

Travel with Kit

Combined Product Disclosure Statement and Financial Services Guide

Issued by Agile Underwriting Services Pty Limited
ABN 48 607 908 243 — AFSL 483374




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Table of contents

PRODUCT DISCLOSURE STATEMENT (PDS)	2
THINGS YOU SHOULD KNOW BEFORE YOU BUY	6
MAKING A CLAIM	8
POLICY WORDING: LIMITS OF WHAT WE COVER	14
WHAT WE DO AND DON'T COVER	16
YOUR BENEFITS	17
ADDITIONAL OPTIONS	35
WHAT WE DON'T COVER AT ALL (general exclusions)	61
PRE-EXISTING MEDICAL CONDITIONS	65
EMERGENCIES	71
DEFINITIONS	72
ABOUT US	76
HOW WE HANDLE COMPLAINTS	77
PRIVACY POLICY	78
FINANCIAL SERVICES GUIDE	79

Important contact details

Emergency assistance

We're here to help 24/7.

+61 2 8880 9428

Call reverse-charge if outside Australia.

Online sales and support

hello@travelwithkit.com

Online claims support

www.travelwithkit.com/claims

PRODUCT DISCLOSURE STATEMENT (PDS)

The purpose of this PDS

This product disclosure statement (PDS) contains important information about the Leisure Travel Insurance Policy (policy). This PDS sets out the benefits, limitations, exclusions and terms and conditions of the policy. It is designed to help you decide if the insurance is right for you. You should read this document carefully before deciding whether to purchase the insurance.

The coverholder

This insurance is issued by Agile Underwriting Services Pty Limited (AGILE) (ABN 48 607 908 243) (AFS licence No. 483374) of Level 5, 63 York St, Sydney NSW 2000 on behalf of the insurer. AGILE is a coverholder acting under an authority from the insurer.

The policy is underwritten by certain underwriters at Lloyd's. When arranging this Policy, AGILE is acting under a binder agreement as an agent of the insurer and not as agent for You or any insured person. References to 'we', 'our' and 'us' in this document means the insurer.

About Lloyd's

Lloyd's is the world's specialist insurance and reinsurance market, bringing together an outstanding concentration of underwriting expertise and talent. Around 80 syndicates underwrite insurance at Lloyd's, covering all classes of business. Together they interact with thousands of brokers daily to create insurance solutions for businesses in over 200 countries and territories around the world.

In Australia, Lloyd's is proud to be a member of the Insurance Council of Australia and strives to comply with the agreement it has made under the General Insurance Code of Practice.

About your Certificate of Insurance

Your Certificate of Insurance contains important details about your policy such as the period of insurance, your premium, what cover options and excesses will apply, and any changes to the policy wording. It also contains our contact details and your policy number, which you'll need to make a claim.

What makes up your premium

Your premium is the amount you pay to be insured. Your premium is determined by a number of factors which indicate the level of risk we need to cover you for. These factors include where you are going, how long you are going for, how many people are in your travelling party and their ages, any pre-existing medical conditions and other benefits the policy gives you. Of course, the higher the risk is, the higher the premium.

Your premium also includes amounts that we are required to pay, such as government charges, taxes or levies (e.g. stamp duty and GST) that apply to your policy. You will find these amounts on your Certificate of Insurance.

Check your documents

It's important that you check all the details on the documents we send you. If you notice an error or if you have a question, please contact us at www.travelwithkit.com/get-in-touch. If you find you need to change the cover for whatever reason, get in contact with us. We may be able to modify the policy.

14-day cooling-off period

If for some reason you have changed your mind about your policy, you can cancel it within a 14-day cooling-off period. This period starts on the day you are issued with your Certificate of Insurance.

We will refund your premium in full as long as:

- your trip hasn't started
- you haven't made a claim; and
- you don't want to make a claim or exercise any other right under the policy.

You can also cancel your policy at any other time, but we will not refund any part of your premium.

Extending your policy

We can consider policy extensions as long as:

- you are the correct age for the plan selected
- your health has not changed, or the health of your traveling companions and/or dependants,
- your personal circumstances haven't changed which may impact our decision to continue to insure you or apply any special conditions, and
- you have not made a claim and you are not aware of a claim that may be made on your original policy.

The premium for an extension is calculated based on the relevant plan's rates at the time of the extension. If we update this PDS, your extension will operate under the terms of the PDS in use at the date we process your extension. We will not grant an extension to a policy where the total trip duration will exceed 12 months.

If due to unforeseen circumstances your trip is delayed beyond the finish date shown on the Certificate of Insurance by your scheduled transport, or by an event that you can claim for under this policy, we will extend your policy automatically beyond the date shown on the Certificate of Insurance. The extension will expire once you are capable of travelling to your final destination, including the journey there, or for a period of six months, whichever happens first.

Your duty of disclosure

Before you enter into, vary or extend an insurance contract, you have a duty of disclosure under the *Insurance Contracts Act 1984*.

When we ask you questions that are relevant to our decision to insure you and on what terms, you must tell us anything that you know and that a reasonable person in the circumstances would include in answering the questions.

When amending or extending your contract of insurance, we will ask you specific questions about any change in your circumstances. You must tell us about any change to something you have previously told us, otherwise you will be taken to have told us that there is no change.

You have this duty until we agree to insure, amend or extend the contract.

If you do not tell us anything you are required to tell us, we may cancel your contract or reduce the amount we 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.

General Insurance Code of Practice

The General Insurance Code of Practice (the Code) outlines certain minimum standards of service that you should expect from insurers that have adopted it. Lloyd's and AGILE proudly support and embrace its objectives of raising the standards of practice and service in the insurance industry. You can obtain a copy of the Code from www.codeofpractice.com.au.

Jurisdiction and choice of law

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

Updating the PDS

It may be that we will need to update this PDS from time to time. If so, we will send you a new PDS or supplementary PDS. Where the amendment is not material, we may provide the updated information on our website.

THINGS YOU SHOULD KNOW BEFORE YOU BUY

Your medical history affects your cover

The purpose of medical cover in a travel insurance policy is to cover you for a serious injury or a sudden illness.

You are only covered for certain medical conditions under this policy. It's important that you consider your medical history carefully. Hospital and other care in other countries can be expensive.

If you already have a medical condition before you buy the policy, it will only be covered if you meet the criteria for automatically covered conditions shown in this PDS and you are not receiving active treatment or investigations.

You may purchase cover for your pre-existing medical condition as long as you pay the additional premium at the time you buy your policy.

See **Pre-existing medical conditions** on page 65 to know which medical conditions are automatically covered in your policy.

Who can purchase a policy

You can be insured under this policy if:

- you are an Australian citizen, or a holder of a valid Australian permanent residency visa, and you permanently reside in Australia;
- you hold a current Australian Medicare card (that is not a visitor Medicare card); and
- you are between the ages of 18 and 99.

When your cover starts and ends

You are covered for cancellation benefits as soon as you have paid the premium and we have issued you with a Certificate of Insurance.

Cover for all other benefits starts on the date of departure and ends on your date of return, as shown on your Certificate of Insurance, or when you return home, whichever happens first.

Your policy will auto-extend if you are unable to complete your travel and return home due to an insured medical condition. Extended coverage will only apply up to the point

at which you are medically certified as fit enough to return home, and we complete your repatriation.

If, due to unexpected circumstances beyond your control, for example, due to illness or injury affecting your return flight or public transport, your trip cannot be completed within the period of cover outlined in your policy certificate, cover will be extended for you at no extra cost for up to 30 days.

This also applies to one person travelling with you who is authorised to stay with you by the Medical Emergency Assistance Company if the extension is due to medical reasons. All requests for more than 30 days must be authorised by the Medical Emergency Assistance Company. Please see Medical and Other Emergencies for details of how to contact the Medical Emergency Assistance Company.

Cover for your listed dependants

Dependant children and grandchildren up to but not including 18 years old are only covered if they are listed on your Certificate of Insurance, not in full time employment at the date of policy issue, and accompanying you or an adult named on the Certificate of Insurance for the majority of your trip.

MAKING A CLAIM

Your pre-claim checklist

If something happens on your trip overseas and you think you may be making a claim on your policy, you should use this checklist to help you get what you need to support your claim.

When you submit your claim, you will be required to tell us what happened and provide us with all the documents we ask for.

It is important that you obtain as much documentation as possible at the time of the event, as it can be difficult to obtain some documents once you return to Australia.

If something is lost or stolen:

- ✓ Report it to the local police within 24 hours and get a written report.
- ✓ Report to your airline or transport provider as soon as possible that they have lost or damaged your luggage, or that you notice something has been taken from your bag and get a written report.
- ✓ Report to your carrier as soon as possible that they have lost or damaged your luggage or you notice something has been taken from your bag and get a written report.
- ✓ Get original receipts, valuations, or other proof of ownership of any items related to the claim.

If the claim relates to medical expenses:

- ✓ Get a written medical report or certificate from your treating overseas doctor or dentist, or your local GP or dentist, that clearly explains the medical condition, the diagnosis provided, medical tests requested and treatment given.
- ✓ Have documents translated into English if necessary (they do not need to be professional translations).
- ✓ Keep originals of all documents that you submit electronically.
- ✓ You have up to 30 days following your return to Australia to lodge your claim.
- ✓ For claims due to a trip cancellation, provide us with documents such as your original booking invoice and receipts, a trip cancellation invoice, written confirmation from your airline or travel agent, and unused travel tickets and itineraries.

Do not admit fault or liability

On your trip, DO NOT, unless we have approved:

- admit that you are at fault; or
- offer or promise to pay any money; or
- become involved in litigation.

Submitting your claim

The best way to submit your claim is via our online claims system. If you are unable to claim online we can assist you with a downloadable claim form instead.

It is important that you give us the information we require; if not, we may have to reduce the amount of your claim or we may not be able to process your claim at all.

Our online claims system is available at: **www.travelwithkit.com/claims**.

Claims processing

We want to process your claim as quickly as we can. To do this, you can help greatly by providing the documentation we need when you submit your claim. Once we have a completed claims form, and all necessary supporting information, your claim will be processed within five (5) business days. We will let you know if we need additional information.

Dispute resolution

Lloyd's aim is to provide the highest service to its Australian policyholders and to this end has developed the following procedures for the fair handling of complaints from Lloyd's policyholders including insured persons under this policy.

There are established procedures for dealing with complaints and disputes regarding your insurance or claim. These are set out below:

Step	Your action	Response
1	<p>Address your enquiry or complaint relating to this policy or a claim to Proclaim Management Solutions Pty. Ltd (Proclaim) as Lloyd's appointed claims administrator. In most cases, this will resolve your enquiry or complaint.</p>	<p>Proclaim will acknowledge your enquiry or complaint immediately by telephone or e-mail.</p> <p>Proclaim aims to resolve your complaint where possible within five (5) business days.</p>
2	<p>If step 1 does not resolve the matter, or you are not satisfied with the way your enquiry or complaint has been dealt with, you should contact:</p> <p style="padding-left: 40px;">Lloyd's Australia Limited Level 9, 1 O'Connell Street Sydney NSW 2000</p> <p style="padding-left: 40px;">Telephone: (02) 8298 0783 E mail: idaustralia@lloyds.com Fax: (02) 8298 0788</p> <p>Please call Lloyd's first to discuss your dispute. However, Lloyd's may ask you to confirm the details of your dispute in writing.</p> <p>Depending on the nature of your dispute, you may be referred to an alternative complaints scheme for resolution.</p> <p>When you lodge your dispute with Lloyd's, Lloyd's will usually require the following information:</p> <ul style="list-style-type: none"> • name, address and telephone number of the policyholder • the type of insurance policy involved (household, motor, etc) • details of the policy concerned (policy and/or claim reference numbers, etc) • name and address of the agent through whom the policy was obtained • details of the reasons for lodging the complaint • copies of any supporting documentation you believe may assist Lloyd's in addressing your complaint appropriately 	<p>Your dispute will be acknowledged in writing within five (5) working days of receipt, and will be reviewed by a person with appropriate authority to deal with the dispute.</p> <p>The length of time required to resolve your enquiry or complaint will depend on the individual issues raised, however in most cases you will receive a full written response to your complaint dispute within fifteen (15) working days of receipt.</p> <p>If your dispute cannot be finalised within that time, Lloyd's will continue to work on it and Lloyd's will regularly advise you of its progress.</p> <p>Lloyd's investigation will include discussions with the various parties involved and a review of all papers and documentation relating to the dispute.</p>

Step	Your action	Response
3	<p>If your dispute is not resolved in a manner satisfactory to you, Lloyd's will then provide you with details about the Australian Financial Complaints Authority (AFCA), which is an independent body that operates nationally in Australia and aims to resolve disputes between policyholders and their insurers. This service is free of charge to you.</p> <p>Disputes relating to domestic and some small business general insurance policies can be reviewed under AFCA if they remain unresolved following the procedures outlined above.</p> <p>Retail clients not eligible for referral to the AFCA, and wholesale clients, may be eligible for referral to the Financial Ombudsman Service (UK). Such referral must occur within six months of the final decision by Complaints at Lloyd's. Further details will be provided by the Complaints Department with their final decision to you.</p>	<p>You must refer the matter to the AFCA within 24 months of the date of Lloyd's written decision.</p> <p>AFCA's contact details are as follows:</p> <p>Website: www.afca.org.au</p> <p>Email: info@afca.org.au</p> <p>Telephone: 1800 931 678 (free call)</p> <p>In writing to: Australian Financial Complaints Authority, GPO Box 3, Melbourne VIC 3001</p>

What currency we pay claims in

We will pay all claims in Australian dollars (AUD). We will use the rate of currency exchange applying at the time you incurred the expense.

Help us recover anything we have paid

You must do everything you can to help us recover any money we pay relating to your claim.

You are required to let us know if you become aware of a third party from whom we can recover money.

We only make up the difference if you can claim from anyone else

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

Depreciation

If you make a claim, be aware that we will apply depreciation to claims for luggage and personal effects unless they are listed as valuable items on your Certificate of Insurance. We calculate the rate of depreciation by taking things into account like wear and tear, the item's usual lifespan and the item's market value.

We may need to contact other parties

We may, at our discretion, undertake in your name and on your behalf, proceedings for our own benefit to recover compensation or secure indemnity from any party relating to anything covered by this policy.

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

Subrogation following recovery of monies

If we recover money from someone else, we reserve the right to apply the money in the following order:

1. Firstly to us, for our administration and legal costs as a result of the recovery;
2. Secondly to us, the amount that we paid to you under the policy;
3. Thirdly to you, the amount of your uninsured loss (less your excess);
4. Fourthly to you, your excess.

If we pay your total loss, any unpaid monies will return to us. If you receive a payment from another party for anything that we have paid you, you must pay us the amount of that payment up to the amount of the claim we paid you. If you recover any property that was part of this claim, you must pay us the amount of the claim we paid you.

