

CHI

CHI TRAVEL INSURANCE PTY LTD

CHI Travel Insurance



SUPPLEMENTARY PRODUCT DISCLOSURE STATEMENT

Allianz 

Global Assistance

ABOUT THIS SUPPLEMENTARY PRODUCT DISCLOSURE STATEMENT (SPDS)

This document is an SPDS that updates and amends the CHI Travel Insurance Combined Financial Services Guide and Product Disclosure Statement (including Policy Wording) with the preparation date 10 February 2017 (PDS) and replaces the CHI Travel Insurance Supplementary Product Disclosure Statement with the preparation date 5 February 2018.

This SPDS is issued by the insurer Allianz Australia Insurance Limited ABN 15 000 122 850 AFSL 234708 of 2 Market Street Sydney NSW 2000.

This SPDS must be read together with the PDS and any other SPDS that you are given which updates and amends the PDS.

The preparation date of this SPDS is 2 March 2018.

CHANGES TO THE PDS

This SPDS amends the PDS as follows:

Words With Special Meanings (pages 6 to 9)

Replace existing definition of **“Hospital”** on page 6 with:

Hospital means an established hospital registered under any legislation that applies to it, that provides in-patient medical care. It does not include any institution used primarily as a nursing or convalescent home, a place of rest, a geriatric ward, a mental institution, a rehabilitation or external care facility or a place for the treatment of alcoholism, drug addiction or substance addiction.

Replace existing definition of **“Medical Adviser”** on page 7 with:

Medical Adviser means a doctor (including a clinical psychologist) or dentist qualified to diagnose the condition or disorder, holding the necessary current certification in the country in which they are currently practising, and who is not you or your Travelling Companion, or a Relative or employee of you or your Travelling Companion.

Replace existing definition of **“Pre-existing Medical Condition”** on page 8 with:

Pre-existing Medical Condition means a condition of which you were, or a reasonable person in your circumstances should have been, aware:

1. prior to the time of the policy being issued that is:
 - a chronic or ongoing:
 - medical condition;
 - dental condition; or
 - Mental Illness, or

- a current pregnancy; or
 - a medical condition connected with your current or past pregnancy; or
 - related to in vitro fertilisation or another form of assisted reproductive treatment or procedure, or
2. in the ten (10) years prior to the time of the policy being issued that involves:
 - your heart, brain, circulatory system or blood vessels; or
 - your respiratory system; or
 - your kidneys, liver or pancreas; or
 - cancer; or
 - back pain requiring prescribed pain relief medication; or
 - surgery involving any joints, the neck, back, spine, brain, skull, abdomen or pelvis requiring at least an overnight stay in Hospital; or
 - diabetes mellitus (type 1 or type 2); or
 - Mental Illness; or
 - signs or symptoms for which you:
 - have not yet sought a professional opinion regarding the cause; or
 - are currently under investigation to define a diagnosis; or
 - are awaiting specialist opinion, or
 3. in the two (2) years prior to the time of the policy being issued for which you:
 - have been in Hospital, required an emergency department visit or had day surgery; or
 - have been prescribed a new medication or had a change to your medication regime; or
 - had or required regular review or check-ups; or
 - have required prescription pain relief medication.

Replace existing definition of **“Sick”** or **“Sickness”** on page 9 with:

Sick or **Sickness** means a medical condition (including a Mental Illness), not being an Injury, the symptoms of which first occur or manifest after the date of issue of the Certificate of Insurance.

Your Policy Cover (page 38)

In **SECTION 1A - CANCELLATION FEES AND LOST DEPOSITS**, immediately above the heading **1.1 WHAT WE COVER**, a paragraph is inserted as follows:

If your claim arises from or is related to your fitness to travel, written proof from a Medical Adviser must be provided.

General Exclusions Applicable To All Sections (pages 57 & 58)

Replace General Exclusion 18 on page 57 with:

18. your claim arises from, is related to or associated with any physical or mental signs or symptoms that you were aware, or a reasonable person in your circumstances would have been aware, of before cover commenced, and:
 - a] you had not yet sought a medical opinion regarding the cause; or
 - b] you were currently under investigation to define a diagnosis; or
 - c] you were awaiting specialist opinion.

Replace General Exclusion 24 on page 58 with:

24. your claim arises from or is in any way related to or connected with:
 - you or any other person being hospitalised or confined to a clinic, where you or that other person (as the case may be) is being treated for addiction to drugs, substances or alcohol, or is using the Hospital or clinic as a nursing, convalescent or rehabilitation place; or
 - a therapeutic or illicit drug, substance or alcohol addiction suffered by you or any other person.

Delete General Exclusion 26 on page 58.

CLAIMS GUARANTEE

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



CHI TRAVEL INSURANCE PTY LTD

ABN 70 131 684 636

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

Sales and General Enquiries

Phone: (02) 9997 4810 or 1800 997 810

Fax: (02) 9979 9310

sales@chitravelinsurance.com.au

www.chitravelinsurance.com.au

Claims Enquiries

Phone: 1300 654 811 (within Australia)

CHI Travel Insurance Medical Assessment Line

Phone: (02) 9998 7870 or 1800 671 826

24 Hour Emergency Assistance call

Allianz Global Assistance

+61 7 3305 7499 (reverse charge from overseas)

1800 010 075 (within Australia)

Authorised Representative's Details

Name/Company :

ABN (if applicable) :

AR Number :

Agent Stamp :

This insurance is issued and managed by

AWP Australia Pty Ltd, trading as Allianz Global Assistance

ABN 52 097 227 177

AFS Licence 245631

74 High Street, Toowong QLD 4066

This insurance is underwritten by

Allianz Australia Insurance Limited

ABN 15 000 122 850

AFS Licence 234708

of 2 Market Street, Sydney NSW 2000

CHI Travel Insurance Pty Ltd

ABN 70 131 684 636

AR Number 327036

is an authorised representative of Allianz Global Assistance

CHI

CHI TRAVEL INSURANCE PTY LTD

CHI Travel Insurance

TRAVEL SERVICES PROVIDER
INSOLVENCY COVERAGE*

* on selected plans



COMBINED FINANCIAL SERVICES GUIDE
AND PRODUCT DISCLOSURE STATEMENT
(INCLUDING POLICY WORDING)

Allianz 

Global Assistance

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This Financial Services Guide (FSG) has been designed to help you make an informed decision about the financial services that the Authorised Representative and AWP Australia Pty Ltd ABN 52 097 227 177 AFS Licence No. 245631 of 74 High Street, Toowong, Queensland 4066 Telephone (07) 3305 7000 (Allianz Global Assistance) can provide to you. It also contains information about how they and others are remunerated for providing these financial services and how your complaints are dealt with.

Allianz Global Assistance is responsible for the content of this FSG and has authorised its distribution.

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

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

About Allianz Global Assistance

Allianz Global Assistance is an Australian Financial Services Licensee authorised to deal in and provide general advice on general insurance products. Allianz Global Assistance has been authorised by the insurer, Allianz Australia Insurance Limited (Allianz) ABN 15 000 122 850 AFS Licence No. 234708 of 2 Market Street, Sydney, New South Wales, 2000 Telephone 13 26 64, to act on its behalf to deal in and provide general advice and handle and settle claims in relation to travel insurance products underwritten by Allianz.

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

CHI Travel Insurance and the Authorised Representative

CHI Travel Insurance Pty Ltd (CHI Travel Insurance) ABN 70 131 684 636 Authorised Representative Number 327036 of 10/9 Bungan Street, Mona Vale, New South Wales 2103 Telephone 1800 997 810 or 02 9997 4810 is an authorised representative of Allianz Global Assistance. CHI Travel Insurance is the authorised representative that provides the financial services when you purchase this product through the website at www.chitravelinsurance.com.au or over the telephone.

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

CHI Travel Insurance and the Authorised Representative are authorised by Allianz Global Assistance to deal in and provide general advice on travel insurance products underwritten by Allianz. CHI Travel Insurance and the Authorised Representative act for Allianz Global Assistance and do not act on your behalf.

Professional Indemnity Insurance Arrangements

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

Remuneration

The premium for this travel insurance Policy is payable to Allianz as the insurer.

