our response can be reviewed by a different employee, who has appropriate experience, knowledge and authority.

If you want our response reviewed we will treat the matter as a dispute and provide you with the contact details of our employee, who will respond in writing within 15 business days (provided we receive all necessary information and have completed any investigation required).

If we need more time, we will agree on a reasonable alternative timeframe, failing which you can report your concerns to the Insurance Ombudsman Service Ltd (IOS). We will keep you informed of the progress of our review at least every 10 business days.

We will give you reasons for our decision. If this does not resolve the matter, you may contact the IOS, the industry’s independent external complaints scheme:

Insurance Ombudsman Service Ltd
PO Box 561, Collins Street West, Melbourne Vic 8007
Phone: 1300 780 808 (National Toll Free)
Phone: (03) 9613 6300 Fax: (03) 9621 2060.

CLAIMS AND ENQUIRIES

If you are admitted to hospital or you anticipate you will incur medical costs, you must immediately contact Mondial Assistance on the emergency assistance number. For information about Mondial Assistance’s worldwide 24 hour emergency assistance network, see page 18.

If you need to make a claim, follow the instructions below and at Page 36.

Claim Forms are available:

- By calling Mondial Assistance on 1300 728 025
- By calling Travel Insurance Direct on 1300 843 843
- Online at www.tid.com.au

For claims purposes, evidence of purchase and the value of the property insured or the amount of any loss must be kept.

Please complete the claim form in full (answering all questions) to allow your claim to be processed. You must attach all supporting ORIGINAL documents, reports, receipts, valuations, other proof of ownership and value, any amount of any loss and any other information relevant to your claim to the claim form and send to the address below.”

IN THE EVENT OF A CLAIM IMMEDIATE NOTICE SHOULD BE GIVEN TO:

Travel Insurance Direct Claims

MONDIAL ASSISTANCE

PO BOX 162 TOOWONG QLD 4066

Phone from overseas reverse charge +61 7 3305 7499

Phone within Australia 1300 728 025

CLAIMS PROCESSING

Your claim will be processed within 10 business days of us receiving a completed claim form and all necessary documentation. If we need additional information, a written request will be sent to you within 10 business days.

PRIVACY NOTICE

To arrange and manage your travel insurance, we (in this Privacy Notice “we”, “our” and “us” includes Mondial Assistance and the Authorised Representative) collect personal information from you and others (including those authorised by you such as your doctors, hospitals and persons whom we consider necessary). Any personal information you provide is used by us to evaluate and arrange your travel insurance. We also use it to administer and provide the insurance services and manage your and our rights and obligations in relation to the insurance services, including managing, processing and investigating claims. We may also collect, use and disclose it for product development, marketing, research, IT systems maintenance and development, recovery against third party and for any other purposes with your consent.

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

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

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

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

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

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

EXCESS

We will not pay the first \$100 (the Excess) for any one event, except in relation to a claim under Sections 2D to 3B.

You can choose to pay an extra premium to remove the standard Excess from your policy.

24 HOUR WORLD WIDE EMERGENCY ASSISTANCE

Mondial Assistance has trained medical staff to assist you with emergency medical assistance. You must contact us immediately in the event of you becoming ill or have an accident.

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

If you are hospitalised you, or a member of your Travelling Party, MUST contact Mondial Assistance as soon as possible.

If you do not we will not pay for these expenses or for any evacuation or airfares that have not been approved or arranged by us (see Sections 1 and 2B).

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

IN THE EVENT OF AN EMERGENCY CALL REVERSE CHARGE 61 7 3305 7499 TO CONTACT MONDIAL ASSISTANCE.

As soon as you become ill, contact us and our medical assistance team will help direct you to the appropriate hospital or health care facility. Subject to medical advice, you must take our advice as to where you can be treated to ensure you receive quality medical care. We also have the option of returning you to Australia or evacuating you to another country, if the cost of your overseas medical expenses could exceed the cost of returning you to Australia.

PERIOD OF COVER

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

However:

- The cover for Cancellation Costs begins from the time the policy is issued.
- Cover for all other Sections begins on date of departure as stated on the Certificate of Insurance. Cover ends when you return to your Home or on the date of return set out on your Certificate of Insurance, whichever happens first.

JURISDICTION AND CHOICE OF LAW

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

SAFEGUARDING YOUR LUGGAGE AND PERSONAL EFFECTS

You must take all reasonable precautions to safeguard your Luggage and Personal Effects. If you leave your Luggage and Personal Effects Unsupervised in a public place we will not pay your claim. (For an explanation of what we mean by "Luggage and Personal Effects", "Unsupervised" and "Public Place" see pages 20 to 21).

Words With Special Meanings

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

Accident means an unexpected, unintended, unforeseeable event causing injury. The accident must happen while you are on a Trip and covered under the policy.

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

Amount Payable means the total amount payable for the policy in accordance with the rates set out in the Schedule of Benefits. It includes administration fees payable to the Agent, stamp duty, policy issue fee, GST if applicable and the premium payable to the insurer.

Applicable Limit means the sum insured specified in the Schedule of Benefits for the Plan selected on the Travel Insurance Policy.

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

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

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

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

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

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

Family means you and your travel partner named in the Certificate of Insurance and your Dependent children/grandchildren under the age of 21, at the date of policy issue, travelling with you, listed as covered on your Certificate of Insurance.

Home means your usual place of residence in Australia.

