

Aussietravelcover

WORLDWIDE TRAVEL INSURANCE

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



Aussietravelcover

WORLDWIDE TRAVEL INSURANCE

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PART 1 - FINANCIAL SERVICES GUIDE

FINANCIAL SERVICES GUIDE

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

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

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

ABOUT MONDIAL ASSISTANCE

Mondial Assistance (a trading name of ETI Australia Pty Ltd ABN 52 097 227 177 AFS Licence No 245631) of 74 High Street, Toowong, Queensland 4066 Telephone 1300 667 132 is an Australian Financial Services Licensee authorised to deal in and provide general advice on general insurance products. Mondial Assistance has been authorised by the insurer Allianz Australia Insurance Limited (Allianz) ABN 15 000 122 850 AFS Licence No 234708 of 2 Market Street, Sydney, New South Wales, 2000 Telephone 13 26 64 to act on its behalf to deal in and provide general advice and handle and settle claims in relation to travel insurance products underwritten by Allianz.

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

PROFESSIONAL INDEMNITY INSURANCE ARRANGEMENTS

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

AUSSIETRAVELCOVER AND THE AUTHORISED REPRESENTATIVE

Aussietravelcover Pty Ltd (Aussietravelcover) ABN 32 002 517 740 Authorised Representative Number 269304 of 10/9 Bungan Street, Mona Vale NSW 2103 Telephone 1800 888 448 or 02 9979 8888 is an authorised representative of Mondial Assistance. Aussietravelcover is the Authorised Representative that provides the financial services when you purchase this product through the website at www.aussietravelcover.com.au or over the telephone.

If you purchase this product through a travel agent, other than Aussietravelcover, the full details of the Authorised Representative that provides the financial services to you is set out on the back cover of the Combined Financial Services Guide and Product Disclosure Statement. If no details are provided, please ask the travel agent to provide you with these details.

Aussietravelcover and the Authorised Representative are authorised by Mondial Assistance to deal in and provide general advice on travel insurance products underwritten by Allianz on behalf of Mondial Assistance. Aussietravelcover and the Authorised Representative act for Mondial Assistance and do not act on your behalf.

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

REMUNERATION

Aussietravelcover and the Authorised Representative receive a commission when you buy a policy from a travel agent, calculated as a percentage of the premium you pay for the insurance policy issued to you. It is only paid if you purchase a policy.

Mondial Assistance also receives a commission when you purchase an insurance policy. Mondial Assistance is remunerated by Allianz for providing services on behalf of Allianz. This is a percentage of the premium that you pay for the policy and is only paid if you purchase a policy.

Employees and representatives of Aussietravelcover, the Authorised Representative and Mondial Assistance receive an annual salary. Employees and representatives of Aussietravelcover and the Authorised Representative may also receive a bonus based on performance criteria which can include sales performance.

If you would like more information about the remuneration that the Authorised Representative receives, please ask them. If you would like more information about the remuneration that Aussietravelcover receives, please ring them on 1800 888 448 or 02 9979 8888. If you would like more information about the remuneration that Mondial Assistance receives please ring them on 1300 667 132. This request should be made within a reasonable time after this FSG is provided to you and before the financial services are provided to you.

IF YOU HAVE A COMPLAINT

If you have a complaint, please tell Mondial Assistance. If your complaint is not resolved to your satisfaction, Mondial Assistance has an internal dispute resolution system designed to seek to resolve any complaints or disputes that may arise. To access it please contact Mondial Assistance on 1300 667 132 or put the complaint in writing and send it to PO box 162, Toowong, Queensland 4066.

If you are still not satisfied after the internal dispute resolution process, you may contact the Financial Ombudsman Service Limited (FOS) which is an independent external dispute resolution body. For more information or to access the FOS process please call 1300 780 808. Alternatively you can write to the FOS at GPO Box 3, Melbourne VIC 3001. Access to the FOS is free.

CONTACT US

You can give Mondial Assistance instructions using the contact details outlined in this FSG. Please retain this document in a safe place for your future reference.

DATE PREPARED

This FSG was prepared on 1 March 2009.

PART 2 - PRODUCT DISCLOSURE STATEMENT

ABOUT THIS PRODUCT DISCLOSURE STATEMENT

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

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 PLANS

You can choose one of these 6 Plans:

- **Plan A Cover – Super Plus, Super & Standard** (see Sections 1(A) to 16);
- **Plan A Cover – Economy** (see Sections 1(A) to 9 & 11 to 16);
- **Plan B Annual Multi-Journey** (see Sections 1(A) to 16 whilst travelling internationally and Sections 1(A), 1(B), 4 & 6 to 16 whilst travelling domestically);
- **Plan C Domestic Cover** (see Sections 1(A), 1(B), 4, 6, 11, 13, 15 & 16);
- **Plan D Budget Cover** (see Sections 2, 3 & 15);
- **Plan E Non-Residents Cover** (see Sections 1(A), 2 to 7, 9 & 11 to 16); or
- **Plan F Domestic Advance Purchase** (see Sections 1(A))

UNDERSTANDING YOUR POLICY AND ITS IMPORTANT TERMS AND CONDITIONS

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

- About each of the available types of cover and Benefits in the "**Summary of Benefits**" pages 5 to 6 and the relevant sections of the PDS applicable to the cover you choose including any endorsements under "**Additional Options**" page 7 (remember certain words have special meanings – see "**Words with Special Meanings**" pages 29 to 31);
- When "**We Will Not Pay**" a claim under each policy Section applicable to the cover you choose and "**General Exclusions applicable to all Sections**" pages 47 to 48 (this restricts the cover and Benefits);
- "**Claims**" pages 49 to 51 (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 14 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, confirmation of your cover, our privacy policy and our dispute resolution process, extension of your policy, your policy Excess, when you can choose your own doctor and when you should contact us concerning 24 hour medical assistance, overseas hospitalisation or medical evacuation.)

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 journey and number of persons. The higher the risk, the higher the premium is.

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

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" pages 14 to 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).

PREPARATION DATE

The preparation date of this PDS is 1 March 2009.

SUMMARY OF BENEFITS

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

1(A) CANCELLATION FEES AND LOST DEPOSITS (pg. 32 to 33)

Cover for cancellation fees and lost deposits for pre-paid travel arrangements due to unforeseen circumstances neither expected nor intended by you or which are outside your control, such as: – Sickness – Accidents – Strikes – Collisions – Retrenchment – Natural Disasters.

1(B) TRAVEL SERVICES PROVIDER INSOLVENCY (pg. 34)

Financial loss due to the insolvency of a Travel Services Provider.

2 OVERSEAS EMERGENCY MEDICAL ASSISTANCE, MEDICAL EVACUATION OR FUNERAL EXPENSES (pg. 34 to 35)

Cover for emergency medical assistance including: – 24 Hour Emergency Medical Assistance – Ambulance – Medical Evacuations – Funeral Arrangements – Messages to Family – Hospital Guarantees.

3 OVERSEAS EMERGENCY MEDICAL, HOSPITAL OR DENTAL EXPENSES (pg. 35 to 36)

Cover for overseas medical treatment if you are injured or become sick overseas, including: – Medical – Hospital – Surgical – Nursing – Emergency dental treatment for the relief of sudden and acute pain to sound and natural teeth.

4 ADDITIONAL EXPENSES (pg. 36 to 38)

Cover for additional accommodation and travel expenses caused by your health problems or someone else's resulting from: – Sickness – Accidental Injury – Death.

Also cover for Travelling Companion or Relative's accommodation and travel expenses to travel to, stay near or escort you resulting from: – Hospitalisation – Medical Evacuation.

5 HOSPITAL CASH ALLOWANCE (pg. 38 to 39)

An allowance of \$50 per day if you are hospitalised whilst overseas for more than 48 continuous hours.

6 ACCIDENTAL DEATH (pg. 39)

A Death Benefit is payable if you die because of accidental bodily injury sustained during your journey within 12 months of that injury.

7 PERMANENT DISABILITY (pg. 39 to 40)

A Permanent Disability Benefit is payable for total loss of sight in one or both eyes or loss of use of a hand or foot within 12 months of, and because of, an injury sustained during your journey.

8 LOSS OF INCOME (pg. 40)

A weekly Loss of Income Benefit is payable if, due to an injury sustained during your journey, you are unable to work after your return to Australia for more than 30 days.

9 LOSS OF TRAVEL DOCUMENTS, CREDIT CARDS AND TRAVELLERS CHEQUES (pg. 40 to 41)

Cover to replace costs of travel documents lost or stolen from you during your journey, such as: – Passports – Credit Cards – Travel Documents – Travellers Cheques.

10 THEFT OF CASH, BANK NOTES, CURRENCY NOTES, POSTAL ORDERS OR MONEY ORDERS (pg. 41)

Cover for the following items stolen from your person, up to \$250 for all claims combined: – Bank Notes – Cash – Currency Notes – Postal Orders – Money Orders.

11 LUGGAGE AND PERSONAL EFFECTS (pg. 41 to 43)

Cover for replacing Luggage and Personal Effects stolen or reimbursing repair cost for accidentally damaged items, including: – Luggage – Spectacles – Personal Effects – Personal Computers – Cameras.

12 LUGGAGE AND PERSONAL EFFECTS DELAY EXPENSES (pg. 44)

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

13 TRAVEL DELAY EXPENSES (pg. 44)

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

14 ALTERNATIVE TRANSPORT EXPENSES (pg. 45)

Cover for additional travel expenses following transport delays to reach events such as: – Wedding – Funeral – Conference – Sporting Event – Pre-paid Travel/Tour Arrangements.