Other insurance

If any loss, damage or liability covered under your policy is covered under another insurance policy, you must give us details of such insurance. Where you would be covered under this policy for the relevant loss, damage or liability but another policy under which you are the contracting insured also covers (all or part of) the relevant loss, damage or liability, you can choose which policy to claim under.

Where you would be covered under your policy for the relevant loss, damage or liability but another policy covers you for all or part of the relevant damage, if you are not a contracting party under the other policy but have a right to claim under the other policy by operation of section 48 of the *Insurance Contracts Act 1984* (Cth) or otherwise, we will not pay your claim to the extent your loss, damage or liability is covered by the other policy.

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

Can you claim an input tax credit?

If you are entitled to claim an input tax credit on the premiums you pay, you must let us know of the amount of that input tax credit (as a percentage) when you first make a claim. If you don't, you may receive a GST liability.

For business travellers: how GST can affect your claim

The amount we would pay for a claim will be reduced by the amount of an input tax credit if you:

- are entitled to claim an input tax credit relating to a cost that is part of your claim; or
- would be entitled to an input tax credit if you were to incur the relevant cost (i.e. in replacing a lost or stolen item).

POLICY WORDING: LIMITS OF WHAT WE COVER

This table shows the limits that apply to each of your policy benefits. For more detail, you should also look under the heading for each policy benefit **p. 17**. There you'll find specific conditions of cover and an explanation of what is not covered by each benefit.

Benefit	Name of policy selected and shown on your Certificate of Insurance					
	Medical Only	Saver	Basic	Comprehensive	Inbound travel insurance	Domestic
Excess	\$100	\$100	\$100	\$100	\$100	\$100
Overseas medical and hospital*	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	X
Overseas dental	\$500	\$500	\$2,000	\$2,000	\$2,000	X
Overseas funeral expenses	\$10,000 per person	\$10,000 per person	\$15,000 per person	\$20,000 per person	\$20,000 per person	X
Cancellation costs*	X	X	\$15,000	\$25,000	\$25,000	\$25,000
Travel agent cancellation fees	X	X	\$2,000	\$3,000	\$3,000	\$3,000
Emergency medical transport & repatriation	X	X	\$500,000	Unlimited	Unlimited	X
Loss of income	X	X	\$5,200	\$12,000	\$12,000	X
Travel delay*	X	X	\$1,500	\$3,000	\$3,000	\$1,500
Airfares for resumption of travel	X	X	\$1,500	\$3,000	\$3,000	X
Alternative transport costs for special events	X	X	\$2,000	\$5,000	\$5,000	X

*Sub-limits apply to this benefit and can be found in the relevant sections below.

Benefit	Medical Only	Saver	Basic	Comprehensive	Inbound travel insurance	Domestic
Theft or damage to baggage & personal items (including glasses and sunglasses)*	X	X	\$2,000	\$10,000	\$10,000	\$10,000
Personal money/cash	X	X	\$300	\$1,000	\$1,000	\$1,000
Luggage delay	X	X	\$500	\$750	\$750	\$750
Return airfare	X	X	\$1,000	\$5,000	\$5,000	X
Cash in hospital (per day/Maximum)	\$100/ \$1,500	\$100/ \$1,500	\$150/ \$3,500	\$200/ \$6,000	\$200/ \$6,000	X
Travel documents	X	X	\$2,500	\$6,000	\$6,000	X
Emergency non-medical expenses*	X	\$5,000	\$15,000	\$25,000	\$25,000	\$5,000
Emergency travel companion	X	X	\$2,000	\$2,500	\$2,500	X
Personal accident	X	X	\$15,000	\$37,500	\$15,000	\$15,000
Legal liability	X	\$3,500,000	\$3,500,000	\$3,500,000	\$3,500,000	\$1,000,000
Financial default*	X	X	\$5,000	\$10,000	\$10,000	X
Housing of domestic pets*	X	X	X	\$650	\$650	\$650
Domestic services*	X	X	\$2,000	\$10,000	\$10,000	\$10,000
Hijack	X	X	\$500 per day	\$1,000 per day	\$1,000 per day	X

*Sub-limits apply to this benefit and can be found in the relevant sections below.

WHAT WE DO AND DON'T COVER

To see what you are and are not covered for, follow these four steps:

1. See what you are covered for under a particular benefit.
See: **YOUR BENEFITS p. 17**
2. See what you are covered for under any additional options you may have paid for. See: **ADDITIONAL OPTIONS p. 35**
3. Check if there are things that are not covered under that specific benefit.
See: **WHAT WE DON'T COVER BENEFITS 1—9 p. 25** and **WHAT WE DON'T COVER – BENEFIT 10 p.28**
4. Check if there are things that are not covered under any circumstances.
See: **WHAT WE DON'T COVER AT ALL (general exclusions) p. 61;**

YOUR BENEFITS

1. Overseas medical and hospital expenses
2. Overseas dental expenses
3. Overseas funeral expenses
4. Cancellation costs
5. Emergency medical transport & repatriation expenses
6. Loss of income
7. Travel delay expenses
8. Airfares for resumption of travel
9. Alternative transport costs for special events
10. Theft or damage to baggage and personal items (including glasses and sunglasses)
11. Return airfare
12. Coverage for dependants up to 18 years old
13. Cash in hospital
14. Travel documents
15. Emergency non-medical expenses
16. Emergency travel companion
17. Personal accident
18. Legal liability
19. Housing of domestic pets
20. Domestic services
21. Hijack

1. Overseas medical and hospital expenses

If you...

suffer a sudden illness or serious injury on your trip

we will pay you...

the reasonable and necessary cost of emergency medical, hospital, ambulance or other treatment you receive overseas during the trip.

However...

- this cover lasts for a maximum of 12 months from when the sudden illness first presented or the serious injury happened. Any treatment you receive or that is prescribed must be done by a registered medical practitioner or paramedic and cover ends once you return home;
- we may determine that you should return to Australia for treatment. If you do not agree to do so, we will pay you an amount which we determine would cover your overseas medical expenses and/or related costs if you had agreed to our recommendation. It will then be your responsibility to pay for any on-going or additional costs relating to or arising out of the event you have claimed for, up to the coverage dates of the policy, any travel after that date is not covered;
- this cover is subject to the policy limits and exclusions shown at **WHAT WE DON'T COVER BENEFITS 1–9 p. 25** and **WHAT WE DON'T COVER AT ALL (general exclusions) p. 61**.

2. Overseas dental expenses

If you...

suffer a tooth infection or broken tooth during the trip

we will pay you...

the cost of emergency dental treatment you receive overseas up to a maximum amount of \$2,000 per person per event.

However...

- the treating dentist must certify in writing that the treatment is required only for the relief of sudden and acute onset of pain to healthy, natural teeth, which are teeth that are whole or properly restored (with fillings only);
- this cover is subject to the policy limits and exclusions shown at **WHAT WE DON'T COVER BENEFITS 1–9 p. 25** and **WHAT WE DON'T COVER AT ALL (general exclusions) p. 61**.

3. Overseas funeral expenses

If you...

die while overseas on your trip

we will pay you...

up to \$20,000 in total for your burial or cremation overseas or for transporting your remains to Australia.

However...

- will not pay for any costs relating to expenses in Australia;
- we will not cover you for losses, liability or expenses that are for, related to or as a result of;
- any pre-existing medical conditions (as defined under **Definitions p. 72** unless we have assessed and accepted your condition and you have paid an additional premium;
- an accident that occurs while on the ski slopes unless you purchased additional coverage for approved winter sports activities under our Snow Pack; or
- you intentionally injuring yourself;
- this cover is subject to the policy limits and exclusions shown at **WHAT WE DON'T COVER BENEFITS 1–9 p. 25** and **WHAT WE DON'T COVER AT ALL (general exclusions) p. 61**.

4. Cancellation costs

If you...

have to cancel any incurred travel expenses due to unforeseen circumstances outside of your control

we will pay you...

- the value of the unused arrangements, less any refunds due to you;
 - the reasonable cost of rearranging your trip, where the cost is less than cancellation fees or lost deposits arising because the trip is cancelled. This benefit can only be claimed once per policy per insured person;
 - your travel agent's cancellation fees—up to 10% of the amount paid to travel agent or \$2,000 per policy—when the fees are paid in full or the maximum amount of deposit is paid at the time of cancellation. We will not pay any travel agent's cancellation fees above the level of commission and/or service fees normally earned by the agent had the trip not been cancelled.;
 - the loss of frequent flyer points you used to purchase an airline ticket if the airline ticket is cancelled and you cannot recover the lost points from any other source.
-
- We calculate the amount we pay you as follows:

$$\begin{array}{r}
 \text{the cost of an equivalent} \\
 \text{ticket based on the retail} \\
 \text{price at the time of issue of} \\
 \text{the ticket} \\
 \text{MINUS} \\
 \text{your financial contribution}
 \end{array}
 \times
 \frac{\text{the total value of points lost}}{\text{the total value of points used} \\ \text{to obtain the ticket}}$$

However...

- we will not pay the travel agent's cancellation fees above the level that would have been earned by the agent were the trip not cancelled;
- this cover is subject to the policy limits and exclusions shown at **WHAT YOU ARE NOT COVERED FOR – BENEFIT 4 p. 21**, **WHAT WE DON'T COVER BENEFITS 1—9 p. 25** and **WHAT WE DON'T COVER AT ALL (general exclusions) p. 61**.

However...

We will only pay a benefit under this section if the cancellation of your trip is necessary and unavoidable as a result of:

- your unforeseeable death, injury, or illness;
- the unforeseeable death, injury, or illness of your relative, business associate or travelling companion who is resident in Australia and who is in Australia at the time the event occurs;
- you have to go to court to be a witness or be on a jury (but not as an expert witness) or you are put in quarantine;
- there is an accident involving a vehicle you were planning to travel in, which happens within seven days before the date you planned to leave and means you cannot use the vehicle (applies to self-drive holidays)
- you, your relative or member of your travelling party are a member of the armed forces, police, fire, nursing or ambulance services and you have to stay in Australia because of an emergency or you are posted overseas unexpectedly;
- you are made redundant, as long as you are entitled to payment under the current redundancy-payments law and, at the time of booking your trip you had no reason to believe you would be made redundant;
- it is necessary for you to stay in Australia after a fire, storm, flood or burglary at your home or place of business within 48 hours before the date you planned to leave and you provide us with a written statement from a relevant public authority confirming the reason and necessity;
- you cannot travel because a natural disaster, not known of at the time of purchasing this insurance, has caused your travel service provider to cancel your pre-paid service and does not provide an alternative.
- you cannot travel because of government restrictions after an epidemic.
- if you become pregnant after we have sold you this policy, and you will be more than 26 weeks pregnant (or 19 weeks if you are expecting more than one baby)

at the start of, or during, your trip. Or your doctor advises that you are not fit to travel because you are suffering from complications of pregnancy and childbirth.

We will also pay the cancellation cost of tuition or course fees up to \$2,000 if the sole purpose of your trip is to attend that course and that course is cancelled due to circumstances outside your control.

WHAT YOU ARE NOT COVERED FOR – BENEFIT 4

In addition to General Exclusions, you are not covered for:

1. The excess as shown in the Table of benefits.
2. Any change of plans because you or your travelling companion change your mind and decide not to proceed with your original trip, or choose not to travel.
3. Any costs that would not have been incurred had you told the appropriate holiday company, including but not limited to tour operators, travel agents, transport providers, or accommodation providers, as soon as you knew you had to cancel your trip.
4. You being unable to travel due to a failure to obtain the passport or visa needed for the planned trip. This includes a failure to obtain ESTA Approval when you are travelling to the USA.
5. You failing to check in according to your itinerary or the times advised to you.
6. Costs which you have paid on behalf of any other person, unless that person is also an insured person named on your Policy Schedule. (An excess will still be applied to each person who the costs relate to.)
7. Any terrorist act or any loss incurred as a result of any intentional use of military force or other intervention by a government or official authority to intercept, prevent, or mitigate any known or suspected terrorist act.
8. A). Claims arising from your business (other than severe damage to your business premises) or employment, including but not limited to, not being able to take leave from that employment. This exclusion will not apply to you being involuntarily retrenched from your usual full time employment in Australia.
B). Claims arising from your financial or contractual obligations or those of your travelling companion, relative or business associate.
9. Any costs paid to a travel services provider (airline or cruise company) if the same travel service provider is responsible for the cancellation.
10. Any claims arising from any Natural Disaster unless not publicly known of at the time of purchasing this insurance, (see www.smartraveller.gov.au for travel advisories and further information).

5. Emergency medical transport & repatriation expenses

If you...

- are unable to continue your trip because of the death, sudden illness or serious injury of:
 - you or a member of your travelling party; or
 - a close relative or business partner or person, who is residing in Australia or New Zealand during your policy coverage dates, where the sudden illness or serious injury required hospitalisation or confinement. In the case of a business partner or person working for the same company as you, it was necessary to end the trip because of the person's absence and you have written confirmation of that from a senior person in the company.
- are hospitalised as an in-patient because of a sudden illness or serious injury, and require a close relative or friend to travel to, remain with or escort you in place of the attending registered medical practitioner (as long as you have written advice of this requirement from the attending registered medical practitioner, and our consent)

we will pay you...

the cost of your necessary additional travel, accommodation, repatriation and meals that you incur with our consent.

However...

- you will need the attending registered medical practitioner to advise us in writing that you are unfit to continue the trip as a result of sudden illness or serious injury;
- we will not pay for the cost of resuming the trip after you have returned to Australia (except where covered under **8. Airfares for resumption of travel p. 24**;
- any additional travel you undertake must be at the fare class originally booked, unless we agree otherwise and we have received a written recommendation from the registered medical practitioner attending to you;
- if, at the time of the event that causes you to return to Australia, you are not in possession of a return ticket, we will deduct the cost of an economy-class airfare at the carrier's regular published rates for the return trip; we will use your return ticket if this reduces our costs;
- we will not pay for additional transport and accommodation expenses when a claim is made under **4. Cancellation costs p. 19**;
- we will not pay for cancelled transport and accommodation expenses covering the same period; and
- these benefits will be payable for up to 12 months from the date that your trip was interrupted;
- this cover is subject to the policy limits and exclusions shown at **WHAT WE DON'T COVER BENEFITS 1—9 p. 25** and **WHAT WE DON'T COVER AT ALL (general exclusions) p. 61**.

6. Loss of income

If you...

suffer an injury during your trip and you become totally unable to return to work when you return to Australia

we will pay you...

75% of your average gross monthly income over the prior 12 months, less usual legal deductions, for up to six months, calculated from your return date to Australia, up to the applicable limit.

However...

- we will not pay you for the first four consecutive weeks after you planned to resume your original employment;
- cover is not available under this section for your dependants;
- this cover is subject to the policy limits and exclusions shown at **WHAT WE DON'T COVER BENEFITS 1—9 p. 25** and **WHAT WE DON'T COVER AT ALL (general exclusions) p. 61**.