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

Insolvency means bankruptcy, provisional liquidation, liquidation, appointment of a receiver or administrator, entry into a scheme of arrangement, statutory protection, stopping the payment of debts or the happening of anything of a similar nature under the laws of any jurisdiction.

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

Overseas means in any country other than your country of residence.

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

Pre-existing Medical Condition means:

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

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

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

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

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

Rental Vehicle means a rented sedan, campervan, hatchback or station-wagon, four wheel drive or mini bus/people mover rented from a licensed motor vehicle rental company.

Single means covering you and your Dependent children/grandchildren under the age of 21, at the date of policy issue travelling with you listed as covered on your Certificate of Insurance.

Sudden Illness or Serious Injury means a condition which first occurs during your period of cover and which necessitates treatment by a legally qualified medical practitioner and which results in you or any other person to which this Insurance applies being certified by that medical practitioner at the time as being unfit to travel or continue with your original Trip.

Travelling Party means those people defined in Family and any travelling companion who has made arrangements to accompany you for at least 50% of the Trip.

Trip means the period of travel stated in the Certificate of Insurance. It begins on the date of departure as stated in the Certificate of Insurance and ends when you return to your normal place of residence, or when the period of the Trip set out in the Certificate of Insurance ends, whichever happens first.

Unsupervised means:

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

We, our, us, means Allianz Australia Insurance Limited.

You or Your means the person or people named in the Certificate of Insurance as well as their accompanying Dependent children/grandchildren who are under 21 years of age at the date of policy issue.

General Exclusions applicable to all Sections

We will not pay for any of the following claims or losses:

1. A loss which is recoverable by compensation under any workers compensation act or transport accident laws or by any Government sponsored fund, plan, or medical benefit scheme, or any other similar type legislation required to be effected by or under a law.
2. A loss arising from the failure of any travel agent, tour operator, accommodation provider, airline or other carrier, car rental agency or any other travel or tourism services provider to provide services or accommodation due to their insolvency or the insolvency of any person, company or organisation they deal with.
3. Consequential loss of any nature including loss of enjoyment.
4. A loss resulting from a criminal or dishonest act by you or by a person with whom you are in collusion or if you have not been honest and frank with all answers, statements and submissions made in connection with your insurance application or claim.
5. A loss that arises from any act of war (whether war is declared or not) or from any rebellion, revolution, insurrection or taking of power by the military.
6. A loss that arises from a nuclear reaction or contamination from nuclear weapons or radioactivity.
7. A loss that arises from biological and/or chemical materials, substances, compounds or the like used directly or indirectly for the purpose to harm or to destroy human life and/or create public fear.
8. Your claim arises from errors or omissions in any booking arrangements or failure to obtain relevant visa, passport or travel documents.
9. Your claim arises because you did not follow advice in the mass media of a government or other official body's warning:
 - against travel to a particular country or parts of a country;
 - of a strike, riot, bad weather, civil commotion or contagious disease;
 - of a likely or actual Epidemic or Pandemic (such as H5N1 Avian influenza);
 - of a threat of an Epidemic or Pandemic (such as H5N1 Avian influenza) that requires the closure of a country's borders; or
 - of an Epidemic or Pandemic that results in you being quarantined and you did not take the appropriate action to avoid or minimise any potential claim under your policy (including delay of travel referred to in the warning). Please refer to www.who.int for further information.
10. A loss that arises from parachuting, sky diving, hang gliding, Parapenting or travel in an air supported device other than as a passenger in a licensed passenger aircraft operated by an airline or charter company. This does not apply to hot air ballooning or parasailing.
11. Ongoing payments under Section 1 (Medical Expenses Incurred Overseas) if we decide on the advice of a doctor appointed by us that you are capable of being repatriated to Australia or, if we decide, your country of residence if this is not Australia.
12. A loss, or theft of, or damage to:
 - (a) cash, bank or currency notes, cheques or negotiable instruments (excluding Section 4 theft of cash);
 - (b) unaccompanied Luggage or Personal Effects;
 - (c) property that you leave Unsupervised in a public place or that happens because you do not take reasonable care to protect it;

- (d) Luggage or Personal Effects, but only to the extent that you are entitled to compensation from the carrier responsible for the lost, theft or damage;
 - (e) a video camera, mobile telephone, photographic equipment, personal computer or jewellery left unattended by you in a motor vehicle;
 - (f) a video camera, mobile telephone, photographic equipment, personal computer or jewellery checked in to be held and transported in the cargo hold of any carrier (including any loss from the point of check-in until receipt of the said goods);
 - (g) items from an unattended motor vehicle, unless taken from a locked boot or locked concealed luggage compartment of a station wagon, hatchback, van or motorhome, between sunrise and sunset local time and there is evidence of damage or forced entry which is confirmed by a police report; or
 - (h) the luggage is fragile, brittle or an electronic component is broken or scratched – unless either:
 - it is the lens of spectacles, binoculars, photographic or video equipment; or
 - the breakage or scratch was caused by a crash involving a vehicle in which you are travelling.
 13. For loss, theft or damage which is not reported and a written report is not obtained within 24 hours of discovery from the police or the appropriate authority such as - but not limited to - the airline, accommodation manager, transport provider, airport authority, tour operator or guide.
 14. Your claim arises from Pre-existing Medical Conditions except as specified under the heading 'Pre-existing Medical Conditions' on pages 10 to 15.
 15. Your claim arises out of pregnancy, childbirth or related complications except as specified under the heading "Pregnancy" on page 10.
 16. Your claim arises from any medical procedures in relation to AICD/ICD insertion during overseas travel. If you, your Travelling Party or a Relative (as listed on your Certificate of Insurance) requires this procedure, due to sudden and acute onset which occurs for the first time during your period of cover and not directly or indirectly related to a Pre-existing Medical Condition, we will exercise our right to organise a repatriation to Australia for this procedure to be completed.
 17. Loss, wear and tear or depreciation of property or damage caused by the action of insects, vermin, mildew, rust or corrosion.
 18. A loss arising from mechanical, electrical breakdown or a malfunction.
 19. A loss arising from your, any of your Travelling Party or a Relative's intentional exposure to a needless risk or lack of reasonable care, except in an attempt to save human life.
 20. Delay, detention, seizure or confiscation by Customs or other officials.
 21. The cost of medication in use at the time the Trip began or for maintaining a course of treatment you were on prior to the Trip.
 22. Loss, theft or damage to anything shipped as freight or under a Bill of Lading.
 23. If your claim arises directly or indirectly from a sexually transmitted disease.
 24. If your claim arises from or is any way related to depression, anxiety, stress, mental or nervous conditions.
- Nor will we pay any claim:**
25. If you, a Relative or a member of your Travelling Party:
 - (a) commits suicide, attempts to commit suicide or deliberately injures himself or herself;