15 PERSONAL LIABILITY (pg. 45 to 46)

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

16 RENTAL VEHICLE EXCESS / RETURN OF RENTAL VEHICLE (pg. 46)

Cover for car Excess payable on Motor Vehicle Insurance resulting from your Rental Vehicle being: – Stolen – Crashed – Damaged and/or cost of returning the Rental Vehicle due to you being unfit to do so.

ADDITIONAL OPTIONS

INCREASED LUGGAGE AND PERSONAL EFFECTS COVER

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

Cover for unspecified items is limited to:

- \$4,000 for personal computers, video recorders or cameras
- \$2,000 for golf clubs
- \$750 for all other unspecified items

The maximum Benefit payable under Section 11 for damage or permanent loss of unspecified Luggage and Personal Effects is the amount nominated on the Plan selected for all claims combined.

Additional cover can be purchased for specified items (excluding jewellery and bicycles) up to a total amount of \$5,000 by paying an additional premium. The additional premium is \$40 per \$1,000 or part thereof - receipts and/or valuations need to be provided.

PLEASE NOTE: The General Exclusions applicable to all Sections of the policy apply regardless of the limit of Increased Luggage and Personal Effects Cover purchased.

EXCESS

Plans A, B, D & E

Nil Excess applies to Sections 2, 4, 5, 6, 7, 8, 12, 13 & 14.

For all other Sections, a \$100 Excess applies.

You can remove this Excess by paying an additional premium of \$25.

Plans C & F

Nil Excess applies to all Sections.

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

PRE-EXISTING MEDICAL CONDITIONS

Pregnancy

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

In any event we will not pay medical expenses for:

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

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

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

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

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 47 TO 48 FOR OTHER REASONS WHY WE WILL NOT PAY.

Pre-existing Medical Conditions

Please read this section carefully.

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

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

What is a Pre-existing Medical Condition?

A Pre-existing Medical Condition means:

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

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

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

If you are aged 81 years or over, the following section does not apply to you. You must complete the '81 Years and Over Medical Declaration Form' available from your travel agent or online at www.aussietravelcover.com.au. We have the absolute right to accept or decline cover, or impose special conditions such as an Excess or reduced Benefits.

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.

Group 1 – Pre-existing Medical Conditions which are automatically excluded

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

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

4. Any condition for which you have undergone surgery in the past 6 weeks
5. Any condition for which you have ever required spinal or brain surgery
6. Any condition which has caused a seizure in the past 12 months
7. Any chronic or recurring pain (including back pain) requiring regular medication or other ongoing treatment such as physiotherapy or chiropractic treatment
8. Any mental illness as defined by DSM-IV including:
 - a] Dementia, depression, anxiety, stress or other nervous condition; OR
 - b] Behavioural diagnoses such as autism; OR
 - c] A therapeutic or illicit drug or alcohol addiction
9. Any cardiovascular disease or cerebrovascular disease (see example) if you have:
 - a] Experienced angina (chest pain) within the past 6 months; OR
 - b] Had a stroke or a Transient Ischaemic Attack (TIA) within the past 12 months; OR
 - c] Been diagnosed with Congestive Heart Failure
10. Any condition for which you have been given a terminal prognosis for any condition with a life expectancy of under 24 months
11. Any respiratory condition (see examples) for which you require home oxygen therapy or you will require oxygen for the Journey
12. Chronic Renal Failure which is treated by haemodialysis or peritoneal dialysis
13. Full-blown AIDS (not an asymptomatic HIV infection)
14. Organ transplantation, previous organ transplantation, or any condition for which you are awaiting organ transplantation

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

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

You are automatically covered if your Pre-existing Medical Condition is described below, provided that you have **not** been hospitalised (including Day Surgery or Emergency Department attendance) for that condition in the past 24 months. We do not require any further information or a Medical Declaration Form if your condition is described in this list, and has not caused hospitalisation in the past 24 months:

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. Acne 2. Allergies limited to Rhinitis, Chronic Sinusitis, Eczema, Food Intolerance, Hay Fever 3. Asthma – providing that you <ol style="list-style-type: none"> a] have no other lung disease and b] are less than 60 years of age at the date of policy purchase. | <ol style="list-style-type: none"> 4. Bell's palsy 5. Benign Positional Vertigo 6. Bunions 7. Carpal Tunnel Syndrome 8. Cataracts 9. Coeliac disease 10. Congenital Blindness 11. Congenital Deafness 12. Diabetes Mellitus (Type I)* – providing you: |
|--|---|

- | | |
|--|--|
| <ol style="list-style-type: none"> a] were diagnosed over 12 months ago, and b] have no eye, kidney, nerve or vascular complications, and c] do not also suffer from a known cardiovascular disease, hypertension, hyperlipidaemia or hypercholesterolaemia and d] are under 50 years of age at the date of policy purchase. | <ol style="list-style-type: none"> 22. Hypercholesterolaemia (High Cholesterol) – provided you do not also suffer from a known cardiovascular disease and/or diabetes 23. Hyperlipidaemia (High Blood Lipids) – provided you do not also suffer from a known cardiovascular disease and/or diabetes 24. Hypertension (High Blood Pressure) – provided you do not also suffer from a known cardiovascular disease and/or diabetes 25. Hypothyroidism, including Hashimoto's Disease 26. Impaired Glucose Tolerance 27. Incontinence 28. Insulin Resistance 29. Iron Deficiency Anaemia 30. Macular Degeneration 31. Meniere's Disease 32. Migraine 33. Nocturnal cramps 34. Osteopaenia 35. Osteoporosis 36. Pernicious Anaemia 37. Plantar fasciitis 38. Raynaud's Disease 39. Sleep apnoea 40. Solar keratosis 41. Trigeminal Neuralgia 42. Trigger finger 43. Vitamin B12 Deficiency |
|--|--|
13. Diabetes Mellitus (Type II)* – providing you:
 - a] were diagnosed over 12 months ago, and
 - b] have no eye, kidney, nerve or vascular complications, and
 - c] do not also suffer from a known cardiovascular disease, hypertension, hyperlipidaemia or hypercholesterolaemia.
 14. Dry eye syndrome
 15. Epilepsy – providing there has been no change to your medication regime in the past 12 months
 16. Folate Deficiency
 17. Gastric Reflux
 18. Goitre
 19. Glaucoma
 20. Graves' Disease
 21. Hiatus Hernia

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

*These conditions are examples of Cardiovascular Disease. If you do not ensure sufficient cover for these conditions, you will not be covered for any claims relating to Cardiovascular Disease, as outlined below.

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

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

Examples of 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 respiratory infections are also excluded.

If you have a Pre-existing Medical Condition and:

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

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

PLEASE ALSO READ THE “GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS” ON PAGES 47 TO 48 AND THE SECTION-SPECIFIC EXCLUSIONS ON PAGES 32 TO 46.

You cannot apply for cover for conditions outlined in Group 1 (pages 9 and 10 of this PDS).

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

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

A Medical Declaration form is available from your travel agent or online at www.aussietravelcover.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, however here are some you should be aware of:

WHO CAN PURCHASE THIS POLICY?

Under Plans A, B, C, D & F cover is available for citizens or Residents of Australia. For Plan E, cover is for non-Australian residents travelling to and within Australia.

NON-RESIDENTS COVER

This cover is only available to non-Australian Residents travelling to and within Australia who are under the age of 81 at the date of Certificate issue.

This policy does not cover any event or occurrence where providing such cover would constitute “Health Insurance Business” as defined under the National Health Act, 1953 (Cth).

Health Insurance Business as defined under the National Health Act, 1953 (Cth) includes but is not limited to, travellers from countries that have a Reciprocal Health Agreement with Australia. Reciprocal Health Agreements currently exist with New Zealand, Italy, the Netherlands, Norway, Sweden, Finland, Malta, the Republic of Ireland and the United Kingdom.

If you require clarification contact Aussietravelcover Worldwide Travel Insurance on 02 9979 8888 or 1800 888 448, before you apply.

PLEASE NOTE:

- Policies must be issued no later than 21 days after travellers arrival in Australia.
- You cannot purchase this Cover if the period you are travelling overseas exceeds the period you will be in Australia.
- Where the word "Australia" appears in this PDS, the policyholder's country of residence is to be substituted, except where it appears in this section, in General Exclusions applicable to all Sections (pages 47 to 48), in Claims Are Payable In Australian Dollars To You and Travel Within Australia Only (pages 49 and 51) and in Jurisdiction And Choice Of Law under Important Matters (on page 16).
- The policy can be signed by a sponsor who is a Resident of Australia.

AGE LIMITS

Age limits as at date of Certificate issue.

Plans A, C and E

- Available to travellers aged under 81 years of age.
- For 81 years or over, Plans A and C are available on application.

Plans B, D and F

- Available to travellers aged under 76 years of age.

The following additional premiums apply to travellers aged 61 and over where applicable as at the date of Certificate issue.

PLEASE NOTE: An additional surcharge for Pre-existing Medical Conditions may also apply.

Travellers aged 61-70 years:	+25% of premium
Travellers aged 71-75 years:	+75% of premium
Travellers aged 76-80 years*:	+125% of premium
Travellers aged 81 years and over**:	+250% of premium

* Not available for Plans B, D or F.

** Not available for Plans B, D, E or F.

TRAVELLERS 81 YEARS AND OVER

A Medical Declaration Form is required to be submitted for assessment before a policy can be offered. We have the absolute right to accept or decline cover; or impose special conditions such as an excess or reduced Benefits.

Only available for Plans A and C.