7. Travel delay expenses

If you...

have your pre-paid scheduled transport delayed, cancelled or rescheduled

we will pay you...

- for reasonable additional expenses for accommodation, meals and transfers between transport terminals and accommodation where you are delayed for six hours or more, up to the applicable limit stated in your schedule for each 12-hour period of delay;
- the cost of your unusable, non-recoverable, pre-paid accommodation, transfers, tours, events and attractions if you are unable to reach your next destination on time.

Note: *If you make a claim under both of these covers, we will pay the higher of the two.*

However...

- you must be able to give us all receipts and written confirmation from the carrier outlining the reasons for the cancellation, rescheduling or delay and if they offered you any compensation;
- we will only consider additional expenses you have if they are reasonable and necessary and the same class as you originally booked;
- we will not pay for flights or other transport costs or upgrades for you to continue your journey;

- this cover is subject to the policy limits and exclusions shown at **WHAT WE DON'T COVER BENEFITS 1—9 p. 25** and **WHAT WE DON'T COVER AT ALL (general exclusions) p. 61**.

8. Airfares for resumption of travel

Note: *You only have this cover if you choose to not make a claim under Cancellation costs.*

If you...

return to your home in Australia because, during your trip, a close relative of yours who is residing in Australia or New Zealand dies unexpectedly or is hospitalised following a sudden illness or serious injury, and you want to resume your trip

we will pay you...

up to the applicable limit towards return airfares should you not already have a return leg fare.

However...

- you must resume your trip within 60 days of your return to Australia;
- there must be at least 7 days remaining in the period of your trip as shown on your Certificate of Insurance from the date you returned to Australia;
- this cover is subject to the policy limits and exclusions shown at **WHAT WE DON'T COVER BENEFITS 1—9 p. 25** and **WHAT WE DON'T COVER AT ALL (general exclusions) p. 61**.

9. Alternative transport costs for special events

If you...

have an interruption to your trip, and you will arrive late for:

- a wedding, funeral, conference or sporting event that your late arrival will delay

we will pay you...

reasonable additional costs for using alternative public transport of the same fare class as originally chosen to arrive at the destination on time.

However...

- the interruption to your trip must arise from an unforeseeable cause outside of your control;
- you must have reasonable prospects of attending the special event;
- you will need to provide proof of the scheduled event's start date and time;
- where you will be delayed returning to work, you will need to give us a letter from your employer confirming your dates of leave and when you were expected to return to work;

- this cover is subject to the policy limits and exclusions shown at **WHAT WE DON'T COVER BENEFITS 1—9 p. 25** and **WHAT WE DON'T COVER AT ALL (general exclusions) p. 61**.

WHAT WE DON'T COVER BENEFITS 1—9

We will not pay a claim where...

- you incur the medical and/or dental costs in Australia;
- you travel even though you know you are travelling against medical advice; you are unfit to travel; you are travelling to receive medical treatment; or you arrange to travel when you know that there are circumstances that could lead to the trip being disrupted or cancelled;
- you have been advised by a registered medical practitioner that you should not travel and you fail to promptly cancel your pre-booked travel. You will be responsible for any extra cost (including cancellation charges) incurred from your failure to promptly cancel the pre-booked travel;
- you have received medical care under a reciprocal national health scheme;
- you received private hospital or medical treatment where public-funded services or care was available in Australia or under any reciprocal health care agreement between the Government of Australia and the government of any other country;
- your claim arises directly or indirectly from any injury or illness where a metastatic prognosis was made before the issue of the Certificate of Insurance;
- your claim arises out of pregnancy or related complications after 26 weeks of pregnancy in the case of a single baby or after 19 weeks of pregnancy in the case of twins. **Note for expectant mothers:** You should consider whether you should travel under this policy; cover is not provided for childbirth or the health of a newborn child, irrespective of when the child is born;
- you incur the cost of dental treatment for cosmetic dentistry, cosmetic surgery or involving the use of precious metals;
- you cannot go on a trip because a tour operator cannot complete arrangements due to there not being the required number of people to start or finish a tour or trip.
(This does not apply where you have prepaid for travel arrangements bought separately to reach the departure point for the tour or other travel arrangements);
- you incur a loss that arises directly or indirectly from an act or threat of terrorism. This exclusion only relates to **4. Cancellation costs p. 19**;
- your carrier causes delays, rescheduling or cancellation of scheduled transport services, including service faults maintenance, rescheduling, repairs, or industrial activity other than a strike or corporate takeover;
- you incur costs relating to your business arrangements. This exclusion does not apply to claims under **4. Cancellation costs p. 19**, where:

- you or a member of your travelling party are employed permanently full-time in Australia and are made redundant, as long as you or they did not know that the redundancy was to happen before this policy was purchased; or
- you are employed permanently full-time and your employer cancels your pre-arranged leave.
- you neglect to observe appropriate preventative health measures for the region you are travelling to, including relevant vaccinations and hygiene measures. See **www.who.int** for further information;
- you or your travelling companion(s) changes plans or decides not to proceed with the trip;
- you use a rental vehicle not in accordance with the rental agreement;
- you use a rental vehicle to transport items other than personal luggage;
- you take part in snow sports and activities, except those covered under **Snow Pack p. 42** if you have selected this option and it is shown on your Certificate of Insurance;
- you incur costs related to the financial collapse of any transport, tour or accommodation provider.

10. Theft or damage to baggage and personal items (including glasses and sunglasses)

When you go on your trip, you need to ensure you safeguard your property, for example:

- keeping it locked securely in a locker or cabinet;
- keeping it secure in your or your travelling party's locked, private room; or
- not leaving it unsupervised in a public place.

Otherwise, we will not pay your claim.

If you think that your property has been stolen or lost, make sure that you report it to the local police as soon as possible and get an official written police report. If you are aboard public transport or staying in accommodation when the theft or loss occurs, you should also report the theft or loss to a responsible officer of the transport or accommodation provider immediately and ensure that you get a copy of the written report from the person you made the report to.

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

- \$3,000 for personal computers, video recorders or cameras;
- \$1,000 for mobile phones (including PDA's and any items with phone capabilities); or
- \$750 for all other Luggage and Personal Effects.

A pair or related set of items (for example glasses or a camera and lens) is considered one individual item.

Examples of individual items include, but are not limited to:

- a camera, multiple lenses (attached or not), tripod and accessories;
- a matching pair of earrings;
- a set of skis with bindings.

If we are to pay a claim, you must have appropriate evidence to support your claim. For example, keep receipts or any other evidence of ownership or value, luggage tickets, evidence of forced entry (e.g. photos), written reports from carriers relating to the claim.

We may decide to either repair or replace the property or pay you its value after allowing for depreciation including wear and tear. In any case, the payment will not be more than the original cost of the item.

We will pay you for each of the following:

1. You suffer accidental damage, theft, or permanent loss of your luggage and personal items, due to circumstances outside of your control;
2. You have cash stolen up to the applicable limit (we must receive a police report confirming the theft);
3. You lose your dentures or dental prostheses;
4. You need to buy essential clothing and toiletries because your carrier temporarily loses or causes delay to your luggage for more than 12 hours. This does not apply to the final leg of your trip. If the delay is more than 72 hours, you must have receipts and written confirmation supporting your claim, which need to include the length of the delay, from the appropriate authority. Note that excess does not apply to this benefit;
5. You suffer financially because your travel documents, travellers' cheques, passport or credit card has been stolen, lost, or used fraudulently. You must comply with any conditions of the issuing body;
 - the maximum amount we will pay is \$500
6. You incur reasonable additional costs while having your passport or travel documents replaced following the accidental damage, theft, or permanent loss of your passport overseas. Note that excess does not apply to this benefit;
 - the maximum amount we will pay is \$500

In the event that a claimable theft, damage or loss of your luggage and personal effects occurs, we will allow you one automatic reinstatement of the sum insured for the plan selected.

WHAT WE DON'T COVER – BENEFIT 10

In addition to the exclusions shown at **WHAT WE DON'T COVER AT ALL (general exclusions) p. 61**, we may refuse to pay a claim if:

1. the loss, theft or damage arises from circumstances that are within your control, e.g. leaving items behind in a hotel room or taxi;
2. the loss, theft or damage is to watercraft of any type (excluding surfboards);
3. the damage is to sports and leisure equipment (including surfboards) while in use.
4. the breakage or damage is to snow sports and leisure equipment over three years old;
5. the damage is to sports and leisure equipment due to normal wear and tear, including dents and scratches;
6. the loss, theft or damage of luggage is not reported to the transport provider, police, hotel or appropriate authority within 24 hours of you becoming aware of the loss and where no written report is obtained.

11. Return airfare

If you...

suffer a sudden illness or serious injury during your trip and the attending registered medical practitioner or carrier requires you to be brought back to Australia with a medical escort

we will pay you...

up to the applicable limit towards the cost of your airfare.

*This cover is subject to the exclusions shown at **WHAT WE DON'T COVER AT ALL (general exclusions) p. 61**.*

12. Coverage for dependants up to 18 years old

Your policy covers your financially-dependent children or grandchildren (including fostered or adopted children or grandchildren) up to (but not including) 18 years of age and who are named on your Certificate of Insurance. However, cover is not available for children who are born, or adopted overseas during your trip.

13. Cash in hospital

If you...

are hospitalised overseas while on your trip for more than 48 hours

we will pay you...

the applicable limit displayed on the Certificate of Insurance for each 24-hour period you are in hospital from the first day of hospitalisation.

However...

there is a maximum we will pay for all claims combined under this section.

*This cover is subject to the policy limits and exclusions shown at **WHAT WE DON'T COVER AT ALL (general exclusions) p. 61.***

14. Travel documents

If you...

have your travel documents, credit cards or traveller's cheques carried with you stolen or fraudulently used by someone other than you or a member of your travelling party while on your trip

we will pay you...

the costs you have to pay to replace them or loss resulting from their fraudulent use, up to the applicable limit.

*This cover is subject to the policy limits and exclusions shown at **WHAT WE DON'T COVER AT ALL (general exclusions) p. 61.***

15. Emergency non-medical expenses

If you...

have your trip disrupted because of:

- your passport or travel documents being lost or stolen;
- you accidentally breaking any quarantine regulation;
- natural disaster or severe weather conditions;
- serious damage to your home or business premises in Australia;
- your treating doctor certifying that you or your travelling companion are unfit to continue with your original itinerary or an amended itinerary;
- an accident involving your means of transport; or
- cancellation, delay or diversion of your scheduled transport caused by riot, strike or civil commotion

we will pay...

your additional accommodation, meal and travelling expenses including emergency personal telephone calls that you cannot claim from someone else.

If there is...

a death or serious injury or sudden illness involving you or your travelling companion, or a relative of either you or your travelling companion, in Australia or New Zealand

we will pay...

your additional accommodation, meal and travelling expenses including emergency personal telephone calls to return you to your home in Australia.

We will also pay...

your transport costs to resume your original overseas trip if you re-join it within 60 days of returning to Australia or New Zealand provided that there was seven days of your trip remaining.

Note: You can only incur these costs under this benefit if you have received our consent and your treating doctor certifies in writing that it was medically necessary, or the condition of the other person was serious enough to warrant your early return home.

*This cover is subject to the policy limits and exclusions shown at **WHAT WE DON'T COVER AT ALL (general exclusions) p. 61.***

16. Emergency travel companion

If you...

suffer a serious acute illness, serious injury, death and/or medical evacuation/repatriation while on your trip and require someone to accompany you home

we will pay you...

- additional travel expenses equivalent to the cost of an economy class return air ticket per person requested to a maximum of two people;
- reasonable additional accommodation (overnight stay), meal and local transportation expenses for each person to the applicable limit.

However...

- our medical consultant and your attending physician must agree that you should stay in hospital for a minimum of five days, or that your condition is life threatening (in case of disagreement, the decision of our medical consultant will prevail);
- the compassionate emergency visit cover is only valid during your hospitalisation;
- you are entitled to a maximum of two persons accompanying you and they may either be fellow travellers or relatives; and

- the policy covers one compassionate emergency visit in connection with one insured event;
- each person requested to travel on compassionate grounds will need to arrange their own travel insurance and are not covered under this policy;
- this cover is subject to the policy limits and exclusions shown at **WHAT WE DON'T COVER AT ALL (general exclusions) p. 61.**

17. Personal accident

If you...

suffer an accident that causes your death or results in loss of a limb, loss of sight, loss of extremity, or permanent total disablement while on your trip

we will pay...

up to the applicable limit to your immediate family members or, in the absence of immediate family members, your beneficiaries.

However...

- our liability as a result of the incident will be limited to AUD\$15,000 in total for all in your travelling party if you purchase the Basic, Inbound or Domestic plan and AUD\$37,500 in total for all in your travelling party if you purchase the Comprehensive plan;
- we will not pay for claims arising from any illness or pre-existing medical condition that occurs, even though the illness or condition is caused or aggravated by the accident;
- we will not pay for any consequences of cosmetic surgery, or medical treatment not necessitated by an accident;
- if you are over the age of 70, the compensation payable in case of death or disablement is limited to 50% of the benefit limit;
- the death or loss of a limb, sight or extremity, or permanent total disablement must occur within one year of the accident;
- if we pay you for disablement, and you later die from the accident, we'll pay your estate the difference between the disablement payment and the death payment;
- you must be receiving medical treatment and comply with the physician's instructions.

- we are entitled to:
 - obtain information from the physician who is treating or has been treating you;
 - have you treated by a physician we choose; and
 - in case of death, to demand an autopsy;
- This cover is subject to the policy limits and exclusions shown at **WHAT WE DON'T COVER AT ALL (general exclusions) p. 61.**

How we define loss or injury and what we will pay		
Loss or injury...	means...	and we will pay...
Loss of a limb	loss by separation, or the total and irrecoverable loss of use of a hand at or above the wrist or a foot at or above the ankle.	50% of the personal accident limit
Loss of sight	loss of sight of one or both eyes certified as being complete and irrevocable by a qualified practitioner specialising in ophthalmology and approved by us	<ul style="list-style-type: none"> • for one eye: 25% of the personal accident limit • for two eyes: 50% of the personal accident limit
Loss of extremity	the permanent physical separation or the total and irrecoverable loss of use of a digit or part thereof or an ear, nose or genital organ or part of one of the above	10% of the personal accident limit
Permanent total disablement	disablement that inevitably and continuously prevents you from carrying out every aspect of your normal business or occupation for a period of 12 consecutive calendar months and, at the end of that period, is certified by two qualified medical practitioners approved by us as being beyond hope of improvement. If you have no business or occupation, the disablement must confine you immediately and continuously to the house and prevent you from attending to your normal duties.	100% of the personal accident limit

18. Legal liability

If you...