Your Policy Cover

- (b) is under the influence of, or is addicted to, intoxicating liquor or a drug, except a drug taken in accordance with the advice of a registered medical practitioner;
 - (c) takes part in a riot or civil commotion;
 - (d) acts maliciously;
 - (e) races (except on foot); mountaineers – or rock climbs – using support ropes; or takes part in a professional sporting activity;
 - (f) rides a motor cycle (except as a pillion passenger) without a licence that is valid in the relevant country; or
 - (g) dives underwater using an artificial breathing apparatus unless you hold an open water diving licence or you were diving under licensed instruction.
26. For any costs or expenses incurred outside the period of the Trip.

CLAIMS CONDITIONS

1. In the event of a claim you must:

- (a) Contact Mondial Assistance on the emergency assistance number at page 26 as soon as you are admitted to hospital or you anticipate your medical expenses are likely to exceed AUD\$2,000.
 - (b) collect a written medical report/summary from a treating doctor which explains the diagnosis provided, medical tests requested and treatment given.
 - (c) give us written notice as soon as possible of an event that may result in a claim;
 - (d) you must give us, if requested by us, any information we ask for to support your claim, in such form as advised by us including police reports, valuations, medical reports/certificates, original receipts or proof of ownership;
 - (e) give us your Certificate of Insurance and any information that we reasonably ask for;
 - (f) not make any promise or offer of payment, or admit fault to anyone, or become involved in any litigation, without our consent; or
 - (g) You must take all reasonable steps to prevent or minimise a claim.
2. Once the Certificate of Insurance has been issued you are not entitled to a refund of any part of the Amount Payable except as provided for under the Cooling-Off Period section.

SECTION 1: MEDICAL EXPENSES INCURRED OVERSEAS

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

1. We will pay the Reasonable cost of emergency medical, hospital, road ambulance or other treatment you actually and necessarily received during the Trip because you suffered a Sudden Illness or Serious Injury. You must make an effort to keep your medical expenses to a minimum. If we determine that you should return home to Australia for treatment and you do not agree to do so then we will pay you the amount which we determine would cover your medical expenses and/or related costs had you agreed to our recommendation. You will then be responsible for any ongoing or additional costs relating to or arising out of the event you have claimed for. **However:**

We will only pay for treatment received and/or hospital accommodation during the 12 month period after the Sudden Illness first showed itself or the Serious Injury happened.

The treatment must be given or prescribed by a registered medical practitioner or paramedic.

2. We will also pay the cost of emergency dental treatment up to a maximum amount of \$500 per person per Trip for dental costs incurred which the treating dentist certifies in writing is for the relief of sudden and acute pain to sound and natural teeth.
3. We will pay up to \$12,000 in total for your burial or cremation overseas, or the transporting of your remains to your country of residence.

Please note we will not pay for any costs incurred in your country of residence.

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

For what we will not pay in this Section please refer to Exclusions to Sections 1, 2 and 3 pages 32 to 33 and General Exclusions to all Sections pages 22 to 24.

SECTION 2A: CANCELLATION COSTS

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

1. We will pay the value of the unused arrangements, less any refunds due to you if you have to cancel any prepaid transport or accommodation arrangements, due to any unforeseen or unforeseeable circumstances outside of your control.
2. We will pay the Reasonable cost of rearranging your Trip prior to the commencement of your Trip because something unforeseen and outside of your control occurs, provided that this cost is not greater than the cancellation fees or lost deposits which would have been incurred had the Trip been cancelled.
3. We will pay the cancellation cost of tuition or course fees up to \$2,000 if the sole purpose of your Trip is to attend that course and that course is cancelled due to circumstances outside of your control.
4. We will pay the travel agent's cancellation fees up to 10% of the amount paid to the travel agent or \$1,500 Single Policy or \$3,000 Family Policy whichever is the lesser; when all monies have been paid or the maximum amount of the deposit has been paid at the time of cancellation. We will not pay any travel agent's cancellation fees above the level of commission or service fees normally earned by the agent had the Trip not been cancelled.
5. We will pay you for loss of frequent flyer or similar air travel points you used

to purchase an airline ticket following cancellation of your air ticket and you cannot recover the lost points from any other source. The cancellation must be due to unforeseen or unforeseeable circumstances outside of your control. We calculate the amount we pay you by multiplying:

- the cost of an equivalent class airline ticket based on the quoted retail price at the time the ticket was issued, less your financial contribution;
- by the total value of points lost divided by the total value of points used to obtain the ticket.