PERIOD OF COVER

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

However:

- Cover for cancellation fees and lost deposits begins from the time the policy is issued
- Cover for all other Sections begins on date of departure 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

The maximum period of cover for any one journey under Plan B Annual Multi-Journey is 37 days per leisure journey and 90 days per business journey. The maximum period of cover for any one journey cannot exceed a total of 90 days.

COOLING-OFF PERIOD

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

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

If this insurance has been submitted to fulfil any visa requirements we hold the right to notify any visa authority that this policy has been cancelled under the Cooling-off Period.

EXTENSION OF YOUR POLICY

See "Period of Cover" above.

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

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

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

An extension of cover is not provided for Pre-existing Medical Conditions previously accepted by us in writing and/or for any conditions you suffered during the term of your original policy or if you are over 81 years of age at time of extension, or where you have not advised us of any circumstances that have or may give rise to a claim under your original policy.

We will not extend cover beyond the maximum 12 month term of cover.

CONFIRMATION OF COVER

To confirm any policy transaction, (if the Certificate of Insurance does not have all the information you require), call Aussietravelcover Worldwide Travel Insurance on 02 9979 8888 or 1800 888 448.

JURISDICTION AND CHOICE OF LAW

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

YOUR DUTY OF DISCLOSURE

Before you enter into this policy with us, the Insurance Contracts Act 1984 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 insurance.

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

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

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

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

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

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

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

Who does the duty apply to?

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

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 667 132.

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 667 132.

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

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

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

We will keep you informed of the progress of our review at least every 10 business days. We will give you reasons for our decision. If this does not resolve the matter, you may contact the FOS, the industry's independent external complaints scheme:

Financial Ombudsman Service Limited (FOS)

GPO Box 3, Melbourne VIC 3001

Phone: 1300 780 808

Fax: (03) 9613 6399

Website: www.fos.org.au

Email: info@fos.org.au

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 parties and for any other purposes with your consent.

This personal information may be disclosed to (and received from) third parties in Australia or overseas involved in the above process, such as travel consultants, travel insurance providers and intermediaries, authorised

representatives, reinsurers, claims handlers and investigators, cost containment providers, medical and health service providers, legal and other professional advisers, your agents and our related companies.

The use and disclosure of such personal information will be provided to third parties for the primary purposes stated above. The personal information (but not sensitive information) may also be used for a secondary purpose, but only if you would reasonably expect us to use that information for such secondary purpose.

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

- that you will or may provide their information to us;
- 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 Dependants under 16 years.

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

OVERSEAS HOSPITALISATION OR MEDICAL EVACUATION

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

If you are hospitalised you, or a member of your Travelling Party, MUST contact Mondial Assistance as soon as possible. If you do not, we will not pay for these expenses or for any evacuation or airfares that have not been approved or arranged by us (see pages 34 to 35).

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.

YOU CAN CHOOSE YOUR OWN DOCTOR

You are free to choose your own Medical Adviser or we can appoint an approved Medical Adviser to see you, unless you are treated under a reciprocal health agreement, refer to pages 14, 35 and 36.

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

If you do not get the medical treatment you expect, Mondial Assistance can assist you but we (the Insurer) and the agent of the Insurer, are not liable for anything that results from that.

EXCESS

Plans A, B, D & E

Nil Excess applies to Sections 2, 4, 5, 6, 7, 8, 12, 13 & 14.

For all other Sections, a \$100 Excess applies.

You can remove this Excess by paying an additional premium of \$25.

Plans C & F

Nil Excess applies to all Sections.

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

IN THE EVENT OF A CLAIM:

Immediate Notice

should be given to Mondial Assistance.

24 Hour Emergency Assistance call:

1800 010 075
(within Australia)

+61 7 3305 7499
(reverse charge from overseas)

PO Box 162
Toowong Qld 4066

Email: travelclaims@mondial-assistance.com.au

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

CLAIMS PROCESSING

We will process your claim within 10 working 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 working days

SAFEGUARDING YOUR LUGGAGE AND PERSONAL EFFECTS

You must take all reasonable precautions to safeguard your Luggage and Personal Effects. If you leave your Luggage and Personal Effects unsupervised in a public place we will not pay your claim. (For an explanation of what we mean by "Luggage and Personal Effects", "Unsupervised" and "Public Place" – see pages 29 to 31).



Aussietravelcover Table of Benefits and Premiums

Select your Plan as per Plan Selection Guide on page 24.

PLAN A
SUPER PLUS

PLAN A
SUPER

PLAN A
STANDARD

PLAN A
ECONOMY

PLAN B
ANNUAL
MULTI-JOURNEY

PLAN C
DOMESTIC

PLAN D
BUDGET

PLAN E
NON-RESIDENTS

Section	BENEFIT TYPE	SINGLE	FAMILY	SINGLE	FAMILY	SINGLE	FAMILY	SINGLE	FAMILY	Section	SINGLE	SINGLE	FAMILY	SINGLE	FAMILY	SINGLE	FAMILY	Section
*1A	CANCELLATION FEES AND LOST DEPOSITS	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	1A	Unlimited	\$20,000	\$40,000	-----	-----	Unlimited	Unlimited	1A
1B	TRAVEL SERVICES PROVIDER INSOLVENCY	\$10,000	\$20,000	\$10,000	\$20,000	\$10,000	\$20,000	\$10,000	\$20,000	1B	\$10,000	\$10,000	\$20,000	-----	-----	-----	-----	1B
*2	OVERSEAS EMERGENCY MEDICAL ASSISTANCE	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	2	Unlimited	-----	-----	Unlimited	Unlimited	Unlimited	Unlimited	2
*3	OVERSEAS EMERGENCY MEDICAL OR HOSPITAL EXPENSES - Dental Expenses up to \$1,000 per person per journey	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	3	Unlimited	-----	-----	Unlimited	Unlimited	Unlimited	Unlimited	3
		\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000		\$1,000	-----	-----	\$1,000	\$1,000	\$1,000	\$1,000	
*4	ADDITIONAL EXPENSES	\$50,000	\$100,000	\$50,000	\$100,000	\$35,000	\$70,000	\$15,000	\$30,000	4	\$50,000	\$10,000	\$20,000	-----	-----	\$15,000	\$30,000	4
*5	HOSPITAL CASH ALLOWANCE	\$6,000	\$12,000	\$5,000	\$10,000	\$4,000	\$8,000	\$2,000	\$4,000	5	\$6,000	-----	-----	-----	-----	\$1,500	\$3,000	5
*6	ACCIDENTAL DEATH	\$25,000	\$50,000	\$25,000	\$50,000	\$15,000	\$30,000	\$10,000	\$20,000	6	\$25,000	\$5,000	\$10,000	-----	-----	\$10,000	\$20,000	6
*7	PERMANENT DISABILITY	\$50,000	\$100,000	\$25,000	\$50,000	\$15,000	\$30,000	\$10,000	\$20,000	7	\$50,000	-----	-----	-----	-----	\$10,000	\$20,000	7
*8	LOSS OF INCOME	\$10,400	\$20,800	\$10,400	\$20,800	\$5,200	\$10,400	\$2,600	\$5,200	8	\$10,400	-----	-----	-----	-----	-----	-----	8
9	LOSS OF TRAVEL DOCUMENTS, CREDIT CARDS AND TRAVELLERS CHEQUES	\$5,000	\$10,000	\$2,500	\$5,000	\$1,500	\$3,000	\$1,000	\$2,000	9	\$5,000	-----	-----	-----	-----	\$1,000	\$2,000	9
10	THEFT OF CASH, BANK NOTES, CURRENCY NOTES, POSTAL ORDERS OR MONEY ORDERS	\$250	\$250	\$250	\$250	\$250	\$250	-----	-----	10	\$250	-----	-----	-----	-----	-----	-----	10
*11	LUGGAGE AND PERSONAL EFFECTS	\$10,000	\$20,000	\$8,000	\$16,000	\$5,000	\$10,000	\$3,000	\$6,000	11	\$10,000	\$2,000	\$4,000	-----	-----	\$3,000	\$6,000	11
*12	LUGGAGE AND PERSONAL EFFECTS DELAY EXPENSES	\$500	\$1000	\$300	\$600	\$250	\$500	\$200	\$400	12	\$500	-----	-----	-----	-----	\$200	\$400	12
*13	TRAVEL DELAY EXPENSES	\$1,000	\$2,000	\$1,000	\$2,000	\$1,000	\$2,000	\$1,000	\$2,000	13	\$1,500	\$750	\$1,500	-----	-----	\$1,000	\$2,000	13
14	ALTERNATIVE TRANSPORT EXPENSES	\$5,000	\$10,000	\$3,000	\$6,000	\$2,000	\$4,000	\$1,500	\$3,000	14	\$5,000	-----	-----	-----	-----	\$1,500	\$3,000	14
15	PERSONAL LIABILITY	\$5 Million	\$5 Million	\$5 Million	\$5 Million	\$1 Million	\$1 Million	\$500,000	\$500,000	15	\$5 Million	\$1 Million	\$1 Million	\$5 Million	\$5 Million	\$5 Million	\$5 Million	15
*16	RENTAL VEHICLE EXCESS / RETURN OF VEHICLE	\$5,000	\$5,000	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	16	\$5,000	\$3,000	\$3,000	-----	-----	\$2,000	\$2,000	16

*Sub-limits apply.

All Benefits and premiums are in Australian Dollars.
Amount Payable includes premium, stamp duty and GST where applicable.

