

# TRAVEL INSURANCE

PRODUCT DISCLOSURE STATEMENT

POLICY WORDING

FINANCIAL SERVICES GUIDE



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## PART 1 - PRODUCT DISCLOSURE STATEMENT

### WELCOME TO TBIB TRAVEL INSURANCE

To help **You** understand **Our** travel insurance, **We** have produced this Product Disclosure Statement (PDS) which provides **You** with some important information to enable **You** to compare and make an informed decision about the policy.

### ABOUT US

This travel Insurance has been arranged and brokered by Rostand Pty Ltd T/as Tony Bemrose Insurance Brokers AFSL 245562 and is authorised to advise and deal in general insurance products to wholesale and/or retail clients. Tony Bemrose Insurance Brokers does not issue, guarantee or underwrite this policy. This insurance is issued by Chase Underwriting Solutions Pty Ltd (AFSL number 454344). Chase Underwriting Solutions Pty Ltd (Chase Underwriting) is an Australian Financial Services Licensee and is authorised by ASIC to issue, deal in and provide general advice on general insurance products. Chase Underwriting has Binding Authority authorised by Certain Underwriters at Lloyd's of London (Insurer) to act on its behalf in arranging, issuing, varying, cancelling and providing general advice in relation to the Insurer's travel insurance products. Chase Underwriting issues Certificates of Insurance under a binding authority with Lloyd's of London. Chase Underwriting has a binding authority which means it can enter into, vary or cancel these products on the Insurer's behalf without reference to the Insurer provided it acts within the binding authority. Chase Underwriting acts for the Insurer and not **You**.

Chase Underwriting is located at Level 1, 68 Clarke Street, Southbank, Victoria 3006.

### ABOUT YOUR TRAVEL INSURANCE POLICY

**Your** policy is a contract between the Insurer and **You**. **Your** insurance policy is comprised of:

- **Your** application for insurance;
- **Your** Certificate of Insurance;
- The Policy Wording including the Product Disclosure Statement and the Schedule of Cover; and
- Any written endorsements **We** provide to **You**.

These items make up **Your** policy and should be carefully read together. It is important that they are kept in a safe place.

The Annual Multi-Trip insurance policies are issued on an annual non-renewable basis. It is a requirement that at the beginning of each policy period that **You** complete a new policy application including a **Pre-existing Medical Condition** questionnaire (as applicable).

### THE COST OF THIS INSURANCE

When calculating the cost of **Your** travel insurance, **We** take a number of factors into account, including;

- Where **You** are travelling to;
- How long **You** are travelling;
- The level of cover **You** have chosen;
- How old **You** are; and
- If **You** have selected any additional cover.

The amount payable by **You** for the travel plan selected and any additional cover **You** choose will be shown on **Your** Certificate of Insurance, including compulsory government charges. This policy is only valid when **You** pay the amount payable and a Certificate of Insurance is issued to **You**.

### WHO CAN BUY THIS INSURANCE

This travel insurance is available for Australian citizens who maintain domiciled status in Australia and for non Australian citizens who have been resident in Australia for a period of not less than 3 months. **You** do not have domiciled status if **You** have permanently migrated to another country or **Your** permanent place of abode is outside Australia. This travel insurance is only available for people aged 90 or under at the time of buying this policy. In respect of Single **Trip** policies, cover is extended to include **Your** children or grandchildren not in full-time employment who are under the age of 18 and are travelling with **You** for the entire duration of **Your** journey. It is a condition of cover that any accompanying children are noted on **Your** Certificate of Insurance.

### AREA OF TRAVEL

**You** are covered for **Trips** to countries within the following areas provided that **You** have paid the appropriate premium, as shown in **Your** Certificate of Insurance. **You** must select the area that covers **Your** entire **Trip**:

- Australia only
- South Pacific including New Zealand †\*
- Worldwide excluding USA, Canada and Antarctica†\*
- Worldwide \*

† other than stopovers in other areas not exceeding 48 hours

\* this policy will not cover any benefit, loss, cost or expense arising directly or indirectly from travel in, to or through Belarus, Iran, North Korea, Russia, Ukraine or any other country which is sanctioned by European Union, OFAC (United States of America), United Kingdom or the United Nations or Australia from time to time.

Travellers on domestic cruises within Australian waters, should select their area of travel as 'South Pacific including New Zealand' to ensure that cover is available for emergency medical assistance and expenses.

### UPDATING THIS PDS

**We** will update the information in this PDS when necessary. A paper copy of any updated information is available to **You** at no cost by calling **Us**. **We** will issue **You** with a new PDS or a supplementary PDS, where the update is to correct a

## PART 1 - PRODUCT DISCLOSURE STATEMENT

misleading or deceptive statement or an omission, which is materially adverse from the point of view of a reasonable person deciding whether to purchase this insurance. Once an application has been accepted and a Certificate of Insurance issued, the Policy Wording in the PDS in force at the time of the application is the basis of the cover.

### DATE THIS PDS WAS PREPARED

This PDS was prepared on **05 February 2025** and remains valid until a further PDS is issued to replace it.

### COOLING OFF PERIOD / PREMIUM REFUND

If, having purchased the policy, **You** want to cancel it, **You** can do so within 14 business days of receiving the Certificate of Insurance and obtain a full refund, provided **You** have not made a claim and **Your Trip** has not commenced. **We** will arrange for a refund of the amount payable within 15 business days of **You** cancelling **Your** policy. **We** can only accept a request for cancellation via **Our** website. Please visit **Our** contact **Us** page at [www.tbib.com.au/contact/](http://www.tbib.com.au/contact/)

### CANCELLATION BY US

**We** can cancel **Your** insurance in any way permitted by law, including if **You** have:

- Failed to comply with **Your** duty to take reasonable care not to make a misrepresentation to an Insurer;
- Failed at any time to comply with **Your** duty of utmost good faith;
- Failed to pay the amount payable;
- Made a fraudulent claim under the policy;
- Failed to notify **Us** of a specific act or omission as required by the policy.

If **We** cancel **Your** policy, **We** will do so by giving **You** a minimum of 3 business day's written notice. **We** will deduct from the amount payable, an amount to cover the shortened period for which **You** have been insured by **Us** and refund the balance to **You**.

### CONFIRMING COVER

A Certificate of Insurance which is **Your** proof of insurance, will be issued and sent to **Your** nominated email address once **You** have completed **Your** online application and **You** have paid the appropriate amount.

### DUTY OF DISCLOSURE

Before you enter into an insurance contract, you have a duty to tell the insurer anything that you know, or could reasonably be expected to know, may affect their decision to insure you and on what terms. You have this duty until they agree to insure you. You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell the insurer anything that:

- reduces the risk they insure you for; or
- is common knowledge; or
- they know or should know as an insurer; or

- they waive your duty to tell them about.

If you do not tell the us something you are required to, we may cancel your contract or reduce the amount they will pay you if you make a claim, or both. If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

### YOUR DUTY TO TAKE REASONABLE CARE NOT TO MAKE A MISREPRESENTATION TO AN INSURER

Before **You** enter into a contract of general insurance with **Us**, **You** have a duty, under the Insurance Contracts Act 1984, to take reasonable care not to make a misrepresentation to **Us** and to disclose to **Us** every matter which **You** know, or could reasonably be expected to know, is relevant to **Our** decision whether to accept the risk of the insurance and, if so, on what terms. **You** have the same duty to take reasonable care not to make a misrepresentation and to disclose those matters to **Us** before **You** renew, extend, vary or reinstate a contract of insurance. **Your** duty however does not require disclosure of a matter;

- That diminishes the risk to be undertaken by **Us**;
  - That is common knowledge;
  - That **We** know, or in the ordinary course of business as an Insurer, should know;
  - As to which compliance with **Your** duty is waived by **Us**
- Everyone who is insured under the policy must comply with the duty to take reasonable care not to make a misrepresentation to an Insurer.

If **You** provide information about another insured person, **You** do this on their behalf. If **You** (or they) don't comply with the duty to take reasonable care not to make a misrepresentation to an Insurer, **We** may reduce the amount of any claim and/or cancel **Your** policy. If fraud is involved, **We** may treat **Your** insurance as void from the beginning.

### GROUP BOOKINGS

The person purchasing an insurance policy on behalf of a group must ensure that every person to be insured has been advised to read this PDS and their attention drawn to the exclusions and conditions contained herein. The person purchasing the policy is required to answer all questions on behalf of all persons to be insured to the best of their knowledge and belief and should undertake all reasonable steps to obtain the required information in respect of each and every person to be insured.

### GENERAL INSURANCE CODE OF PRACTICE

The Insurance Council of Australia Limited has developed the General Insurance Code of Practice (Code), which is a self regulatory code for use by all Insurers. The Insurer is a member of the Insurance Council of Australia, and a signatory to the Code. The Insurer and Chase Underwriting support the Code, the objective of which is to raise the levels of practice and service in the general insurance industry. For more information visit [www.codeofpractice.com.au](http://www.codeofpractice.com.au).

## PART 1 - PRODUCT DISCLOSURE STATEMENT

### COMPLAINTS OR DISPUTES

**We** view seriously any complaint about **Our** products or services and will deal with it promptly and fairly. There are established procedures for dealing with complaints and disputes regarding **Your** insurance or claim as set out below.

#### Stage 1

If **You** have any concerns or wish to make a complaint in relation to this policy, **Our** services or **Your** insurance claim, please let **Us** know and **We** will attempt to resolve concerns in accordance with **Our** Internal Dispute Resolution process. Please contact Chase Underwriting in the first instance:

The Complaints Officer

Chase Underwriting Solutions Pty  
Ltd Level 1, 68 Clarke Street  
Southbank VIC 3006 Australia

E: [complaints@chaseunderwriting.com.au](mailto:complaints@chaseunderwriting.com.au)

**We** will acknowledge receipt of **Your** complaint and do **Our** utmost to resolve the complaint to **Your** satisfaction within 10 business days. If **You** would like to communicate with a complaints officer via telephone, please reach out to **Us** at +61 (0)7 3303 0801. **We** will promptly organise for an appropriate representative to return **Your** call.

#### Stage 2

If **We** cannot resolve **Your** complaint to **Your** satisfaction, **We** will escalate **Your** matter to Lloyd's Australia who will determine whether it will be reviewed by their office or the Lloyd's UK Complaints Team. Lloyd's contact details are:

Lloyd's Australia Limited

Suite 1603, Level 16, 1 Macquarie Place

Sydney NSW 2000

Australia

T: +61 (0)2 8298 0783

E: [ldraustralia@lloyds.com](mailto:ldraustralia@lloyds.com)

A final decision will be provided to **You** within 30 calendar days of the date on which **You** first made the complaint unless certain exceptions apply.