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

For what we will not pay in this Section please refer to Exclusions to Sections 1, 2 and 3 pages 32 to 33 and General Exclusions to all Sections pages 22 to 24.

SECTION 2B: ADDITIONAL EXPENSES/MEDICAL EVACUATION

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

This Section only covers you for Reasonable additional travel or accommodation expenses that result directly from one of the following events:

1. You being unable to continue the Trip because of the death, Sudden Illness or Serious Injury of:
 - You or a member of your Travelling Party; or
 - A Relative or business partner or person in the same employ as you, who is resident in Australia or New Zealand, provided that the Sudden Illness or Serious Injury required hospitalisation or confinement; and in the case of a business partner or person in the same employ, the person's absence made the ending of the Trip necessary and you have written confirmation of that fact from a senior partner or director.
2. The need, because of a Sudden Illness or Serious Injury, resulting in you being hospitalised as an in-patient, for a Relative or friend to travel to, remain with, or escort you in place of the attending physician. You must have written advice from the attending physician and our consent.
3. Cancellation or restriction of scheduled public transport services caused by severe weather, natural disaster, hijacking, riot, strike, or civil commotion. The event must have begun after we issued the Certificate of Insurance. You must have done everything reasonable to avoid the expenses and you must get the carrier's written confirmation of your claim.
4. Motor vehicle, railway, air, or marine accident. You must have written confirmation of the accident from an official body in the country where the accident happened.
5. Loss (excluding Government confiscation) of passports, travel documents or credit cards, but limited to expenses incurred within the country where the loss occurred in having the documents replaced.
6. A member of your Travelling Party who is a full-time student being required to sit supplementary examinations.

We will pay you if you have to interrupt your Trip after it has begun, for your necessary additional travel, accommodation, repatriation and meals that you undertake with our consent. Travel expenses for your return home or evacuation, are only covered if the attending physician advises us in writing that as a result of Sudden Illness or Serious Injury you are unfit to continue the Trip. **The following rules apply:**

1. We will not pay for the cost of resuming the Trip after you have returned to Australia or your country of residence (excluding Sections 2F and 2G).
2. Additional travel must be at the fare class originally chosen, except where we agree otherwise based on a written recommendation by your attending physician.

- If you do not have a return ticket at the time of the event that causes you to return to Australia, we will deduct the cost of an economy class airfare at the carrier's regular published rates for the return Trip. We will use your return ticket if this reduces our costs.
- We will not pay for additional transport or accommodation expenses when a claim is made under Section 2A Cancellation Costs, for cancelled transport or accommodation expenses covering the same period of time.
- Benefits are payable for a period up to 12 months from the date your Trip was interrupted.

SECTION 2C: LOSS OF INCOME

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

We will pay you your average gross income less normal legal deductions for up to 6 months, calculated from the return date on the Certificate of Insurance if, as a result of suffering an injury during the Trip, you become totally unable within 30 days after that injury to attend to your usual full-time occupation or business when you return to Australia. However, we will not pay in respect of the first 30 days after you originally planned to resume your work. This Benefit is not applicable to accompanying Dependent children/grandchildren. The maximum we will pay is \$1,500 per month on Plan A and \$3,000 per month on Plans B and C.

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

For what we will not pay in this Section please refer to Exclusions to Sections 1, 2 and 3 pages 32 to 33 and General Exclusions to all Sections pages 22 to 24.

SECTION 2D: OUT OF POCKET EXPENSES – NIL EXCESS APPLIES

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

We will pay you \$50 for each day you are necessarily confined to hospital overseas provided that the period of confinement exceeds 48 hours because of a Sudden Illness or Serious Injury that happens or first shows itself during the Trip.

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

For what we will not pay in this Section please refer to Exclusions to Sections 1, 2 and 3 pages 32 to 33 and General Exclusions to all Sections pages 22 to 24.

SECTION 2E: TRAVEL DELAY – NIL EXCESS APPLIES

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

We will pay you up to \$2,000 for a Single Plan (\$4,000 for a Family Plan) (sub limit of \$200 per 12 hour delay) for the cost of Reasonable additional meals and accommodation if, for a reason outside your control, your scheduled transport from Australia or overseas is delayed for at least 6 hours, for each subsequent 12 hours (or part of that time) of delay.

You must give us your receipts, and written confirmation of the delay from the carrier.

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

For what we will not pay in this Section please refer to Exclusions to Sections 1, 2 and 3 pages 32 to 33 and General Exclusions to all Sections pages 22 to 24.

SECTION 2F: RETURN AIRFARE – NIL EXCESS APPLIES

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

We will pay you towards the cost of your original air ticket (less any refund that is due to you) if, because of a Sudden Illness or Serious Injury that happens during your Trip the attending registered medical practitioner or carrier requires you to

be brought back to Australia with a medical escort. **However, we will only do so if we bring you back when either:**

- There are more than 5 days of the Trip, or 25% of its length, whichever is the greater left to go; or
- You have been confined to hospital overseas for more than 25% of the insured part of the Trip.

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

For what we will not pay in this Section please refer to Exclusions to Sections 1, 2 and 3 pages 32 to 33 and General Exclusions to all Sections pages 22 to 24.

SECTION 2G: RESUMPTION OF TRIP – NIL EXCESS APPLIES

You only have this cover if you chose Plan A, B or C and you are not making a claim under Section 2A.