EXCESS

Refer to "Important Matters" page 14 to 19

DUO COVERS - SAVE 5%

If you are travelling with a friend, both of you can save by deducting 5% off the Family Plan premium. Cover is for 2 adults - no cover for dependant children

TRAVELLERS 61 YEARS AND OVER

The following additional premiums apply to travellers aged 61 and over where applicable (note: an additional surcharge for Pre-existing Medical Conditions may also apply).

For travellers 81 years and over; a Medical Declaration Form is required to be submitted for assessment before a policy can be offered. We have the absolute right to accept or decline cover, or impose special conditions such as an Excess or reduced Benefits.

Travellers aged 61-70 years:	+25% of premium
Travellers aged 71-75 years:	+75% of premium
Travellers aged 76-80 years*:	+125% of premium
Travellers aged 81 years and over**:	+250% of premium

* Not available for Plans B, D or F. ** Not available for Plans B, D, E or F.

BONUS DAYS (premium calculation only)

PERIOD OF COVER

5 days to 24 days	1 day
28 days to 49 days	3 days
2 months to 4 months	5 days
5 months to 11 months	7 days

Please Note: Day of travel and day of return are counted as days. Return date on Certificate is expiry date - bonus days do not extend return date shown on your Certificate.

PERIOD UP TO	SINGLE	FAMILY	SINGLE	FAMILY	SINGLE	FAMILY	SINGLE	FAMILY	PERIOD UP TO	SINGLE	SINGLE	FAMILY	SINGLE	FAMILY	SINGLE	FAMILY	PERIOD UP TO
5 days	\$117	\$234	\$93	\$186	\$82	\$164	\$70	\$140	5 days	Annual Premium \$595.00 Covers Sections 1(A) to 16 whilst travelling internationally and Sections 1(A), 1(B), 4 & 6 to 16 whilst travelling domestically. Covers Worldwide or Domestic Journeys Maximum Period any one journey 37 days for leisure travel and 90 days for business travel. The maximum period of cover for any one journey cannot exceed a total of 90 days. Cover re-instated on the completion of each journey Includes your spouse/de facto and your dependant children/grandchildren under 21 years of age travelling with you	\$59	\$118	-----	-----	\$119	\$238	5 days
8 days	\$133	\$266	\$107	\$214	\$93	\$186	\$80	\$160	8 days		\$72	\$144	-----	-----	\$131	\$262	8 days
12 days	\$160	\$320	\$128	\$256	\$111	\$222	\$96	\$192	12 days		\$78	\$156	-----	-----	\$143	\$286	12 days
16 days	\$184	\$368	\$147	\$294	\$128	\$256	\$110	\$220	16 days		\$86	\$172	-----	-----	\$169	\$338	16 days
20 days	\$215	\$430	\$172	\$344	\$150	\$300	\$129	\$258	20 days		\$93	\$186	-----	-----	\$193	\$386	20 days
24 days	\$247	\$494	\$197	\$394	\$162	\$324	\$148	\$296	24 days		\$100	\$200	-----	-----	\$216	\$432	24 days
28 days	\$284	\$568	\$227	\$454	\$198	\$396	\$170	\$340	28 days		\$107	\$214	-----	-----	\$238	\$476	28 days
34 days	\$321	\$642	\$257	\$514	\$225	\$450	\$193	\$386	34 days		\$114	\$228	\$146	\$292	\$284	\$568	34 days
42 days	\$398	\$796	\$318	\$636	\$278	\$556	\$238	\$476	42 days		\$127	\$254	\$163	\$326	\$340	\$680	42 days
49 days	\$439	\$878	\$351	\$702	\$308	\$616	\$264	\$528	49 days		\$154	\$308	\$179	\$358	\$373	\$746	49 days
2 months	\$489	\$978	\$392	\$784	\$342	\$684	\$286	\$572	2 months		PLAN F Domestic Advance Purchase		\$200	\$400	\$424	\$848	2 months
3 months	\$646	\$1,292	\$517	\$1,034	\$443	\$886	\$341	\$682	3 months				\$251	\$502	\$543	\$1,086	3 months
4 months	\$780	\$1,560	\$620	\$1,240	\$527	\$1,054	\$444	\$888	4 months	\$303			\$606	\$659	\$1,318	4 months	
5 months	\$898	\$1,796	\$672	\$1,344	\$604	\$1,208	\$513	\$1,026	5 months	\$344			\$688	\$742	\$1,484	5 months	
6 months	\$1,030	\$2,060	\$802	\$1,604	\$720	\$1,440	\$608	\$1,216	6 months	Section 1(A) \$200 Premium per person \$13			\$393	\$786	\$842	\$1,684	6 months
7 months	\$1,189	\$2,378	\$927	\$1,854	\$811	\$1,622	\$672	\$1,344	7 months	Section 1(A) \$450 Premium per person \$23		\$457	\$914	\$963	\$1,926	7 months	
8 months	\$1,322	\$2,644	\$1,031	\$2,062	\$887	\$1,774	\$744	\$1,488	8 months	\$526	\$1,052	\$1,070	\$2,140	8 months			
9 months	\$1,474	\$2,948	\$1,150	\$2,300	\$983	\$1,966	\$811	\$1,622	9 months	\$573	\$1,146	\$1,180	\$2,360	9 months			
10 months	\$1,600	\$3,200	\$1,200	\$2,400	\$1,052	\$2,104	\$870	\$1,740	10 months	\$646	\$1,292	\$1,304	\$2,608	10 months			
11 months	\$1,727	\$3,454	\$1,296	\$2,592	\$1,143	\$2,286	\$956	\$1,912	11 months	\$698	\$1,396	\$1,420	\$2,840	11 months			
12 months	\$1,805	\$3,610	\$1,353	\$2,706	\$1,212	\$2,424	\$1,019	\$2,038	12 months	\$756	\$1,512	\$1,478	\$2,956	12 months			

PLAN SELECTION GUIDE

International Plans (A, B, D & E): You must select the Plan designated for your destination. If you have a multiple destination itinerary you should select the Plan for the destination where you spend the majority of your journey overseas, however, it is recommended that you take the highest prevailing cover. Plans are colour coded with the map below.

Plan A Super Plus – The Americas, Africa and Worldwide.

Plan A Super – Europe, Egypt, Japan, Middle East.

Plan A Standard – Asia.

Plan A Economy – N.Z., SW Pacific, Indonesia.

Plan B Annual Multi-Journey – Worldwide.

Plan D Budget – Worldwide.

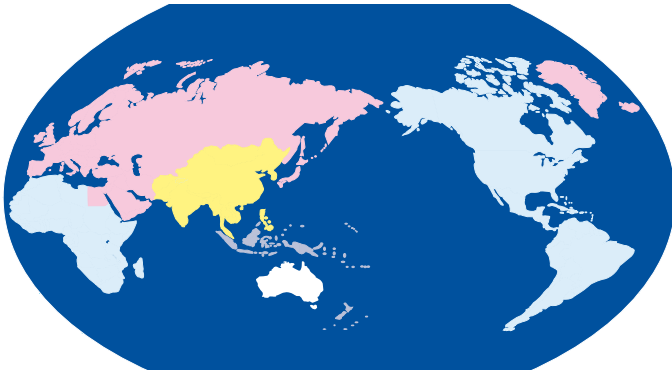
Plan E Non-Residents – Travel to and within Australia.

Plans C & F Domestic Cover – Travel within Australia.

TRAVEL ON CRUISE LINERS

Select the destination area where your cruise is spending the majority of your journey.

Travellers on domestic cruises in Australian waters may also take the Plan A Economy to ensure cover is available for emergency medical assistance or emergency medical cover.



Aussietravelcover Application Form

Please do not detach. Return the entire brochure to your agent.
If you have insufficient space to complete your answers, please attach a separate sheet.

Traveller's details

			/ /	
INSURED'S SURNAME	FIRST NAME	TITLE	DATE OF BIRTH	
			/ /	
INSURED'S SURNAME	FIRST NAME	TITLE	DATE OF BIRTH	

Children's details

			/ /	
INSURED'S SURNAME	FIRST NAME	TITLE	DATE OF BIRTH	
			/ /	
INSURED'S SURNAME	FIRST NAME	TITLE	DATE OF BIRTH	
			/ /	
INSURED'S SURNAME	FIRST NAME	TITLE	DATE OF BIRTH	
			/ /	
INSURED'S SURNAME	FIRST NAME	TITLE	DATE OF BIRTH	

Traveller's contact details

RESIDENTIAL ADDRESS				SUBURB	STATE	POSTCODE
EMAIL						
()	()					
PHONE (AFTER HOURS)	PHONE (BUSINESS)	PHONE (MOBILE)				

Travel details

/ /		/ /	
DEPARTURE DATE		RETURN DATE/EXPIRY DATE	
PERIOD OF TRAVEL (DAYS/MONTHS)	MAJOR DESTINATIONS		

Declaration

- I/we acknowledge that a copy of the combined Financial Services Guide (FSG) and Product Disclosure Statement (PDS) (including Policy Wording), which contains the Duty of Disclosure and consequences of non-disclosure, was given to me before I/we applied for this policy and that I/we have made the decision to purchase this after carefully reading the terms of the policy and decided that this policy is suitable for my/our needs.
- I/we authorise any doctor or clinic to provide Mondial Assistance with information concerning my current or past medical history. I/we have read the Privacy Notice and I/we consent to the collection, use and disclosure of my personal information by Mondial Assistance or the insurer to such person and for such purposes stated in the Privacy Notice.