CHI Travel Insurance and the Authorised Representative receive a commission (inclusive of GST) when you buy a policy from a travel agent, which is calculated as a percentage of the premium you pay for the travel insurance policy issued to you. It is only paid if you buy a policy.

Allianz Global Assistance is also remunerated by Allianz for providing services on behalf of Allianz. This is a percentage (exclusive of GST) of the premium that you pay for an insurance policy and is only paid if you buy a policy.

Employees and representatives of CHI Travel Insurance, the Authorised Representative and Allianz Global Assistance receive an annual salary. Employees and representatives of CHI Travel Insurance and the Authorised Representative may also receive a bonus based on performance criteria which can include sales performance.

The above remuneration is included in the premium you pay.

If you would like more information about the remuneration that the Authorised Representative receives, please ask them. If you would like more information about the remuneration that CHI Travel Insurance, or employees and representatives of CHI Travel Insurance or Allianz Global Assistance, receives please ask them. This request should be made within a reasonable time after this FSG is provided to you and before the financial services are provided to you.

If you have a complaint

Should you have a complaint or dispute arising out of this insurance, or our employees, authorised representatives or service providers, please call Allianz Global Assistance on 1300 654 811 or put the complaint in writing and send it to PO Box 162, Toowong, Queensland 4066.

A dispute may also be referred to the Financial Ombudsman Service Australia (FOS), which is an independent external dispute resolution body. For more information or to access the FOS process please call 1800 367 287. Alternatively you can write to the FOS at GPO Box 3, Melbourne Victoria 3001. Access to the FOS is free.

Privacy Statement

Allianz Global Assistance and CHI Travel Insurance are committed to ensuring the privacy and security of your personal information. They adhere to the privacy terms set out in "Important Matters" in the PDS.

How to contact us

You can contact CHI Travel Insurance or Allianz Global Assistance or provide them with instructions using the contact details outlined in this FSG. Please keep this document in a safe place for your future reference.

Date prepared

This FSG was prepared on 10 February 2017.

A Product Disclosure Statement (PDS) is a document required by the Corporations Act 2001 (Cth) and contains information designed to help you decide whether to buy this product and to compare it with other products you may be considering.

This PDS sets out the cover available and the terms and conditions which apply. Please note that any recommendations or opinions in this document are of a general nature only and do not take into account your objectives, financial situation or needs. Before you make any decisions about the product, you should read this PDS carefully to ensure that it is suitable for you.

This PDS, together with the Certificate of Insurance and any written document we tell you forms part of your Policy, make up your contract with Allianz. Please retain these documents in a safe place.

About the available plans

You can choose from the following plans:

- **Top Plus International, Top International, Mid International & Basic International** (includes all sections*);
- **Budget International** (includes Sections* 2, 3 & 15);
- **Top Plus Frequent Traveller, Mid Frequent Traveller & Basic Frequent Traveller** (includes all sections while travelling internationally and Sections 1A, 1B, 4 & 6 to 16 while travelling domestically);
- **Mid Australia Only & Basic Australia Only** (includes Sections 1A, 1B, 4, 6, 11, 13, 15 & 16);
- **Mid Non-Resident & Basic Non-Resident** (includes Sections 1A, 2 to 7, 9 & 11 to 16).

The following plans are only available to eligible travellers:

- **Top Plus Non-Medical, Mid Non-Medical & Basic Non-Medical** (includes Sections* 1A, 1B, 4, 6, 7 & 9 to 16).

**you will not have cover under certain sections while travelling in Australia - see 'How to purchase a policy' pages 36 & 37 for details.*

Understanding your policy and its important terms and conditions

To properly understand this product's significant features, benefits, limits, conditions and exclusions you need to carefully read:

- "Purchasing this Product" (pages 32 to 37) - this contains important information on who can purchase this product, age limits and cover types available to you;
- About the cover, and limits on the amount we will pay, that applies to each plan in the "Table of Benefits" pages 26 to 31, when *We will pay* a claim under each section applicable to the cover you choose ("Your Policy Cover" pages 38 to 55), any options purchased by you under "Additional Options" pages 22 & 23 and "Pre-existing Medical Conditions" pages 24 & 25 (remember, certain words have defined meanings - see "Words with Special Meanings" pages 6 to 9);

- **“Important Matters”** (pages 10 to 16) - this contains important information about the period of cover and extensions of cover, applicable Excesses, your duty of disclosure (including how the duty applies to you and what happens if you breach the duty), our privacy notice and dispute resolution process, the Financial Claims Scheme, when you can choose your own doctor, when you should contact Allianz Global Assistance concerning 24 hour medical assistance, Overseas hospitalisation or medical evacuation, and more;
- When *We will not pay* a claim under each section applicable to the cover you choose (**“Your Policy Cover”** pages 38 to 55) and **“General Exclusions Applicable to all Sections”** (pages 56 to 59); and
- **“Claims”** (pages 17 & 18) - this sets out important information about how we will consider claims. It also sets out certain obligations that you and we have. If you do not meet them we may refuse to pay, or reduce the amount we will pay, in relation to a claim.

Applying for cover

When you apply for your Policy, we will confirm with you things such as the period of cover, your premium, what cover options and Excess will apply, and whether any standard terms are to be varied.

These details will be recorded on the Certificate of Insurance issued to you.

If we are unable to offer you the cover you seek, it will be because the particular product offered is not designed to cover a particular risk or risks including, but not limited to, some geographical regions, some Pre-existing Medical Conditions or some ages. In such a case, if you would like to discuss your options please use the contact details on the back cover of this PDS.

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

If you have any queries, want further information about this product or want to confirm a transaction, please use the contact details on the back cover of this PDS.

About your premium

You will be told the premium payable for your Policy when you apply. In calculating the premium, we take into account a number of factors including your destination(s), length of Journey, the number of persons and age of persons to be covered under the Policy and the plan type you select. The amount of any Excess payable, cover for additional options and cover for agreed Pre-existing Medical Conditions are also included in the calculation of your premium.

Your total premium reflects the amount we calculate to cover these factors as well as any relevant government charges, taxes or levies (such as stamp duty or GST) in relation to your Policy. These amounts are included in the total amount payable by you as shown in your Certificate of Insurance.

Cooling-off period

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

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

If this insurance has been submitted to fulfil any visa requirements we hold the right to notify any visa authority that this Policy has been cancelled under the cooling-off period.

Who is your insurer?

This Policy is underwritten by Allianz Australia Insurance Limited (Allianz) ABN 15 000 122 850 AFS Licence No. 234708.

Who is Allianz Global Assistance?

Allianz Global Assistance is a trading name of AWP Australia Pty Ltd ABN 52 097 227 177 AFS Licence No. 245631, of 74 High Street, Toowong 4066, Telephone (07) 3305 7000.

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

Updating the PDS

We may need to update this PDS from time to time if certain changes occur where required and permitted by law. We will issue you with a new PDS or a supplementary PDS to update the relevant information except in limited cases. Where the information is not something that would be materially adverse from the point of view of a reasonable person considering whether to buy this product, Allianz Global Assistance may issue you with notice of this updated information (you can get a paper copy free of charge by calling the contact number shown on the back cover of this PDS).

Preparation date

The preparation date of this PDS is 10 February 2017.

Words with Special Meanings

When the following words and phrases appear in this PDS, your Certificate of Insurance or any other document we tell you forms part of your Policy, they have the meanings given below. The use of the singular shall also include the use of the plural and vice versa.

Accident means an unexpected event caused by something external and visible.

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

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

Certificate of Insurance is the document we give you which confirms that we have issued a policy to you and sets out details of your cover.

Concealed Storage Compartment means a boot, trunk, glove box, enclosed centre console, or concealed cargo area of a motor vehicle.

Country of Residence means the country of which you are a permanent resident. If you currently reside in Australia and are eligible for an Australian Medicare Card then, for the purposes of this Policy, your Country of Residence is deemed to be Australia.

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

Duo means you and your Travelling Companion as named on the Certificate of Insurance. Duo cover does not provide cover for any Dependents.

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 deduction we will make from the amount otherwise payable under your Policy for each claimable incident or event.

Family means you, your spouse or partner and your Dependents (*where a Top Plus Frequent Traveller, mid Frequent Traveller or Basic Frequent Traveller plan has been purchased, "Family" can also mean:*

- *you and your spouse or partner.*

Home means the place where you normally live in Australia.