### EXTERNAL DISPUTE RESOLUTION

**You** may refer **Your** complaint to the Australian Financial Complaints Authority (AFCA), if **Your** complaint is not resolved to **Your** satisfaction within 30 calendar days of the date on which **You** first made the complaint or at any time. AFCA can be contacted as follows;

Australian Financial Complaints Authority

GPO Box 3,

Melbourne VIC 3001 Australia

T: 1800 931 678

E: [info@afca.org.au](mailto:info@afca.org.au)

W: [www.afca.org.au](http://www.afca.org.au)

AFCA is an independent body that operates nationally in Australia and aims to resolve disputes between **You** and **Your** Insurer. AFCA provides fair and independent financial services complaint resolution that is free of charge to consumers. Determinations made by AFCA are binding upon **Us**. **Your** complaint must be referred to AFCA within 2 years of the final decision, unless AFCA considers special circumstances apply. If **Your** complaint is not eligible for consideration by AFCA, **You** may be referred to the Financial Ombudsman Services (UK) or **You** may seek independent legal advice. **You** can also access any other external dispute resolution or other options that may be available to **You**.

### HOW TO MAKE A CLAIM

Please refer to the details on page 23.

### HOW WE PROTECT YOUR PRIVACY

Please refer to **Our** Privacy Notice on page 24.

### TAXATION IMPLICATIONS / GOODS AND SERVICES TAX (GST)

International travel insurance is GST exempt. However, if **You** are registered for GST, **You** should tell **Us** the percentage of GST **You** are able to claim back on normal business purchases. If **You** suffer a loss and replace the lost item or are provided with goods or services in respect of the loss after **You** return to Australia, **We** will only reimburse **You** the amount of **Your** loss in accordance with this policy, less any entitlement **You** have to an Input Tax Credit on the amount.

### AMENDMENT OF PERSONAL OR TRAVEL DETAILS

**We** can only accept a request to change **Your** personal or travel details via **Our** website. Please visit **Our** contact **Us** page at <https://tbib.com.au/contact/>. **We** will either amend the policy if there is no additional premium to be paid or will contact **You** directly to discuss further.

### SOME OF THE THINGS OUR TRAVEL INSURANCE COVERS

- Cancellation or Curtailment Expenses
- Overseas Medical and Dental Expenses
- Medical Evacuation or Repatriation
- Personal Liability
- Delayed or Lost Baggage
- Personal Money
- Travel Delay
- Personal Accident
- Hospital Cash Allowance
- Loss of Income
- Rental Vehicle Insurance Excess

## PART 1 - PRODUCT DISCLOSURE STATEMENT

Terms, conditions and limits apply so please read the Policy Wording for full details.

### SOME THINGS ARE NOT COVERED BY THIS INSURANCE

In certain circumstances, exclusions may apply and **Your** travel insurance will not cover **You**. **You** should read the PDS and Policy Wording carefully to ensure **You** understand the exclusions and conditions which apply to **Your** policy.

### THERE IS NO COVER FOR THE FOLLOWING PRE-EXISTING MEDICAL CONDITIONS

There is no cover for any loss **You** may suffer as a result of any **Pre-existing Medical Condition** as detailed below.

A **Pre-existing Medical Condition** means a medical or dental condition of which **You** were aware of:

1. Prior to the time of the policy being issued;
  - a. **You** have not yet sought a medical opinion regarding the cause; or
  - b. Are currently under investigation to define a diagnosis; or
  - c. Are awaiting specialist opinion; OR
2. Prior to the time of the policy being issued that involves;
  - a. Surgery involving any joints, the back, spine, brain or abdomen requiring at least an overnight stay in hospital; or
  - b. **Your** heart, brain, circulatory system/blood vessels; or
  - c. **Your** lung, or chronic airways disease; or
  - d. Cancer; or
  - e. Back pain requiring prescribed pain relief medication; or
  - f. Diabetes Mellitus (Type 1 or Type 2); OR
3. In the 24 months prior to the time of the policy being issued;
  - a. For which **You** have been in hospital or emergency department or day surgery; or
  - b. For which **You** have been prescribed a new medication or had a change to **Your** medication regime; or
  - c. Requiring prescription pain relief medication; OR
4. Prior to the time of the policy being issued that is;
  - a. Pregnancy; or
  - b. Connected with **Your** current pregnancy or participation in an IVF program.

The above definition applies to **You**, **Your** travelling companion, a **Relative**, or any other person.

As part of the application process and subject to completion of the online medical screening process, additional **Pre-existing Medical Conditions** that **You** may have can also be covered. Coverage of these conditions is subject to acceptance and depending on the condition(s) declared the payment of an additional premium charge. **You** may elect to not cover these additional **Pre-existing Medical Conditions**.

However, **You** will not be covered for claims arising out of such conditions.

### PRE-EXISTING MEDICAL CONDITIONS WHERE THERE MAY BE COVER PROVIDED

There are certain **Pre-existing Medical Conditions** that **We** are able to cover if it is described below, and provided that **You** have not been hospitalised (including day surgery or emergency department attendance) for that condition in the past 24 months prior to the time of the policy being issued; Acne, Asthma (provided **You** are under 60 years of age, and **You** have no other diagnosed lung disease), Bunions, Carpal Tunnel Syndrome, Cataracts, Cleft Palate, Cochlear Implant, Coeliac Disease, Congenital Adrenal Hyperplasia, Congenital Blindness, Congenital Deafness, Conjunctivitis, Dengue Fever, Diabetes (Type 1 or Type 2) or Glucose Intolerance, provided:

- **You** were diagnosed over 6 months ago; and
- **You** had no complications in the last 12 months; and
- **You** had no kidney, eye or neuropathy complications or cardiovascular disease, and
- **You** are under 50 years of age

Dry Eye Syndrome, Dupuytren's Contracture, Ear Grommets (provided no current infection), Eczema, Gastric Reflux (GORD), Glucose Intolerance (refer diabetes above), Glaucoma, Gout, Hay Fever, Hiatus Hernia (if no surgery planned), Hormone Replacement Therapy, High Cholesterol (refer Hypercholesterolaemia below), High Blood Lipids (refer Hyplipidaemia below), High Blood Pressure (refer Hypertension below), Hypercholesterolaemia (High Cholesterol) provided no Cardiovascular Disease and/ or no Diabetes. Hypertension (High Blood Pressure) provided no Cardiovascular Disease and/or no Diabetes. Hypothyroidism (including Hashimoto's Disease), Lipoma, Macular Degeneration, Meniere's Disease, Rosacea, Sinusitis, Tinnitus.

### PREGNANCY

Single uncomplicated pregnancy, up to and including 23 weeks, not arising from services or treatment associated with an assisted reproduction program including but not limited to in vitro fertilisation (IVF). Cover is only provided for serious complications of pregnancy that could not reasonably have been predicted to occur by a healthcare practitioner in possession of the insured person's current and prior medical history. A serious complication is one likely to pose a threat to the life of the mother or unborn child, or likely to lead to a permanent disablement of the unborn child if left untreated.

In no event is there any cover for:

- Childbirth at any gestation;
- Regular antenatal care;
- Care of the newborn child Rhinitis

Please read "Part 2 - Policy Wording" of this document carefully as it tells **You** what **You** are not covered for.

## PART 1 - PRODUCT DISCLOSURE STATEMENT

### SNOW SPORTS

The following Snow Sports activities are covered, subject to **You** having entered the dates that **You** plan to participate in snow sports and these dates are shown in **Your** Certificate of Insurance;

- Skiing – Snow (on piste);
- Snowboarding (on piste)

Annual Multi-Trip travel insurance policies include 23 days snow sports cover (on piste only). There is no requirement to enter the dates that **You** plan to participate in snow sports.

### SPORTS WHERE WE PROVIDE COVER

**We** provide cover for **Your** amateur participation in a wide range of sports and leisure activities. The activities which are automatically included as shown below:

Aqua Zorbing  
 Archery  
 Beach Volleyball  
 Bicycling (but not bicycle motorcross (BMX) or downhill mountain biking)  
 Bowls  
 Bridge (including professional competitions)  
 Bungee Jumping  
 Camel, Donkey or Elephant Riding (under supervision)  
 Dancing  
 Diving underwater using an artificial breathing apparatus at a depth no greater than 10 metres (you must hold an open water diving licence recognised in Australia).  
 Dog Sledding  
 Fishing (only on land or within 2 nautical miles (3.7km) of a land mass)  
 Go-karting  
 Golf  
 Gym Activities (but not powerlifting)  
 Gymnastics (but not competitions)  
 Horse Riding (but not competitions, equestrian events, steeple chasing, jumping, or polo)  
 Ice skating on a rink, including supervised rinks on ponds, lakes or rivers (but not including competitive skating, racing, speed skating, and tour skating).  
 Jet Boating  
 Leisure Activities (meaning any activities involving minimal physical exertion that is undertaken for relaxation or pleasure. For example, sight-seeing, picnics, photography and museum or art gallery visits)  
 Motorcycle, Scooter or Moped Riding (restrictions apply - refer to General Exclusion 25 and 26)  
 Orienteering  
 Paintball (with eye protection)  
 Quad biking (if provided by licensed operator)  
 Racing on foot for distances up to and including full marathon (42.2 kilometres or 26.2 miles).  
 Racquet and ball sports not involving physical contact  
 Regulated or licensed ballooning  
 Safari (under supervision, but not hunting)

Sailing or fishing from a charter boat within territorial waters.

Shark Cage Diving (subject to diving restrictions listed above)

Shooting (fixed target only)

Skateboarding

Roller Skating

Inline skating (but not including vert skating or acrobatics)

Skiing and Snowboarding on groomed slopes (on piste) in recognised ski resorts (refer to snow sports cover provided above)

Snorkelling

Soccer

Surface water activities (other than sailing or fishing from a charter boat) up to 2 nautical miles off any land mass

Surface Water Activities in rivers or rapids graded 1, 2 or 3, or lakes or canals

Surfing

Table Tennis

Tennis

Track and Field Athletics (but not as a professional competitor)

Via Ferrata (using established routes and fixed apparatus)

Walking, Hiking, Trekking or Tramping - peaking at altitudes up to 3,000 metres where specialist climbing equipment is not required (but not expeditions to or on the Kokoda Track/Trail).

Zip Lining (cover limited to Australia and New Zealand only)

### SPORTS FOR WHICH NO COVER IS PROVIDED

**Your** participation in any activity not shown above is specifically excluded. Cover may be available for additional sports/leisure activities on application to Tony Bemrose Insurance Brokers. Cover is subject to the terms, conditions limits and exclusions that apply to the section under which your claim is made and the General Exclusions.

### TRAVEL ADVICE

The Australian Government website [www.smartraveller.gov.au](http://www.smartraveller.gov.au) provides detailed travel advice about all worldwide destinations. It is important that **You** refer to this as the policy may exclude cover if **You** travel to a destination where the Government is advising "do not travel".

### ONE WAY TRAVEL

One way travel is defined as any **Trip** which there is no expected date of return to Australia and/or there is no return ticket booked. **You** will be required to nominate **Your** final destination, which will be used as the destination for any medical repatriation or **Curtailment**. In respect of one way travel, cover ceases on the nominated expiry date shown on **Your** Certificate of Insurance.

## PART 1 - PRODUCT DISCLOSURE STATEMENT

### AUSTRALIANS ALREADY OVERSEAS

**Our** insurance is appropriate if **You** are an Australian resident and are overseas intending to return to Australia on the date **Your** policy ends. There is however, no cover in place for the first 48 hours from the policy start date.