Cover required Single Family Duo

Plan selected

PLAN	Super Plus <input type="checkbox"/>	Super <input type="checkbox"/>	Standard <input type="checkbox"/>	Economy <input type="checkbox"/>	Cost
PLAN A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
PLAN B	Annual Multi-Journey <input type="checkbox"/>				\$
PLAN C	Domestic <input type="checkbox"/>				\$
PLAN D	Budget <input type="checkbox"/>				\$
PLAN E	Non-Residents <input type="checkbox"/>				\$
PLAN F	Domestic Advance Purchase <input type="checkbox"/>				\$

Additional costs

You are not automatically covered for Pre-existing Medical Conditions. Please refer to the definition of and guidelines for Pre-existing Medical Conditions on pages 8 to 13 of the PDS.

Do you have a Pre-existing Medical Conditions (as outlined in the PDS)? Yes No

Do you want cover for your Pre-existing Medical Condition for your Journey? Yes No

We are unable to offer cover for those Pre-existing Medical Conditions outlined on pages 9 and 10 under the heading "Group 1 – Pre-existing Medical Conditions which are automatically excluded".

If you have any of the conditions which are excluded, you are still able to purchase a non Pre-existing Medical Conditions policy but the outlined exclusions will still apply.

If you do not expressly apply for cover and pay an additional premium for Pre-existing Medical Conditions, your claim may be declined.

1. Do you require cover for your Pre-existing Medical Condition? Yes No

2. Do all your Pre-existing Medical Conditions fall under Group 2? Yes No
(If yes, we do provide automatic cover for these Pre-existing Medical Conditions listed in Group 2 at no additional premium)

3. Are you required to complete and submit a Medical Declaration form? Yes No

(If yes, please complete the Pre-existing Medical Condition application form. If your application for cover is approved, an additional premium will be payable. Not available for Plans D, E or F.)

Travellers 61-80 years additional premiums \$

Travellers 81 years or over additional premiums \$

Approval codes

Pre-existing Medical Conditions additional premiums \$

Approval codes

Increased Luggage and Personal Effects Cover \$
Specified items and value \$ (receipts or valuations must be attached)

\$

Excess buy out for International Policies \$

TOTAL COST \$

3. I/we acknowledge that this policy does not automatically provide cover for Pre-existing Medical Conditions loading.

4. I/we agree to abide with the terms and conditions of this policy and confirm that the above information is correct.

Insured/Sponsor Signature _____ Date / /

Insured/Sponsor Signature _____ Date / /

If the Duo Plan has been selected, both insured's must sign.

Aussietravelcover

WORLDWIDE TRAVEL INSURANCE

2009

JANUARY 2009			
Sunday	4	11	18 25
Monday	5	12	19 26
Tuesday	6	13	20 27
Wednesday	7	14	21 28
Thursday	1	8	15 22 29
Friday	2	9	16 23 30
Saturday	3	10	17 24 31

FEBRUARY 2009			
Sunday	1	8	15 22
Monday	2	9	16 23
Tuesday	3	10	17 24
Wednesday	4	11	18 25
Thursday	5	12	19 26
Friday	6	13	20 27
Saturday	7	14	21 28

MARCH 2009			
Sunday	1	8	15 22 29
Monday	2	9	16 23 30
Tuesday	3	10	17 24 31
Wednesday	4	11	18 25
Thursday	5	12	19 26
Friday	6	13	20 27
Saturday	7	14	21 28

APRIL 2009			
Sunday	5	12	19 26
Monday	6	13	20 27
Tuesday	7	14	21 28
Wednesday	1	8	15 22 29
Thursday	2	9	16 23 30
Friday	3	10	17 24
Saturday	4	11	18 25

MAY 2009			
Sunday	31	3	10 17 24
Monday	4	11	18 25
Tuesday	5	12	19 26
Wednesday	6	13	20 27
Thursday	7	14	21 28
Friday	1	8	15 22 29
Saturday	2	9	16 23 30

JUNE 2009			
Sunday	7	14	21 28
Monday	1	8	15 22 29
Tuesday	2	9	16 23 30
Wednesday	3	10	17 24
Thursday	4	11	18 25
Friday	5	12	19 26
Saturday	6	13	20 27

JULY 2009			
Sunday	5	12	19 26
Monday	6	13	20 27
Tuesday	7	14	21 28
Wednesday	1	8	15 22 29
Thursday	2	9	16 23 30
Friday	3	10	17 24 31
Saturday	4	11	18 25

AUGUST 2009			
Sunday	30	2	9 16 23
Monday	31	3	10 17 24
Tuesday	4	11	18 25
Wednesday	5	12	19 26
Thursday	6	13	20 27
Friday	7	14	21 28
Saturday	1	8	15 22 29

SEPTEMBER 2009			
Sunday	6	13	20 27
Monday	7	14	21 28
Tuesday	1	8	15 22 29
Wednesday	2	9	16 23 30
Thursday	3	10	17 24
Friday	4	11	18 25
Saturday	5	12	19 26

OCTOBER 2009			
Sunday	4	11	18 25
Monday	5	12	19 26
Tuesday	6	13	20 27
Wednesday	7	14	21 28
Thursday	1	8	15 22 29
Friday	2	9	16 23 30
Saturday	3	10	17 24 31

NOVEMBER 2009			
Sunday	1	8	15 22 29
Monday	2	9	16 23 30
Tuesday	3	10	17 24
Wednesday	4	11	18 25
Thursday	5	12	19 26
Friday	6	13	20 27
Saturday	7	14	21 28

DECEMBER 2009			
Sunday	6	13	20 27
Monday	7	14	21 28
Tuesday	1	8	15 22 29
Wednesday	2	9	16 23 30
Thursday	3	10	17 24 31
Friday	4	11	18 25
Saturday	5	12	19 26

Aussietravelcover

WORLDWIDE TRAVEL INSURANCE

2010

JANUARY 2010			
Sunday	31	3	10 17 24
Monday	4	11	18 25
Tuesday	5	12	19 26
Wednesday	6	13	20 27
Thursday	7	14	21 28
Friday	1	8	15 22 29
Saturday	2	9	16 23 30

FEBRUARY 2010			
Sunday	28	7	14 21
Monday	1	8	15 22
Tuesday	2	9	16 23
Wednesday	3	10	17 24
Thursday	4	11	18 25
Friday	5	12	19 26
Saturday	6	13	20 27

MARCH 2010			
Sunday	7	14	21 28
Monday	1	8	15 22 29
Tuesday	2	9	16 23 30
Wednesday	3	10	17 24 31
Thursday	4	11	18 25
Friday	5	12	19 26
Saturday	6	13	20 27

APRIL 2010			
Sunday	4	11	18 25
Monday	5	12	19 26
Tuesday	6	13	20 27
Wednesday	7	14	21 28
Thursday	1	8	15 22 29
Friday	2	9	16 23 30
Saturday	3	10	17 24

MAY 2010			
Sunday	30	2	9 16 23
Monday	31	3	10 17 24
Tuesday	4	11	18 25
Wednesday	5	12	19 26
Thursday	6	13	20 27
Friday	7	14	21 28
Saturday	1	8	15 22 29

JUNE 2010			
Sunday	6	13	20 27
Monday	7	14	21 28
Tuesday	1	8	15 22 29
Wednesday	2	9	16 23 30
Thursday	3	10	17 24
Friday	4	11	18 25
Saturday	5	12	19 26

JULY 2010			
Sunday	4	11	18 25
Monday	5	12	19 26
Tuesday	6	13	20 27
Wednesday	7	14	21 28
Thursday	1	8	15 22 29
Friday	2	9	16 23 30
Saturday	3	10	17 24 31

AUGUST 2010			
Sunday	1	8	15 22 29
Monday	2	9	16 23 30
Tuesday	3	10	17 24 31
Wednesday	4	11	18 25
Thursday	5	12	19 26
Friday	6	13	20 27
Saturday	7	14	21 28

SEPTEMBER 2010			
Sunday	5	12	19 26
Monday	6	13	20 27
Tuesday	7	14	21 28
Wednesday	1	8	15 22 29
Thursday	2	9	16 23 30
Friday	3	10	17 24
Saturday	4	11	18 25

OCTOBER 2010			
Sunday	31	3	10 17 24
Monday	4	11	18 25
Tuesday	5	12	19 26
Wednesday	6	13	20 27
Thursday	7	14	21 28
Friday	1	8	15 22 29
Saturday	2	9	16 23 30

NOVEMBER 2010			
Sunday	7	14	21 28
Monday	1	8	15 22 29
Tuesday	2	9	16 23 30
Wednesday	3	10	17 24
Thursday	4	11	18 25
Friday	5	12	19 26
Saturday	6	13	20 27

DECEMBER 2010			
Sunday	5	12	19 26
Monday	6	13	20 27
Tuesday	7	14	21 28
Wednesday	1	8	15 22 29
Thursday	2	9	16 23 30
Friday	3	10	17 24 31
Saturday	4	11	18 25

WORDS WITH SPECIAL MEANINGS

Some words in your policy that have special meanings are defined here.

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

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

“**Carrier**” or “**Carriers**” means an aircraft, vehicle, train, vessel or other public transport operated under a licence for the purposes 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, 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.

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

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

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

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

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

“**Home**” means the place where you normally live in Australia.

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

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

“**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.

“**Journey**” means the time from when you leave your home to go directly to the place you depart from on your travels, and ends when you return to your home.

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

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

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

“**Moped**” or “**Scooter**” means any two-wheeled or three-wheeled motor vehicle with automatic transmission and an engine displacement of less than 50cc.

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

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

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

“**Pre-existing Medical Condition**” is:

A Pre-existing Medical Condition means:

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

NOTE: This definition applies to you, your Travelling Companion, a Relative or any other person.

“**Public Place**” means any place that the public has access to, including but not limited to planes, trains, 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 journey or; as determined by us.