- during your trip, injure someone, cause someone to die, or lose or damage someone's property and become legally liable to pay compensatory damages as a result; or
- are required to pay reasonable legal costs and expenses, approved by us, for settling and defending a claim made against you;

we will pay you...

up to the applicable limits, compensatory damages that you become liable to pay, and reasonable legal costs and expenses approved by us for settling and defending a claim made against you.

However...

We will not cover you for losses, liability or expenses that are as a result of:

- you or your travelling companion or a relative or employee of any of you suffering an injury;
- property belonging to or in the care or control of you, your travelling companion, relative of yours, or an employee of any of the aforementioned;
- having a claim against you related to the use of any motor vehicle or mechanically propelled vehicle, any aircraft, water or firearms;
- having a claim against you arising from the conduct of a business, profession or trade, including you providing professional advice or service;
- you being required to pay any sort of fine or penalty, punitive, aggravated or exemplary damages;
- any conduct intended to cause bodily injury, property damage or liability with reckless disregard for the consequences of you or any person acting with your knowledge, consent or connivance;
- any terrorist act or any loss arising out of the intentional use of military force to intercept, prevent, or mitigate any known or suspected terrorist act;
- any disease that is transmitted by you;
- assault and/or battery committed by you or at your direction.
- this cover is subject to the policy limits and exclusions shown at **WHAT WE DON'T COVER AT ALL (general exclusions) p. 61.**

19. Housing of domestic pets

If you...

are delayed beyond your original return date of your trip due to an event covered under this policy

we will pay you...

- up to the applicable limit for each 24-hour period of additional boarding kennel or cattery fees for domestic dogs and cats that you own;
- up to the applicable limit if your pet suffers an injury during your trip and requires veterinary treatment, provided that at the time of the injury, your pet was in the care of a relative, friend or boarding kennel or cattery;

However...

we will not pay you for any boarding kennel or cattery fees incurred outside of Australia.

*This cover is subject to the policy limits and exclusions shown at **WHAT WE DON'T COVER AT ALL (general exclusions) p. 61.***

20. Domestic services

If you...

are injured during your trip and become disabled as a result of the injury and the disablement continues after your return to home

we will pay you...

up to \$50 per day to pay for paying for housekeeping services expenses incurred because you are unable to fully perform them yourself.

However...

you must provide a medical certificate confirming your disablement and verifying the need for housekeeping services necessary while disabled.

Note: *The amount applies to the total of all claims combined regardless of the number of persons the claims relate to.*

*This cover is subject to the policy limits and exclusions shown at **WHAT WE DON'T COVER AT ALL (general exclusions) p. 61.***

21. Hijack

If you...

are hijacked while on your trip

we will pay...

the applicable limit per person for each 24-hour period that you are hijacked.

However...

the most we will pay is for 10 days.

*This cover is subject to the policy limits and exclusions shown at **WHAT WE DON'T COVER AT ALL (general exclusions) p. 61.***

ADDITIONAL OPTIONS

About these additional options

Your policy includes these additional optional covers only when you have selected the additional option (the 'pack'), paid the additional premium and the additional option is shown on your Certificate of Insurance.

Cruise Pack

When you purchase this additional option:

- **cancellation expenses** when it is used in the policy means the reasonable prepaid, non-refundable and unused portion of public transport, accommodation, cruise activities and day excursions, entertainment tickets, training or conference costs including a travel agent's cancellation fee. Where frequent-flyer points or similar rewards points have been used and the loss of such points cannot be recovered from any other source, the retail cost at time of booking will be used as the cost;
- we will not apply general exclusion relating to cruises to your policy.

Onboard medical treatment and evacuation for emergency medical assistance

If...

while on your cruise, you suffer sudden illness or serious injury

then...

we will pay the reasonable expenses up to the amount shown below for:

- your onboard emergency hospitalisation
- your medical transfer or evacuation (including by helicopter) if you must be transported to the nearest hospital for emergency medical treatment overseas or be brought back to Australia with appropriate medical supervision.

*Cover is also subject to the general exclusions shown at **WHAT WE DON'T COVER AT ALL (general exclusions) p. 60 and policy limits.***

Cruise delay

If...

the start of your cruise is temporarily delayed for six hours or longer due to an unforeseeable circumstance outside your control

then...

- we will reimburse you up to the limit shown in the table below for additional accommodation (room rate only) expenses
- we will also reimburse up to the limit shown for each full 24-hour period that the delay continues beyond the initial six-hour delay.

However...

- you must claim from the cruise provider first and provide us with written confirmation from the cruise provider of the cause and period of the delay and the amount of compensation offered by them;
- you must also provide us with receipts for the additional accommodation (room rate only) expenses incurred;

*Cover is also subject to the general exclusions shown at **WHAT WE DON'T COVER AT ALL (general exclusions) p. 60 and** policy limits.*

Missed port

If...

your cruise does not port at certain docks during your trip due to adverse weather restrictions or mechanical break-down

then...

we will pay you the amount shown in the table below.

*Cover is also subject to the general exclusions shown at **WHAT WE DON'T COVER AT ALL (general exclusions) p. 60 and** policy limits.*

Pre-paid shore excursion cancellation

If...

you cannot participate in your pre-paid shore excursion(s) due to your confinement in your cabin or in the cruise vessel's medical centre as a result of circumstances outside your control

then...

we will reimburse your cancellation fees and lost deposits up to the limit shown in the table below.

*Cover is also subject to the general exclusions shown at **WHAT WE DON'T COVER AT ALL (general exclusions) p. 60 and** policy limits.*

Missed cruise departure

If...

you missed the scheduled departure of your pre-booked cruise due to:

- an accident involving your means of transport, or
- the cancellation, delay or diversion of your scheduled transport, or
- a natural disaster

then...

we will pay up to the amount shown in the table below for your reasonable and necessary additional travelling expenses incurred after you leave your home address in Australia.

However...

- We will only pay you the reasonable additional expenses less the amount you would have ordinarily paid had the event not occurred, less any refunds owed to you.
- We will only pay those expenses that you cannot claim from someone else and where you have not been offered alternatives.
- Any additional airfare incurred will be at a class of our discretion.
- You must get written confirmation from the appropriate authority stating full details of the incident, including the cause and period of disruption.
- You must claim from the transport company first and provide us with written confirmation of any refunds or rescheduling offered to you.
- You must keep all receipts for the extra expenses you pay.
- You may be also entitled to claim additional meals and accommodation expenses under appropriate benefit(s).

*Cover is also subject to the general exclusions shown at **WHAT WE DON'T COVER AT ALL (general exclusions) p. 60 and** policy limits.*

Baggage lost, stolen or damaged

If...

your baggage is lost, stolen or damaged prior to you boarding or while on your cruise

then...

we will pay you up to the amount shown in the table below.

However...

- This cover commences when you add Cruise Pack to your policy, or 72 hours prior to your cruise's first scheduled departure as stated on your itinerary, whichever is later.

Note: *You may be entitled to claim under **10. Theft or damage to baggage and personal items (including glasses and sunglasses)** p. 26 if your baggage is lost, stolen or damaged, but you may not claim under more than one of these sections for the same event.*

- Payment will be based on the value of the property at the time it was lost, stolen or damaged. An allowance will be made for wear, tear and loss of value depending on the age of the property.
- We will not pay any claim relating to a mobile phone or device with phone capabilities if you are unable to supply the IMEI (International Mobile Equipment Identity). You are also required to block the IMEI number (by Australian telecommunication providers) of the stolen or lost mobile phone or device.
- The maximum amount we will pay for any one item, pair or set of items that has not been specified is shown in the table below.
- The maximum amount we will pay for valuables in total that have not been specified is shown in the table below.
- It is your responsibility to provide proof of ownership of any lost, stolen or damaged items and we are under no obligation to make payment without this proof of ownership.

*Cover is also subject to the general exclusions shown at **WHAT WE DON'T COVER AT ALL (general exclusions) p. 60 and** policy limits.*

Cabin confinement

If...

you suffer sudden illness or serious injury while on your cruise and as a result you are confined to bed in your cabin or the cruise vessel's medical centre for a continuous period of more than 48 hours

then...

we will pay you \$50 for each day in excess of 48 hours that you continue to be confined up to the limit shown in the table below.

*Cover is also subject to the general exclusions shown at **WHAT WE DON'T COVER AT ALL (general exclusions) p. 60 and** policy limits.*

Formal cruise attire lost, stolen or damaged

If...

during your trip, your formal wear is stolen, accidentally damaged or is permanently lost

then...

we will pay the lesser of:

- the repair cost;
- the replacement cost;
- the amount it would cost us to repair or replace the item(s) allowing for any trade discounts we are entitled to;
- the cost of repairing or replacing the lost or damaged part of a pair, set or collection; or
- the original purchase price.

However...

- We have the option to repair or replace the formal wear instead of paying you.
- A pair or set of items, for example (but not limited to), shoes, gloves, suit are considered as only one item and the appropriate benefit limit will be applied.
- We will not pay a claim in relation to your formal wear if:
 - you do not report the loss, theft or misplacement within 24 hours to the police or an office of the carrier you were travelling on when the loss, theft or misplacement occurred. You must prove that you made such report by providing us with a written statement from whoever you reported it to;
 - the loss, theft or damage is to, or of, formal wear left behind in any hotel or motel room after you have checked out or cruise vessel cabin after you have disembarked, or items left behind in any aircraft, ship, train, tram, taxi or bus;
 - the formal wear was being sent unaccompanied by you or under a freight contract;
 - the loss or damage arises from any process of cleaning, repair or alteration;
 - the loss or damage arises from ordinary wear and tear, deterioration, atmospheric or weather conditions, insects, rodents or vermin;
 - the formal wear was left unsupervised in a public place; or
 - you are entitled to be reimbursed by the bus line, airline, shipping line or rail authority you were travelling on when the loss, theft, misplacement or damage occurred. However, if you are not reimbursed the full amount of your claim, we will pay the difference between the amount of your loss and what you were reimbursed, up to the limit of your cover.

Cover is also subject to the general exclusions shown **WHAT WE DON'T COVER AT ALL (general exclusions) p. 60 and** policy limits.

Formal cruise attire delayed

If...

your formal wear is delayed, misdirected or misplaced while on the outward portion of your trip for over 12 hours from the time you boarded the cruise vessel, and it is necessary to purchase or hire replacement formal wear

then...

we will reimburse you your reasonable expenses of purchasing or hiring replacement formal wear

However...

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

Cover is also subject to the general exclusions shown at **WHAT WE DON'T COVER AT ALL (general exclusions) p. 60 and** policy limits.

Marine rescue diversion

If...

your cruise vessel is diverted to assist in a marine rescue

then...

we will pay the limit shown in the table below

However...

you will need to provide evidence of the rescue from the cruise provider

Cover is also subject to the general exclusions shown at **WHAT WE DON'T COVER AT ALL (general exclusions) p. 60 and** policy limits.

Cruise Pack benefit*	Limit
Onboard medical treatment and helicopter evacuation for emergency medical assistance	Unlimited
Cruise delay per policy	\$2,000
Missed port per policy	\$1,000
Pre-paid shore excursion per policy	\$1,000
Missed cruise departure per policy	\$2,000
Baggage lost or stolen before boarding per policy	\$3,000
Cabin confinement per policy	\$50 per day \$1,000 in total
Formal cruise attire lost, stolen or damaged per policy	\$500
Formal cruise attire delayed per policy	\$750
Marine rescue diversion per policy	\$500

* There is no cover under this benefit while travelling in Australia.

Snow Pack

Snow Pack provides cover for overseas emergency medical and hospital expenses, for loss or damage to your own snow sport equipment, including the cost of snow sport hire equipment, as well as the cover for snow ski pack, piste closure, bad weather and avalanche closure.

Note:

- You are not covered under this option for claims under **17. Personal accident p. 31** or **18. Legal liability p. 32**, if you participate in winter sports in backcountry or off-piste, or the activities listed under **Adventure Pack p.47**.
- You must be under the age of 70 at the date your Certificate of Insurance is issued.

There is no cover under this benefit while travelling in Australia.

Snow sports overseas emergency medical assistance

If you...

are seriously injured or suffer a sudden illness while overseas

We will pay for our emergency assistance provider to:

- arrange for you to gain access to emergency medical treatment by a medical practitioner for while you are overseas
- arrange medical transfer if they deem it necessary for you to be transported to the closest hospital for emergency medical treatment or if you needed to be evacuated to Australia
- provide guarantees in writing of payment of reasonable expenses for any needed emergency hospitalisation while you are overseas
- communicate with your family or employer in the case of an emergency
- arrange your dependants' return to Australia if they are left unaccompanied following you being required to be hospitalised or evacuated

OR if you...

die as a result of an injury or illness during your journey

We will pay...

up to the applicable limit per person for the reasonable cost of either a funeral or cremation overseas and/or returning your remains to your home.

However...

we will not pay expenses for:

- hospital or medical costs that you incur in Australia or any further medical, hospital or evacuation expenses if you don't follow any medical advice that we have given you.
- medical evacuation or the transportation of your remains from Australia to another country.

*Cover is also subject to the general exclusions shown at **WHAT WE DON'T COVER AT ALL (general exclusions) p. 60 and** policy limits.*

Snow sports emergency medical and hospital expenses

If you...

suffer a sudden illness or serious injury on your trip

We will pay you...

the reasonable and necessary cost of emergency medical, hospital, road ambulance or other treatment you receive overseas during the trip until you get back to Australia.

However...

- You must receive written advice of the required treatment from the attending registered medical practitioner.
- You must take appropriate action to avoid or minimise any potential claim under your policy. If the total cost of the treatment is expected to be more than

AUD\$1,000 because you are hospitalised or treated as an outpatient, you or a member of your travelling party must contact us as soon as possible to get their approval prior to any expenses being incurred.

- If we determine that you should return home to Australia for treatment and you do not agree to do so, we will pay you the amount which we determine would cover your medical expenses and/or related costs had you agreed to our recommendation. You will then be responsible for any ongoing or additional costs relating to or arising out of the event for which you have claimed.
- We will only pay for medical expenses incurred within 12 months after the illness first showed itself or the injury happened.
- This cover lasts only 12 months from when the sudden illness first presented or the serious injury happened. Any treatment you receive or that is prescribed must be done by a registered medical practitioner or paramedic and ceases once you return home.

Cover is also subject to the general exclusions shown at **WHAT WE DON'T COVER AT ALL (general exclusions) p. 60** and policy limits.

Own snow sports equipment

If...

during the period of insurance and while on your trip, your own snow sports equipment is lost, stolen or damaged

then...

we will at our discretion:

- reimburse the value of the snow sports equipment after allowing for reasonable depreciation for items that are more than two years old; or
- arrange and pay for, or reimburse the cost of, repairing or replacing the snow sports equipment with articles in the same condition but not with articles better or more expensive than the snow sports equipment was when new.