If you return to your home in Australia because, during your Trip, a Relative in Australia or New Zealand dies unexpectedly or is hospitalised following a Sudden Illness or Serious Injury, we will reimburse you up to \$3,000 for a Single Plan (\$6,000 for a Family Plan) towards return airfares to continue your Trip within 12 months of return to Australia.

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

For what we will not pay in this Section please refer to Exclusions to Sections 1, 2 and 3 pages 32 to 33 and General Exclusions to all Sections pages 22 to 24.

SECTION 2H: SPECIAL EVENTS – NIL EXCESS APPLIES

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

If your Trip is interrupted by any fortuitous cause outside of your control and you are unable to arrive at your destination by the time originally scheduled – for the purpose of attending a pre-arranged wedding, funeral, conference, or sporting event which cannot be delayed as a consequence of your late arrival – we will reimburse you for the Reasonable additional cost of using alternative public transport to arrive at the destination on time.

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

For what we will not pay in this Section please refer to Exclusions to Sections 1, 2 and 3 pages 32 to 33 and General Exclusions to all Sections pages 22 to 24.

SECTION 2I: RENTAL VEHICLE INSURANCE EXCESS -NIL EXCESS APPLIES

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

We will pay you for the Rental Vehicle Insurance Excess if you rent a vehicle which is damaged, stolen or if it is involved in an accident. We will only pay if you have a written rental agreement from a licensed rental company. This Benefit does not cover motorcycles.

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

For what we will not pay in this Section please refer to Exclusions to Sections 1, 2 and 3 pages 32 to 33 and General Exclusions to all Sections pages 22 to 24.

SECTION 2J: RETURN OF RENTAL VEHICLE – NIL EXCESS APPLIES

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

We will pay the cost of returning your Rental Vehicle to the nearest depot if your attending registered medical practitioner or dentist certifies in writing that you are unfit to do so during your Trip.

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

For what we will not pay in this Section please refer to Exclusions to Sections 1, 2 and 3 pages 32 to 33 and General Exclusions to all Sections pages 22 to 24.

SECTION 2K: DOMESTIC PETS – NIL EXCESS APPLIES

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

- We will pay you up to \$20 for each full 24 hour period, for additional kennel or boarding cattery fees for domestic cats and dogs owned by you if you are delayed beyond your original return date due to an event covered by this policy. However, you must give us a statement confirming the additional fees. We will not pay more than the Applicable Limit.
- We will also pay you up to \$500 if your pet suffers an Injury during your Trip and requires in-patient veterinary treatment. Your pet must be in the care of a Relative, friend or boarding kennel whilst you are on your Trip and you must provide a written report from the treating veterinary surgeon in support of your claim.

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

For what we will not pay in this Section please refer to Exclusions to Sections 1, 2 and 3 pages 32 to 33 and General Exclusions to all Sections pages 22 to 24.

SECTION 2L: TRIP DISRUPTION – NIL EXCESS APPLIES

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

We will pay your Reasonable additional transport and accommodation expenses if your Trip is disrupted due to your usual place of residence in Australia being destroyed by a natural disaster or a fire.

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

For what we will not pay in this Section please refer to Exclusions to Sections 1, 2 and 3 pages 32 to 33 and General Exclusions to all Sections pages 22 to 24.

SECTION 2M: HIJACKING – NIL EXCESS APPLIES

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

We will pay if you want to cancel your Trip and return home after the scheduled transport service on which you are travelling is hijacked. We will pay your prepaid travel and accommodation that you do not use, less any refunds due to you.

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

For what we will not pay in this Section please refer to Exclusions to Sections 1, 2 and 3 pages 32 to 33 and General Exclusions to all Sections pages 22 to 24.

SECTION 2N: ALTERNATIVE STAFF – NIL EXCESS APPLIES

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

We will pay the Reasonable costs for a replacement employee to complete the assignment for which you originally travelled if, as a result of a Sudden Illness or Serious Injury to you for which a claim is valid under Section 1 of this policy, a registered medical practitioner and we deem it necessary that you return to your place of residence in Australia.

The replacement employee will for the purposes of this travel insurance will be entitled to Benefits under this policy but subject to the conditions, limitations and exclusions of the policy and the replacement employee must comply with the

requirements of the Duty of Disclosure.

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

For what we will not pay in this Section please refer to Exclusions to Sections 1, 2 and 3 pages 32 to 33 and General Exclusions to all Sections pages 22 to 24.

SECTION 20: WITHDRAWAL OF SERVICES - NIL EXCESS APPLIES

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

We will pay you \$50 per day when the unforeseeable withdrawal of any of the following services for 48 hours continuously during your Trip at the pre-booked accommodation at which you are staying occurs:

1. All water and electrical facilities in your room;
2. Waiter service at meals;
3. Kitchen services so that no food is served;
4. All chambermaid services.

You must produce a written report from the accommodation manager where you are staying in support of your claim.

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

For what we will not pay in this Section please refer to Exclusions to Sections 1, 2 and 3 pages 32 to 33 and General Exclusions to all Sections pages 22 to 24.

SECTION 2P: SNOW SKIING PISTE CLOSURE – NIL EXCESS APPLIES

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

We will pay you \$100 for a Single Plan (\$200 for a Family Plan) for each day that the skiing facilities at the resort you have pre-booked before your Trip commenced and that you are staying in, is totally closed due to adverse snow conditions. The most we will pay is \$500 for a Single Plan (\$1,000 for a Family Plan).