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

Individual means covering you, the person whose name is set out on the Certificate of Insurance. Individual cover does not provide cover for any other person.

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

Insolvency or Insolvent means bankruptcy, provisional liquidation, liquidation, appointment of a receiver, manager or administrator, entry into any official or unofficial scheme of arrangement, statutory protection, restructuring or composition with creditors, or the happening of anything of a similar nature under the laws of any jurisdiction.

Journey means travel which begins when you leave Home or your place of business to commence your travel and ends when you arrive back Home or at a hospital or nursing home in Australia (if you are evacuated or repatriated), whichever is earlier. Refer to page 33 for the definition of "Journey" for policies purchased after leaving Australia.

Luggage and Personal Effects means any personal items that you take with you, or buy, on your Journey and which are designed to be worn or carried about with you. This includes items of clothing, personal jewellery, photographic and video equipment or personal computers, or electrical devices or portable equipment. However, it does not mean any cash, bank notes, currency notes, cheques, negotiable instruments, bicycles, business samples or items that you intend to trade.

Medical Adviser means a qualified doctor or dentist, other than you or a Relative, holding the necessary certification in the country in which they are currently practising.

Mental Illness means any illness, condition or disorder listed in the current edition of the Diagnostic and Statistical Manual of Mental Disorders.

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

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

Non-Resident means someone who does not reside in Australia, is travelling to, within and from Australia, and who is not entitled to receive Australian Medicare Benefits.

Off-piste means any skiing that is not on groomed terrain or marked slopes that are within the designated ski resort boundaries.

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

Overseas means in any country other than Australia.

Pandemic means a form of an Epidemic that extends throughout an entire continent.

PDS means Product Disclosure Statement.

Permanent Disability means permanent loss of all the sight in one or both eyes, or the use of a hand at or above the wrist or a foot at or above the ankle.

Policy means your travel insurance policy with us covering you and is made up of this Product Disclosure Statement, your Certificate of Insurance and any other document we tell you forms part of this policy. Together these documents make up your contract with us.

Pre-existing Medical Condition means a medical condition of which you were, or a reasonable person in your circumstances should have been, aware:

1. **prior to the time of the Policy being issued that involves:**
 - a) your heart, brain, circulatory system/blood vessels, or
 - b) your lung or chronic airways disease, or
 - c) cancer, or
 - d) back pain requiring prescribed pain relief medication, or
 - e) surgery involving any joints, the back, spine, brain or abdomen requiring at least an overnight stay in Hospital, or
 - f) Diabetes Mellitus (Type 1 or Type 2); OR

2. **in the 2 years prior to the time of the Policy being issued:**
 - a) for which you have been in Hospital or emergency department or day surgery, or
 - b) for which you have been prescribed a new medication or had a change to your medication regime, or
 - c) requiring prescription pain relief medication; OR
3. **prior to the time of the Policy being issued that is:**
 - a) pregnancy, or
 - b) connected with your current pregnancy or participation in an IVF program; OR
4. **for which, prior to the time of the Policy being issued:**
 - a) you have not yet sought a medical opinion regarding the cause; or
 - b) you are currently under investigation to define a diagnosis; or
 - c) you are awaiting specialist opinion.

For the purposes of this definition, “*medical condition*” includes a dental condition. This definition applies to you, your Travelling Companion, a Relative of you or your Travelling Companion, or any other person.

Professional Sport means training for, coaching or competing in any sporting event where you are entitled to receive, or are eligible to receive, an appearance fee, wage, salary or prize money in excess of \$1,000.

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

Reasonable means:

- for medical, Hospital or dental expenses, the standard level of care given in the country you are in not exceeding the level you would normally receive in Australia; or
- for other covered expenses, a level comparable to those you have booked for the rest of your Journey; or
- as determined by Allianz Global Assistance having regard to the circumstances.

Reciprocal Health Care Agreement means an agreement between the Government of Australia and the government of another country where Residents of Australia are provided with subsidised essential medical treatment. (Please visit www.dfat.gov.au for details of Reciprocal Health Care Agreements with Australia.)

Relative means grandparent, parent, parent-in-law, step parent, step parent-in-law, sister, step sister, sister-in-law, brother, step brother, brother-in-law, spouse, partner, fiancé(e), son, son-in-law, daughter, daughter-in-law, step child, foster child, grandchild or guardian.

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

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

Sick or Sickness means a medical condition, not being an Injury, the symptoms of which first occur or manifest during your period of cover.

Single means you and your Dependants travelling with you.

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

Travel Services Provider means any scheduled service airline, hotel and resort operator, accommodation provider, motor vehicle rental or hire agency, bus line, shipping line or railway company.

Travelling Companion means a person with whom you have made arrangements before your Policy was issued, to travel with you for at least 75% of your Journey.

Unsupervised means leaving your Luggage and Personal Effects:

- with a person who is not named on your Certificate of Insurance or who is not your or your Travelling Companion's Relative;
- with a person who is named on your Certificate of Insurance or who is a Travelling Companion or who is your or your Travelling Companion's Relative but who fails to keep your Luggage and Personal Effects under close supervision; or
- where they can be taken without your knowledge; or
- at such a distance from you that you are unable to prevent them being taken; and

includes forgetting or misplacing items of your Luggage and Personal Effects, leaving them behind or walking away from them.

we, our and **us** means Allianz Australia Insurance Limited
ABN 15 000 122 850, AFSL 234708.

you, your and **Insured Person** means each person named on the Certificate of Insurance.

Important Matters

Under your Policy there are rights and responsibilities which you and we have. You must read this PDS in full for more details, but here are some you should be aware of:

Period of cover

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

Top Plus International, Top International, Mid International, Basic International, Mid Australia Only, Basic Australia Only, Top Plus Non-Medical, Mid Non-Medical & Basic Non-Medical plans

- The cover under Section 1A (*Cancellation Fees and Lost Deposits*) and Section 1B (*Travel Services Provider Insolvency*) only applies to those services scheduled to be used between the departure and return dates shown on your Certificate of Insurance, and begins from the date your Policy is issued.
- Cover for all other sections begins on the date of departure as stated on your Certificate of Insurance.
- Cover for all sections ends when you return to your Home, or when we return you to Australia, or on the date of return set out on your Certificate of Insurance, whichever happens first.

Budget International plan

- Cover for all sections begins on the date of departure as stated on your Certificate of Insurance.
- Cover for all sections ends when you return to your Home, or when we return you to Australia, or on the date of return set out on your Certificate of Insurance, whichever happens first.

Policies purchased after leaving Australia

For Residents of Australia already Overseas who have purchased an eligible plan after leaving Australia (*see pages 32 & 33 for details of eligible plans*), your period of cover is as shown below:

- cover for all sections begins from the time the Policy issued (*a waiting period of 48 hours from the issue date as stated on your Certificate of Insurance applies to all claims arising from, related to or associated with any Injury or Sickness, regardless of the section that applies to the claim (refer to 'For Residents of Australia already overseas' pages 32 & 33 for details).*
- cover for all sections ends when you return to your Home or the place you intend to reside in Australia, or on the date of return set out on your Certificate of Insurance, whichever happens first.
Refer to page 33 for the amended definition of "Journey" for these policies.

Top Plus Frequent Traveller, Mid Frequent Traveller & Basic Frequent Traveller plans

- The cover under Section 1A (*Cancellation Fees and Lost Deposits*) and Section 1B (*Travel Services Provider Insolvency*) begins from the date your Policy is issued.
- Cover for all other sections begins on the date of departure as stated on your Certificate of Insurance.
- Cover for any one Journey* ends when you return to your Home, or when we return you to Australia, or on the date of return set out on your Certificate of Insurance, whichever happens first.

* **Note:** the maximum period for any one Journey is 45 days for leisure travel or 90 days for business travel. A Journey can be made up of business and/or leisure travel (with the leisure component being up to 45 days), however, the whole Journey cannot exceed a total of 90 days.

Mid Non-Resident & Basic Non-Resident plans

- The cover under Section 1A (*Cancellation Fees and Lost Deposits*) only applies to those services scheduled to be used between the departure and return dates shown on your Certificate of Insurance, and begins from the date your Policy is issued.
- Cover for all other sections begins on the date of departure as stated on your Certificate of Insurance.
- Cover for all sections ends when you return to your Home, or when we return you to your Country of Residence, or on the date of return set out on your Certificate of Insurance, whichever happens first.