Note: The maximum sum insured for all items is specified in the table below. A set or pair of items (including attached and unattached accessories) will be treated as one item for this limit. For example, a pair of skis and bindings or a pair of ski boots is considered as one item.

However we will not pay for:

- damage to items while in use; or
- items left unattended (other than any ski-storage facility provided by your accommodation provider but not for helmet, goggles, avalanche air-bag and transceiver packages); or
- electrical or mechanical breakdown; or
- damage caused by wear and tear, vermin or any process of cleaning, repairing, restoring or alteration; or

- items sent under the provision of any freight contract, or
- items forwarded in advance and unaccompanied; or
- loss or damage caused by detention, confiscation or destruction by customs or other officials or authorities.

Note: You must report your loss or theft to the police or responsible public-transport provider within 24 hours and provide us with a written record prepared by the police or public-transport provider at the time the loss or theft is reported.

Cover is also subject to the general exclusions shown at **WHAT WE DON'T COVER AT ALL (general exclusions) p. 60** and policy limits.

Snow sports equipment hire

If...

during the period of insurance and while on a trip, your winter sports equipment is:

- lost, stolen or damaged and a claim has been accepted by us; or
- delayed by your public-transport provider by more than 24 hours

then...

we will reimburse you the cost of hiring alternative winter sports equipment up to the maximum sum insured specified in the table below.

Cover is also subject to the general exclusions shown at **WHAT WE DON'T COVER AT ALL (general exclusions) p. 60** and policy limits.

Unused snow sports costs

If...

during the period of insurance and while on a trip, you suffer an accidental injury or sickness and a doctor certifies you are unable to use your pre-booked and pre-paid ski passes, ski hire, tuition fees or lift passes

then...

we will reimburse you for the non-refundable cost of the unused portion up to the limits shown in the table below.

Cover is also subject to the general exclusions shown **WHAT WE DON'T COVER AT ALL (general exclusions) p. 60** and policy limits.

Note: Any claims must be accompanied by a copy of a medical report provided by a doctor detailing the nature and extent of the accidental injury or sickness and as a result confirming your inability to participate in winter sports.

Piste closure

If...

during the period of insurance, during the ski season and while on a trip, all lift systems are closed for more than 24 hours due to insufficient snow, bad weather or power failure at your pre-booked ski holiday resort

then...

we will reimburse you for the cost of transport to the nearest alternative resort and additional ski passes at that resort up to the limit shown in the table below.

However...

we will not pay:

- any claims arising if your holiday resort does not have skiing facilities greater than 1,000 metres above sea level; or
- any claims if the resort is open and there is sufficient snow for normal on-piste skiing activities.

Cover is also subject to the general exclusions shown at **WHAT WE DON'T COVER AT ALL (general exclusions) p. 60** and policy limits.

Bad weather and avalanche closure

If...

during the period of insurance and while on a trip, you are delayed from being able to leave your ski holiday resort for more than 12 hours due to severe weather or an avalanche

then...

we will pay or reimburse you for reasonable additional trip expenses up to the maximum sum insured shown in the table below.

However...

You must provide us with confirmation in writing of the bad weather or avalanche from the appropriate authority.

Cover is also subject to the general exclusions shown at **WHAT WE DON'T COVER AT ALL (general exclusions) p. 60** and policy limits.

Snow Pack benefit*	Limit
Snow sports overseas emergency medical assistance	Unlimited
Snow sports overseas emergency medical & hospital expenses	Unlimited
Own snow sports equipment	\$1,500
Snow sports equipment hire	\$1,500
Unused snow sports costs	\$1,000
Piste closure	\$1,000
Bad weather & avalanche closure	\$750

* There is no cover under this benefit while travelling in Australia.

Rental Vehicle Excess Pack

If you...

rent a vehicle from a rental company while on your trip and it is involved in an accident, is damaged or is stolen while in your care

we will pay you...

the rental vehicle insurance excess up to the applicable limit shown in the table below.

However...

you must provide us with the written rental agreement from a licensed rental company and have taken the insurance option with them.

Cover is also subject to the general exclusions shown at **WHAT WE DON'T COVER AT ALL (general exclusions) p. 60** and policy limits.

Rental Vehicle Excess Pack benefit	Limit
Rental Vehicle Excess Pack benefit	\$5,000

Adventure Pack

Adventure-sport injuries

If...

during your trip, you participate in the following amateur sports and activities:

- abseiling and zip lining – fully harnessed;
- animal conservation and handling – under appropriate supervision – and excludes hunting;
- battle re-enactment – not with firearms;
- cave/river tubing;
- caving/potholing;
- contact sports including any form of rugby, Australian Rules football or American football;
- deep sea fishing – with a licensed commercial operator;
- expeditions to or on the Kokoda Track/Trail;
- flying – passenger with a licensed commercial small aircraft or helicopter;
- football – amateur and occasional;
- hiking, trekking or tramping – peak altitudes from 3000m to 5000m, specialist climbing equipment not required;
- hang gliding, tandem gliding and paragliding – in tandem with a licensed instructor;
- martial arts – training, not competition;
- mountain biking – non-competitive, downhill;
- outdoor rock climbing – with ropes and appropriate safety gear;
- sailing – Up to 24 kilometres off land, not racing;
- scuba diving – depth maximum 30 metres, holder of an open water diving licence recognised in Australia, or dive with a licensed instructor;
- sky diving, parachuting – in tandem with a licensed instructor;
- shooting – moving targets e.g. clay pigeon – at licensed gun ranges.

then...

we will provide the benefits shown in the medical section of the table below in relation to any accidental injury that you sustain as a result of the above activities.

*Cover is also subject to the general exclusions shown at **WHAT WE DON'T COVER AT ALL (general exclusions) p. 60** and policy limits.*

Own adventure sport equipment

If...

during the period of insurance and while on a trip, your adventure sport equipment is lost, stolen or damaged

then...

we will at our discretion either:

- reimburse the value of the adventure sport equipment after allowing for reasonable depreciation for items that are more than two years old; or

- arrange and pay for, or reimburse the cost of, repairing or replacing the adventure sport equipment with articles in the same condition but not with articles better or more expensive than the adventure sports equipment were when new.

The maximum sum insured for all items is shown in the table below.

However...

we will not pay for:

- damage to items while in use; or
- items left unattended; or
- electrical or mechanical breakdown; or
- damage caused by wear and tear, vermin or any process of cleaning, repairing, restoring or alteration; or
- items sent under the provision of any freight contract; or
- items forwarded in advance and unaccompanied; or
- loss or damage caused by detention, confiscation or destruction by customs or other officials or authorities.

Note: *You must report your loss or theft to the police or responsible public-transport provider within 24 hours and provide us with a written record prepared by the police or public-transport provider at the time the loss or theft is reported.*

Cover is also subject to the general exclusions shown at **WHAT WE DON'T COVER AT ALL (general exclusions) p. 60** and policy limits.

Adventure sport equipment hire

If...

during the period of insurance and while on a trip, your adventure sport equipment is:

- lost, stolen or damaged and a claim has been accepted by us; or
- delayed by your public-transportation provider by more than 24 hours

then...

we will reimburse the cost of hiring alternative adventure sports equipment up to the limits shown in the table below.

However...

We will not provide cover as shown in **WHAT WE DON'T COVER AT ALL (general exclusions) p. 60**

Unused adventure sports costs

If...

during the period of insurance and whilst on a trip, you suffer an accidental injury or sickness and a doctor certifies you are unable to partake in your pre-booked and pre-paid adventure sports

then...

we will reimburse you for the non-refundable cost of the unused portion up to the maximum sum insured shown in the table below.

Note: Any claims must be accompanied by a copy of a medical report provided by a doctor detailing the nature and extent of the accidental injury or sickness and as a result confirming your inability to participate in adventure sport.

Adventure Pack benefit	Limit
Adventure sport overseas emergency medical assistance	Unlimited
Adventure sport overseas emergency medical & hospital expenses	Unlimited
Own adventure sport equipment	\$1,000
Adventure sport equipment hire	\$1,000
Unused adventure sports costs	\$1,000

Bicycle Pack – Only for bicycles valued at \$1,500 or more

Bicycle Pack covers any one bicycle up to the value of \$5,000, if at the time the Certificate of Insurance is issued, your bike(s) are:

- less than three years old; and
- valued at \$1,500 or more; and
- free of defects.

Note: No cover is provided under this section for any bicycle accessories (including but not limited to tools, bicycle pumps, lights and helmets.) These items are covered under **10. Theft or damage to baggage and personal items (including glasses and sunglasses) p. 26** and the standard item limits will apply.

If...

during your trip your bicycle is lost, stolen or accidentally damaged

then...

we will decide whether to:

- replace the bicycle with the same or nearest identical bicycle;
- pay the cost of repairing the bicycle;
- pay you up to the applicable limit and no more than the original purchase price.
- up to the maximum sum insured shown in the table below

However...

- you are not covered if the loss or damage occurred while you were using the bicycle.
- if the bicycle was left in a motor vehicle, it is only covered if left during daylight hours in a concealed storage compartment in a locked vehicle, and there must be evidence of forced entry;
- the bicycle must be less than three years old and free of defects at the date of the issue of the Certificate of Insurance, and must be valued at \$1,500 or more;
- you must give us a statement from an appropriate authority that you lodged a report with them within 24 hours of the loss or theft;
- the bicycle must not have been sent anywhere unaccompanied;
- damage is not covered if it arises from:
 - cleaning, repairs or alteration;
 - wear and tear deterioration, atmospheric or weather conditions, insects, rodents or vermin;
 - the bicycle having a mechanical breakdown.
- loss, theft or damage is not covered where:
 - the bicycle is left unsupervised in a public place and not securely locked;
 - the bicycle is left behind at any accommodation after you have checked out;
 - the bicycle is left unattended in any mode of transport;
 - you are able to be reimbursed by anyone else. (If you are not fully reimbursed, we will pay the difference between your loss and what you receive up to the applicable limits if we determine you are entitled to payment under this benefit).

Cover is also subject to the general exclusions shown at **WHAT WE DON'T COVER AT ALL (general exclusions) p. 60** and policy limits.

Bicycle Pack benefit	Limit
Cover for one bicycle	Up to \$5,000

Golf Pack

Own golf equipment

If...

during your trip your golf or golfing equipment is lost, stolen or accidentally damaged, we will pay whichever is the less of the following:

- the cost to repair the item;
- the cost to replace the item;
- the cost of repairing or replacing the lost or damaged part of a pair, set or collection;
- what you originally paid for the item.

The limits for this cover are shown in the table below.

However,

- we may choose to replace or repair the item rather than paying you;
- a pair or set of items is considered one item;
- if you leave your lost or stolen golf equipment in a motor vehicle, we will pay a total of up to \$1,500 for stolen items;
- you must give us a statement from an appropriate authority that you lodged a report with them within 24 hours of the loss or theft;
- loss, theft or damage is not covered where:
 - the equipment is left unsupervised in a public place;
 - the equipment is left behind at any accommodation after you have checked out;
 - the equipment is left unattended in any mode of transport;
 - you are able to be reimbursed by anyone else (If you are not fully reimbursed, we will pay the difference between your loss and what you receive, up to the applicable limits if we determine that you are entitled to payment under this benefit).
- damage is not covered if it arises from:
 - cleaning, repairs or alteration;
 - wear and tear deterioration, atmospheric or weather conditions, insects, rodents or vermin.
- you are not covered if the loss or damage occurred while the golf equipment was in use.

*Cover is also subject to the general exclusions shown at **WHAT WE DON'T COVER AT ALL (general exclusions) p. 60** and policy limits.*

Golf equipment hire

If...

during the period of insurance and whilst on a trip, your golf equipment is:

- lost, stolen or damaged and a claim has been accepted by us under **Own golf equipment p. 51**; or
- delayed by your public transportation provider by more than 24 hours

then...

we will reimburse the cost of hiring alternative golf equipment up to the maximum sum insured shown in the table below.

*Cover is also subject to the general exclusions shown at **WHAT WE DON'T COVER AT ALL (general exclusions) p. 60** and policy limits.*

Unused golf costs

If...

during the period of insurance and while on a trip, you suffer an accidental injury or sickness and a doctor certifies you are unable to use your pre-booked and pre-paid green fees, golf buggy hire, or golf club hire

then...

we will reimburse you for the non-refundable cost of the unused portion up to the maximum sum insured specified shown in the table below.

However...

- any claims must be accompanied by a copy of a medical report provided by a doctor detailing the nature and extent of the accidental injury or sickness and as a result confirming your inability to play golf.

*Cover is also subject to the general exclusions shown at **WHAT WE DON'T COVER AT ALL (general exclusions) p. 60** and policy limits.*

Hole-in-one

If...

during the period of insurance and whilst on a trip, you score a hole-in-one while playing golf, and you purchase customary food and beverages at the golf club house for the purpose of celebrating

then...

we will reimburse you for the customary food and beverages incurred up to the maximum sum insured shown in the table below.

However...

- any claims for reimbursement must be accompanied by a copy of the certificate issued by the club for the hole-in-one and original receipts supporting the incurred amount.

*Cover is also subject to the general exclusions shown at **What we don't cover at all on p. 61** and policy limits.*

Golf Pack benefit	Limit
Own golf equipment	\$1,500
Golf equipment hire	\$500
Unused golf costs	\$500
Hole-in-one	\$500

Device Pack

If you select this option at the time of purchase and you have paid the required additional premium, you will have cover for up to five devices. If while you are on your trip during the period of insurance, your device is lost, stolen or damaged, we will at our discretion either:

- pay you the value of the device after allowing for depreciation; or
- arrange and pay for repairing or replacing the device with an item in the same condition.
- up to the maximum sum insured shown in the table below.

Device means any computers (including laptops, notebooks and tablets), mobile phones, global positioning devices, personal music/recording/gaming devices, cameras and other electronic items of a similar nature as deemed by us, which are intended for personal use.

*Cover is also subject to the general exclusions shown at **WHAT WE DON'T COVER AT ALL (general exclusions) p. 60** and policy limits.*

Device Pack benefit	Limit
Cover for your device(s)	\$5,000 any one item to a maximum limit of \$10,000

Business Pack

If you select this option at the time of purchase and you have paid the required additional premium, you will have cover for...

- business equipment;
- emergency courier expenses;
- business equipment hire;
- business money;
- replacing staff.

Business equipment loss, theft or damage

If...

your business equipment that you take with you on your trip is lost, stolen or damaged

then...

we will pay up to the limit shown in the table below. The limit applies to any item, pair or set of items.

Note:

- We may decide to either repair or replace the property or pay you its value after allowing for depreciation including wear and tear. In any case, the payment will not be more than the original cost of the item.
- If you think your business equipment was lost or stolen while with an airline, you should make a claim against the airline first. If you receive compensation from an airline, the amount you may receive from us will be reduced by the amount of compensation you receive from the airline for the same event.