You must obtain a detailed written report from the resort management in support of your claim.

For what we will not pay in this Section please refer to Exclusions to Sections 1, 2 and 3 pages 32 to 33 and General Exclusions to all Sections pages 22 to 24.

SECTION 2Q: SNOW SKIING AND/OR GOLFING BENEFITS – NIL EXCESS APPLIES

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

We will pay you the proportional amounts of irrecoverable prepaid charges you have paid for (or contracted to pay before the Trip commenced);

- ski equipment hire, lift passes and ski-school costs, and cannot recover, if during your Trip you are prevented from skiing for more than 24 hours following your Sudden Illness or Serious Injury sustained during your Trip; and/or
- golf equipment hire, green fees and golfing tuition costs, and cannot recover, if during your Trip you are prevented from playing golf for more than 24 Hours following your Sudden Illness or Serious Injury sustained during your Trip.

You must obtain a medical certificate from a registered medical practitioner in support of your claim for your Sudden Illness or Serious Injury.

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

For what we will not pay in this Section please refer to Exclusions to Sections 1, 2 and 3 pages 32 to 33 and General Exclusions to all Sections pages 22 to 24.

SECTION 2R: SNOW SKIING AND/OR GOLFING EQUIPMENT REPLACEMENT – NIL EXCESS APPLIES

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

1. We will pay you for the hire of alternative ski and/or golf equipment following accidental loss, theft or breakage of ski and/or golf equipment and for which a claim has been accepted by us.
2. We will also pay if you are temporarily deprived of your ski and/or golf equipment for a period of more than 24 hours from the scheduled time of arrival at the snow and/or golf destination due to delay or misdirection of your ski and/or golf equipment.

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

For what we will not pay in this Section please refer to Exclusions to Sections 1, 2 and 3 pages 32 to 33 and General Exclusions to all Sections pages 22 to 24.

SECTION 2S: DOMESTIC SERVICES – NIL EXCESS APPLIES

You only have this cover if you chose Plan A or B.

We will pay you for any Reasonable domestic services provided by a registered domestic service business up to a maximum of \$500 if you have been repatriated to Australia by us and your Sudden Illness or Serious Injury restricts your ability to perform domestic duties. These Reasonable domestic services and costs must be approved by us.

For what we will not pay in this Section please refer to Exclusions to Sections 1, 2 and 3 pages 32 to 33 and General Exclusions to all Sections pages 22 to 24.

SECTION 3A: ACCIDENTAL DEATH – NIL EXCESS APPLIES

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

We will pay your estate the Applicable Limit, if you die within twelve (12) months as the direct result of an injury that happens to you during your Trip. However, there is no cover for your Dependent children/grandchildren under the age of 21, who are travelling with you. Under a Family Plan, we only pay the Single Plan limit for any one person.

We will also pay your estate the applicable Limit if you are presumed dead and your body is not found within 12 months after the conveyance you were travelling in disappears, sinks, is wrecked or crashes.

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

For what we will not pay in this Section please refer to Exclusions to Sections 1, 2 and 3 pages 32 to 33 and General Exclusions to all Sections pages 22 to 24.

SECTION 3B: TOTAL PERMANENT DISABILITY – NIL EXCESS APPLIES

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

If during the Trip you suffer an injury caused solely and directly by violent, accidental, visible and external means (not caused by a sickness or disease) resulting in your permanent total loss of sight in one or both eyes or the permanent total loss of use of one or more Limbs within one year of the date of the accident.

We will pay you the amount shown in the Plan purchased. The maximum limit in respect of accompanied children is \$10,000 for each child.

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

For what we will not pay in this Section please refer to Exclusions to Sections 1, 2 and 3 below and General Exclusions to all Sections pages 31 to 33.

EXCLUSIONS TO SECTIONS 1, 2 AND 3

We will not pay a claim that arises because of any of the following:

1. You have received medical care under a reciprocal national health scheme. Reciprocal Health Agreements are currently in place with the following countries; Finland, Italy, Malta, the Netherlands, Norway, Sweden, the Republic of Ireland, the United Kingdom and New Zealand.
2. Despite our advice otherwise, you received private hospital or medical treatment where public funded services or care is available in Australia or under any Reciprocal Health Agreement between the Government of Australia and the Government of any other country. Please see www.medicareaustralia.gov.au for further information.
3. Medical and/or dental costs incurred in your country of residence.
4. You travel even though you know you are unfit to travel, travel against medical advice, travel to obtain medical treatment or you arrange to travel when you know of circumstances that could lead to the Trip being disrupted or cancelled.
5. Your claim arises directly or indirectly from any injury, Sudden Illness or Serious Injury where a metastatic or terminal prognosis was made prior to the issue of the Certificate of Insurance.
6. Your claim arises out of pregnancy or related complications after 26 weeks of pregnancy with a single baby or after 19 weeks of pregnancy with a multiple pregnancy. Expectant mothers should consider whether they travel under this policy, as no cover is provided for childbirth or the health of a newborn child, irrespective of the stage of pregnancy at which the child is born.
7. Dental treatment involving the use of precious metals or for cosmetic dentistry.
8. A tour operator or wholesaler is unable to complete arrangements for a tour because there are not the required number of people to begin or complete a tour or Trip. This does not apply in relation to prepaid travel arrangements bought separately to reach the departure point for the tour or other travel arrangements.
9. A loss that arises directly or indirectly from an act or threat of terrorism. This exclusion only relates to Sections 2A Cancellation Costs, 2E Travel Delay and 2H Special Events.
10. Delays, rescheduling or cancellation of scheduled transport services caused by the carrier or related to the carrier including maintenance, repairs, rescheduling, service faults, industrial activity other than a strike or corporate takeover. This exclusion does not apply to Sections 2E, 2H and 2J.
11. Financial, business, professional or contractual arrangements. This exclusion does not apply to claims under Section 2A where:
 - a) you or a member of your Travelling Party are made redundant from full-time permanent employment in Australia provided you or they were not aware that the redundancy was to occur before you purchased this policy; or
 - b) where you are a full-time permanent employee and prearranged leave is cancelled by your employer.
12. Which arises from a lack of due care and responsibility on your part by neglecting to observe appropriate preventative measures for the travel region, as outlined by the World Health Organisation including relevant vaccinations, malaria prophylaxis, and hygiene measures. Please see www.who.int for further information.
13. You or a member of the Travelling Party changes plans or decides not to continue with the Trip.
14. You operate a Rental Vehicle in violation of the rental agreement.
15. You use the Rental Vehicle to transport items other than luggage.
16. Any kennel or cattery fees incurred outside Australia or as a result of quarantine regulations.