Amendment of cover

In certain circumstances, we will allow you to amend your Policy after purchase.

Where we agree to update or add to the cover under your Policy, the change in cover will only apply to circumstances which arise after we have issued you with an updated Certificate of Insurance reflecting the change.

Where we agree to your request to remove any cover under your Policy, you will not be able to make any claim or exercise any other right under the cover that has been removed for any circumstance which arises after the time your Policy is updated.

Extension of cover

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

- a bus line, airline, shipping line or rail authority you are travelling on, or that has accepted your fare or Luggage and Personal Effects, is delayed; or
- the delay is due to a reason for which you can claim under your Policy (subject to our written approval).

If the delay is for any other reason other than as stated above, we must receive your request to extend your cover at least 7 days before your original Policy expires if you send your request by post.

All other requests to extend your cover must be received prior to your original Policy expiry date. Cover will be extended subject to our written approval, and your payment of the additional premium.

Where we have agreed to extend cover, we will issue you with a new Certificate of Insurance. The period of cover on your new Certificate cannot exceed 12 months.

Cover cannot be extended:

- for any Pre-existing Medical Condition, unless it is listed under the heading '*Pre-existing medical conditions which we may cover with no additional premium payable*' on pages 24 & 25, and you have not been hospitalised (including day surgery or emergency department attendance) for that condition in the 18 months prior to application for the extension. This applies even if cover for your Pre-existing Medical Condition was provided under the original Policy; or
- for any medical conditions you suffered during the term of your original Policy; or

- where you have not advised us of any circumstances that have given (or may give) rise to a claim under your original Policy; or
- where at the time of application for the extension you are aged 75 years or over under the Top Plus International, Top International, Mid International, Basic International, Budget International, Mid Australia Only & Basic Australia Only plans; or aged 86 years or over under the Mid Non-Resident & Basic Non-Resident plans; or
- under the Top Plus Frequent Traveller, Mid Frequent Traveller, Basic Frequent Traveller, Top Plus Non-Medical, Mid Non-Medical & Basic Non-Medical plans.

Confirmation of cover

To confirm any policy transaction, (if the Certificate of Insurance does not have all the information you require), call CHI Travel Insurance on (02) 9997 4810 or 1800 997 810.

Limitation of cover

Notwithstanding anything contained in this PDS we will not provide cover nor will we make any payment or provide any service or benefit to any person or party where providing such cover, payment, service or benefit would contravene or violate any applicable trade or economic sanction or any law or regulation.

Excess

Please note: In some circumstances we may impose an additional Excess for claims arising from some medical conditions. We will inform you in writing if any additional Excess applies.

Top Plus International, Top International, Mid International, Basic International, Top Plus Frequent Traveller, Mid Frequent Traveller & Basic Frequent Traveller plans

We will not pay the first \$150 for any one event under Sections* 1A, 1B, 3, 9, 10, 11, 15 & 16.

A NIL Excess applies to all other sections.

** Refer to the "Table of Benefits" on pages 26 to 31 for details of which sections are available under each plan.*

You also have the option to vary the standard \$150 Excess (refer to "Additional Options" on pages 22 & 23 for details).

Budget International plan

We will not pay the first \$150 for any one event under Sections 3 & 15.

A NIL Excess applies to Section 2.

You also have the option to vary the standard \$150 Excess (refer to "Additional Options" on pages 22 & 23 for details).

Mid Australia Only & Basic Australia Only plans

We will not pay the first \$150 for any one event under Sections* 1A, 1B, 11, 15 & 16.

A NIL Excess applies to all other sections.

** Refer to the "Table of Benefits" on pages 26 to 31 for details of which sections are available under each plan.*

You also have the option to vary the standard \$150 Excess (refer to "Additional Options" on pages 22 & 23 for details).

Mid Non-Resident & Basic Non-Resident plans

We will not pay the first \$150 for any one event under Sections* 1A, 3, 9, 11, 15 & 16.

A NIL Excess applies to all other sections.

** Refer to the "Table of Benefits" on pages 26 to 31 for details of which sections are available under each plan.*

You also have the option to vary the standard \$150 Excess (refer to "Additional Options" on pages 22 & 23 for details).

Top Plus Non-Medical, Mid Non-Medical & Basic Non-Medical plans

We will not pay the first \$150 for any one event under Sections* 1A, 1B, 9, 10, 11, 15 & 16.

A NIL Excess applies to all other sections.

** Refer to the "Table of Benefits" on pages 26 to 31 for details of which sections are available under each plan.*

You also have the option to vary the standard \$150 Excess (refer to "Additional Options" on pages 22 & 23 for details).

Jurisdiction and choice of law

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

Your duty of disclosure

Before you enter into this insurance with us, you have a duty of disclosure under the Insurance Contracts Act 1984.

The Act imposes a different duty the first time you enter into a contract of insurance with us to that which applies when you vary, extend or reinstate the contract.

This duty of disclosure applies until the contract is entered into (or varied, extended or reinstated as applicable).

Your duty of disclosure when you enter into the contract with us for the first time

When answering our specific questions that are relevant to our decision whether to accept the risk of the insurance and, if so, on what terms, you must be honest and disclose to us anything that you know and that a reasonable person in the circumstances would include in answer to the questions.

It is important that you understand that you are answering our questions in this way for yourself and anyone else that you want to be covered by the contract.

Your duty of disclosure when you vary, extend or reinstate the contract

When you vary, extend or reinstate the contract with us, your duty is to disclose every matter that you know, or could reasonably be expected to know, is relevant to our decision whether to accept the risk of the insurance and, if so, on what terms.

What you do not need to tell us

Your duty however, does not require disclosure of any matter:

- that diminishes the risk to be undertaken by us; or
- that is of common knowledge; or
- that we know or, in the ordinary course of business as an insurer, ought to know; or
- as to which compliance with your duty is waived by us.

Non-disclosure

If you fail to comply with your duty of disclosure, we may be entitled to reduce our liability under the contract in respect of a claim, cancel the contract or both.

If your non-disclosure is fraudulent, we may also have the option of avoiding the contract from its beginning.

Financial Claims Scheme

In the unlikely event Allianz Australia Insurance Limited were to become insolvent and could not meet its obligations under the Policy, a person entitled to claim may be entitled to payment under the Financial Claims Scheme.

Access to the Scheme is subject to eligibility criteria. More information can be obtained from <http://www.fcs.gov.au>.

General Insurance Code of Practice

We proudly support the General Insurance Code of Practice.

The Code sets out the minimum standards of practice in the general insurance industry. For more information on the Code please contact Allianz Global Assistance on 1300 654 811.

Dispute resolution process

In this section, “we”, “our” and “us” means Allianz and Allianz Global Assistance.

If you have a complaint or dispute in relation to this insurance, or our services or our representatives, please call us on 1300 654 811, or put the complaint in writing and send it to The Dispute Resolution Department, PO Box 162, Toowong, Queensland 4066. We will attempt to resolve the matter in accordance with our Internal Dispute Resolution process. To obtain a copy of our procedures, please contact us.

A dispute can be referred to the Financial Ombudsman Service Australia (FOS), subject to its terms of reference. The FOS provides a free and independent dispute resolution service for consumers who have general insurance disputes falling within its terms. The contact details for the FOS are:

Financial Ombudsman Service Australia (FOS)

GPO Box 3, Melbourne Victoria 3001

Phone: 1800 367 287

Fax: (03) 9613 6399

Website: www.fos.org.au

Email: info@fos.org.au

Privacy notice

To arrange and manage your travel insurance, we (in this Privacy Notice “we”, “our” and “us” includes AWP Australia Pty Ltd trading as Allianz Global Assistance and its duly authorised representatives) collect personal information including sensitive information from you and those authorised by you such as your family members, Travelling Companions, your doctors, Hospitals, as well as from others we consider necessary including our agents.

Any personal information provided to us is used by us to evaluate and arrange your travel insurance. We also use it to administer and provide the insurance services and manage your and our rights and obligations in relation to those insurance services, including managing, processing and investigating claims. We may also collect, use and disclose it for product development, marketing, conducting customer research and analytics in

relation to all of our products and services, IT systems maintenance and development, recovery against third parties and for other purposes with your consent or where authorised by law.