*Cover is also subject to the general exclusions shown at **WHAT WE DON'T COVER AT ALL (general exclusions) p. 60** and policy limits.*

Emergency courier expenses

If you...

need to pay to replace business equipment essential to your intended business due to an event that is covered under the 'Business equipment loss, theft or damage' benefit

we will pay for...

necessary and reasonable emergency courier expenses, up to the applicable limit, that you need to pay to replace business equipment essential to your intended business due to loss, theft or damage covered under this benefit up to the maximum sum insured specified shown in the table below.

However...

you must show us all receipts for the courier expenses.

*Cover is also subject to the general exclusions shown at **WHAT WE DON'T COVER AT ALL (general exclusions) p. 60** and policy limits.*

Business equipment hire

If you...

need to hire business equipment because the business equipment that you brought with you has been delayed in reaching you during your outward journey, or lost, stolen or damaged during your trip

we will pay you ...

the cost of hiring business equipment up to the maximum sum insured specified shown in the table below.

However...

you must show us all receipts for the business equipment that you hire.

*Cover is also subject to the general exclusions shown at **WHAT WE DON'T COVER AT ALL (general exclusions) p. 60** and policy limits.*

Business money

If you...

lose your business money, or your business money is stolen; (i.e. cash or traveller's cheques) belonging to you (if self-employed) or your employer while it is being carried with you or is held in locked safety deposit facilities

we will pay you...

up to the maximum sum insured specified shown in the table below.

*Cover is also subject to the general exclusions shown at **WHAT WE DON'T COVER AT ALL (general exclusions) p. 60** and policy limits.*

Business Pack benefit	Limit
Business equipment loss theft or damage	\$2,500
Emergency courier expenses	\$500
Business equipment hire	\$100 per 24 hours up to a maximum of \$1,000
Business money	\$1,000

Water Sports Pack

If...

during the period of insurance and while on a trip, your water sports equipment is:

- lost, stolen or damaged; or
- delayed by your public-transport provider by more than 24 hours

then...

we will reimburse you the cost of hiring alternative water sports equipment up to the limit shown in the table below.

*Cover is also subject to the general exclusions shown at **WHAT WE DON'T COVER AT ALL (general exclusions) p. 60** and policy limits.*

Diving gear – dive accident

If you...

have an accident while diving to depths of up to 10 metres, including ice diving and cave diving, and your diving gear is damaged

then...

we will pay you the cost of your equipment up to the limit shown in the table below.

*Cover is also subject to the general exclusions shown **WHAT WE DON'T COVER AT ALL (general exclusions) p. 60** and policy limits.*

Surfboard cover

If...

your surfboard(s) is/are lost, stolen or damaged while under the control of your carrier

then...

we will pay you the replacement up to the limit shown in the table below.

However...

in addition to **WHAT WE DON'T COVER AT ALL (general exclusions) p. 60**, we will not pay for:

- damage to items while in use; or
- items left unattended; or
- electrical or mechanical breakdown; or

- damage caused by wear and tear, vermin or any process of cleaning, repairing, restoring or alteration; or
- items sent under the provision of any freight contract; or
- items forwarded in advance and unaccompanied; or
- loss or damage caused by detention, confiscation or destruction by customs or other officials or authorities.

Note: You must report your loss or theft to the police or responsible public-transport provider within 24 hours and provide us with a written record prepared by the police or public-transport provider at the time the loss or theft is reported.

Water sports cover	Cover
Equipment hire	\$1,000
Diving gear – dive accident	\$2,000
Surfboard cover	\$900

Pregnancy Pack

Cover is subject to the policy limits and **WHAT WE DON'T COVER AT ALL (general exclusions) p. 60** .

If you...

are up to and including 32 weeks gestation with a single child or up to and including 23 weeks gestation with twins when an incident occurs, and you have written certification from a medical practitioner that you are fit to travel up to ten days prior to your departure , and you suffer unexpected injuries or illness

we will pay you...

up to the applicable limits under this policy. Our maximum liability under this policy for benefits paid under Benefit 1 - Overseas medical and hospital expenses is \$1 million.*

However...

the claim must arise from complications of pregnancy and childbirth and include only the following:

- toxaemia (toxins in the blood);
- gestational diabetes (diabetes arising as a result of pregnancy);
- gestational hypertension (high blood pressure arising as a result of pregnancy);

- pre-eclampsia (where you develop high blood pressure, carry abnormal fluid and have protein in your urine during the second half of pregnancy);
- ectopic pregnancy (a pregnancy that develops outside of the uterus);
- molar pregnancy or hydatidiform mole (a pregnancy in which a tumour develops from the placental tissue);
- post-partum haemorrhage (excessive bleeding following childbirth);
- retained placenta membrane (part or all of the placenta is left behind in the uterus after delivery);
- placental abruption (part or all of the placenta separates from the wall of the uterus);
- hyperemesis gravidarum (excessive vomiting as a result of pregnancy);
- placenta praevia (when the placenta is in the lower part of the uterus and covers part or all of the cervix);
- stillbirth;
- miscarriage;
- emergency caesarean section;
- a termination needed for medical reasons;
- premature birth more than 8 weeks (or 16 weeks if you know you are having more than one baby) before the expected delivery date.

Emergency childbirth coverage includes the costs related to your birth and post-birth medical care; we do not offer any coverage for your baby. If you purchase the Pregnancy Pack, any medical expenses related to specific pregnancy-related complications otherwise excluded by this policy (see: **What we don't cover at all p. 60) are covered subject to policy limits and exclusions.*

Pregnancy cover	Cover
Pregnant with a single baby	Up to and including 32 weeks gestation
Pregnant with twins	Up to and including 23 weeks gestation

* There is no cover under this benefit while travelling in Australia.

WHAT WE DON'T COVER AT ALL (general exclusions)

There are things you will specifically not be covered for. These things are called “exclusions”. This PDS shows you that there are exclusions that appear under each benefit, as well as exclusions that apply to all benefits (or “general exclusions”). If you are unsure about any exclusions, please contact us at travelwithkit.com

We will not pay under any circumstances if:

1. You or anybody you are in collusion with do anything criminal, unlawful or dishonest or you have not been honest and frank with all answers, statements and submissions made in connection with your insurance application or claim;
2. You do not act in a responsible way to protect yourself and your property and to avoid making a claim;
3. Your claim is for a loss that is recoverable by any other method, including compensation under transport accident laws or a workers' compensation act or by any government sponsored fund, plan, medical benefit scheme or any other similar legislation required to be effected by or under a law;
4. A loss arises from the failure of any tourism services provider to provide services or accommodation due to their insolvency or the insolvency of any person company or organisation they deal with, except as provided for under benefit;
5. Your claim is for loss after we have paid your claim of any nature including loss of enjoyment;
6. Your claim arises from:
 - a) any act of war (whether war is declared or not) or from any civil unrest;
 - b) a nuclear reaction or contamination from nuclear weapons or radioactivity;
 - c) biological or chemical materials, substances, compounds or the like.
7. There have been errors or omissions made in any booking arrangements or a failure to obtain relevant visa, passport or travel documents;
8. You do not follow advice from a government or other official body's warning in the mass media:
 - a) against travel to a particular country or parts of a country;
 - b) of a strike, riot, bad weather, civil commotion or contagious disease;
 - c) of a likely or actual epidemic or pandemic;
 - d) of a threat of an epidemic or pandemic that requires the closure of a country's borders; or

- e) of an epidemic or pandemic that results in you being quarantined.
9. You did not take the appropriate action to avoid or minimise any potential claim under your policy (including delay of travel referred to in the warning; See who.int, smartraveller.gov.au and dfat.gov.au for further information. No cover is available for any event under any section of this policy should you travel to a country or region where the Australian government has issued a “Do Not Travel” warning;
 10. You participate in parachuting, sky diving, hang gliding, parapenting or travel in an air-supported device other than as a passenger in a licensed passenger aircraft operated by an airline or charter company. This does not apply to hot air ballooning or parasailing;
 11. Your claim arises during or is in connection with a sea or ocean cruise of two or more nights if you have not selected the Cruise Pack;
 12. Your claim arises from a loss of, theft of, or damage to:
 - a) cash, bank or currency notes, cheques or negotiable instruments (other than theft of cash to \$250 or to \$1,000 if you have taken additional cover under the **Business Pack p. 55**);
 - b) unaccompanied or unsupervised luggage and personal effects;
 - c) property that you leave unsupervised in a public place or that happens because you do not take reasonable care to protect it;
 - d) luggage and personal effects, but only to the extent that you are entitled to compensation from the carrier responsible for the loss, theft or damage;
 - e) items owned by you left in an unattended motor vehicle between the hours of 8pm and 8am.
 - f) a video camera, mobile telephone, photographic equipment, personal computer or jewellery checked in to be held and transported in the cargo hold of any carrier (including any loss from the point of check-in until receipt of the said goods); or
 - g) luggage and personal effects which are fragile or brittle or an electronic component which 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 were travelling.
 13. Loss, theft or damage where a written report is not obtained within 24 hours of discovery from, the police or the appropriate authority such as, but not limited to, the airline, accommodation manager, transport provider, airport authority, tour operator or guide. In the case of an airline, a property irregularity report will be required;

14. Loss, wear and tear or depreciation of property or damage caused by the action of insects, vermin, mildew, rust or corrosion;
15. A loss arising from any mechanical or electrical breakdown or malfunction;
16. A loss arising from your, any of your travelling party's or a close relative's intentional exposure to a needless risk or not taking reasonable care, except in an attempt to save human life;
17. Any search and rescue expenses (including costs charged to you by a government, regulated authority or private organisation connected with finding or rescuing an individual);
18. Delay, detention, seizure or confiscation by Customs or other officials;
19. Events for which the provision of cover or a liability to pay a benefit would expose us and/or our reinsurer(s) to any sanction, prohibition or restriction under United Nations resolutions or any sanctions, laws or regulations of the European Union, United Kingdom or the United States of America;
20. Loss, theft or damage to anything shipped as freight or under a Bill of Lading;
21. If you, your close relative or a member of your travelling party:
 - a) commits suicide, attempts to commit suicide or deliberately injures himself or herself;
 - b) is under the influence of, or is addicted to, intoxicating liquor or a drug, except a drug taken in accordance with the advice of a registered medical practitioner;
 - c) takes part in a riot or civil commotion;
 - d) acts maliciously;
 - e) rides a motorcycle without wearing a helmet, or without having a valid licence as required in Australia and in the country of travel for the same class of motorcycle you (or they) are operating, or as a pillion passenger without a helmet;
 - f) races (except on foot); mountaineers or rock climbs using support ropes; or takes part in any professional sporting activity; or
 - g) dives underwater using an artificial breathing apparatus, unless an open water diving licence is held or when diving under licensed instruction.
22. For any costs or expenses incurred outside the period of the trip;
23. Ongoing payments under **1. Overseas medical and hospital expenses p.18** if we decide on the advice of a doctor appointed by us that you are capable of being repatriated to Australia;
24. Your claim arises from any medical procedures in relation to AICD/ICD insertion during overseas travel. If you, your travelling party or a close relative (as listed on your Certificate of Insurance) requires this procedure, due to sudden and

acute onset which occurs for the first time during your period of cover and not directly or indirectly related to a pre-existing medical condition, we will exercise our right to organise a repatriation to Australia for this procedure to be completed;

25. The cost of medication in use at the time the trip began or for maintaining a course of treatment you were on prior to the trip;
26. Your claim arises from pre-existing medical conditions except as specified under **Pre-existing Medical Conditions**;
27. If your claim arises directly or indirectly from a sexually transmitted disease;
28. Any behavioural diagnoses such as autism; eating disorders; a drug or alcohol addiction;
29. Fertility treatment at any time, including any resulting pregnancy;
30. Pregnancy with triplets or more;
31. Pregnancy in any of the following circumstances if you have not purchased the **Pregnancy Pack p. 59**:
 - a) if you have experienced any pregnancy complications prior to purchasing your policy;
 - b) multiple pregnancies arising from services or treatment associated with an assisted reproductive program, including but not limited to in vitro fertilisation;
 - c) a single pregnancy after 26 weeks;
 - d) a pregnancy with twins after 19 weeks;
 - e) for childbirth at any time;

About your excess

Your policy excess (\$100) is the amount you must pay for each person and each event on each claim you make and applies to certain benefits. This excess is deducted from any payment we make to you after you claim.

When you buy your policy, we will advise the excess and the applicable premium you have to pay; the higher the excess you choose, the lower will be your premium. Your chosen excess will then be shown on your Certificate of Insurance.

PRE-EXISTING MEDICAL CONDITIONS

While this insurance policy is designed to cover only unforeseen medical events, we will insure certain medical conditions that you know about before you purchase your policy. We refer to these as “pre-existing medical conditions.” Cover for pre-existing medical conditions may be automatic (see page 67). If not listed for automatic coverage, you may seek additional cover for pre-existing medical conditions from us, and if we agree, such cover will be shown on your Certificate of Insurance after payment of an additional premium.

What is a pre-existing medical condition?

A pre-existing medical condition is:

- pregnancy;
- a medical condition where you are aware of the symptoms, or a related complication you know about;
- a medical or dental condition where you have received, or are waiting for, medical treatment;
- any condition for which you take prescribed medicine;
- any condition for which you have received surgery or attended hospital;
- any condition for which you have received, or are waiting for, tests, investigations or consultation with a medical specialist;
- any condition for which you have received or been advised to attend a follow-up consultation; or
- any chronic or ongoing medical condition or terminal illness.

This definition applies to you, your travelling companion, a close relative, or any other person.

Getting cover for your pre-existing medical condition

There are four things you need to consider relating to pre-existing medical conditions:

- pregnancy;
- medical conditions that are automatically covered;
- medical conditions that are not covered;
- any other medical condition we don't list.

Pregnancy

This section shows you what you are covered for relating to medical expenses, cancellation costs or additional expenses related to pregnancy under the following policy sections:

- Overseas medical and hospital expenses;
- Overseas dental expenses;
- Cancellation costs;
- Emergency medical transport & repatriation expenses;
- Out of pocket expenses when hospitalised.

However we will not pay medical expenses for:

- regular care following the birth;
- childbirth, regardless of the stage of pregnancy;
- newborn care;
- repatriation of child.

You are not covered under this section if you are undergoing fertility treatment and are not pregnant, now or before your trip commences, for any treatment or any resulting pregnancy. The following table explains what cover you can get based on your stage of pregnancy.

Pregnancy conditions if you do not purchase the Pregnancy Pack		
If you...	that...	then...
have a single pregnancy without complications*	did not arise from an assisted reproduction program including in vitro fertilisation	we will cover you under all plans for trips ending on or before the 26th week of your pregnancy
	arises from an assisted reproduction program including in vitro fertilisation	we will cover you if you pay an additional premium under Getting cover for your pre-existing medical condition p. 65 for trips ending on or before the 26th week of your pregnancy
have a pregnancy with twins without complications*	did not arise from an assisted reproduction program including in vitro fertilisation	we will cover you if you pay an additional premium under Getting cover for your pre-existing medical condition for a trip ending on or before the 19th week of your pregnancy
	arises from an assisted reproduction program including in vitro fertilisation	we will not cover you under any plan
have experienced any pregnancy complications* before the policy is issued		we will not cover you under any plan

Cover is subject to the insuring clauses and policy exclusions, refer to pages 25 and 61 of this PDS.