17. You engage in bobsleighbing, snow rafting, Para-penting, heli-skiing, ski acrobatics, ski joreing, any form of power assisted skiing or use of mechanised snow-mobiles except as provided by the recognised piste authorities for transport to and from areas designed for recreational skiing. This exclusion only applies to Sections 2P, 2Q and 2R.
18. In resorts that do not have skiing facilities above 1000 metres above sea level. This exclusion only applies to Sections 2P, 2Q and 2R.
19. That arise outside the period 15th December to 31st March in Northern Hemisphere resorts and 15th June to 30th September in Southern Hemisphere resorts. This exclusion only applies to Sections 2P, 2Q and 2R.
20. The financial collapse of any transport, tour or accommodation provider.
21. You have been instructed by your medical practitioner that you are unfit to travel and you fail to promptly cancel your pre-booked travel, you will be responsible for any extra cost (including cancellation charges) incurred from your failure to promptly cancel the prearranged travel.

You must check General Exclusions Applicable to All Sections pages 22 to 24 for other reasons why we will not pay.

LUGGAGE AND PERSONAL EFFECTS – SECTION 4

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

We will pay you for each of the following:

1. Accidental loss, theft of, or damage to your Luggage and Personal Effects including things you buy during the Trip, whilst they are accompanying you. We are entitled to choose between repairing, replacing the property, or paying you its value in cash, after allowing for wear, tear, and depreciation. Any payment however will not exceed the original cost price of the item.

The limits in total, for a camera, video camera or personal computer, and for any other item are set out in the Schedule of Benefits. A pair or related set of items are for example – but not limited to:

- a camera, lenses (attached or not), tripod and accessories;
- a matched or unmatched set of golf clubs, golf bag and buggy are considered as only one item for this purpose; or
- a matching pair of earrings.

The maximum amount we will pay for any item (item limit) is:

- \$700 under all Plans (and \$4,000 where the item limit is a laptop, note book, handheld computer, camera or video camera), or
- Under Plans B and C a \$5,000 single item limit applies in respect of business equipment.

However, if we are to pay a claim, you must:

- (a) keep receipts for goods you buy separate from the goods themselves;
- (b) keep any relevant ticket and luggage check and give them to us;
- (c) provide evidence of the value and your ownership of the goods;
- (d) if an airline loses or damages your accompanying luggage, report it in writing to the airline within three days; and
- (e) get written confirmation that you made the report, and give it to us, with details of any settlement that they make in relation to the loss or damage.

2. Theft of cash up to \$250 providing you obtain a police report confirming the theft has occurred.
3. Loss of dentures or dental prostheses up to \$800.

4. Essential items bought because your luggage is temporarily lost or delayed (not permanently lost) by the carrier for more than 12 hours. This does not apply on the leg of your Trip that brings you to your country of residence or your home in Australia. We will not pay more than \$250 for the Single Plan (\$500 for the Family Plan) if the delay is more than 12 hours or more than \$500 for the Single Plan (\$1,000 for the Family Plan) if the delay is more than 72 hours. You must give us relevant receipts and written confirmation of the length of the delay from the appropriate authority. No Excess applies to this Benefit.
5. Financial loss you suffer because of loss, theft, or fraudulent use, of your – travel documents, travellers cheques, passport, or credit cards – after they have been accidentally lost or have been stolen. We will not pay more than \$2,000. You must comply with any conditions of the issuing body.
6. The Reasonable additional costs in obtaining a replacement passport or travel document following the accidental loss, theft or damage of your passport whilst outside Australia up to \$2,000. No Excess applies to this Benefit.
7. In the event that a claimable loss, theft, or damage to your Luggage and Personal Effects is incurred, we will allow you one automatic reinstatement of the sum insured for the Plan selected.

The maximum amount we will pay for all claims combined under this Section is shown under the Schedule of Benefits for the Plan you have selected. We will also pay up to the limits (s) shown in your Certificate of Insurance for any additional cover purchased, as nominated by you and for which the applicable premium has been paid. The General Exclusions Applicable to All Sections of the policy apply regardless of the limit of additional Luggage and Personal Effects Cover purchased.