This personal information may be disclosed to third parties involved in the above process, such as travel agents and consultants, travel insurance providers and intermediaries, authorised representatives, reinsurers, claims handlers and investigators, cost containment providers, medical and health service providers, overseas data storage and data handling providers, legal and other professional advisers, your agents and our related and group companies including Allianz. Some of these third parties may be located in other countries such as Thailand, France and India. You agree that while those parties will often be subject to confidentiality or privacy obligations, they may not always follow the particular requirements of Australian privacy laws.

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

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

We rely on you to have obtained their consent on these matters. If you do not, you must tell us before you provide the relevant information.

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

If you have a complaint about your privacy, please contact:

Privacy Officer, Allianz Global Assistance, PO Box 162, Toowong, QLD 4066 or you can contact the Privacy Commissioner at the Office of the Australian Information Commissioner, GPO Box 2999, Canberra, ACT 2601.

For more information about our handling of personal information, including further details about access, correction and complaints, please see our privacy policy available on request or view it on the web at www.allianz-assistance.com.au.

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

Overseas hospitalisation or medical evacuation

For emergency assistance anywhere in the world at any time, Allianz Global Assistance is only a telephone call away. The team will help with:

- medical problems, locating nearest medical facilities, access to a Medical Adviser for emergency medical treatment while Overseas, provision of any written guarantees for payment of Reasonable expenses for emergency hospitalisation while Overseas, your evacuation Home;
- locating nearest embassies and consulates, and
- any messages which need to be passed on to your family or employer in the case of an emergency.

Claims

If you are hospitalised you, or a member of your travelling party, MUST contact Allianz Global Assistance as soon as possible. If you do not, then to the extent permissible by law, we will not pay for these Hospital expenses or for any evacuation or airfares that have not been approved or arranged by Allianz Global Assistance.

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

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

You can choose your own doctor

You are free to choose your own Medical Adviser or Allianz Global Assistance can appoint an approved Medical Adviser to see you, unless you are treated under a Reciprocal Health Agreement. You must, however, advise Allianz Global Assistance of your admittance to Hospital or your early return to Australia based on written medical advice.

If you do not get the medical treatment you expect, Allianz Global Assistance can assist you but neither Allianz nor Allianz Global Assistance are liable for anything that results from that.

Safeguarding your luggage and personal effects

You must take all reasonable precautions to safeguard your Luggage and Personal Effects. If you leave your Luggage and Personal Effects Unsupervised in a Public Place we will not pay your claim (for an explanation of what we mean by "Luggage and Personal Effects", "Unsupervised" and "Public Place" – see pages 7 to 9).

Claims

In the event of a claim, immediate notice should be given to Allianz Global Assistance using the details on the back cover of this PDS.

Please note: Receipts and/or valuations must be provided proving your ownership of and the value of any item for which you make a claim. Receipts must be provided for any expense for which you make a claim.

Allianz Global Assistance will consider your claim within 10 business days of receiving a completed claim form and all necessary documentation. If they need additional information, a written notification will be sent to you within 10 business days.



How to make a claim

You must give Allianz Global Assistance notice of your claim as soon as possible. You can lodge your claim online 24 hours a day or obtain a claim form at www.travelclaims.com.au.

If there is a delay in claim notification, or you do not provide sufficient detail for Allianz Global Assistance to consider your claim, we can reduce any claim payable by the amount of prejudice we have suffered because of the delay.

You must give any information Allianz Global Assistance reasonably asks for to support your claim at your expense, such as but not limited to police reports, valuations, medical reports, original receipts or proof of purchase and ownership. If required they may ask you to provide them with translations into English of any such documents to enable their consideration of your claim.

You must co-operate at all times in relation to providing supporting evidence and such other information that may reasonably be required.

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

Claims are payable in Australian dollars to you

We will pay all claims in Australian dollars. We will pay you unless you tell us to pay someone else.

Depreciation

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

You must not admit fault or liability

In relation to a claim under this Policy you must not admit that you are at fault, and you must not offer or promise to pay any money, or become involved in litigation, without the approval of Allianz Global Assistance.

You must help us to recover any money we have paid

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

If you can claim from anyone else, we will only make up the difference

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

Other insurance

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

Subrogation

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

Recovery

Allianz Global Assistance will apply any money they recover from someone else under a right of subrogation in the following order:

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

Once we pay your total loss we will keep all money left over. If we have paid your total loss and you receive a payment from someone else for that loss or damage, you must pay us the amount of that payment up to the amount of the claim we paid you. If we pay you for lost or damaged property and you later recover the property or it is replaced by a third party, you must pay us the amount of the claim we paid you.

How GST affects your claim

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

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

Fraud

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

Health Tips

Before travel, consult your health professional to discuss:

- itinerary • duration of travel • style of travel • pregnancy
- past medical history • vaccination requirements • allergies
- pre-existing medical conditions • disease prevention
- medication (*ensure that any medications taken with you are legal in the country you will visit – make sure you carry a letter of approval from your doctor/dentist for any essential medication you need to take with you*)

Tips for long distance travellers

- While travelling, regularly exercise the lower limbs to encourage blood flow
- Drink plenty of non-alcoholic drinks to prevent dehydration

Other useful tips

- Carry a small first-aid kit with you containing a packet of adhesive dressings, some insect repellent, antiseptic cream and water sterilisation tablets (this takes up little space and could be useful). Emergency medical travel kits are available.
- Unless you know the water you are using is safe (bottled water usually is), sterilise all drinking water either by boiling or using sterilisation tablets.
- It is unwise to have your skin pierced (ie. acupuncture, tattooing, ear piercing, etc.) unless you can be sure that the equipment used is sterile – a needle wiped with an alcohol swab is not necessarily sterile.
- Keep a note on your person advising of any significant medical condition affecting you (eg. diabetes, angina pectoris, haemophilia).

The three R's of travel vaccination

Routine vaccinations (childhood or adult vaccinations)

- Tetanus/diphtheria • Polio • MMR • Influenza
- Pneumococcal • Varicella

Required vaccinations

When crossing some international borders, certain vaccinations are required, such as:

- Yellow Fever • Cholera • Meningococcal

Recommended vaccinations

There are some vaccinations recommended when travelling overseas specific to your destination. These may include:

- Hepatitis A • Hepatitis B • Typhoid • Japanese Encephalitis
- Poliomyelitis • Rabies • Cholera

For vaccination and health advice, including information on disease outbreaks, visit:

www.cdc.gov or www.who.int or www.smartraveller.gov.au

Summary of Benefits

This is only a summary of the benefits. Please read this PDS carefully for complete details of what *We will pay* and what *We will not pay*, and which of the sections are provided under each plan (see pages 38 to 55). Importantly, please note that exclusions do apply, as well as limits to the cover.

1A CANCELLATION FEES AND LOST DEPOSITS (pg. 38 to 40)

Cover for cancellation fees and lost deposits for pre-paid travel arrangements due to unforeseen circumstances neither expected nor intended by you and which are outside your control, such as:

– Sickness – Injuries – strikes – collisions – retrenchment – natural disasters.

1B TRAVEL SERVICES PROVIDER INSOLVENCY (pg. 40 & 41)

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

2 OVERSEAS EMERGENCY MEDICAL ASSISTANCE/EVACUATION (pg. 41 & 42)

Cover for emergency medical assistance while you are Overseas, including:

– 24 hour emergency medical assistance – ambulance
– medical evacuations – funeral arrangements – messages to family
– Hospital guarantees.

3 OVERSEAS EMERGENCY MEDICAL & HOSPITAL EXPENSES (pg. 42 & 43)

Cover for Overseas emergency medical treatment if you are Injured or become Sick Overseas, including:

– medical – Hospital – surgical – nursing
– emergency dental treatment for the relief of sudden and acute pain to sound and natural teeth.

4 ADDITIONAL EXPENSES (pg. 43 to 46)

Cover for additional accommodation and travel expenses caused by your health problems or someone else's resulting from:

– Sickness – Injury – death.

Also cover for your Travelling Companion's or Relative's accommodation and travel expenses to travel to, stay near or escort you resulting from:

– hospitalisation – medical evacuation.