For example, we will not pay any claim if you travel even though you know you are travelling against medical advice; you are unfit to travel; you are travelling to receive medical treatment; or you arrange to travel when you know that there are circumstances that could lead to the trip being disrupted or cancelled.

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

Pre-existing medical conditions we cover automatically (with some restrictions)

We will cover you automatically for a pre-existing condition listed below, as long as you have not been hospitalised for the condition within the last two years.

- acne;
- allergies, limited to rhinitis, chronic sinusitis, eczema, food intolerance, hay fever;
- asthma – providing that you: have no other lung disease, and are less than 60 years of age at the date of policy purchase;
- Bell’s palsy;
- benign positional vertigo;
- bunions;
- carpal tunnel syndrome;
- cataracts;
- coeliac disease;
- congenital blindness;
- congenital deafness;
- *diabetes mellitus (type I) – providing you:
 - were diagnosed over 12 months ago; and
 - have no eye, kidney, nerve or vascular complications;and
 - do not also suffer from a known cardiovascular disease, hypertension, hyperlipidaemia or hypercholesterolaemia; and
 - are under 50 years of age at the date of policy purchase.
- *diabetes mellitus (type II) – providing you:
 - were diagnosed over 12 months ago; and
 - have no eye, kidney, nerve or vascular complications;and
 - do not also suffer from a known cardiovascular disease, hypertension, hyperlipidaemia or hypercholesterolaemia.
- dry eye syndrome;
- epilepsy – providing there has been no change to your medication regime in the past 12 months;
- folate deficiency;

- gastric reflux;
- goitre;
- glaucoma;
- graves' disease;
- hiatus hernia;
- *hypercholesterolaemia (high cholesterol) – provided you do not also suffer from a known cardiovascular disease and/or diabetes;
- *hyperlipidaemia (high blood lipids) - provided you do not also suffer from a known cardiovascular disease and/or diabetes;
- *hypertension (high blood pressure) – provided you do not also suffer from a known cardiovascular disease and/or diabetes;
- hypothyroidism, including Hashimoto's disease;
- impaired glucose tolerance;
- incontinence;
- insulin resistance;
- iron deficiency anaemia;
- macular degeneration;
- Meniere's disease;
- migraine;
- nocturnal cramps;
- osteopaenia;
- osteoporosis;
- pernicious anaemia;
- plantar fasciitis;
- Raynaud's disease;
- sleep apnoea;
- solar keratosis;
- trigeminal neuralgia;
- trigger finger;
- vitamin b12 deficiency;

** Diabetes (type I and type II), hypertension, hypercholesterolaemia and hyperlipidaemia are risk factors for cardiovascular disease. If you have a history of cardiovascular disease, and it is a pre-existing medical condition, cover for these conditions is also excluded.*

Pre-existing medical conditions we do not cover

We do not offer cover for the following pre-existing medical conditions if you:

- have a condition where you plan to have surgery or other medical treatment, including any fertility treatment;
- have a condition that arises from signs or symptoms that you are currently aware of, but:
 - you have not yet sought a medical opinion regarding the cause; or
 - you are currently under investigation to define a diagnosis; or
 - you are awaiting specialist opinion.

- have any form of cancer that you have previously been diagnosed with, or secondaries from that cancer;
- have a condition for which you have needed to go to hospital in the last two years unless specified under **Pre-existing medical conditions we cover automatically** (with some restrictions) p. 67;
- have a condition for which you have ever required spinal or brain surgery;
- have a condition that has caused a seizure in the past 12 months;
- have a chronic or recurring pain (including back pain) requiring regular medication or other ongoing treatment such as physiotherapy or chiropractic treatment;
- have a condition that requires ongoing treatment with immunosuppressant therapy (e.g. arthritis, colitis, chronic respiratory disease);
- have an HIV infection;
- have a mental illness as defined by DSM-IV including:
 - dementia, depression, anxiety, stress or other nervous condition; or
 - behavioural diagnoses such as but not limited to autism; or
 - a therapeutic or illicit drug or alcohol addiction.
- have a new deep vein thrombosis (DVT) or pulmonary embolism (PE) if you have been diagnosed with one of these clots in the past and do not take preventative measures (as prescribed by a medical practitioner) for this trip;
- have a heart or cardiovascular disease (CVD) if you have ever needed to see a specialist cardiologist, or been diagnosed with a form of CVD such as (but not limited to):
 - aneurysms;
 - angina (chest pain);
 - cardiomyopathy;
 - cerebrovascular accident (stroke);
 - disturbances in heart rhythm (cardiac arrhythmias);
 - previous heart surgery (including valve replacements, bypass surgery, stents);
 - myocardial infarction (heart attack);
 - transient ischaemic attack (TIA);
 - any history of any form of cardiovascular disease;
- have a chronic lung disease, its exacerbation, or new airways infections, if you have ever been diagnosed with a chronic lung disease including:
 - emphysema;
 - chronic bronchitis;
 - bronchiectasis;
 - chronic obstructive airways disease (COAD);
 - chronic obstructive pulmonary disease (COPD);
 - pulmonary fibrosis, or
 - asthma (in persons over 60 years of age).

- “Immunosuppressive therapy” means drugs prescribed to inhibit or prevent activity of the immune system. Clinically, they are used to:
 - prevent the rejection of transplanted organs and tissues (e.g. bone marrow, heart, kidney, liver);
 - treat autoimmune diseases or diseases that are most likely of autoimmune origin (e.g. rheumatoid arthritis, myasthenia gravis, systemic lupus erythematosus, Crohn’s disease and ulcerative colitis);
 - treat some other non-autoimmune inflammatory diseases (e.g. long term allergic asthma control and other respiratory diseases).

Circumstances we do not cover

We do not offer cover where the following circumstances give rise to your claim:

- You have been given the prognosis that you have a terminal illness with a life expectancy of under 24 months;
- You will require oxygen for the trip or you require oxygen therapy at home;
- You have chronic renal failure treated by haemodialysis or peritoneal dialysis;
- You have been diagnosed with congestive heart failure;
- You have an AIDS-defining illness or any condition associated with immunocompromise;
- You have had, or are on a waiting list for, an organ transplant;
- You take a blood-thinning prescription medication such as Warfarin (also known under the brand names Coumadin, Jantoven, Marevan, and Waran).

All other medical conditions not listed

Provided your pre-existing medical condition has not been listed earlier, you may purchase cover for your pre-existing medical condition provided you pay the additional premium when you purchase your policy.

EMERGENCIES

If you need to go to hospital

If you or anyone in your travelling party is hospitalised, you or a member of your travelling party must contact our emergency assistance service as soon as it is practical. If you do not, we will not pay for any expenses, evacuation or airfares.

We can help you in medical emergencies and with other things like finding local hospitals, or local consulates or embassies, or staying in contact with your family.

24 hours, 7 days

Phone: **+61 2 8880 9428** (reverse charges)

You can also find important traveller information on our website **travelwithkit.com**

After you have called us

The following things may happen:

- we may need to assess your condition by contacting the hospital you are in to obtain necessary medical reports, and we may need to contact your general practitioner at home;
- you will need to follow the instructions of our emergency assistance team, subject to medical advice, as to where you can be treated to ensure you receive quality medical care;
- we may also consider it necessary to return you to Australia or evacuate you to another country.

If you have a medical condition but are not hospitalised

If you or a member of your party listed on your Certificate of Insurance, becomes ill or suffers an injury but does not require hospitalisation or repatriation to Australia, and where the costs are likely to be under AUD\$1,000, you do not need to contact our emergency assistance service immediately. It may be more convenient to pay the costs yourself and claim later. Be sure to keep all receipts and obtain copies of any medical reports to submit with your claim.

Passport stolen, lost or damaged

If your passport is lost, stolen or damaged, call our emergency assistance service so we can help you find a local consulate and so we can tell you what need to make a claim.

DEFINITIONS

Because words can be interpreted in various ways, the following definitions are what we mean when we say certain words in this PDS.

accident or **accidental** means an unexpected, unintended, unforeseeable event causing loss or bodily injury. The accident must happen while you are on a trip and covered under the policy.

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

applicable limit means the sum insured specified in the plan selected which is listed on your Certificate of Insurance.

arises or **arising** means directly or indirectly caused by, resulting from, related to or in any way associated with.

business equipment means computer equipment, communication devices and other business-related equipment that you need in the course of your business and that is not insured elsewhere. The equipment must be owned by your employer or if you are self-employed, it must be owned by you.

business partner means a person with whom you share a significant role in owning, managing, or creating a business

cancellation expense means the reasonable prepaid, non-refundable and unused portion of public transport, accommodation, cruise activities and day excursions, entertainment tickets, training or conference costs including a travel agent's cancellation fee. Where frequent-flyer points or similar rewards points have been used and the loss of such points cannot be recovered from any other source, the retail cost at time of booking will be used as the cost.

carrier or **carriers** means an aircraft, vehicle, train, vessel or other public transport operated under a licence for transporting passengers, but excludes taxis

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

close relative means a relative of yours or of a member of your travelling party who is residing in Australia or New Zealand. It means your or their spouse, de facto partner, parent, parent-in-law, daughter, son, daughter-in-law, son-in-law, brother, sister,

brother-in-law, sister-in-law, grandchild, grandparent, step-parent, step-son, step-daughter, fiancé, fiancée, or guardian.

complication means any secondary diagnosis occurring prior to, during the course of, concurrent with or as a result of the pregnancy which may adversely affect the pregnancy outcome.

cruise means a journey on a boat or ship on which travel is taken as a paying passenger for pleasure or as a holiday, for a minimum of two nights in duration.

dependant means your child or grandchild (including fostered or adopted child or grandchild) not in full-time employment who are under the age of 18 at the date of policy issue, travelling with you on the majority of the trip, and listed as covered on your Certificate of Insurance.

domestic means when travel involves an overnight stay and accommodation and/or transport is prearranged with a travel services provider within Australia.

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

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

family means you and your travel partner named in the Certificate of Insurance and your dependent children or grandchildren under the age of 18, at the date of policy issue, travelling with you on the majority of the trip, listed as covered on your Certificate of Insurance.

home means your usual place of residence in Australia.

ICD see AICD

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

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

luggage and personal effects means any personal items owned by you and that you take with you or buy on your trip and which are designed to be worn or carried about with you. This includes items of clothing, personal jewellery, photographic and video

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

overseas means in any country other than Australia.

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

personal items means privately owned items (such as clothing and jewellery) normally worn or carried on the person

pre-existing medical condition means:

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

Note: *This definition applies to you, your travelling party, a close relative or any other person.*

public place means any place that the public has access to including, but not limited to, planes, trains, cruise ships, taxis, buses, air or bus terminals, stations, wharves, streets, museums, galleries, hotels, hostels, dormitories and other shared accommodation (unless it is a private, locked room occupied only by you and/or your travelling party), foyers, grounds and common areas, campgrounds, beaches, restaurants, cafes, private car parks, public toilets and general access areas.

reasonable means, for medical or dental expenses, the standard level of care given in the country you are in, including the use of the public health care system where there is a reciprocal health care agreement in place with the Government of Australia; for other expenses, the standard level you have booked for the rest of your trip; or as determined by us.

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

resident means:

- an Australian citizen; or
- a holder of a valid Australian permanent resident visa, partner/spouse visa or skilled working visa (457 or other skilled working visa); or
- a New Zealand passport holder permanently residing in Australia, who:

- has unrestricted right of entry into Australia;
- has access to long-term medical care in Australia (not including reciprocal health care agreements);
- has a permanent Australian residential address; and
- agrees to be repatriated, if required, back to Australia under this insurance.

sudden illness or **serious injury** means a condition which first occurs during your period of cover and which necessitates treatment by a legally qualified medical practitioner and which results in you or any other person to which this insurance applies being certified by that medical practitioner at the time as being unfit to travel or continue with your original trip.

terrorism, act or **threat of** means an act, or threat of an act, including but not limited to the use of force or violence, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), which from its nature or context is done for, or in connection with, political, religious, ideological, ethnic or similar purposes or reasons, including the intention to influence any government and/or to put the public, or any section of the public in fear.

travelling party means those people defined in family and any travelling companion who has made arrangements to accompany you for at least 50% of the trip and is shown on your Certificate of Insurance.

trip means the period of travel stated in the Certificate of Insurance.

It begins on the date of departure as stated in the Certificate of Insurance and ends when you return to your home, or when the period of the trip set out in the Certificate of Insurance ends, whichever happens first.

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

Unsupervised also means leaving your luggage behind, forgetting it or walking away from it.

we, our, us means certain underwriters at Lloyd's who deal with you through their agent, Agile Underwriting Services Pty Ltd.

you or **your** means the person or people named in the Certificate of Insurance and their accompanying dependent children or grandchildren under the age of 18, travelling with you on the majority of the trip, not in full-time employment at the date of policy issue and listed on your Certificate of Insurance.

ABOUT US

This insurance is underwritten by certain underwriters at Lloyd's.

AGILE is an Australian licensed insurance underwriting agency, AFS 483374 and are a Coverholder at Lloyd's providing innovative, rapid and efficient product solutions.

AGILE's details are as follows:

ABN:	48 607 908 243
AFSL:	483374
Head Office:	Level 5, 63 York St, SYDNEY NSW 2000
Postal Address:	Level 5, 63 York St, SYDNEY NSW 2000
Telephone:	1300 475 092
E-mail:	service@agileunderwriting.com
Website:	www.agileunderwriting.com

AGILE is part of the AGENT ZERO Group of Companies. With exceptional underwriting and claims teams, AGILE is committed to excellence, integrity and to providing quality service and insurance products. Around the world, AGILE's clients and brokers can expect the highest level of commitment and service. AGILE focuses on its clients, building strong relationships by offering responsive service, developing innovative products and providing market leadership built on financial strength.

AGILE has appointed Insured by Us Pty Ltd, (ABN: 84 604 520 952 Authorised Representative of AGILE. AR No. 1008379), as its authorised representative to assist in the management of its insurance activities, provide general advice and arrange to issue travel insurance online. Insured by Us acts on behalf of AGILE and the insurer, and not on your behalf.

HOW WE HANDLE COMPLAINTS

If you have a complaint, please contact:

Insured by Us Complaints Department
Level 5, 63 York St
Sydney NSW 2000 Australia
Phone **+61 2 8880 9428**
e-mail **complaints@insuredbyus.com**

Insured by Us will respond to your complaint within 15 business days. If more time is needed to collect necessary information or complete any further investigation required, Insured by Us will agree with you a reasonable alternative timeframe.