### AUTOMATIC EXTENSION OF COVER

If **You** have not completed **Your** travel before the expiry date of the insurance for reasons which are beyond **Your** control, this insurance will remain in force until completion not exceeding a further 21 days without additional premium. In the event of **You** being hijacked or held to ransom cover shall continue whilst **You** are subject to the control of the person(s) or their associates making the hijack or ransom demand, and during travel direct to **Your** domicile and/or original destination for a period not exceeding 12 months from the date of the hijack or ransom.

### AUTOMATIC REINSTATEMENT OF SUMS INSURED

The amount **You** are covered for under sections 6 and 7 only as shown in the Schedule of Cover shall be reinstated following the first valid claim under such section. Thereafter the amount payable shall be reduced by the amount of any subsequent valid claims. In respect of an Annual Multi-Trip policy the sums insured under each section of the policy as shown in the Schedule of Cover are automatically reinstated on completion of each **Trip** and in respect of Sections 6 and 7, also once on each **Trip**.

### PERIOD OF INSURANCE

Except as stated below, cover for each separate **Trip** under this insurance starts when **You** leave **Your** home or place of business in **Your Normal Country of**

**Residence** at the start of **Your Trip**, and finishes immediately when **You** return to **Your** home or place of business in **Your Normal Country of Residence** for any reason, or on the nominated expiry date shown on **Your** Certificate of Insurance, whichever is the sooner.

For cancellation only (Section 1), cover starts from the date shown on **Your** Certificate of Insurance or the date **You** book **Your Trip**, whichever is the later. **Personal Money** (Section 7) will be covered from the time of collection from the Bank, 72 hours prior to departure or issue of this policy, whichever is the later.

If **You** have paid the appropriate Annual Multi-Trip travel insurance premium the overall period of insurance is noted on **Your** policy Certificate. This insurance then covers an unlimited number of business/leisure **Trips** starting within that period. Unless otherwise noted on **Your** schedule, cover for any Single **Trip** ceases on **Your** return to Australia, the policy expiry date or at 90 days (45 days if aged 81 years or over) whichever is the lesser.

For Annual Multi-Trip policies, **Trips** wholly within Australia are covered if the **Trip** is a minimum distance of 100kms from **Your** place of residence.

### CURRENCY CONVERSION

Settlement of claims for expenditure incurred overseas will be made at the rate of conversation applicable at the time of the loss or expense.

### LIMITS OF COVER

**Our** total liability is limited to the amounts shown in the Schedule of Cover on page 9.





## PART 2 - POLICY WORDING

SCHEDULE OF COVER			
SECTION	BENEFIT	LIMIT (PER PERSON)	EXCESS
1	<b>Cancellation Fees, Lost Deposits and Curtailment</b> Annual Multi-Trip (under 81 years of age) Annual Multi-Trip (81 to 90 years of age) Single Trip (under 91 years of age) Domestic Travel Within Australia	\$20,000 \$10,000 \$20,000 \$10,000	\$200
2	<b>Medical Expenses and Assistance</b> Overseas Emergency Medical Assistance Overseas Emergency Medical Expenses Overseas Emergency Dental Expenses Additional Expenses Additional Expenses (Domestic Travel Within Australia) Repatriation of Remains	\$Unlimited* \$Unlimited* \$500 \$100,000 \$25,000 \$100,000	\$200
3	<b>Emergency Medical Cover Whilst Cruising</b> Emergency Medical Assistance Emergency Medical Expenses Emergency Dental Expenses Additional Expenses Cruise Cabin Confinement Prepaid Shore Excursion Cancellation Missed Port	\$Unlimited* \$Unlimited* \$500 \$100,000 \$750 \$1,000 \$500	\$200 \$200 \$200 \$200 Nil \$200 Nil
4	Hospital Cash Allowance Hospital Cash Allowance - Domestic Travel Within Australia	\$6,000 \$3,000	Nil
5	Permanent Disability Benefit Accidental Death Benefit	\$50,000 \$50,000	Nil
6	Baggage and Personal Effects Baggage and Personal Effects - Domestic Travel Within Australia Baggage Delay Expenses Baggage Delay Expenses - Domestic Travel Within Australia	\$20,000 \$5,000 \$1,500 \$750	\$200 \$200 Nil Nil
7	Travel Documents, Transaction Cards and Traveller's Cheques Cash	\$3,000 \$500	\$200 \$200
8	Travel Delay Expenses Travel Delay Expenses - Domestic Travel Within Australia	\$3,000 \$1,500	Nil
9	Alternative Transport Expenses	\$7,000	\$200
10	Rental Vehicle Insurance Excess	\$10,000	\$200
11	Personal Liability	\$5,000,000	\$200
12	Loss Of Income	\$26,000	\$200
13	OPTIONAL ADDITIONAL BENEFIT - The following benefit limit only applies where you have selected to include this cover and <b>Your</b> Certificate of Insurance specifically notes this is included.  Covid-19 Cancellation Fees and Lost Deposits	  \$2,500	  \$200

Benefit limits are in Australian dollars.

\* Overseas medical expenses and assistance must be incurred within 12 consecutive months from the date the first expense was incurred.

## PART 2 - POLICY WORDING

Provided **You** have paid the appropriate premium as shown in **Your** travel insurance Certificate, **You** are covered in accordance with the full wording shown herein up to the limits indicated in the Schedule of Cover. The limits apply per person.

### DEFINITIONS

Listed below are certain words that appear throughout the policy. In all cases they will have the meanings shown below.

**Accident** means a single sudden and unexpected event, which occurs at an identifiable time and place and which causes unexpected **Bodily Injury** at the time it occurs.

**Baggage and Personal Effects** means **Your** suitcases, trunks and similar containers including their contents and articles worn or carried by **You**. It does not mean any bicycle, business samples or items that **You** intend to trade, **Valuables**, passport or travel documents, cash, bank notes, currency notes, cheques, negotiable instruments, watercraft of any type (other than surfboards), furniture, furnishings, household appliances, hired items or any other item listed as excluded on **Your** Certificate of Insurance.

**Bodily Injury** means a specific physical injury caused by an **Accident**. An injury is a **Bodily Injury** only if it is the direct consequence of an **Accident** and is not the accumulation of a series of accidents or traumas and if it is not directly or indirectly caused by, contributed to by and/or aggravated by any physical impairment, defect, degenerative process or infirmity existing prior to the inception of this policy.

**Breakdown** (for the purpose of Section 10) means that the vehicle in which **You** are travelling stops as a result of mechanical or electrical failure due to any cause other than lack of fuel, oil or water.

**Business Colleague** means any person that **You** work closely with whose absence for a period of one or more complete days necessitates the cancellation or **Curtailment** of the **Trip** as certified by a director of the business.

**Curtail/Curtailment/Curtailed** means cutting **Your** planned **Trip** short by early return to **Your Normal Country Of Residence**, admission to an overseas hospital as an in-patient or prevention of further travel so that **You** lose the benefit of **Your** pre-paid accommodation.

**Electronic Equipment** means any personal computers (including laptops, notebooks and tablets), mobile phones, cameras, personal music players or recording devices, and other items of a similar nature as deemed by **Us** to be electronic.

**Epidemic** means a fast-spreading contagious or infectious disease or **Illness** in an area as documented by a recognised public health authority.

**Excess** means the initial portion of every claim for which **You** will be responsible for. This applies per person per event.

**Illness** means a sickness, disease or malady. Sickness or disease shall not include osteoarthritis, arthritis or any other degenerative process of the joints, bones, tendons or ligaments unless first diagnosed or **Manifesting** itself during the policy period.

**Manifest/Manifestation/Manifesting** means the date when a sickness or disease is reasonably capable of diagnosis by a health care practitioner.

**Motor Vehicle Accident** (for the purpose of Section 10) means a single sudden and unexpected event involving collision with another vehicle, another road user or stationary object which occurs at an identifiable time and place and causes damage to the hire vehicle.

**Normal Country Of Residence** means the country where **You** are permanently residing at the date of issue of the Certificate of Insurance, or where **You** are temporarily residing for a period of more than 3 months and to where **You** will be repatriated if medically necessary except for medical repatriation under a one way travel policy.

**Pandemic** means an **Epidemic** that is expected to affect an unusually large number of people or involves an extensive geographic area.

**Pre-existing Medical Condition** means a medical or dental condition of which **You** were aware of:

1. Prior to the time of the policy being issued;
  - a. **You** have not yet sought a medical opinion regarding the cause; or
  - b. Are currently under investigation to define a diagnosis; or
  - c. Are awaiting specialist opinion; OR
2. Prior to the time of the policy being issued that involves;
  - a. Surgery involving any joints, the back, spine, brain or abdomen requiring at least an overnight stay in hospital; or
  - b. **Your** heart, brain, circulatory system/blood vessels; or geographic area.
  - c. **Your** lung, or chronic airways disease; or
  - d. Cancer; or
  - e. Back pain requiring prescribed pain relief medication; or
  - f. Diabetes Mellitus (Type 1 or Type 2); OR

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3. In the 24 months prior to the time of the policy being issued;
  - a. For which **You** have been in hospital or emergency department or day surgery; or
  - b. For which **You** have been prescribed a new medication or had a change to **Your** medication regime; or
  - c. Requiring prescription pain relief medication; OR
4. Prior to the time of the policy being issued that is;
  - a. Pregnancy; or
  - b. Connected with **Your** current pregnancy or participation in an IVF program.

The above definition applies to **You**, **Your** travelling companion, a **Relative**, or any other person. Notwithstanding the above definition, there are certain **Pre-existing Medical Conditions** that **We** are able to cover automatically and which are shown on page 6 of this PDS/Policy Wording.

**Public Place** means any place to which the public has access, except:

1. A place where only **You**, **Your** travelling companion or **Your** accommodation providers have access, or
2. The locked storage area of **Your** accommodation or transport provider after **You** have given them **Your Personal Effects** for safe keeping.

**Public Transport** means any aircraft, ship, train, coach on similar mode of transport on which **You** are booked to travel.

**Reasonable** means, for medical or dental expenses, the standard level of care given in the country **You** are in or, for other expenses, the standard level **You** have booked for the rest of **Your Trip** or, as determined by **Us**.

**Relative** means any of the following who is under 85 years and is resident in Australia or New Zealand: husband or wife (or de facto partner with whom **You** are living permanently at the same address), parent, stepparent, grandparent, parent in law, brother, half-brother, stepbrother, sister, half-sister, stepsister, child, foster child, grandchild, brother-in-law, sister-in-law, son-in-law, daughter-in-law or fiancé(e).

**Transaction Card** means a debit card, credit card or travel money card.

**Travel Carrier** means an aircraft, vehicle, train, tram, vessel or other **Public Transport** operated under a licence for the purpose of transporting passengers. However, it does not mean a taxi.

**Trip** means travel involving a distance greater than 100 kilometres from **Your** normal place of residence or is by air travel or includes overnight paid accommodation, that takes

place during the period of cover and begins when **You** leave home or **Your** place of business to commence **Your** travel and ends when **You** arrive back home, at **Your** place of business or at a hospital or nursing home in Australia (if **You** are evacuated or repatriated), whichever is earlier.