“**Relative**” means any of the following who is under 85 years of age and who is resident in Australia or New Zealand. It means your or 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. There is NIL provision to pay any claims resulting from the death or hospitalisation of any person aged 85 years and over; regardless of the country in which they may live.

“**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.

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

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

“**Travel Services Provider**” means a scheduled services airline, hotel and resort operator; car rental agency, bus, cruise line and railway operator.

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

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

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

- With a person you did not know prior to commencing your journey;
- In a position where it can be taken without your knowledge.
- At such a distance from you that you are unable to prevent it being taken.

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

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

YOUR POLICY COVER

YOUR CHOICES

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

- Whether you want the Single, Duo or Family cover – this depends on who you want to be insured; and
- Whether you want Plan A, B, C, D, E or F – this depends on the type of cover you want or which is available to you.

COVER TYPE

You can choose one of the following cover types:

Single Plan – Covering you and your dependant children/ grandchildren under 21 travelling with you listed as covered on your Certificate of Insurance.

Duo Plan – Covering you and your Travelling Companion listed as covered on your Certificate of Insurance and intending to travel with you on your journey. Duo cover does not provide cover for dependant children. We issue one Certificate of Insurance. You are both covered as if you are each insured under separate policies with Single Plan cover Benefits per insured person.

Family Plan – Covering you and the members of your family who travel with you on your journey listed as covered on your Certificate of Insurance. The only members of your family who can be included are your spouse, your legally recognised de facto, your children/ grandchildren. However, all children/grandchildren must be dependant and under 21. The limits on your cover for Family Plans apply to the total of all claims combined made by you and/or members of your family under the policy, whether the claim is in respect of you or any member of your family covered under the Family Plan.

The remainder of this section outlines what "We Will Pay" and what "We Will Not Pay" under each Benefit in the event of a claim.

SECTION 1(A): CANCELLATION FEES AND LOST DEPOSITS

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

1.1 WE WILL PAY

- a]** We will pay your cancellation fees and lost deposits on tickets and bookings that you have paid in advance and cannot recover in any other way if your journey is cancelled or shortened at any time through circumstances neither expected nor intended by you or outside your control.
- b]** We will pay the travel agent's cancellation fees up to \$1,500 Single Plan or \$3,000 Family Plan when all monies have been paid or the maximum amount of the deposit has been paid at the time of cancellation. However, we will not pay more than the level of commission or service fees normally earned by the agent, had your journey not been cancelled. Documentary evidence of the travel agent's fee is required.
- c]** We will pay you for loss of frequent flyer or similar air travel points you used to purchase an airline ticket following cancellation of your

air ticket, if you cannot recover the lost points from any other source. The cancellation must be due to unforeseen circumstances outside of your control.

We calculate the amount we pay you by multiplying:

- The cost of an equivalent class airline ticket based on the quoted retail price at the time the ticket was issued, less your financial contribution;
- 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 Table of Benefits for the Plan you have selected.

1.2 WE WILL NOT PAY

We will not pay if:

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

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

- b]** The death or sickness of your Travelling Companion or Relative, if the death or sickness is as a result of a Pre-existing Medical Condition except as specified under the heading "Pre-existing Medical Conditions" see pages 8 to 14.
- c]** You or your Travelling Companion changing plans.
- d]** Any business, financial or contractual obligations. This exclusion does not apply to claims where you or a member of your Travelling Party are made redundant from full-time employment in Australia provided you or they were not aware that the redundancy was to occur before you purchased your policy.
- e]** Prohibition or regulation by any government.
- f]** A tour operator or wholesaler being unable to complete arrangements for any tour because there were not enough people to go on the tour.
- g]** Delays or rescheduling by a bus line, airline, shipping line or rail authority.
- h]** The financial collapse of any transport, tour or accommodation provider.
- i]** The mechanical breakdown of any means of transport.
- j]** Your claim arising directly or indirectly from an act or threat of terrorism.
- k]** The death, injury or sickness of any person who resides outside of Australia or New Zealand.
- l]** Your pre-arranged leave being cancelled by your employer (where you are a full-time permanent employee).
- m]** Your claim arising directly or indirectly from an Epidemic or Pandemic.

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 47 TO 48 FOR OTHER REASONS WHY WE WILL NOT PAY.

SECTION 1(B): TRAVEL SERVICES PROVIDER INSOLVENCY

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

1.3 WE WILL PAY

We will pay due to the insolvency of a Travel Services Provider:

- a]** The value of the unused arrangements, less any refunds due to you if you have to cancel any prepaid transport or accommodation arrangements.
- b]** The Reasonable cost of rearranging your journey prior to and after the commencement of your journey, provided that this cost is not greater than the cancellation fees or lost deposits which would have been incurred had the journey been cancelled.

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

1.4 WE WILL NOT PAY

- a]** Any travel or accommodation not booked in Australia.
- b]** The insolvency of any travel agent, tour wholesaler; tour operator or booking agent.
- c]** The insolvency of a Travel Services Provider if at the time the Certificate of Insurance was issued, the Travel Services Provider was insolvent or a reasonable person would have reason to expect the Travel Services Provider might become insolvent.
- d]** Claims arising directly or indirectly from war; acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war; rebellion, insurrection, civil commotion assuming the proportions of, or amounting to, an uprising, military or usurped power.

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 47 TO 48 FOR OTHER REASONS WHY WE WILL NOT PAY.

SECTION 2: OVERSEAS EMERGENCY MEDICAL ASSISTANCE, MEDICAL EVACUATION OR FUNERAL EXPENSES

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

We have appointed Mondial Assistance to help you with any overseas medical emergency. You may contact Mondial Assistance any time 7 days a week.

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

- a]** Access to a Medical Adviser for emergency medical treatment whilst overseas.
- b]** Any messages which need to be passed on to your family or employer in the case of an emergency.
- c]** Provide any written guarantees for payment of reasonable expenses for emergency hospitalisation whilst overseas.
- d]** Your medical transfer or evacuation if Mondial Assistance advises that you must be transported to the nearest hospital for emergency medical treatment overseas or be brought back to Australia with appropriate medical supervision.

- e] For the return to Australia of your dependant children if they are left without supervision following your hospitalisation or evacuation.

If you die as a result of an injury or a sickness during your journey, we will pay for the reasonable cost of either a funeral or cremation overseas and/or of bringing your remains back to your usual home in Australia. The maximum amount we will pay is \$15,000 for all claims combined.

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

2.2 WE WILL NOT PAY

- a] We will not pay for any expenses for medical evacuation, funeral services or cremation or bringing your remains back to Australia unless it has been first approved by Mondial Assistance.
- b] If you decline to promptly follow the medical advice of Mondial Assistance, we will not be responsible for subsequent medical, hospital or evacuation expenses.
- c] We will not pay for medical evacuation or the transportation of your remains from Australia to an overseas country.

Please note that we will not pay for any costs incurred in your Country of Residence.

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 47 TO 48 FOR OTHER REASONS WHY WE WILL NOT PAY.

SECTION 3: OVERSEAS EMERGENCY MEDICAL, HOSPITAL OR DENTAL EXPENSES

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

3.1 WE WILL PAY

- a] We will reimburse the Reasonable medical or hospital expenses you incur until you get back to Australia if you injure yourself overseas, or become sick there. The medical or hospital expenses must have been incurred on the advice of a Medical Adviser. You must make every effort to keep your medical or hospital expenses to a minimum. If we determine that you should return home to Australia for treatment and you do not agree to do so then we will pay you the amount which we determine would cover your medical expenses and/or related costs had you agreed to our recommendation.
- You will then be responsible for any ongoing or additional costs relating to or arising out of the event you have claimed for. We will only pay for treatment received and/or hospital accommodation during the 12 month period after the sickness first showed itself or the injury happened.
- b] We will also pay the cost of emergency dental treatment up to a maximum amount of \$1,000 per person per journey 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.

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

3.2 WE WILL NOT PAY

We will not pay for expenses:

- a] Arising from Pre-existing Medical Conditions except as specified under the heading "Pre-existing Medical Conditions" on pages 8 to 13.
- b] When you have not notified Mondial Assistance as soon as practicable of your admittance to hospital.
- c] After 2 weeks treatment by a chiropractor, physiotherapist or dentist unless approved by Mondial Assistance.
- d] If you do not take the advice of Mondial Assistance.
- e] If you have received medical care under a reciprocal national health scheme. Reciprocal Health Agreements are in place with the following countries: Finland, Italy, Malta, the Netherlands, Norway, Sweden, the Republic of Ireland, United Kingdom and New Zealand.
- f] For damage to dentures, dental prostheses, bridges or crowns.
- g] Relating to dental treatment involving the use of precious metals or for cosmetic dentistry.

Please note that we will not pay for any costs incurred in your Country of Residence.

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 47 TO 48 FOR OTHER REASONS WHY WE WILL NOT PAY.

SECTION 4: ADDITIONAL EXPENSES

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

4.1 WE WILL PAY BECAUSE OF HEALTH PROBLEMS

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

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

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

- b] If you shorten your journey and return to Australia on the advice of a Medical Adviser approved by us, we will reimburse the Reasonable cost of your return to Australia. We will only pay the cost of the fare class that you had planned to travel at and you must take advantage of any pre-arranged return travel to Australia.
- c] If, during your journey, your Travelling Companion or a Relative of either of you dies unexpectedly, is disabled by an injury or becomes seriously sick and requires hospitalisation, we will reimburse the Reasonable additional cost of your return to Australia. We will only pay the cost of the fare class you had planned to travel at.