If you are not satisfied with the response to your complaint, you may refer your case to Lloyd's Australia Limited for consideration under their dispute resolution process.

Insured by Us and all parties accepting this insurance agree that:

- if a dispute arises under this insurance, this insurance will be subject to New South Wales law and practice and we 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 Australia Limited
Level 9, 1 O'Connell St
Sydney NSW 2000
Phone **+61 2 8298 0783**

who has authority to accept service and to appear on the underwriters' behalf;

- if a suit is 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.

If you are not satisfied with the outcome of the dispute resolution process, you may request the matter be reviewed by the Australian Financial Complaints Authority (AFCA), an independent body that operates nationally in Australia and aims to resolve certain insurance disputes. This service is free of charge to customers.

Please note that you must register your dispute with the AFCA within two years of receiving a decision from Travel with Kit or Lloyds Australia Limited.

AFCA can be contacted at:

Australian Financial Complaints Authority (AFCA)

GPO Box 3

Melbourne VIC 3001

Phone: 1800 931 678

Email: info@afca.org.au

Web: www.afca.org.au

PRIVACY POLICY

We take your privacy seriously and adhere to the privacy policy detailed on our website at www.travelwithkit.com/privacy.

For further information about our privacy policy or to obtain a copy, please contact Insured by Us at Level 5, 63 York St, Sydney NSW 2000 or at privacy@travelwithkit.com

Date prepared

This PDS and Policy Wording was prepared on 15th June 2019 and its distribution has been authorised by Agile Underwriting Pty Ltd.

FINANCIAL SERVICES GUIDE

How the money works, and where your money goes

This is a FSG issued by Agile Insurance Services Pty Ltd (**AGILE**) in relation to general insurance products promoted by AGILE. The purpose of this FSG is to help you to make an informed decision about whether to use the financial services AGILE can provide to you. It contains information on:

- who AGILE is and how we can be contacted or given instructions;
- the services AGILE offers to you and how they are provided;
- how AGILE and other relevant persons are remunerated;
- AGILE's compensation arrangements;
- our commitment to protecting your privacy;
- how complaints are dealt with; and
- other disclosure documents you may also receive.

Other disclosure documents you may receive

Where required, you will also be given a Product Disclosure Statement (PDS) before or at the time you acquire any product as a retail client. The PDS contains information on the benefits and significant characteristics of the product and is designed to assist you in making an informed decision about whether to buy the product or not. It may be more than one document.

1. ABOUT AGILE INSURANCE SERVICES (AGILE)

AGILE is an Australian licensed insurance underwriting agency, AFS 483374 and are a Coverholder at Lloyd's providing innovative, rapid and efficient product solutions.

AGILE's details are as follows:

ABN:	48 607 908 243
AFSL:	483374
Head Office:	Level 5, 63 York St, SYDNEY NSW 2000
Postal Address:	Level 5, 63 York St, SYDNEY NSW 2000
Telephone:	1300 475 092
E-mail:	service@agileunderwriting.com
Website:	www.agileunderwriting.com

AGILE is part of the AGENT ZERO Group of Companies. With exceptional underwriting and claims teams, AGILE is committed to excellence, integrity and to providing quality service and insurance products. Around the world, AGILE's clients and brokers can

expect the highest level of commitment and service. AGILE focuses on its clients, building strong relationships by offering responsive service, developing innovative products and providing market leadership built on financial strength.

General Insurance Code of Practice

AGILE is a signatory to the General Insurance Code of Practice (the Code). The Code sets out minimum standards that AGILE will uphold in respect of the products and services that it provides. Further information about the code is available at www.codeofpractice.com.au and on request.

2. ABOUT LLOYD'S

Lloyd's is a unique insurance market and has been in operation for more than 325 years. Lloyd's is the world's leading market for specialist insurance and has an unrivalled concentration of specialist underwriting expertise. With expertise earned over centuries led by expert underwriters and brokers who cover more than 200 countries and territories, the Lloyd's market develops the essential, complex and critical insurance needed to underwrite your most prized assets. Lloyd's is backed by diverse global capital and excellent financial ratings. More information can be found at www.lloyds.com

3. HOW AGILE PROVIDES ITS SERVICES

AGILE may provide a dealing service, with or without general advice, in relation to the general insurance products that AGILE distributes. When AGILE issues general insurance products, AGILE acts on insurers behalf, not yours. In dealing with us, AGILE will collect information from you to be able to market and issue the product and manage your and AGILE's rights and obligations under the product. AGILE will also give you factual information about the product to help you decide whether to buy the policy.

4. HOW AGILE IS PAID FOR ITS SERVICES

Payment for the services AGILE provides

As the issuer of any insurance policy, we will charge you an agreed premium for that product based on a number of factors including your risk profile and circumstances (plus relevant taxes and charges) which we will calculate and provide you with before you buy the product. In issuing this policy, AGILE underwrites on behalf of certain

Underwriters at Lloyd's, and acts as agent for the Underwriters in performing its duties under a Binding Authority Agreement (Contract Number **B601452296418AA**).

AGILE receives a commission calculated as a percentage of the premium for performing this work.

Remuneration of our staff

All permanent AGILE employees are paid an annual salary. An annual bonus may be paid in some circumstances, which can be based on performance against sales targets and other performance criteria. All temporary AGILE employees receive hourly wages or such wages otherwise agreed for a fixed term or contract. Performance-based payments may also be paid in some circumstances. AGILE employees may also receive other non-monetary benefits such as attendance at business related conferences, study trips, other functions or gift vouchers.

Referral to AGILE by third parties

In certain cases, we may have a relationship with a third party who we may pay for referring you to us. We may pay them a referral fee which is a percentage of the net premium of an insurance policy (which is the total premium payable less GST and Stamp Duty).

This referral fee is already incorporated into the premium payable by you and the amount can vary, depending on the type of arrangement we have with the third party and the type of insurance product you purchase. The amount we pay them includes a reimbursement of expenses they incur in performing their role, for example marketing, postage, telephone, printing and call centre costs. The referral fee is normally payable to third parties on a monthly or quarterly basis, in arrears.

Further information

You can ask us to give you more particulars of the remuneration or other benefits referred to above within a reasonable period after receiving this FSG and before we provide you with the financial service to which this FSG relates, unless we agree otherwise.

5. MARKETING COMPANIES

AGILE may authorise a number of marketing and telemarketing companies to provide services on its behalf for which they receive remuneration from AGILE. See below for further details about their remuneration. These services may include an inbound

and outbound call centre to assist you in applying for the policy and to answer any general queries you may have about the policy. The companies follow procedures set by AGILE and may also provide you with general advice which has been prepared and authorised by AGILE. In providing these services, the companies act on AGILE's behalf, not yours. The companies may also act on behalf of other licensees. For further details, please contact AGILE on 1300 475 092.

Remuneration of a marketing company's staff

Depending on the particulars of each marketing or telemarketing campaign, a company's employees will receive a salary or a fee which is an hourly rate negotiated with the telemarketing company and may also receive one or more of the following benefits which are based on the employees' performance against sales targets and other performance criteria:

- soft dollar benefits which can include gift vouchers, meals, entertainment such as tickets to sporting events and gifts such as bottles of wine; &/ or ;
- weekly monetary bonuses.

These benefits are paid by the company and not AGILE. The identity and remuneration of individual operators should not impact the service provided or be material to your decision to enter into an insurance contract with AGILE.

Referral to AGILE by third parties

In certain cases, we may have a relationship with a third party who we may pay for referring you to us. We may pay them a referral fee which is a percentage of the net premium of an insurance policy (which is the total premium payable less GST, Stamp Duty and Fire Services Levy, where applicable). This referral fee is already incorporated into the premium payable by you and the amount can vary, depending on the type of arrangement we have with the third party and the type of insurance product you purchase. The amount we pay them includes a reimbursement of expenses they incur in performing their role, for example marketing, postage, telephone, printing and call centre costs. The referral fee is normally payable to third parties on a monthly or quarterly basis, in arrears.

6. COMPENSATION ARRANGEMENTS

Please refer to the Financial Claims Scheme and Compensation Arrangements section contained within the PDS section of this booklet – Combined Policy Wording and PDS and FSG.

7. PERSONAL INFORMATION HANDLING PRACTICES

Collection, Use and Disclosure

We collect your personal information (which may include sensitive information) when you are applying for, changing or renewing an insurance policy with us or when we are processing a claim in order to help us properly administrate your insurance proposal, policy or claim. Personal information may be obtained by us directly from you or via a third party such as your insurance intermediary or employer (e.g. in the case of a group insurance policy). When information is provided to us via a third party we use that information on the basis that you have consented or would reasonably expect us to collect your personal information in this way and we take reasonable steps to ensure that you have been made aware of how we handle your personal information. The primary purpose for our collection and use of your personal information is to enable us to provide insurance services to you. Sometimes, we may use your personal information for our marketing campaigns, in relation to new products, services or information that may be of interest to you. We may disclose the information we collect to third parties, including service providers engaged by us to carry out certain business activities on our behalf (such as assessors and call centres in Australia). In some circumstances, in order to provide our services to you, we may need to transfer personal information to other entities within the Agent Zero Group of companies, (such as the regional head offices of AGILE located in other jurisdictions) or third parties with whom we, or those other Agent Zero Group entities, have sub-contracted to provide a specific service for us and these may be outside of Australia. In particular, certain business process functions of AGILE are performed by a dedicated servicing unit located in the Philippines. Please note that no personal information is disclosed by us to any overseas entity for marketing purposes. In all instances where personal information may be disclosed overseas, in addition to any local data privacy laws, we have measures in place to ensure that those parties hold and use that information in accordance with the consent you have provided and in accordance with our obligations to you under the *Privacy Act 1998 (Cth)*.

Your Choices

In dealing with us, you agree to us using and disclosing your personal information as set out in this statement and our Privacy Policy. This consent remains valid unless you alter or revoke it by giving written notice to our Privacy Officer. However, should you choose to withdraw your consent it is important for you to understand that this may

mean we may not be able to provide you or your organisation with insurance or to respond to any claim.

How to Contact Us

If you would like a copy of your personal information, or to correct or update it, please contact our customer relations team on 1300 475 092 or email **privacy@agileunderwriting.com**. If you have a complaint or would like more information about how we manage your personal information, please review our Privacy Policy for more details or contact the Privacy Officer, AGILE Underwriting Services Pty Limited, Level 5, 63 York St, Sydney NSW 2000,

Tel: 1300 475 092 or email **privacy@agileunderwriting.com**

8. COMPLAINTS AND DISPUTE RESOLUTION

AGILE takes the concerns of its customers very seriously. AGILE has detailed complaint handling and dispute resolution procedures that you may access, at no cost to you. To obtain a copy of our procedures, please contact Us on 1300 475 092 or **complaints@agileunderwriting.com**. To assist AGILE with your enquiries, please provide us with your claim or policy number (if applicable) and as much information You can about the reason for your complaint or dispute. AGILE's complaints and dispute procedures are as follows:

Stage 1 – Complaint Handling Procedure

If You are dissatisfied with any of AGILE's products or services and You wish to lodge a complaint, please contact Us at:

Postal address: The Complaints Officer
AGILE Underwriting Services Pty Limited
Level 5, 63 York St, Sydney NSW 2001

Telephone: 1300 705 031

Email: **complaints@agileunderwriting.com**

We will respond to your complaint within fifteen (15) business days, or if further investigation or information is required, we will work with You to agree on reasonable alternative timeframes.

Stage 2 – Dispute Resolution Procedure

If you are dissatisfied with our response to your complaint, you may ask that Your complaint be treated as a dispute and referred to AGILE’s dispute resolution team at:

Postal address: Lloyd’s Underwriters’ General Representative in Australia
Lloyd’s Australia Limited
Level 9, 1 O’Connell Street Sydney NSW 2000

Telephone: (+61 2) 9223 0752

Facsimile: (+61 2) 9223 1466

Email: ldraustralia@lloyds.com

When you lodge your dispute with Lloyd’s, they will usually require the following information:

- (a) Name, address and telephone number of the policyholder;
- (b) The type of insurance policy involved;
- (c) Details of the policy concerned (policy and/or claim reference numbers, etc.);
- (d) Name and address of the insurance intermediary through whom the policy was obtained;
- (e) Details of the reasons for lodging the complaint;
- (f) Copies of any supporting documentation You believe may assist Lloyd’s in addressing Your dispute appropriately.

Following receipt of your complaint, you will be advised whether your dispute will be handled by either Lloyd’s Australia or the Complaints Department at Lloyd’s in London:

- (i) Where your complaint is eligible for referral to the Australian Financial Complaints Authority (AFCA), your complaint will be reviewed by a person at Lloyd’s Australia with appropriate authority to deal with your dispute. If Your complaint or dispute is not resolved to Your satisfaction or a final response has not been provided within 45 days, You may refer the matter to the Australian Financial Complaints Authority (AFCA), for review. AFCA provides a free and independent dispute resolution service for consumers who have general insurance disputes falling within its terms of reference and its contact details are:

Postal address: AFCA
GPO Box 3, Melbourne VIC 3001

Telephone: 1800 931 678

- (ii) Where your complaint is not eligible for referral to AFCA, Lloyd's Australia will refer your complaint to the Complaints Department at Lloyd's, who will then liaise directly with you. Complaints that cannot be resolved by Complaints may be referred to the Financial Ombudsman Service (UK). Further details will be provided at the appropriate stage of the complaints process.

How long will Stage 2 process take?

Your complaint will be acknowledged in writing within five (5) business days of receipt, and you will be kept informed of the progress of Lloyd's review of your complaint at least every ten (10) business days.

The length of time required to resolve a particular dispute will depend on the individual issues raised, however in most cases you will receive a full written response to your complaint within fifteen (15) business days of receipt, provided Lloyd's have received all necessary information and have completed any investigation required.

Stage 3 – External Dispute Resolution

If your complaint or dispute is not resolved to your satisfaction or a final response has not been provided within 45 days, you may refer the matter to the Australian Financial Complaints Authority (AFCA) for review. AFCA provides a free and independent dispute resolution service for consumers who have general insurance disputes falling within its terms of reference and its contact details are:


Postal address:	AFCA GPO Box 3, Melbourne VIC 3001
Telephone:	1800 931 678

10. WHO CAN I CONTACT IF I HAVE QUESTIONS?

We've simplified our contact points so you can easily get in touch with us.

For enquiries relating to	Please contact
Policy questions and coverage Any questions, just call or email.	1300 705 031 help@agileunderwriting.com
Cancelling your policy You can cancel your policy at any time.	1300 705 031 cancel@agileunderwriting.com
Making a claim online You can claim directly through our online portal.	agileunderwriting.com/how-to-claim support.agileunderwriting.com
Making a claim Get in touch straight away and we can help.	1300 705 031 claims@agileunderwriting.com



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