**Unsupervised** means leaving **Your** luggage and **Personal Effects**:

- With a person who is not named on **Your** Certificate of Insurance or who is not a travelling companion or who is not a **Relative**;
- With a person who is named on **Your** Certificate of Insurance or who is a travelling companion or who is a **Relative** but who fails to keep **Your Baggage** and **Personal Effects** under close supervision; or
- Where they can be taken without **Your** knowledge; or
- At such a distance from **You** that **You** are unable to prevent them being taken.

Unsupervised includes forgetting or misplacing items of **Your Baggage** and **Personal Effects**, leaving them behind or walking away from them.

**Valuables** means jewellery, watches, precious metals or semi-precious stones/precious stones and items made of or containing precious metals or semi-precious stones/precious stones, furs, binoculars, telescopes and photographic equipment.

**We, Us and Our** means the Insurer.

**You and Your** means each person shown in the Certificate of Insurance. Each person is separately insured.

A reference to legislation, statutory order, section, subsidiary instrument or part in this document includes a reference to any replacement or reenacting or amending or equivalent legislation, statutory order, section, subsidiary instrument or part.

### SECTION 1: CANCELLATION FEES, LOST DEPOSITS AND CURTAILMENT

**You** are covered up to the amount shown in the Schedule of Cover in the event **Your Trip** is necessarily and unavoidably cancelled prior to departure or **Curtailed** before completion because of any of the following events first occurring during the period of insurance:

- a. The accidental serious injury, serious **Illness** or death of **You**, **Your Relative**, **Your** travelling companion, **Your Business Colleague** or person with whom **You** intend to stay at the **Trip** destination.
- b. Medical complications related to a pregnancy, as certified by **Your** Doctor, where the expected birth is more than 18 weeks after **You** are booked to return home.

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- c. Pregnancy that is confirmed during the period of insurance, where the expected birth is less than 18 weeks after **You** are booked to return home.
- d. **Your** receipt of a summons for jury service, being subpoenaed as a court witness or being placed in compulsory quarantine.
- e. **Your** unexpected requirement for emergency and unavoidable duty as a member of the armed forces, police, fire, nursing, ambulance or coastguard services resulting in cancellation of previously agreed leave.
- f. **Your** redundancy, provided that **You** are entitled to payment under the current redundancy payments legislation and that at the time of booking **Your Trip** **You** had no reason to believe that **You** would be made redundant.
- g. **Your** presence being required to make **Your** property safe and secure following fire, flood or burglary that causes serious damage to **Your** home occurring within 48 hours of departure, or whilst **You** are away.
- h. A government regulation following a natural disaster that stops **You** from travelling.
- i. A Level 4 warning ("do not travel") issued by the Australian government on the [www.smartraveller.gov.au](http://www.smartraveller.gov.au) website advising against travel to or through a country which forms a major part of **Your** itinerary or prevention of access by the Government of the country in question. Such advice against travel must be first issued after the date that **You** booked **Your Trip** or purchased **Your** policy from **Us**, whichever is the latter and still be in place 14 days prior to **Your** scheduled travel to the country in question for this section to respond.
- b. The first part of each and every claim as shown in the Schedule of Cover (the **Excess**) applicable to this section.
- c. An **Epidemic, Pandemic** or outbreak of an infectious disease or any derivative or mutation of such viruses (or arising directly or indirectly from these) or the threat, or perceived threat, of any of these.
- d. Any expenses that would normally have been incurred during **Your Trip** if there had been no cancellation or **Curtailment** post-departure.
- e. Any claim arising out of pregnancy where **You** are travelling against **Your** doctor's advice and/ or if expecting to give birth within 17 weeks of completing **Your Trip** and/or pregnancy up to 23 weeks gestation at the date the policy ends, where complications exist relating to this pregnancy, it is a multiple pregnancy and/ or the pregnancy is the result of assisted reproductive programs.
- f. Any claim which results from any condition or circumstance known to **You** at the time of applying for insurance where this condition or circumstance could reasonably be expected to result in the cancellation or **Curtailment** of **Your Trip**.
- g. Any cost incurred in respect of visas required in connection with the **Trip**. The provision, loss or subsequent replacement of visas or passports, other than as specifically included under Section 7 hereunder.
- h. Pre-travel inoculations.
- i. Delays or rescheduling by a bus line, airline, shipping line or rail authority.
- j. **Your** disinclination to travel or **Your** loss of enjoyment.

### FOR CANCELLATION PRE-DEPARTURE:

In the event **You** necessarily cancel **Your** planned **Trip** due to any of the above noted reasons, **You** are covered in respect of either (1) irrecoverable deposits or payments made for unused travel and accommodation paid in advance or contracted to be paid; or (2) at our option, for the additional costs for alternative transport incurred to travel at a later date or by another route to reach **Your** destination.

### FOR CURTAILMENT POST-DEPARTURE:

**You** are covered in respect of reasonable additional costs for travel and accommodation, a proportionate refund of unused and irrecoverable travel bookings and the original value of unused airfares which cannot be used excluding airfares for an Insured Person to return to their **Normal Country Of Residence** in the event **You** necessarily **Curtail Your Trip** due to any of the above noted reasons.

### YOU ARE NOT COVERED FOR:

- a. Any claim which is excluded under the General Exclusions applicable to this policy.

### CONDITIONS

1. Frequent flyer or similar flight reward programs - claims for points lost due to the cancellation of **Your** airline ticket will be reimbursed based on the nominated cash value for those points given by the reward program operator. **We** will not provide cover if the loss of such points or their value can be recovered from any other source.
2. It is a requirement of this Insurance that if **You**:
  - a. Become aware of any circumstances which make it necessary for **You** to cancel **Your Trip** prior to departure, **You** must advise **Your** travel providers in writing within 48 hours. The maximum amount **We** will pay will be limited to the applicable cancellation charges at that time.
  - b. Wish to return home differently to **Your** original plans and claim any additional costs under this insurance, **You** must contact our nominated emergency service and obtain their agreement to the new arrangements. Failure to do so may affect the assessment of **Your** claim.

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Please also refer to the General Exclusions and General Conditions of this policy.

### SECTION 2: MEDICAL EXPENSES AND ASSISTANCE

**You** are covered up to the amount shown in the Schedule of Cover for necessary and reasonable costs incurred as a result of **Your Bodily Injury** or **Illness** during **Your Trip** in respect of:

- a. Overseas emergency medical, surgical and hospital treatment and transportation. At the sole discretion of the Insurer, who reserves the right to make the final decision as to whether or not it is medically necessary, this also includes the cost of repatriation to **Your Normal Country Of Residence**, by whatever means deemed medically necessary. The cost of emergency dental treatment to natural teeth is covered up to the amount shown in the Schedule of Cover provided that it is only for the immediate relief of pain.
- b. Additional travel and accommodation expenses (to a level comparable with **Your** pre-booked travel and accommodation) to enable **You** to return home if **You** are unable to continue **Your Trip** as originally planned and where **Your** return home is certified by a doctor to be strictly necessary on medical grounds.
- c. Additional travel and accommodation expenses (comparable with **Your** pre-booked travel and accommodation) in circumstances where it is not medically necessary for **You** to return home but where **You** are certified medically unfit to travel and/or continue **Your Trip** as originally planned. Such costs must be additional and where **Your Illness/injury** causes **You** to lose the benefit of prepaid accommodation elsewhere.
- d. Additional travel and accommodation expenses (to a level comparable with **Your** pre-booked travel and accommodation) for:
  - i. A travelling companion to stay with **You** and accompany **You** home where their presence is certified by a doctor to be strictly necessary on medical grounds; or
  - ii. A **Relative** or friend to travel from **Your Normal Country Of Residence** to stay with **You** and accompany **You** home where their presence is certified by a doctor to be strictly necessary on medical grounds.
- e. If **You** die as a result of **Your Bodily Injury** or **Illness** during **Your Trip**, the cost of returning **You** remains to **Your Normal Country Of Residence** or a funeral in the country where **You** died, up to the equivalent cost of returning **You** remains to **Your Normal Country Of Residence**.

The maximum payable under this part b, c d and e is \$100,000.

### YOU ARE NOT COVERED FOR:

- a. Any claim which is excluded under the General Exclusions applicable to this policy.
- b. Medical treatment, dental treatment or ambulance transportation provided in Australia.
- c. The first part of each and every claim as shown in the Schedule of Cover (the **Excess**) applicable to this section.
- d. Any claim arising out of pregnancy where: **You** are travelling against **Your** doctor's advice; **You** are expecting to give birth within 17 weeks of completing **Your Trip**; **You** are up to 23 weeks gestation at the date the policy ends; complications relating to the pregnancy exist at the time of commencement of **Your Trip**; it is a multiple pregnancy; or the pregnancy is the result of assisted reproductive programs.
- e. Any treatment or surgery;
  - i. Which is not immediately necessary and can wait until **You** return to **Your Normal Country Of Residence**.
  - ii. Which in the opinion of our nominated emergency service is considered to be cosmetic, experimental, preventive or elective.
  - iii. Carried out in **Your Normal Country Of Residence** or more than 12 months from the date of the **Accident** or commencement of **Illness**.
  - iv. Which is not obtained within the terms of any reciprocal health agreements, wherever such agreements exist.
- f. Exploratory tests unless they are normally conducted as a direct result of the condition which required referral to medical facilities.
- g. Claims related to manual and/or hazardous labour unless declared to and accepted by **Us**.
- h. The additional cost of accommodation in a single or private room, unless it is medically necessary or there is no alternative.
- i. The continued treatment or investigation of, or medication for, a condition that existed or was being treated prior to departure.
- j. The cost of installing, replacing or repairing false teeth, crowns and bridges or dental work involving the use of precious metals.
- k. Additional accommodation expenses where **You** claim under Section 1 for forfeited prepaid accommodation in the corresponding period due to the **Bodily Injury** or **Illness** giving rise to **Your** claim.
- l. Any expenses incurred more than 12 months from the time **You** first received treatment for the injury or **Illness**.

### CONDITIONS

1. If **You** are admitted to hospital and **You** are likely to remain in hospital for more than 24 hours, **You** must contact **Our** nominated emergency service

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immediately. If **You** receive medical treatment and costs are likely to exceed A\$1,000, or the equivalent in local currency, **You** must notify our nominated emergency service.

2. If **You** have to return to **Your Normal Country Of Residence** under Section 1 (Cancellation Fees, Lost Deposits and **Curtailment**), or Section 2 (Medical Expenses and Assistance) or Section 3.1 (Emergency Medical Cover Whilst Cruising) **Our** nominated emergency service must authorise this.
3. Wherever possible **You** must use medical facilities that entitle **You** to the benefits of any reciprocal health agreements.
4. **We** reserve the right to repatriate **You** to **Your Normal Country Of Residence** when, in the opinion of the doctor in attendance and our medical advisers, **You** are fit to travel.

Please also refer to the General Exclusions and General Conditions of this policy.