Cover for piste closure due to adverse snow conditions.

Cover to hire ski and/or golf equipment following loss, theft of or damage to ski and/or golf equipment, as well as cover if your ski and/or golf equipment is delayed or misdirected.

5 HOSPITAL CASH ALLOWANCE (pg. 46)

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

6 ACCIDENTAL DEATH (pg. 47)

A death benefit is payable to your estate if you die within 12 months of, and because of, an Injury sustained during your Journey.

7 PERMANENT DISABILITY (pg. 47 & 48)

A benefit is payable if, due to an Injury you sustained during your Journey, you suffer Permanent Disability within 12 months of the Injury, and your Permanent Disability continues for at least 12 consecutive months, after which time it is considered to be beyond hope of improvement.

8 LOSS OF INCOME (pg. 48)

A weekly loss of income benefit is payable if, due to an Injury sustained during your Journey, you are unable to work after your return to Australia for more than 30 days.

9 LOSS OF TRAVEL DOCUMENTS, TRANSACTION CARDS AND TRAVELLERS CHEQUES (pg. 48 & 49)

Cover for the replacement costs of travel documents lost or stolen from you during your Journey, such as:

– passports – Transaction Cards – travel documents – travellers cheques.

10 THEFT OF CASH, BANK NOTES, CURRENCY NOTES, POSTAL ORDERS OR MONEY ORDERS (pg. 49)

Cover for the following items stolen from your person:

– bank notes – cash – currency notes – postal orders – money orders.

11 LUGGAGE AND PERSONAL EFFECTS (pg. 50 to 52)

Cover for replacing stolen or permanently lost Luggage and Personal Effects, or reimbursing repair cost for accidentally damaged items, including:

– luggage – spectacles – personal effects – personal computers – cameras.

12 LUGGAGE AND PERSONAL EFFECTS DELAY EXPENSES (pg. 52)

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

13 TRAVEL DELAY EXPENSES (pg. 53)

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

14 ALTERNATIVE TRANSPORT EXPENSES (pg. 53)

Cover for additional travel expenses following transport delays to reach:

– a wedding – funeral – conference – sporting event
– pre-paid travel/tour arrangements.

15 PERSONAL LIABILITY (pg. 54)

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

16 RENTAL VEHICLE INSURANCE EXCESS / RETURN OF RENTAL VEHICLE (pg. 55)

Cover for the excess payable on your Rental Vehicle's motor vehicle insurance resulting from the Rental Vehicle being:

– stolen – crashed – damaged

and/or:

the cost of returning the Rental Vehicle due to you being unfit to do so.

Additional Options

Specified luggage and personal effects cover

This additional option is not available under the Budget International plan.

The maximum amount we will pay for all claims combined under Section 11 (*Luggage and Personal Effects*) is shown under the “**Table of Benefits**” on pages 26 to 31 for the plan you have selected.

Please note: for the purposes of this additional option and Section 11:

- “*specified items*” refers to Luggage and Personal Effects that have been listed as covered on your Certificate of Insurance with a nominated sum insured.
- “*unspecified items*” refers to Luggage and Personal Effects that have not been specifically listed on your Certificate of Insurance.

Depending on the plan you purchase, cover for any unspecified item is limited as set out below:

Top Plus International, Top International, Mid International, Top Plus Frequent Traveller, Mid Frequent Traveller, Mid Australia Only, Mid Non-Resident, Top Plus Non-Medical & Mid Non-Medical plans

- \$3,000 for personal computers, video recorders or cameras
- \$1,000 for mobile phones (including PDAs and any items with phone capabilities)
- \$750 for all other unspecified items

Basic International, Basic Frequent Traveller, Basic Australia Only, Basic Non-Resident & Basic Non-Medical plans

- \$750 for all unspecified items

Additional cover can be purchased for specified items (**excluding jewellery, bicycles and watercraft other than surfboards**) up to a total amount of \$5,000 for all items combined, by paying an additional premium at the time your Certificate of Insurance is issued.

There is no cover for bicycles or watercraft (other than surfboards) under the Policy. These items must not be specified and cover will not be provided for them.

Your nominated limit for “*Specified Luggage and Personal Effects Cover*” will be shown on your Certificate of Insurance. Receipts and/or valuations must be provided in the event of a claim.

Depreciation and the standard item limits shown above and under Section 11.1 b) will not apply to any specified items.

Increased rental vehicle excess cover

This additional option is not available under the Budget International plan.

Top Plus International, Top International, Mid International, Top Plus Frequent Traveller, Mid Frequent Traveller, Mid Australia Only, Mid Non-Resident, Top Plus Non-Medical & Mid Non-Medical plans

A \$3,000 limit applies to your Rental Vehicle excess cover.

You can purchase additional cover in \$500 units, up to a total amount of \$6,000, by paying an additional premium.

Basic International, Basic Frequent Traveller, Basic Australia Only, Basic Non-Resident & Basic Non-Medical plans

A \$2,000 limit applies to your Rental Vehicle excess cover.

You can purchase additional cover of \$2,000, by paying an additional premium.

Variation of standard excess

You may vary your standard \$150 Excess by paying an additional premium to decrease your Excess to NIL, or you can reduce your premium by increasing the standard Excess to \$250.

Your selected Excess will be listed on your Certificate of Insurance.

Pre-existing Medical Conditions

Please read the following information carefully.

You cannot apply for cover for Pre-existing Medical Conditions under the Mid Non-Resident, Basic Non-Resident, Top Plus Non-Medical, Mid Non-Medical or Basic Non-Medical plans.

The meaning of “*Pre-existing Medical Condition*” is defined in the section headed “**Words with Special Meanings**” on pages 7 & 8. It is important that you read and understand this and all other definitions used in this product.

There is no cover under this Policy for any claims arising from, related to or associated with, your Pre-existing Medical Condition(s) unless:

- a] we have agreed in writing to provide cover to you for the Pre-existing Medical Condition causing your claim; or
- b] the Pre-existing Medical Condition meets the requirements set out under the heading “*Pre-existing medical conditions which we may cover with no additional premium payable*” below.

Except as provided under Section 1A 1.1 d], and Section 4.1 g], no cover is provided under this Policy for any claim arising from, related to or associated with, a Pre-existing Medical Condition of any person who is not named on your Certificate of Insurance.

Pre-existing medical conditions which we may cover with no additional premium payable

No application for cover or any further information is required from you if:

- a] your Pre-existing Medical Condition is described in the list below, and
- b] it has not caused your hospitalisation (including day surgery or emergency department attendance) in the 18 months prior to the time of the Policy being issued.

Conditions

1. acne;
2. asthma, provided:
 - you are under 60 years of age, and
 - you have no other lung disease;
3. bunions;
4. carpal tunnel syndrome;
5. cataracts;
6. cleft palate;
7. cochlear implant;
8. coeliac disease;
9. congenital adrenal hyperplasia;
10. congenital blindness;
11. congenital deafness;
12. conjunctivitis;
13. dengue fever;
14. diabetes (type 1 or type 2), or glucose intolerance provided:
 - you were first diagnosed over 6 months ago; and
 - you had no complications in the last 12 months; and
 - you had no kidney, eye or neuropathy complications or cardiovascular disease; and
 - you are under 50 years of age;

15. dry eye syndrome;
16. Dupuytren’s contracture;
17. ear grommets, if no current infection;
18. eczema;
19. gastric reflux (GORD);
20. glaucoma;
21. gout;
22. hay fever;
23. hiatus hernia, if no surgery planned;
24. hormone replacement therapy;
25. hypercholesterolaemia (high cholesterol), provided no cardiovascular disease and/or no diabetes;
26. hyperlipidaemia (high blood lipids), provided no cardiovascular disease and/or no diabetes;
27. hypertension, provided no cardiovascular disease and/or no diabetes;
28. hypothyroidism, including Hashimoto’s disease;
29. lipoma;
30. macular degeneration;
31. Meniere’s disease;
32. rhinitis;
33. rosacea;
34. sinusitis;
35. tinnitus; or
36. single uncomplicated pregnancy, up to and including 23 weeks, not arising from services or treatment associated with an assisted reproduction program including but not limited to, in vitro fertilisation (IVF).