- d] If you return to your home in Australia because, during your journey, a Relative of yours dies unexpectedly or is hospitalised following a serious injury or a sickness, we will reimburse you up to \$3,000 for the Single Plan or \$6,000 for the Family Plan towards return airfares if you are able to resume your journey, but only if more than 14 days remain of the period of your journey on your Certificate of Insurance.
- e] If you do not have a return ticket booked to Australia before you were injured or became sick, we will reduce the amount of your claim by the price of the fare to Australia from the place you planned to return to Australia from. The fare will be at the same fare class as the one you left Australia on.
- f] Wherever claims are made by you under this Section and Section I(A) for cancelled services/facilities or alternative arrangements for the same or similar services/facilities, we will pay for the higher of the two amounts, not both.

WE WILL ALSO PAY FOR THE FOLLOWING REASONS:

- g] We will reimburse your Reasonable additional travel and accommodation expenses if a disruption to your journey arises from the following reasons:
- Your scheduled or connecting transport is cancelled, delayed, shortened or diverted because of a strike, riot, hijack, civil commotion, weather or natural disaster.
 - You unknowingly break any quarantine rule.
 - You lose your passport, travel documents or credit cards or they are stolen.
 - An accident involving your mode of transport. You must have written confirmation of the accident from an official body in the country where the accident happened.
 - Your home in Australia is rendered uninhabitable by fire, explosion, earthquake or flood.
- h] You are prevented from skiing at a pre-booked ski resort for more than 24 continuous hours during your journey, because adverse snow conditions cause a total closure of the lift system.

We will pay a daily Benefit of \$100 for the Single Plan or \$200 for the Family Plan, up to a maximum of \$500 for the Single Plan or \$1,000 for the Family Plan.

However:

1. We will not pay for claims in respect of ski resorts that do not have skiing facilities at least 1,000 metres above sea level.
 2. We will not pay for claims that arise due to insufficient snow in Northern Hemisphere ski resorts outside the period 15 December to 31 March, or, in Southern Hemisphere ski resorts outside the period 1 July to 30 September.
- i] 1. Your 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. 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 Benefit is \$300 for the Single Plan or \$600 for the Family Plan.

- j] You are delayed beyond your original return date due to an event covered by this policy. We will pay you up to \$25 for each full 24 hour period, for additional kennel or cattery boarding fees for domestic cats and dogs owned by you. However, you must give us a statement confirming the additional fees.

The maximum amount we will pay for all claims combined under this Benefit is \$500 for the Single Plan and Family Plan.

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

We will pay you a Benefit of \$1,000 for each 24 hour period up to a maximum of \$2,500 for the Single Plan or \$5,000 for the Family Plan.

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

4.2 WE WILL NOT PAY

- a] If you were aware of any reason, before your period of cover commenced, that may cause your journey to be cancelled or disrupted or delayed.
- b] If the death, injury or sickness of a Relative is a result of a Pre-existing Medical Condition except as specified under the heading "Pre-existing Medical Conditions" on pages 8 to 13.
- c] If you can claim your additional travel and accommodation expenses from anyone else.
- d] If your claim relates to the financial collapse of any transport, tour or accommodation provider.
- e] For delays or rescheduling by a bus line, airline, shipping line or rail authority unless it is due to a strike, riot, hijack, civil commotion, weather or natural disaster.
- f] If you operate a Rental Vehicle in violation of the rental agreement.
- g] As a result of you or your Travelling Companion changing plans.

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 47 TO 48 FOR OTHER REASONS WHY WE WILL NOT PAY.

SECTION 5: HOSPITAL CASH ALLOWANCE

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

5.1 WE WILL PAY

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

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

5.2 WE WILL NOT PAY

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

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 47 TO 48 FOR OTHER REASONS WHY WE WILL NOT PAY.

SECTION 6: ACCIDENTAL DEATH

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

6.1 WE WILL PAY

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

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

The limit we will pay for the death of any one accompanying dependant child who is under 21 years of age is \$5,000.

The limit for the death of one person under the Family Plan who is not an accompanying dependant child under 21 years of age, is the sum insured for the Single Benefit as per the Plan selected.

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

6.2 WE WILL NOT PAY

For death caused by suicide or for any other reason other than caused by accidental bodily injury as defined.

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 47 TO 48 FOR OTHER REASONS WHY WE WILL NOT PAY.

SECTION 7: PERMANENT DISABILITY

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

7.1 WE WILL PAY

- a] If you are injured during your journey; and
- b] Because of the injury, you become permanently disabled within 12 months of the injury.

Permanently disabled means:

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

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

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

7.2 WE WILL NOT PAY

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 47 TO 48 FOR REASONS WHY WE WILL NOT PAY.

SECTION 8: LOSS OF INCOME

You have this cover if you choose Plan A or B.

8.1 WE WILL PAY

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

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

We will pay \$400 per week per person for a period of up to 26 weeks, subject to the maximum limits shown under the Table of Benefits for the type of cover (Single or Family) and Plan you have selected.

8.2 WE WILL NOT PAY

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

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 47 TO 48 FOR OTHER REASONS WHY WE WILL NOT PAY.

SECTION 9: LOSS OF TRAVEL DOCUMENTS, CREDIT CARDS AND TRAVELLERS CHEQUES

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

9.1 WE WILL PAY

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

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

9.2 WE WILL NOT PAY

We will not pay if:

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

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 47 TO 48 FOR OTHER REASONS WHY WE WILL NOT PAY.

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

You have this cover if you choose Plan A Super Plus, Super and Standard or Plan B.

10.1 WE WILL PAY

The most we will pay is up to \$250 for all claims combined under either the Single or Family Plans for any cash, bank notes, currency notes, postal orders or money orders stolen from your person.

10.2 WE WILL NOT PAY

We will not pay if:

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

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 47 TO 48 FOR OTHER REASONS WHY WE WILL NOT PAY.

SECTION 11: LUGGAGE AND PERSONAL EFFECTS

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

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

11.1 WE WILL PAY

- a] We will pay the repair cost or value of your Luggage and Personal Effects which are stolen or accidentally damaged or are permanently lost. When calculating the amount payable we will apply depreciation due to age, wear and tear for each item. The amount of such depreciation will be determined by us. No depreciation will be applied to goods purchased duty free prior to your departure or goods purchased during your journey. We

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

- b] The maximum amount we will pay for any item (item limit) is:
 - \$4,000 for personal computers, video recorders or cameras.
 - \$2,000 for golf clubs
 - \$750 for all other unspecified items.A pair or related set of items, for example but not limited to:
 - A camera, lenses (attached or not), tripod and accessories;
 - A matched or unmatched set of golf clubs, golf bag and buggy; or
 - A matching pair of earrings,are considered as only one item and the appropriate single item limit will be applied.
- c] In addition to the above item limits we will also pay up to a maximum of \$5,000 (or such other lower amount which you have previously selected) for all items combined, in relation to those items that you have specified on the Increased Luggage and Personal Effects Cover section of the application form and paid an additional premium for.
- d] Luggage and Personal Effects left in a motor vehicle are only covered during daylight hours and must have been locked in the boot or a locked compartment and forced entry must have been made. No cover applies if Luggage and Personal Effects are left unattended in the passenger compartment of the motor vehicle or if the Luggage and Personal Effects have been left in the motor vehicle overnight. The most we will pay if your Luggage and Personal Effects are stolen from the Locked Storage Compartment of an unoccupied vehicle is \$200 for each item and \$2,000 in total for all stolen items, even if you have purchased Increased Luggage and Personal Effects Cover.

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

If you have purchased the Additional Option "Increased Luggage and Personal Effects Cover", we will also pay up to the limits(s) shown on your Certificate of Insurance, up to a maximum of \$5,000. The "General Exclusions applicable to all Sections" of the policy apply regardless of the limit of "Increased Luggage and Personal Effects Cover" purchased.

11.2 WE WILL NOT PAY

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

- a] You do not report the loss, theft or misplacement within 24 hours to the police or an office of the bus line, airline, shipping line or rail authority you were travelling on when the loss, theft or misplacement occurred. You can prove that you made a report by providing us with a written statement from whoever you reported it to.

- b] Your jewellery, mobile phone, camera, video camera, computer equipment or their accessories are transported in the cargo hold of any aircraft, ship, train or bus.
- c] The loss, theft or damage is to or of bicycles.
- d] The loss, theft or damage is to items left behind in any hotel or motel room after you have checked out or items left behind in any aircraft, ship, train, taxi, chauffeur driven hire car or bus.
- e] The loss, theft or damage is to watercraft of any type (excluding surfboards).
- f] The Luggage and Personal Effects were being sent unaccompanied or under a freight contract.
- g] The loss of, or damage arises from any process of cleaning, repair or alteration.
- h] The loss of or damage arises from ordinary wear and tear, deterioration, atmospheric or weather conditions, insects, rodents or vermin.
- i] The Luggage and Personal Effects were left unsupervised in a public place.
- j] The Luggage and Personal Effects were left unattended in a motor vehicle unless it was locked in the boot or Locked Storage Compartment.
- k] The Luggage and Personal Effects were left overnight in a motor vehicle even if they were in the Locked Storage Compartment.
- l] The Luggage and Personal Effects have an electrical or mechanical breakdown.
- m] The Luggage and Personal Effects are fragile, brittle or an electronic component is broken or scratched – unless either:
 - it is the lens of spectacles, binoculars or photographic or video equipment; or
 - the breakage or scratch was caused by a crash involving a vehicle in which you are travelling.
- n] You are entitled to be reimbursed by the bus line, airline, shipping line or rail authority you were travelling on when the loss, theft, misplacement or damage occurred. However, if you are not reimbursed the full amount of your claim, we will pay the difference between the amount of your loss and what you were reimbursed, up to the limit of your cover (allowing for depreciation and fair wear and tear).
- o] Damage to sporting equipment whilst in use (including surfboards).