### SECTION 3: CRUISE COVER

#### 3.1 EMERGENCY MEDICAL COVER WHILE CRUISING

**You** are covered up to the amount shown in the Schedule of Cover for necessary and reasonable costs incurred as a result of **Your Bodily Injury** or **Illness** that occurs whilst on a cruise in respect of:

- a. Emergency medical, onboard hospital treatment and transportation. At the sole discretion of the Insurer, who reserves the right to make the final decision as to whether or not it is medically necessary, this also includes the cost of evacuation and repatriation from the cruise vessel to **Your Normal Country Of Residence**, by whatever means deemed medically necessary. The cost of emergency dental treatment to natural teeth is covered up to the amount shown in the Schedule of Cover provided that it is only for the immediate relief of pain.
- b. Additional travel and accommodation expenses (to a level comparable with **Your** pre-booked travel and accommodation) to enable **You** to return to **Your Normal Country Of Residence** if **You** are unable to continue **Your Trip** as originally planned and where **Your** return to **Your Normal Country Of Residence** is certified by a doctor to be strictly necessary on medical grounds.
- c. Additional travel and accommodation expenses (to a level comparable with **Your** pre-booked travel and accommodation) in circumstances where it is not medically necessary for **You** to return to **Your Normal Country Of Residence** but where **You** are certified medically unfit to travel and/or continue **Your Trip** as originally planned. Such costs must be additional and

where **Your Bodily Injury** or **Illness** causes **You** to lose the benefit of prepaid accommodation elsewhere.

- d. If **You** die as a result of **Your Bodily Injury** or **Illness** whilst on a cruise, the cost of returning **You** remains to **Your Normal Country Of Residence** or a funeral in the country where **You** died, up to the equivalent cost of returning **You** remains to **Your Normal Country Of Residence**.

The maximum payable under this part b, c and d is \$100,000.

#### YOU ARE NOT COVERED FOR:

- a. Any claim which is excluded under the General Exclusions applicable to this policy.
- b. The first part of each and every claim as shown in the Schedule of Cover (the **Excess**) applicable to this section.
- c. Any claim arising out of pregnancy where: **You** are travelling against **Your** doctor's advice; **You** are expecting to give birth within 17 weeks of completing **Your Trip**; **You** are up to 23 weeks gestation at the date the policy ends; complications relating to the pregnancy exist at the time of commencement of **Your Trip**; it is a multiple pregnancy; or the pregnancy is the result of assisted reproductive programs.
- d. Any treatment or surgery:
  - i. Which is not immediately necessary and can wait until **You** return to **Your Normal Country Of Residence**;
  - ii. Which in the opinion of our nominated emergency service is considered to be cosmetic, experimental, preventive or elective.
- e. Exploratory tests unless they are normally conducted as a direct result of the condition which required referral to the onboard hospital.
- f. The additional cost of accommodation in a single or private room, unless it is medically necessary or there is no alternative.
- g. The continued treatment or investigation of, or medication for, a condition that existed or was being treated prior to departure.
- h. The cost of installing, replacing or repairing false teeth, crowns and bridges or dental work involving the use of precious metals.
- i. Additional accommodation expenses where **You** claim under Section 1 for forfeited prepaid accommodation in the corresponding period due to the **Bodily Injury** or **Illness** giving rise to **Your** claim.
- j. Any expenses incurred more than 18 months from the time **You** first received treatment for the injury or **Illness**.

#### CONDITIONS

1. If **You** do not comply with the policy conditions **We** may

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be entitled to refuse to pay a claim in whole or in part to the extent permitted by law.

2. If **You** are admitted to the onboard hospital and **You** are likely to remain in hospital for more than 24 hours, **You** must contact our nominated emergency service immediately. If **You** receive medical treatment and costs are likely to exceed A\$1,000, or the equivalent in local currency, **You** must notify our nominated emergency service.
3. If **You** have to return to **Your Normal Country Of Residence** under Section 1 (Cancellation Fees, Lost Deposits And **Curtalement**), or Section 2 (Medical Expenses And Assistance) or Section 3.1 (Emergency Medical Cover Whilst Cruising) **Our** nominated emergency service must authorise this.
4. **We** reserve the right to repatriate **You** to **Your Normal Country Of Residence** when, in the opinion of the doctor in attendance and our medical advisers, **You** are fit to travel.

Please also refer to the General Exclusions and General Conditions of this policy.

### 3.2 CRUISE CABIN CONFINEMENT

**You** are covered if as a result of a **Bodily Injury** or **Illness** that occurs whilst on a cruise **You** are confined to the onboard hospital or **Your** cabin for more than 24 hours for a benefit payment of \$75, and a further benefit of \$75 for each subsequent and complete 24 hour period for which **You** remain confined, up to the maximum amount shown in the Schedule of Cover.

#### YOU ARE NOT COVERED FOR:

- a. Any claim which is excluded under the General Exclusions of this policy.
- b. Any claim if **You** are confined to the onboard hospital while the cruise vessel is travelling in Australian waters.
- c. Any claim under Section 4 (Hospital Cash Allowance).
- d. An **Epidemic, Pandemic** or outbreak of an infectious disease or any derivative or mutation of such viruses (or arising directly or indirectly from these) or the threat, or perceived threat, of any of these.

Please also refer to the General Exclusions and General Conditions of this policy.

### 3.3 PREPAID SHORE EXCURSION CANCELLATION

**You** are covered up to the amount shown in the Schedule of Cover if **You** cannot participate in **Your** pre-paid shore excursion(s) in the event **You** are confined to hospital or **Your** cabin as a result of a **Bodily Injury** or **Illness** that occurs whilst on a cruise.

#### YOU ARE NOT COVERED FOR:

- a. Any claim which is excluded under the General Exclusions of this policy.
- b. An **Epidemic, Pandemic** or outbreak of an infectious disease or any derivative or mutation of such viruses (or arising directly or indirectly from these) or the threat, or perceived threat, of any of these.
- c. The first part of each and every claim as shown in the Schedule of Cover (the **Excess**) applicable to this section.

Please also refer to the General Exclusions and General Conditions of this policy.

### 3.4 MISSED PORT

**You** are covered up to \$50 for each scheduled port **Your** cruise never docks at where an alternative port is not provided, up to the maximum amount shown in the Schedule of Cover.

#### YOU ARE NOT COVERED FOR:

- a. Any claim which is excluded under the General Exclusions of this policy.

#### CONDITIONS

1. **You** must obtain a written statement from the cruise company confirming the reason and the missed port.

Please also refer to the General Exclusions and General Conditions of this policy.

### SECTION 4: HOSPITAL CASH ALLOWANCE

**You** are covered if **You** are receiving in-patient hospital treatment for more than 48 hours for a benefit payment of \$50 for the subsequent 24 hour period and a further \$50 for each subsequent and complete 24 hour period up to the maximum shown in the Schedule of Cover. This benefit is only available where **Your** claim has been accepted under Section 2 (Medical Expenses and Assistance) of this policy.

#### YOU ARE NOT COVERED FOR:

- a. Any claim which is excluded under the General Exclusions applicable to this policy.
- b. An **Epidemic, Pandemic** or outbreak of an infectious disease or any derivative or mutation of such viruses (or arising directly or indirectly from these) or the threat, or perceived threat, of any of these.
- c. Any claim which is excluded under the exclusions applicable to Section 2 or where **You** have not complied with relevant policy conditions.

Please also refer to the General Exclusions and General Conditions of this policy.

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### SECTION 5: PERMANENT DISABILITY BENEFIT AND PERSONAL DEATH BENEFIT

**You** are covered in addition to any medical expenses claim paid under Section 2 or Section 3.1 for the amount shown in the Schedule of Cover if **You** have an **Accident** whilst **You** are on **Your Trip** and which is the sole and independent cause of **Your** death, **Permanent Total Disablement**, **Loss of Sight** or **Loss of Limb(s)** within 12 months of the **Accident**.

Payment under this section in respect of all the consequences of an **Accident** shall be limited in total to the amount shown in the Schedule of Cover. In the event of **Your** death within 12 months of the **Accident**, the total payment will be limited to the amount shown for death.

**Permanent Total Disablement** means that for the 12 months following **Your Accident** **You** are totally unable to work in any occupation for which **You** are suited by experience, education or training and at the end of that time there is no prospect of improvement.

**Loss of Sight** means complete and permanent loss of sight in one or both eyes.

**Loss of Limb(s)** means complete physical loss of a hand or foot or complete loss of use of a hand, arm, foot or leg.

#### YOU ARE NOT COVERED FOR:

- a. Any claim which is excluded under the General Exclusions applicable to this policy.
- b. Claims resulting from motorcycling and quad biking.
- c. Claims arising out of manual and/or hazardous labour.
- d. Claims arising out of disease, **Illness**, self injury or natural causes.
- e. Claims arising out of surgery unless as a direct result of the **Accident**.
- f. A claim for **Permanent Total Disablement** if at the date of the **Accident** **You** are over the statutory retirement age and are not in full time paid employment.

Please also refer to the General Exclusions and General Conditions of this policy.

### SECTION 6: BAGGAGE AND PERSONAL EFFECTS

**You** are covered if, during **Your Trip**, **Your Baggage** and **Personal Effects** or **Valuables** are stolen, accidentally damaged or are permanently lost for the lesser of:

- The repair cost, or
- The replacement cost, or
- The amount it would cost **Us** to repair or replace the item(s) allowing for any trade discounts **We** are entitled to; or

- The original purchase price.
- a. **We** have the option to repair or replace the **Baggage** and **Personal Effects** or **Valuables** instead of paying **You**.
  - b. The maximum amount **We** will pay for any item is fifty per cent (50%) of the amount shown in the Schedule of Cover except for **Valuables** which is limited to \$5,000 in total and **Electronic Equipment** which is limited to \$5,000 in total.
  - c. **Baggage** and **Personal Effects** left in a motor vehicle are only covered if forced entry has been gained.
  - d. The most **We** will pay if **Your Baggage** and **Personal Effects** (excluding **Valuables**) are stolen from a locked motor vehicle is \$200 for each item, and \$2,000 in total for all stolen items.
  - e. No cover is provided for **Electronic Equipment** or **Valuables** left unattended in a motor vehicle at any time.
  - f. The most **We** will pay for a watch is \$1,000.
  - g. The maximum amount **We** will pay for all claims combined under this section is shown in the Schedule of Cover.
  - h. **We** will also reimburse **You** if any items of **Your Baggage** and **Personal Effects** are delayed, misdirected or misplaced by the **Travel Carrier** for more than 12 hours, and in our opinion it was necessary for **You** to purchase essential items of clothing or other personal items.
  - i. **We** will pay up to \$500 at the end of the initial 12 hour period. In addition **We** will pay up to \$500, subject to the benefit limit shown in the Schedule of Cover, for each full 24 hour period that the delay continues beyond the initial 12 hour delay.
  - j. You must provide written proof from the **Travel Carrier** who was responsible for **Your Baggage** and **Personal Effects** that they were delayed, misdirected or misplaced. **We** will deduct any amount **We** pay **You** under this section for any subsequent claim for lost **Baggage** and **Personal Effects**.

Please also refer to the General Exclusions and General Conditions of this policy.