Other pre-existing medical conditions

You will need to apply for any Pre-existing Medical Condition that does not meet the requirements set out under the heading ‘*Pre-existing medical conditions which we may cover with no additional premium payable*’. Please contact your CHI Travel Insurance agent, or telephone the CHI Travel Insurance Medical Assessment line on 1800 671 826 or (02) 9998 7870.

Depending on your Pre-existing Medical Condition, we may be unable to offer you a Policy which provides cover for any medical or hospital expenses, or for any other expenses arising from, related to or associated with any Injury or Sickness suffered by you. If that is the case, you may be able to purchase a Top Plus Non-Medical, Mid Non-Medical or Basic Non-Medical plan. Please refer to the “**Table of Benefits**” on page 31 for details of the benefits which are available under these plans.

If you have any questions about Pre-existing Medical Conditions, please call the contact number shown on the back cover of this PDS.

CHI TRAVEL INSURANCE TABLE OF BENEFITS

Below is a table that sets out the cover that is provided under each plan and the most we will pay in total for all claims combined under each section of the Policy.

Policy Section & Benefit Description		International															Frequent Traveller [#]						Australia						Non-Resident						Non-Medical ^{##}				
		Top Plus International			Top International			Mid International			Basic International			Budget International			Top Plus Frequent Traveller		Mid Frequent Traveller		Basic Frequent Traveller		Mid Australia Only			Basic Australia Only			Mid Non-Resident			Basic Non-Resident			Top Plus Non-Medical	Mid Non-Medical	Basic Non-Medical		
		Single	Duo	Family	Single	Duo	Family	Single	Duo	Family	Single	Duo	Family	Single	Duo	Family	Single	Family	Single	Family	Single	Family	Single	Duo	Family	Single	Duo	Family	Single	Duo	Family	Single	Duo	Family	Single	Duo	Family	Section	Individual
1A*	Cancellation Fees & Lost Deposits	unlimited	unlimited	unlimited	\$15,000	\$15,000	\$30,000	\$10,000	\$10,000	\$20,000	\$4,000	\$4,000	\$8,000	---	---	---	unlimited	unlimited	\$10,000	\$20,000	\$4,000	\$8,000	\$10,000	\$10,000	\$20,000	\$4,000	\$4,000	\$8,000	\$10,000	\$10,000	\$20,000	\$4,000	\$4,000	\$8,000	1A*	unlimited	\$10,000	\$4,000	
1B*	Travel Services Provider Insolvency	\$10,000	\$10,000	\$20,000	\$10,000	\$10,000	\$20,000	\$10,000	\$10,000	\$20,000	\$4,000	\$4,000	\$8,000	---	---	---	\$10,000	\$20,000	\$10,000	\$20,000	\$4,000	\$8,000	\$10,000	\$10,000	\$20,000	\$4,000	\$4,000	\$8,000	---	---	---	---	---	---	1B*	\$10,000	\$10,000	\$4,000	
2*	Overseas Emergency Medical Assistance/ Evacuation [^]	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited	---	---	---	---	---	---	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited	2*	---	---	---	
3*	Overseas Emergency Medical & Hospital Expenses [^]	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited	---	---	---	---	---	---	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited	3*	---	---	---	
4*	Additional Expenses	\$50,000	\$50,000	\$100,000	\$50,000	\$50,000	\$100,000	\$50,000	\$50,000	\$100,000	\$5,000	\$5,000	\$10,000	---	---	---	\$50,000	\$100,000	\$50,000	\$100,000	\$5,000	\$10,000	\$50,000	\$50,000	\$100,000	\$5,000	\$5,000	\$10,000	\$50,000	\$50,000	\$100,000	\$5,000	\$5,000	\$10,000	4*	\$50,000	\$50,000	\$5,000	
5*	Hospital Cash Allowance [^]	\$5,000	\$5,000	\$10,000	\$5,000	\$5,000	\$10,000	\$5,000	\$5,000	\$10,000	\$3,000	\$3,000	\$6,000	---	---	---	\$5,000	\$10,000	\$5,000	\$10,000	\$3,000	\$6,000	---	---	---	---	---	---	\$5,000	\$5,000	\$10,000	\$3,000	\$3,000	\$6,000	5*	---	---	---	
6*	Accidental Death	\$25,000	\$25,000	\$50,000	\$25,000	\$25,000	\$50,000	\$25,000	\$25,000	\$50,000	\$10,000	\$10,000	\$20,000	---	---	---	\$25,000	\$50,000	\$25,000	\$50,000	\$10,000	\$20,000	\$25,000	\$25,000	\$50,000	\$10,000	\$10,000	\$20,000	\$25,000	\$25,000	\$50,000	\$10,000	\$10,000	\$20,000	6*	\$25,000	\$25,000	\$10,000	
7*	Permanent Disability [^]	\$25,000	\$25,000	\$50,000	\$25,000	\$25,000	\$50,000	\$25,000	\$25,000	\$50,000	\$10,000	\$10,000	\$20,000	---	---	---	\$25,000	\$50,000	\$25,000	\$50,000	\$10,000	\$20,000	---	---	---	---	---	---	\$25,000	\$25,000	\$50,000	\$10,000	\$10,000	\$20,000	7*	\$25,000	\$25,000	\$10,000	
8*	Loss of Income [^]	\$10,400	\$10,400	\$20,800	\$10,400	\$10,400	\$20,800	\$10,400	\$10,400	\$20,800	\$5,200	\$5,200	\$10,400	---	---	---	\$10,400	\$20,800	\$10,400	\$20,800	\$5,200	\$10,400	---	---	---	---	---	---	---	---	---	---	---	---	8*	---	---	---	
9	Travel Documents, Transaction Cards & Travellers Cheques [^]	\$5,000	\$5,000	\$10,000	\$5,000	\$5,000	\$10,000	\$5,000	\$5,000	\$10,000	\$500	\$500	\$1,000	---	---	---	\$5,000	\$10,000	\$5,000	\$10,000	\$500	\$1,000	---	---	---	---	---	---	\$5,000	\$5,000	\$10,000	\$500	\$500	\$1,000	9	\$5,000	\$5,000	\$500	
10	Theft of Cash, Bank Notes, Currency Notes, Postal Orders or Money Orders [^]	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250	---	---	---	\$250	\$250	\$250	\$250	\$250	\$250	---	---	---	---	---	---	---	---	---	---	---	---	10	\$250	\$250	\$250	
11*	Luggage & Personal Effects	\$8,000	\$8,000	\$16,000	\$8,000	\$8,000	\$16,000	\$8,000	\$8,000	\$16,000	\$3,000	\$3,000	\$6,000	---	---	---	\$8,000	\$16,000	\$8,000	\$16,000	\$3,000	\$6,000	\$8,000	\$8,000	\$16,000	\$1,500	\$1,500	\$3,000	\$8,000	\$8,000	\$16,000	\$1,500	\$1,500	\$3,000	11*	\$8,000	\$8,000	\$3,000	
12	Luggage & Personal Effects Delay Expenses [^]	\$500	\$500	\$1,000	\$500	\$500	\$1,000	\$500	\$500	\$1,000	\$250	\$250	\$500	---	---	---	\$500	\$1,000	\$500	\$1,000	\$250	\$500	---	---	---	---	---	---	\$250	\$250	\$500	\$250	\$250	\$400	12	\$500	\$500	\$250	
13*	Travel Delay Expenses	\$2,000	\$2,000	\$4,000	\$2,000	\$2,000	\$4,000	\$2,000	\$2,000	\$4,000	\$1,000	\$1,000	\$2,000	---	---	---	\$2,000	\$4,000	\$2,000	\$4,000	\$1,000	\$2,000	\$2,000	\$2,000	\$4,000	\$1,000	\$1,000	\$2,000	\$2,000	\$2,000	\$4,000	\$1,000	\$1,000	\$2,000	13*	\$2,000	\$2,000	\$1,000	
14	Alternative Transport Expenses [^]	\$5,000	\$5,000	\$10,000	\$5,000	\$5,000	\$10,000	\$5,000	\$5,000	\$10,000	\$2,000	\$2,000	\$4,000	---	---	---	\$5,000	\$10,000	\$5,000	\$10,000	\$2,000	\$4,000	---	---	---	---	---	---	\$5,000	\$5,000	\$10,000	\$2,000	\$2,000	\$4,000	14	\$5,000	\$5,000	\$2,000	
15	Personal Liability	\$5 million	\$5 million	\$5 million	\$5 million	\$5 million	\$5 million	\$5 million	\$5 million	\$5 million	\$1 million	\$1 million	\$1 million	\$5 million	\$5 million	\$5 million	\$5 million	\$5 million	\$5 million	\$5 million	\$1 million	\$1 million	\$5 million	\$5 million	\$5 million	\$1 million	\$1 million	\$1 million	\$5 million	\$5 million	\$5 million	\$1 million	\$1 million	\$1 million	15	\$5 million	\$5 million	\$1 million	
16*	Rental Vehicle Insurance Excess/Return of Rental Vehicle	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$2,000	\$2,000	\$2,000	---	---	---	\$3,000	\$3,000	\$3,000	\$3,000	\$2,000	\$2,000	\$3,000	\$3,000	\$3,000	\$2,000	\$2,000	\$2,000	\$3,000	\$3,000	\$3,000	\$2,000	\$2,000	\$2,000	16*	\$3,000	\$3,000	\$2,000	

* sub-limits apply - refer to the **"Your Policy Cover"** section of this PDS for details (pages 38 to 55).