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 47 TO 48 FOR OTHER REASONS WHY WE WILL NOT PAY.

SECTION 12: LUGGAGE AND PERSONAL EFFECTS DELAY EXPENSES

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

12.1 WE WILL PAY

We will reimburse up to the sum insured as per the Plan selected for all claims combined if any items of your Luggage and Personal Effects are delayed, misdirected or misplaced by the carrier for more than 12 hours, and in our opinion it was reasonable for you to purchase essential items of clothing or other personal items.

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

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

12.2 WE WILL NOT PAY

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

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 47 TO 48 FOR OTHER REASONS WHY WE WILL NOT PAY.

SECTION 13: TRAVEL DELAY EXPENSES

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

13.1 WE WILL PAY

We will reimburse your reasonable additional meals and accommodation expenses if a disruption to your journey, for at least 6 hours, arises from circumstances outside your control.

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

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

13.2 WE WILL NOT PAY

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

- a] If you can claim your additional meals and accommodation expenses from anyone else.
- b] The financial collapse of any transport, tour or accommodation provider
- c] If your claim arises directly or indirectly from an act or threat of terrorism.

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 47 TO 48 FOR OTHER REASONS WHY WE WILL NOT PAY.

SECTION 14: ALTERNATIVE TRANSPORT EXPENSES

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

14.1 WE WILL PAY

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

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

14.2 WE WILL NOT PAY

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

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 47 TO 48 FOR OTHER REASONS WHY WE WILL NOT PAY.

SECTION 15: PERSONAL LIABILITY

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

15.1 WE WILL PAY

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

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

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

We will also reimburse your reasonable legal costs and legal expenses for settling or defending the claim made against you. We decide whether the costs were reasonable.

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

15.2 WE WILL NOT PAY

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

- a] Bodily injury to you, your Travelling Companion, or to a Relative or employee of either of you;
- b] Damage to property belonging to you, or in your care or control, or belonging to, or in the care or control of, a Relative of yours, or your Travelling Companion, or to an employee of either of you;
- c] Something arising out of the ownership, custody or use of any aerial device, watercraft or mechanically propelled vehicle;
- d] Something arising out of the conduct of a business, profession or trade;

- e] Any loss, damage or expenses which are covered or should have been covered under a statutory or compulsory insurance policy, statutory or compulsory insurance or compensation scheme or fund, or under workers' compensation legislation, an industrial award or agreement, or accident compensation legislation;
- f] Any fine, penalty or aggravated, punitive or exemplary or liquidated damages;
- g] Disease that is transmitted by you;
- h] Any relief or recovery other than monetary amounts;
- i] Liability arising from a contract that imposes on you a liability which you would not otherwise have;
- j] Anything that is covered under any other policy. We will be liable only for the amount your liability exceeds the limits of cover under any other policy;
- k] Assault and/or battery committed by you or at your direction; or
- l] Conduct intended to cause personal injury, property damage or liability with reckless disregard for the consequences of you or any person acting with your knowledge, consent or connivance.

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 47 TO 48 FOR OTHER REASONS WHY WE WILL NOT PAY.

SECTION 16: RENTAL VEHICLE EXCESS / RETURN OF RENTAL VEHICLE

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

16.1 WE WILL PAY

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

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

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

16.2 WE WILL NOT PAY

We will not pay a claim involving the theft or damage of your motor vehicle if the claim arises directly or indirectly from:

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

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 47 TO 48 FOR OTHER REASONS WHY WE WILL NOT PAY.

GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS

We will not pay under any circumstances if:

GENERAL

- 1 You do not act in a responsible way to protect yourself and your property and to avoid making a claim.
- 2 You do not do everything you can to reduce your loss as much as possible.
- 3 Your claim arises from consequential loss of any kind including loss of enjoyment.
- 4 At the time of purchasing the policy, you were aware of something that would give rise to you making a claim under this policy.
- 5 Your claim is for a loss which is recoverable by compensation under any workers compensation or transport accident laws or by any government sponsored fund, plan, or medical benefit scheme, or any other similar type legislation required to be effected by or under a law.
- 6 Your claim arises from errors or omissions in any booking arrangements or failure to obtain relevant visa, passport or travel documents.
- 7 Your claim arises because you act illegally or break any government prohibition or regulation including visa requirements.
- 8 Your claim arises from a government authority confiscating, detaining or destroying anything.
- 9 Your claim arises from being in control of a motor cycle without a current Australian motorcycle licence or you are a passenger travelling on a motorcycle that is in the control of a person that does not hold a current motorcycle licence valid for the country you are travelling in.
- 10 Your claim arises from being in control of a moped or scooter without a current Australian motorcycle or drivers licence or you are a passenger travelling on a moped or scooter that is in the control of a person that does not hold a current motorcycle or drivers licence valid for the country you are travelling in.
- 11 Your claim arises because you did not follow advice in the mass media of any government or other official body's warning:
 - against travel to a particular country or parts of a country;
 - 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;
 - of an Epidemic or Pandemic that results in you being quarantined;and you did not take appropriate action to avoid or minimise any potential claim under your policy (including delay of travel to the country or part of the country referred to in the warning). Please refer to www.who.int for further information.
- 12 Your claim arises from any act of war, whether war is declared or not, or from any rebellion, revolution, insurrection or taking of power by the military.
- 13 Your claim arises from a nuclear reaction or contamination from nuclear weapons or radioactivity.

- 14 Your claim arises from biological and or chemical materials, substances, compounds or the like used directly or indirectly for the purpose to harm or to destroy human life and or create public fear.

MEDICAL

- 15 Your claim arises from Pre-existing Medical Conditions except as specified under the heading "Pre-existing Medical Conditions" on pages 8 to 13.
- 16 Your claim is in respect of travel booked or undertaken against the advice of any Medical Adviser.
- 17 Your claim arises directly or indirectly from any injury or illness where a metastatic or terminal prognosis was made prior to the issue of the Certificate of Insurance.
- 18 Your claim arises out of pregnancy, childbirth or related complications except, as specified under the heading "Pregnancy" on page 8. In any event we will not cover any expenses associated with or consequent upon the birth of a child.
- 19 Your claim involved a hospital where you are being treated for addiction to drugs or alcohol, or are using it as a nursing, convalescent or rehabilitation place.
- 20 Your claim involves the cost of medication in use at the time the journey began or the cost for maintaining a course of treatment you were on prior to the journey.
- 21 Your claim arises from or is in any way related to depression, anxiety, stress, mental or nervous conditions.
- 22 Your claim arises from suicide or attempted suicide.
- 23 Your claim arises directly or indirectly from a sexually transmitted disease.
- 24 You were under the influence or addicted to intoxicating liquor or drugs except a drug prescribed to you by a Medical Adviser.
- 25 Despite our advice otherwise following your call to Mondial Assistance, you received private hospital or medical treatment where public funded services or care is available in Australia or under any Reciprocal Health Agreement between the Government of Australia and the Government of any other country.
- 26 Your claim arises from any medical procedures in relation to AICD/ICD insertion during overseas travel. If you, your Travelling Companion or a Relative (as listed on your Certificate of Insurance) requires this procedure, due to sudden and acute onset which occurs for the first time during your period of cover and not directly or indirectly related to a Pre-existing Medical Condition, we will exercise our right to organise a repatriation to Australia for this procedure to be completed.

SPORTS AND LEISURE

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

CLAIMS

HOW TO MAKE A CLAIM

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

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

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

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

- a]** For medical, hospital or dental claims, contact Mondial Assistance as soon as practical.
- 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.

DEPRECIATION

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

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

OTHER INSURANCE

If any loss, damage or liability covered under this policy is covered by another insurance policy, you must give us details.

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

SUBROGATION

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

RECOVERY

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

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

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

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

BUSINESS TRAVELLERS – HOW GST AFFECTS YOUR CLAIM

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

TRAVEL WITHIN AUSTRALIA ONLY

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

FRAUD

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

CLAIMS GUARANTEE

We will process your claim within 10 working days of receiving a completed claim form and all necessary documentation. If we need additional information, a written notification will be sent to you within 10 working days.

SALES AND GENERAL ENQUIRIES

Aussietravelcover Pty. Ltd.
(Incorporated in NSW 1982) ABN 32 002 517 740

PO Box 495
(10/9 Bungan Street)
Mona Vale NSW 2103



Ph: (02) 9979 8888 or 1800 888 448

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sales@aussietravelcover.com.au

www.aussietravelcover.com.au

100%
Australian
owned

CLAIMS ENQUIRIES

1300 667 132 (within Australia)

24 HOUR EMERGENCY ASSISTANCE CALL

Mondial Assistance

+61 7 3305 7499 (reverse charge from overseas)

1800 010 075 (within Australia)

Authorised Representative's Details

Name/Company:

ABN (if applicable):

AR Number:

Agent Stamp:

This insurance is arranged and managed by
ETI Australia Pty Ltd, trading as Mondial Assistance
ABN 52 097 227 177, AFS License 245631
PO Box 162, Toowong QLD 4066

This insurance is underwritten by
Allianz Australia Insurance Limited (Allianz)
ABN 15 000 122 850, AFS License 234708
of 2 Market Street, Sydney NSW 2000

Aussietravelcover Pty. Ltd.
ABN 32 002 517 740 AR 269305
is an authorised representative of Mondial Assistance