### SECTION 7: TRAVEL DOCUMENTS, PERSONAL MONEY, TRANSACTION CARDS, AND TRAVELLER'S CHEQUES

Cover under this section is provided subject to the following: If **Your** essential travel documents, transaction cards or travellers cheques are lost or stolen **You** must report the loss or theft as soon as possible and no later than within 24 hours to the police and, in the case of transaction cards and travellers cheques, to the issuing bank or company in accordance with the conditions under which the transaction



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cards or travellers cheques were issued. **You** must prove that **You** made such a report by providing **Us** with a written statement from whosoever **You** reported it to:

**You** are covered:

- a. If any essential travel documents (including passports), transaction cards or travellers cheques are lost by **You**, stolen from **You** or destroyed during **Your Trip**, then **We** will pay the issuer's fees for the replacement costs (including communication, additional travel costs) of the items lost, stolen or destroyed. In addition **We** will pay the cost of reasonable and receipted travelling and additional accommodation expenses to obtain these documents.
- b. If during **Your Trip**, **Your** transaction cards or travellers cheques are lost or stolen, then **We** will pay for any loss resulting from the fraudulent use of the transaction cards or travellers cheques.

In addition, **We** will pay for cash, bank notes, currency notes, postal orders or money orders stolen from **Your** person during **Your Trip**, or lost following forcible entry to a hotel safe during **Your Trip**, subject to the benefit limit shown in the Schedule of Cover.

Please also refer to the General Exclusions and General Conditions of this policy.

### SPECIAL EXCLUSIONS APPLICABLE TO SECTIONS 6 AND 7

**YOU ARE NOT COVERED FOR:**

- a. Any claim which is excluded under the General Exclusions applicable to this policy.
- b. The first part of each and every claim as shown in the Schedule of Cover (the **Excess**) applicable to this section.
- c. If **Electronic Equipment**, **Valuables** or their accessories are checked in to be transported in the cargo hold of any aircraft, ship, train, tram or bus (including any loss from the point of check in until collection by **You** from the **Baggage** carousel or collection area at the end of **Your** flight, voyage or **Trip**).
- d. If the **Electronic Equipment**, **Valuables** or **Baggage** and **Personal Effects** were being sent unaccompanied or under a freight contract.
- e. If the loss or damage arises from any process of cleaning, repair or alteration, or from ordinary wear and tear, deterioration, atmospheric or weather conditions, insects, rodents or vermin.
- f. More than \$700 if the **Electronic Equipment**, **Valuables** or **Baggage** and **Personal Effects** were left unsupervised in a **Public Place**.

- g. If **You** are entitled to be reimbursed by the bus line, airline, shipping line or rail authority **You** were travelling on when the loss, theft or damage occurred. 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.
- h. If the loss or damage is to, or of, sporting equipment (including surfboards) while it is in use.
- i. If the loss, theft or damage is to, or of, electronic data, software or any other intangible asset.
- j. If the electronic equipment, valuables or **Baggage** 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.

Please also refer to the General Exclusions and General Conditions of this policy.

### SECTION 8: TRAVEL DELAY

**You** are covered for the cost of **Your** reasonable additional meals and accommodation expenses if the arrival of the **Public Transport** on which **You** are booked to travel is delayed by at least 6 hours. **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 up to the amount shown in the Schedule of Cover.

**YOU ARE NOT COVERED FOR:**

- a. Any claim which is excluded under the General Exclusions applicable to this policy.
- b. An **Epidemic**, **Pandemic** or outbreak of an infectious disease or any derivative or mutation of such viruses (or arising directly or indirectly from these) or the threat, or perceived threat, of any of these.
- c. For a claim caused by an event, occurrence or strike if it had started or been announced before **You** arranged this insurance or booked **Your Trip**, whichever is the latter.
- d. If **You** fail to check-in on time.
- e. If transport services are withdrawn as the result of a recommendation or instruction from a government authority.
- f. Any claim under this section if **You** have also claimed under section 9 from the same cause.

### CONDITIONS

1. **You** must provide a written report from the **Travel Carrier**, police or relevant transport authority confirming the delay and stating its cause.

## PART 2 - POLICY WORDING

Please also refer to the General Exclusions and General Conditions of this policy.

### SECTION 9: ALTERNATIVE TRANSPORT EXPENSES

**You** are covered up to the amount shown in the Schedule of Cover for necessary additional accommodation and travel expenses that **You** incur if, due to unforeseen circumstances outside **Your** control **Your Trip** would otherwise be delayed resulting in **You** being unable to reach a wedding, funeral, conference, sporting event or prepaid tour /travel arrangements on time.

#### YOU ARE NOT COVERED FOR:

- a. Any claim which is excluded under the General Exclusions applicable to this policy.
- b. The first part of each and every claim as shown in the Schedule of Cover (the **Excess**) applicable to this section.
- c. A claim caused by an event, occurrence or strike if it had started or been announced before **You** arranged this insurance or booked **Your Trip**, whichever is the latter.
- d. Any claim under this section if **You** have also claimed under Section 8 from the same cause.
- e. Any claim for more than the cost of the original booked **Trip**.
- f. An **Epidemic, Pandemic** or outbreak of an infectious disease or any derivative or mutation of such viruses (or arising directly or indirectly from these) or the threat, or perceived threat, of any of these.

#### CONDITIONS

It is a condition of this insurance that **You** must:

1. Plan to arrive at **Your** departure point in advance of the **Travel Carrier(s)** earliest scheduled check-in time and provide a written report from the **Travel Carrier(s)**, police or relevant transport authority confirming the delay and stating its cause.
2. Obtain a report from repairers if **Your** claim is because of breakdown or **Accident** to **Your** car.

Please also refer to the General Exclusions and General Conditions of this policy.

### SECTION 10: RENTAL VEHICLE INSURANCE EXCESS

**You are covered** up to the amount shown in the Schedule of Cover for reimbursement of vehicle rental insurance excess or the cost of repairing the rental vehicle, whichever is the lower amount, if **You** rent a vehicle from a rental company and it is damaged or stolen. **You** must provide a copy of the repair account and/or quotation.

This cover does not take the place of rental vehicle insurance and only provides cover in respect of damage to the hire vehicle for which **You** are legally liable up to the applicable section limit.

#### YOU ARE NOT COVERED FOR:

- a. Any claim which is excluded under the General Exclusions applicable to this policy.
- b. The first part of each and every claim as shown in the Schedule of Cover (the **Excess**) applicable to this section.
- c. Any claim arising directly or indirectly from **You** operating a rental car in violation of the rental agreement or whilst affected by alcohol or any other drug with the exception of medically prescribed drugs used in accordance with dosage and directions provided to **You** by **Your** medical practitioner.
- d. Any claim arising directly or indirectly from wear, tear, gradual deterioration, insects and vermin, wilful damage by **You** or latent defect damage.
- e. Any claim resulting from **Your** use of the vehicle without an appropriate licence.
- f. Any claims arising directly or indirectly from **You** hiring a motorcycle or scooter.
- g. Any claims arising solely from damage to windows, windscreen or tyres.

Please also refer to the General Exclusions and General Conditions of this policy.

### SECTION 11: PERSONAL LIABILITY

**You** are covered up to the amount shown in the Schedule of Cover, plus legal costs incurred with **Our** written consent, if **You** are held legally liable for causing:

- a. Accidental **Bodily Injury** to someone else, and/or
- b. Accidental loss or damage to someone else's property, including **Your** temporary holiday accommodation and its contents.

#### YOU ARE NOT COVERED FOR:

- a. Any claim which is excluded under the General Exclusions applicable to this policy.
- b. The first part of each and every claim as shown in the Schedule of Cover (the **Excess**) applicable to this section.
- c. Any liability arising from loss or damage to property that is:
  - i. Owned by **You** or a member of **Your** family or **Your** travelling companion/s, or
  - ii. In **Your** care, custody or control where the total value is of \$10,000 or more, other than **Your** temporary holiday accommodation and its contents.

## PART 2 - POLICY WORDING

- d. Any liability for **Bodily Injury**, loss or damage
  - i. To **Your** employees or members of **Your** family or household or **Your** travelling companion(s) or to their property.
  - ii. Arising out of or in connection with **Your** trade, profession or business, or assumed under contract.
  - iii. Arising out of the ownership, possession, use or occupation of land or buildings other than temporary holiday accommodation.
  - iv. Arising out of the ownership, possession or use of motorised vehicles, yachts or motorised waterborne craft, airborne craft of any description, animals or firearms and weapons.
  - v. Arising out of **Your** criminal, malicious or deliberate acts.
  - vi. Arising out of dangerous sports or pastimes including contact sports unless declared to and accepted by **Us**.

### CONDITIONS

If something happens that is likely to result in a claim, **You** must immediately notify the claims handlers in writing. **You** must not discuss or negotiate **Your** claim with any third party without the written consent of the claims handlers. Any related correspondence or documentation that **You** receive must be sent immediately, unanswered, to the claims handlers. Failure to comply with this condition could prejudice **Your** claim.

### AGGREGATE LIABILITY

- a. Except as stated below, Our total liability for all claims arising under the Policy during any one Period of Insurance shall not exceed \$5,000,000.
- b. In the event that claims are made under the Policy which exceed the above Aggregate Limits of Liability, **We** shall reduce the payments made with respect to each covered person in such manner as **We** may determine. The capital benefits would be reduced proportionately to ensure an entitlement is paid to each person up to a maximum of \$5,000,000.

Please also refer to the General Exclusions and General Conditions of this policy.

### SECTION 12: LOSS OF INCOME

**You** are covered up to the amount shown in the Schedule of Cover for 85% of **Your** net income up to a maximum of \$500 per week for a maximum of 52 continuous weeks. This is calculated from the date that **You** return to Australia. This benefit is payable if whilst on a **Trip**, **You** suffer a **Bodily Injury** which also requires medical intervention during that **Trip**, resulting in a claim under Section 2 or Section 3.1 and **You** become totally unable to attend to **Your** usual full-time occupation or business when **You** return to Australia.

### YOU ARE NOT COVERED FOR:

- a. For the first 30 days of **Your** disablement from the time **You** return to **Your Normal Country Of Residence**.
- b. If **You** are not in gainful and legal employment, or have a pre-agreed, signed and dated contract to start employment on **Your** return.
- c. If **You** have any other contractual salary protection or insurances which would provide any form of loss of income protection.
- d. If **You** are unable to provide medical certificates confirming **Your** total inability to work for the whole of the period being claimed for.

Please also refer to the General Exclusions and General Conditions of this policy.

### OPTIONAL ADDITIONAL BENEFIT 13:

The following Covid-19 Cancellation Fees and Lost Deposits benefit only applies where **You** have selected to include this cover and **Your** Certificate of Insurance specifically notes this is included.