EXCLUSIONS TO SECTION 4

We will not pay for a claim that arises because of any of the following:

1. Loss, theft of or damage to watercraft of any type (excluding surfboards).
2. Damage to sporting equipment (including surfboards) while in use except snow skiing or golf equipment.
3. Breakage or damage to snow skiing or golf equipment over three years old.
4. Loss of luggage not reported to the Transport Provider, Police, hotel or appropriate authority within 24 hours of you becoming aware of the loss and where no written report is obtained.

You must check General Exclusions Applicable to All Sections pages 22 to 24 for other reasons why we will not pay.

PERSONAL LIABILITY – SECTION 5

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

We will pay you for any amount due to your legal liability up to the maximum Benefit to pay damages or compensation because your negligence during your Trip causes:

1. Injury to a person who is not a member of your Family or Travelling Party; or
2. Loss or damage to property that is not owned by you or a member of your Family or Travelling Party, or is not in your or their custody or control.

We will also reimburse your Reasonable legal costs and legal expenses for settling or defending the claim made against you. We decide whether the costs were Reasonable. You must not accept any liability without our prior approval.

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

EXCLUSIONS TO SECTION 5

We will not pay for a liability:

1. Arising out of your trade, business or profession.
2. For injury to an employee arising out of, or in the course of, their employment by you.
3. Arising out of an unlawful, wilful or malicious act by you.
4. Arising out of your ownership, possession or use (including as a passenger) of a mechanically propelled vehicle, or any aircraft or watercraft.
5. Arising out of you passing on an illness or disease to another person.

You must check General Exclusions Applicable to All Sections pages 22 to 24 for other reasons why we will not pay.

BUSINESS TRAVEL – SECTION 6

You only have this cover if you purchase Plan B or C.

1. We will pay you for accidental loss, theft or damage of business equipment (consisting of computer equipment, communication devices, other business related equipment and business documents) up to \$5,000. We are entitled to choose between repairing, replacing the business equipment, or paying you its value in cash, after allowing for wear, tear, and depreciation. Any payment however will not exceed the original cost price of the item.
2. We will also pay you for the hire of alternative business equipment following accidental loss, or theft or damage of business equipment or for the misdirection or delay in transit for more than 24 hours of business equipment and for which a claim has been accepted by us. The most we will pay is \$250 for each complete day up to a maximum of \$1,000.
3. We will also pay for the re-creation during your Trip, of business documents, business plans and business presentations if they are lost, stolen or accidentally damaged. The most we will pay is \$1,000.

EXCLUSIONS TO SECTION 6

We will not pay for loss, or theft of, or damage to:

1. Business equipment (defined in this Policy as being computer equipment, communication devices, other business related equipment and business documents), unless you have purchased Plans B or C.

You must check General Exclusions Applicable to All Sections pages 22 to 24 for other reasons why we will not pay.

HOW TO MAKE A CLAIM

You must give us notice of your claim as soon as possible by completing the claim form supplied by our Clients Services department and posting to the address shown on the claim form. If the claim form is not fully completed by you, we cannot process your claim.

If you do not, we can reduce your claim by the amount of prejudice we have suffered because of the delay.

You must give us any information we reasonably ask for to support your claim at your expense, such as but not limited to police reports, valuations, medical reports, original receipts or proof of ownership.

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

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

CLAIMS ARE PAYABLE IN AUSTRALIAN DOLLARS TO YOU

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

YOU MUST NOT ADMIT FAULT OR LIABILITY

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

YOU MUST HELP US TO RECOVER ANY MONEY WE HAVE PAID

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

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

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

DEPRECIATION

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

OTHER INSURANCE

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

SUBROGATION

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

RECOVERY

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

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

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

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

BUSINESS TRAVELLERS – HOW GST AFFECTS YOUR CLAIM

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

TRAVEL WITHIN AUSTRALIA ONLY

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

FRAUD

Insurance fraud places additional costs on honest policyholders. Fraudulent claims force insurance premiums to rise. We encourage the community to assist in the prevention of insurance fraud. You can help by reporting insurance fraud. All information will be treated as confidential and protected to the full extent under law. Report insurance fraud by calling 1800 453 937.



In Case of Emergency FREE CALL Telephone Numbers

If you are in one of the countries listed below, simply dial the number shown for that country.

For all other countries dial reverse charge (“collect”) via the local operator on: **61 7 3305 7499**

Australia	1800 010 075
Canada	1800 214 5514
China (North)	10800 611 0094
China (South)	10800 361 0112
France	0800 905 823
Germany	0800 182 7635
Greece	00800 611 4107
Hong Kong	800 900 389
Indonesia	001 803 0612 195
Italy	800 787 451
Japan	0066 3386 1052
Netherlands	0800 023 2683
New Zealand	0800 778 103
Singapore	800 6162 187
Switzerland	0800 561 361
Thailand	001 8006 121 082
United Kingdom	08000 289 270
United States	1866 844 4085

Sales enquiries:

1300 843 843

Claims and Client Services enquiries:

1300 728 025

24 hour emergency assistance:

(Mondial Assistance)

1800 010 075

Reverse charge from overseas:

+61 7 3305 7499

Travel Insurance Direct Pty Ltd

ACN 121 659 470

AR No. 305589

Level 5, 24 York Street, Sydney, NSW 2000

is an authorised representative of Mondial Assistance

This insurance is arranged and managed by:

ETI Australia Pty Ltd trading as

Mondial Assistance

ABN 52 097 227 177

AFS Licence No. 245631

PO Box 162, Toowong QLD 4066

This insurance is issued and underwritten by:

Allianz Australia Insurance Limited

ABN 15 000 122 850

AFS Licence No. 234708

2 Market Street, Sydney NSW 2000