### SECTION 13: COVID-19 CANCELLATION FEES AND LOST DEPOSITS

Where **You** have selected to include this cover:

**You** are covered for **Your** prepaid non refundable travel costs up to the amount shown in the Schedule of Cover in the event **Your Trip** is necessarily and unavoidably cancelled prior to departure because of any of the following events first occurring during the period of insurance:

- a. **You** have to cancel **Your Trip** when **You** or **Your** travelling companion(s) are diagnosed with Covid-19.
- b. **You** are certified as unfit to travel by a doctor due to **Your** Covid-19 diagnosis.
- c. **You** are unexpectedly required for emergency and unavoidable duty as a member of the armed forces, police, fire, nursing, ambulance or coastguard services resulting in cancellation of previously agreed leave.
- d. A **Relative** in Australia is unexpectedly hospitalised with Covid-19 or unexpectedly dies due to Covid-19.
- e. A level 4 warning ("do not travel") is issued by the Australian Government on the Smartraveller website ([www.smartraveller.gov.au](http://www.smartraveller.gov.au)) advising against travel to a country which forms a major part of **Your** itinerary. Such advice against travel must be first issued after the date **You** booked **Your Trip** or purchased **Your** policy from **Us**, whichever is the latter and still be in place 14 days prior to **Your** scheduled travel to the country in question for this section to respond.

### YOU ARE NOT COVERED FOR:

- a. Any claim which is excluded under the General Exclusions applicable to this policy.
- b. The first part of each and every claim as shown in the

## PART 2 - POLICY WORDING

Schedule of Cover (the **Excess**) applicable to this section.

- c. Any costs associated with Covid-19 testing.
- d. Government enforced border closures or lockdowns.
- e. Mandatory quarantine or self-isolation related to government entry requirements.
- f. Any claim which results from any circumstance known to **You** at the time of applying for insurance where this circumstance could reasonably be expected to result in the cancellation of **Your Trip**.
- g. Any claims where **You** test positive to Covid-19 within 72 hours of the policy being purchased.
- h. **Your** disinclination to travel due to the threat, or perceived threat of an **Epidemic** or **Pandemic** outbreak where there has been no change to the government advisory website [www.smartraveller.gov.au](http://www.smartraveller.gov.au)

### CONDITIONS

1. A positive Covid-19 diagnosis must be confirmed in writing by **Your** treating doctor.
2. It is a requirement of this insurance that if **You** become aware of any circumstances which makes it necessary for **You** to cancel **Your Trip** prior to departure, **You** must advise **Your** travel providers as soon as practical. Refunds or credits **You** are eligible to receive will be deducted from the amount payable.

Please also refer to the General Exclusions and Conditions of this policy.

### GENERAL EXCLUSIONS

We are not liable for any claim arising out of or related to:

1. Loss or damage directly or indirectly occasioned by, happening through or in consequence of war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalisation, or requisition or destruction of or damage to property by or under the order of any government or public or local authority.
2. Loss, damage or expense incurred as a result of travelling to an area that the Australian Government has advised "do not travel" on the Smartraveller website ([www.smartraveller.gov.au](http://www.smartraveller.gov.au)) provided that such loss, damage or expense is directly or indirectly related to any such circumstances that are the reason for the advice.
3. Loss, damage, expense or indemnity directly or indirectly resulting from or attributable to the use, or threat of use, of any pathogenic or poisonous chemical biological, bio-chemical materials, nuclear reaction, radiation or radioactive contamination, or any weapon or device employing atomic or nuclear fission or fusion of any nature.
4. Loss, destruction or damage directly occasioned by pressure waves caused by aircraft and other flying objects travelling at sonic or supersonic speeds.
5. Any loss, damage, expense, indemnity or benefit under any section other than Sections 2, 3, 10 & 11 that is contributed to or caused by the failure (or fear of failure) of any computer hardware or software or other electrical equipment to recognise or process any date as the true calendar date or to continue to function correctly beyond that date.
6. **You** travelling in an aircraft other than as a fare paying passenger in a fully licensed passenger carrying aircraft.
7. **Your** suicide or attempted suicide, intentional self injury or **Your** deliberate exposure to unnecessary danger (except in an attempt to save human life).
8. **You** sitting on any balcony railing; jumping from or climbing on or over any balcony, railing, ledge or wall, over one storey above the ground, unless it is to escape life threatening harm.
9. Anxiety, depression, mental **Illness** or stress suffered by **You**, a **Relative** or another person unless referred to and diagnosed by a registered psychiatrist or psychologist as a new condition (i.e. not a **Pre-existing Medical Condition**); and, for Cancellation claims under Section 1:
  - a. **You** are certified as unfit to travel by the treating registered psychiatrist or psychologist; or
  - b. The treating registered psychiatrist or psychologist certifies that it was medically necessary for **You** to amend or cancel **Your Trip** to assist a **Relative** or another person.
10. Sexually transmitted diseases.
11. Having a blood alcohol content over the prescribed legal limit whilst driving, or being under the influence of non-prescription drugs unless it was prescribed by a doctor and taken in accordance with the doctors advice.
12. **Your** participation in any activity not shown in the list of sport/leisure activities on page 7 without the prior agreement of the Insurer or, as a professional sports person (i.e. where **You** the insured receives any form of remuneration for **Your** participation in sport by way of wages, endorsements, sponsorship or prize monies). Competing as a representative at state or national level competition may only be included after declaration to and acceptance by the Insurer. **You** are deemed to be competing as a representative at state or national level competition if **You** are participating as an athlete in a competition as a member of an official State or Australian team, endorsed by the relevant Australia Sports Commission (ASC) recognised national sporting organisation (NSO), or a school sport Australia member body. **You** are also not covered for

## PART 2 - POLICY WORDING

- Your** participation in any sports shown in the list of sport/leisure activities on page 7 if **You** have not taken out a Chase Underwriting policy for the full duration of **Your Trip**.
13. Snow sports (other than curling, tobogganing and recreational ice-skating) unless **You** have selected to include snow sports when purchasing a policy and it is noted on **Your** Certificate of Insurance, or up to eight days in total if **You** are on a home stay non-specific snow sports **Trip**. At no time, however, is cover granted for ski, snowboard, snow blade or skibob racing in competitive major events, ski jumping, ice-hockey or the use of skeletons or bobsleighs.
  14. Scuba diving if **You** are
    - i. Not qualified for the dive undertaken or accompanied by a properly qualified instructor, or
    - ii. Diving to a greater depth than 10 metres
    - iii. Diving alone
    - iv. Diving on or in wrecks or cave or ice diving
  15. Racing of any kind (other than on foot), unless the activity is specifically included in the Sports/Leisure Activities section shown on pages 6 and 7.
  16. Competitive and non-competitive mountain biking over jumps or downhill.
  17. **You** taking part in civil commotions or riots of any kind.
  18. Any consequential loss of any kind, except as may be specifically provided for in this insurance.
  19. Where **You** are knowingly breaking or failing to comply with any law whatsoever.
  20. Any financial incapacity or undertaking, whether directly or indirectly related to the claim.
  21. The bankruptcy, negligence, default or insolvency of a tour operator, travel agent or accommodation supplier.
  22. A tour operator failing to supply advertised facilities.
  23. **You** breaking or failing to comply with any government regulation or Act.
  24. **Pre-existing Medical Conditions** of **You**, **Your** travelling companion(s), any close **Relative** or any other person on whose state of health **Your Trip** depends, or where **You** or **Your** travelling companion(s) are travelling against medical advice.
  25. Being in control of a motorcycle without a current Australian motorcycle licence, or **You** are a passenger travelling on a motorcycle that is in the control of a person who does not hold a current motorcycle licence valid for the country **You** are travelling in.
  26. Being in control of a moped or scooter without a current Australian motorcycle or drivers licence, or **You** are a passenger travelling on a moped or scooter that is in the control of a person who does not hold a current motorcycle or drivers licence valid for the country **You** are travelling in.
  27. An event that occurs in a country/geographical area for which **You** have not purchased insurance via **Us**.
  28. Acquired Immune Deficiency Syndrome (AIDS), Human Immunodeficiency Virus (HIV) or AIDS Related Complex (ARC).
  29. Errors or omissions in **Your** booking arrangements, **Your** failure to obtain appropriate visas and/or prevention of access by the government of a country into which **You** wish to enter.
  30. If **Your** claim arises directly or indirectly from, or is in any way connected with, **You** engaging in manual work in conjunction with any profession, business or trade during **Your Trip**. For the purposes of this exclusion, manual work includes;
    - i. The use of plant, machinery and power tools; and/or
    - ii. Work in the building trades, security, professional sports, emergency services, extracting, manufacturing, forestry, or any work at a height greater than two metres or working at sea or as aircrew.
  31. The cost of medication in use at the time the **Trip** began or the cost for maintaining a course of treatment **You** were on prior to the start of the **Trip**.
  32. Or involving a benefit, loss, cost or expense to the extent that trade or economic sanctions or other laws or regulations prohibit **Us** from providing the insurance including, but not limited to, any sanction, prohibition or restriction under European Union, OFAC (United States of America), United Kingdom, the United Nations or Australia from time to time.
  33. Any insured whose **Normal Country Of Residence** is not Australia, or who does not maintain domiciled status in Australia, or who if not an Australia Citizen has not been resident in Australia for a period of more than 3 months prior to the purchase of this policy.
  34. Or involving a benefit, loss, cost or expense where providing such cover would result in **Us** contravening: the Health Insurance Act 1973 (Cth), the Private Health Insurance Act 2007 (Cth) or the National Health Act 1953 (Cth) or any succeeding or similar legislation to those Acts in Australia; or the laws of any other jurisdiction in that jurisdiction.
- GENERAL CONDITIONS**
1. There is no cover under this policy where:
    - a. **You** are travelling overseas for medical treatment;
    - b. **You** have been diagnosed with a terminal condition (a condition where **You** have been advised has a life expectancy of less than 24 months from the date of diagnosis) during the policy period (except for cancellation costs which may be incurred upon diagnosis);
    - c. **You** are travelling against doctors advice.
  2. There is no cover for cancellation costs, lost deposits and **Curtailment** costs under this policy where **You** were aware or should have reasonably been aware

## PART 2 - POLICY WORDING

that **Your** travelling companion is:

- a. Travelling overseas for medical treatment;
  - b. Has been diagnosed with a terminal condition (except for cancellation costs which may be incurred upon diagnosis);
  - c. Is travelling against doctors advice.
3. **You** must tell **Us** if **Your** plans for **Your Trip** include travel to areas affected or threatened by war or similar risks as set out in General Exclusion 1. **We** reserve the right not to cover such risks or, if **We** will cover them, to apply special terms or conditions and/or charge an additional premium as **We** think appropriate. No cover for such risks shall attach unless **You** accept such terms, including any additional premium, before **You** depart.
  4. **You** must advise the claims handlers of any possible claim within 31 days of **Your** return home. **You** must supply them with full details of all the circumstances and any other information and documents **We** may require.
  5. **You** must keep any damaged articles that **You** wish to claim for and, if requested, send them to the claims handlers at **Your** own expense. If **We** pay a claim for the full value of an article, it will become **Our** property.
  6. **You** must agree to have medical examination(s) if required. In the event of **Your** death, **We** are entitled to have a postmortem examination. All such examinations will be at **Our** expense.
  7. **You** must assist **Us** to obtain or pursue a recovery or contribution from any third party or other Insurers by providing all necessary details and by completing any forms.
  8. **You** must pay **Us** back within 1 month of demand any amounts that **We** have paid on **Your** behalf that are not covered by this insurance. However, in the event that emergency medical costs are incurred and prior to formal claim acceptance and approval, the Insurer undertakes to meet such costs in full should the claim ultimately be accepted or to a maximum indemnified amount of \$20,000 should the claim be denied post loss circumstance as assessed in accordance with the policy terms, conditions and endorsements. This policy limit and coverage extension will not apply to medical costs incurred as a direct result of a diagnosed terminal **Illness**, **You** are travelling against doctor's advice or **You** are travelling overseas to seek medical treatment.
  9. **You** must take all reasonable steps to avoid or minimise any loss that might result in **You** making a claim under this insurance.
  10. **You** must comply with all the terms, provisions, conditions and endorsements of this insurance. Failure to do so may result in a claim being declined, or the amount payable under **Your** claim reduced by the amount of any prejudice **We** suffer as a result of **Your** failure.
  11. Except for claims under sections 4, 5, and 8, this insurance shall only be liable for its proportionate share of any loss or damage that is covered by any other insurance.
  12. **We** may take action in **Your** name but at **Our** own expense to recover for **Our** benefit the amount of any payment made under this insurance.
  13. **We** may at **Our** option discharge any liability under this insurance by replacing or repairing any article or articles lost or damaged, or by issuing **You** with a credit voucher.
  14. This insurance is non-transferable. If a **Trip** is cancelled for any reason other than that described in Section 1 then the cover for that **Trip** terminates immediately and no refund of premium in whole or part will be made.
  15. If **You** or anyone acting on **Your** behalf makes any claim knowing it to be false or fraudulent in any way then this insurance shall become void, premiums non-refundable and all claims shall be forfeited.
  16. If the insured **Trip** is **Curtailed** for any reason covered under this policy and the insured does not hold a ticket for onward travel to their nominated final destination in the case of one-way travel or a ticket for return travel to their **Normal Country Of Residence** in the case of a return **Trip**, the insurer reserves the right to deduct the cost of a one way ticket per traveller to their ultimate destination. Travel to be comparable to the Insured's pre-booked travel arrangements.

### WHAT TO DO IN A MEDICAL EMERGENCY

The emergency service is available 24 hours a day, 365 days a year for assistance with medical emergencies. Please note that this is not for casual enquiries.

**You** must notify **Our** nominated emergency assistance service immediately of any serious **Illness** or injury whilst abroad which necessitates admittance to a hospital as an in-patient, or before any arrangements are made for repatriation. A travelling companion may do this for **You** although most hospitals have a set procedure in place.

The emergency assistance service is able to liaise with doctors and hospitals, worldwide to guarantee medical expenses, if medically necessary to arrange emergency repatriation with a medical escort, to give guidance and help to other members of the party, or to pass a message to **Relatives**.

This insurance does not cover treatment or surgery which in the opinion of the Insurer is not essential or can reasonably be delayed until **You** return to **Your Normal Country Of Residence**.

## PART 2 - POLICY WORDING

Failure to notify **Our** nominated emergency assistance service in accordance with the terms stated above may result in the amount payable under **Your** claim being reduced.

Please have the following information available when calling the emergency service:

- **Your** Certificate of Insurance number
- Dates of outward and inward travel
- Details of the problem including the name and address of patient and nature of **Illness/Accident**
- Name and telephone number of hospital and attending doctor
- Details of usual doctor/general practitioner

For emergency assistance contact:

P: +61 (0) 2 9312 5168

E: [assistance@global24.com.au](mailto:assistance@global24.com.au)

### HOW TO MAKE A CLAIM

Any occurrence or loss, which may give rise to a claim, should be advised to **Our** appointed claims handlers.

The most efficient way to lodge **Your** claim is online. Online lodgment also provides **You** with the ability to track the progress of **Your** claim.

Please visit

[www.tbib.online-insurance.com.au/page/claimform](http://www.tbib.online-insurance.com.au/page/claimform)

and follow these steps;

1. Select On-Line claim form and enter **Your Policy Number**.
2. Complete **Your** claim details by answering all sections relevant to your claim and submit **Your** claim.
3. **Your** claim will be assessed within 10 business days. **We** will let **You** know if any further information/documentation is required.

Alternatively, **You** can contact our appointed claims handler during normal office hours 09:00 to 17:00 Monday to Friday Australian Eastern Standard Time on the details shown below. Please provide **Your** name, address, telephone number, Certificate of Insurance number and a brief description as to the nature of the claim.

PO Box 348

South Melbourne

Victoria, Australia 3205

P: +61 (0) 3 8866 0789

E: [tbibtravel@tbib.com.au](mailto:tbibtravel@tbib.com.au)

If medical attention has been received **You** should pay and obtain receipted accounts together with a certificate showing the nature of the injury or **Illness**.

In NO event should a claim be notified later than 31 days after the expiry of the **Trip** during which the claim occurred.

Important: Any loss or damage to **Baggage** whilst in the custody of **Travel Carriers** (airline, bus company etc.) must be notified as soon as practicable in writing to such carriers, but in any event within 3 days, and a Property Irregularity Report (PIR) obtained.

Any loss of money or personal **Baggage** must be reported to the police within 24 hours of discovery and a written report obtained. Proof of ownership of personal belongings, if requested, must be supplied.

### GENERAL POLICY ENQUIRIES

Tony Bemrose Insurance Brokers

A: PO Box 300, Fortitude Valley  
Queensland, 4006, Australia

T: +61 7 3252 5254

E: [abf@tbib.com.au](mailto:abf@tbib.com.au)

### SERVICE OF SUIT

The Underwriters accepting this insurance agree that:

1. If a dispute arises under this insurance, this insurance will be subject to Australian law and practice and the Underwriters will submit to the jurisdiction of any competent Court in the Commonwealth of Australia;

Any summons notice or process to be served upon the Underwriters may be served upon:

Lloyd's Underwriters'

General Representative in Australia

A: Suite 1603 Level 16  
1 Macquarie Place  
SYDNEY NSW 2000

whom have authority to accept service on the Underwriters behalf;

2. If a suit instituted against any of the Underwriters, all Underwriters participating in this insurance will abide by the final decision of such Court or any competent appellate Court.

## PART 3 - FINANCIAL SERVICES GUIDE (FSG)

This FSG provides important information about the financial services offered by Chase Underwriting as the issuers of this insurance. It contains information about remuneration that may be paid to Chase Underwriting and their employees in relation to the financial services offered and information about how complaints are addressed.

### ABOUT CHASE UNDERWRITING SOLUTIONS PTY LTD

Chase Underwriting Solutions Pty Ltd (ABN 50 156 554 808) AFS License No 454344 of PO Box 348, South Melbourne VIC 3205 is an Australian Financial Services Licensee (AFS Licensee) and is authorised by ASIC to issue, deal in and provide general advice on general insurance products. Chase Underwriting has been authorised by the Insurer to act on its behalf in arranging, issuing, varying, cancelling and providing general advice in relation to the Insurer's Travel Insurance products. Chase Underwriting will issue Certificates of Insurance under a binding authority with the Insurer. Chase Underwriting has a binding authority which means it can enter into, vary or cancel these products without reference to the Insurer provided it acts within the binding authority. Chase Underwriting acts for the Insurer and not **You**.

### HOW ARE WE REMUNERATED?

Chase Underwriting receives a proportion of the premium from the Insurer for arranging and issuing insurance on their behalf. This amount is calculated as a percentage of the base premium (excluding taxes, stamp duty, GST or other fees). **Our** employees are paid a salary, however they may be paid a bonus based on the performance of the business. If **You** are referred to Chase Underwriting, the affiliate who refers **You** may receive a referral commission. This is calculated as a percentage of the base premium. This is at no extra cost to **You**. If **You** would like more information about the remuneration that Chase Underwriting receive for the insurance services **We** provide, **You** should contact **Us** within a reasonable time of being given this Financial Services Guide, and before **You** receive any of the financial services detailed in this Guide.

### PRIVACY NOTICE

To arrange and manage **Your** travel insurance, **We** (in this Privacy Notice "**We**", "**Our**" and "**Us**" includes Chase Underwriting and its duly authorised representatives) collect personal information including sensitive information from **You** and those authorised by **You** such as: **Your** family members; travelling companions; tour organisers; **Your** doctors; hospitals; as well as from others **We** consider necessary including **Our** agents. Any personal information provided to **Us** is used by **Us** to evaluate and arrange **Your** travel insurance. **We** also use it to administer and provide the insurance services and manage **Your** and **Our** rights and obligations in relation to those insurance services, including managing, processing and investigating claims.

**We** may also collect, use and disclose it for product development, marketing, conducting customer research and analytics in relation to all of **Our** products and services. In addition, **We** may collect, use and disclose it for IT systems maintenance and development, recovery against third parties and for other purposes with **Your** consent or where authorised by law. This personal information may be disclosed to third parties involved in the above process, such as travel agents and consultants, travel insurance providers and intermediaries, authorised representatives, reinsurers, claims handlers and investigators, cost containment providers, medical and health service providers, overseas data storage and data handling providers, legal and other professional advisers, **Your** agents and **Our** related and group companies. Some of these third parties may be located in other countries.

Unless you opt out, **We** may contact **You** on an ongoing basis by electronic messages (including email), online and via other means with promotional material and offers of products or services that **We** consider may be relevant and of interest to **You**. If **You** do not want to receive such offers from **Us** **You** can opt out at any time by emailing **Us** at [leisuretravel@chaseunderwriting.com.au](mailto:leisuretravel@chaseunderwriting.com.au)

When **You** provide personal information about other individuals, **We** and **Our** agents rely on **You** to have made or make them aware:

- That **You** will or may provide their personal information to **Us**;
- Of the types of third parties to whom the personal information may be provided to;
- Of the relevant purposes **We** and the third parties **We** will disclose it to, will use it for;
- Of how they can access it; and
- Of the other matters in this Privacy Notice.

**We** rely on **You** to have obtained their consent on these matters. If **You** do not, you must tell **Us** before **You** provide the relevant information. **You** can seek access to and correct your personal information via **Our** website.

**You** may not access or correct personal information of others unless **You** have been authorised by their express consent or otherwise under law, or unless they are **Your** dependants under 16 years of age. If **You** have a complaint about **Your** privacy, please contact [privacy@chaseunderwriting.com.au](mailto:privacy@chaseunderwriting.com.au) or **You** can contact the Privacy Commissioner at the Office of The Australian Information Commissioner, GPO Box 2999, Canberra, ACT 2601. For more information about **Our** handling of personal information, including further details about access, correction and complaints, please see **Our** privacy policy available on request or via [www.tbib.com.au/contact](http://www.tbib.com.au/contact).



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## PART 3 - FINANCIAL SERVICES GUIDE (FSG)

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.

### GENERAL ADVICE WARNING

Any advice provided is of a general nature only and does not take into account **Your** financial situation, needs and/or objectives. **You** should carefully read the entire document to ensure that the policy is appropriate for **You**.

### PROFESSIONAL INDEMNITY INSURANCE ARRANGEMENTS

**We** and **Our** 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 **Our** representatives/employees who no longer work for **Us** (but who did at the time of the relevant conduct).

### WHAT SHOULD I DO IF I HAVE A COMPLAINT?

Please refer to page 4 "Complaints or Disputes".

Chase Underwriting authorised the Financial Services Guide in this document. The Insurer authorised the Product Disclosure Statement in this document.

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