[^] certain plans do not provide cover under these sections of the Policy while you are travelling in your Country of Residence. Refer to the **"Your Policy Cover"** section of this PDS for details (pages 38 to 55).

#Top Plus Frequent Traveller, Mid Frequent Traveller & Basic Frequent Traveller Plans

- Covers all sections while travelling internationally and Sections 1A, 1B, 4 & 6 to 16 while travelling domestically.
- Worldwide or domestic Journeys.
- Maximum period for any one Journey is 45 days for leisure travel or 90 days for business travel. A Journey can be made up of business and/or leisure travel (with the leisure component being up to 45 days), however, the whole Journey cannot exceed a total of 90 days.
- Cover re-instated on the completion of each Journey (except for Section 15 (*Personal Liability*) - the amount shown in the Table of Benefits is the most we will pay for all claims combined under Section 15 for the 12 month Policy period).
- Family cover includes you and:
 - your spouse or partner; or
 - your spouse or partner and Dependants **see page 33 for details**
 - Not available to travellers aged 75 years and over.

Top Plus Non-Medical, Mid Non-Medical & Basic Non-Medical plans

It is also important to note that under a Non-Medical plan, there is no provision for you to claim under the following sections of your Policy if the claim arises from, is related to or associated with any Injury or Sickness suffered by you:

- Section 1A - Cancellation Fees & Lost Deposits
- Section 4 - Additional Expenses

Purchasing this Product

Who can purchase this policy?

Top Plus International, Top International, Mid International, Basic International, Budget International, Mid Australia Only, Basic Australia Only, Top Plus Non-Medical, Mid Non-Medical & Basic Non-Medical plans

Cover is only available if:

- you are a Resident of Australia*; and
- you purchase your Policy before you commence your Journey; and
- your Journey commences and ends in Australia.#

* For temporary residents living in Australia who are not eligible for a Medicare card

Cover is available under the Top Plus International, Top International, Mid International, Basic International, Budget International, Mid Australia Only or Basic Australia Only plans, however:

- you must purchase your Policy in Australia before you commence your Journey; and
- your Journey must commence and end in Australia.

Cover for temporary residents of Australia temporarily travelling overseas

Cover (excluding any cover for Pre-existing Medical Conditions other than those specifically listed under the heading ‘Pre-existing medical conditions which we may cover with no additional premium payable’ on pages 24 & 25) is automatically available to temporary residents of Australia temporarily travelling Overseas and who, at the date the Certificate of Insurance is issued:

- are aged 74 years and under,
- hold a return ticket to Australia,
- have a Home address in Australia to which you intend to return, and
- hold a current Australian visa which will remain valid beyond the period of their Journey.

Under Section 2 (*Overseas Emergency Medical Assistance/Evacuation*) if you Injure yourself Overseas or become Sick there or die there and it is necessary to repatriate you or your remains, we will at our option pay the lesser of the cost of returning you to your Home in Australia or to the international airport nearest to where you normally live Overseas. At that point, you will be responsible for all further costs, and cover under all sections of the Policy will end.

For Residents of Australia already overseas

If you are a Resident of Australia, cover is available under the Top Plus International, Top International, Mid International, Basic International or Budget International plans if you purchase your Policy while you are Overseas. However:

- your one-way Journey must commence Overseas and end in Australia.

Policies purchased after leaving Australia

You can purchase your Policy after you leave Australia, subject to the following conditions:

- cover commences from the time the Policy is issued;

- a waiting period of 48 hours from the issue date as stated on your Certificate of Insurance applies to all claims arising from, related to or associated with any Injury or Sickness, regardless of the section that applies to the claim. This means that you will not be covered for medical expenses, cancellation fees and lost deposits, additional expenses or hospital cash allowance arising from, related to or associated with any Injury or Sickness which happens within this waiting period;
- there is no cover for Pre-existing Medical Conditions other than those specifically listed under the heading ‘Pre-existing medical conditions which we may cover with no additional premium payable’ on pages 24 & 25; and
- cover ends when you return to your Home or the place you intend to reside in Australia, or on the Return Date set out on your Certificate of Insurance, whichever happens first. For policies purchased after leaving Australia, where the word “Journey” appears in this PDS, its definition in “**Words with Special Meanings**” (page 7) is deleted and replaced with: “**Journey**” means your travel from the time when your Policy is issued while you are Overseas to the time when you return to your Home or the place you intend to reside in Australia.

Top Plus Frequent Traveller, Mid Frequent Traveller & Basic Frequent Traveller plans

Cover is only available if:

- you are a Resident of Australia; and
- you purchase your Policy before you commence your Journey; and
- your Journey commences and ends in Australia.

If you have Family cover under a Top Plus Frequent Traveller, Mid Frequent Traveller or Basic Frequent Traveller plan, cover is provided to your spouse or partner when they are travelling with you or independently of you. Cover is also provided to your Dependants when they are travelling with you or your spouse or partner.

Mid Non-Resident & Basic Non-Resident plans

Non-Residents cover

Cover is only available if you are a Non-Resident - which means you:

- are not a Resident of Australia (see page 8 for definition of “**Resident of Australia**”);
- are travelling to, within and from Australia; and
- are not entitled to - or will not during the period of cover be entitled to - receive Medicare benefits (see below).

This Policy does not cover any event or occurrence where providing such cover would constitute “health insurance business” as defined under the Private Health Insurance Act 2007 (Cth) or would result in us contravening the Health Insurance Act 1973 (Cth), the Private Health Insurance Act 2007 (Cth) or the National Health Act 1953 (Cth).

Health insurance business as defined under the Private Health Insurance Act 2007 (Cth) includes, but is not limited to, payment of fees or charges for treatment of travellers from countries that have a Reciprocal Health Care Agreement with Australia. At the time of preparing this PDS, Australia has Reciprocal Health Agreements with New Zealand, the United Kingdom, the Republic of Ireland, Sweden, the Netherlands, Finland, Italy, Belgium, Malta, Slovenia and Norway.

If you require clarification, contact CHI Travel Insurance on 1800 997 810 or (02) 9997 4810 before you apply.

Please note the following conditions apply:

- if a policy is issued after the traveller’s arrival in Australia, a waiting period of 48 hours from the issue date as stated on your Certificate of Insurance applies to all claims arising from, related to or associated with any Injury or Sickness, regardless of the section that applies to the claim. This means that you will not be covered for medical expenses, cancellation fees and lost deposits, additional expenses or hospital cash allowance arising from, related to or associated with any Injury or Sickness which happens within this waiting period.
- **you cannot purchase this cover if the period you are travelling Overseas exceeds the period you will be in Australia.**
- there is no cover for Pre-existing Medical Conditions other than those specifically listed under the heading ‘Pre-existing medical conditions which we may cover with no additional premium payable’ on pages 24 & 25.
- there is no cover for medical or Hospital expenses in your Country of Residence.
- the policy can be signed by a sponsor who is a Resident of Australia.
- where the word ‘Australia’ or ‘Australia or New Zealand’ appears in this PDS, the policyholder’s Country of Residence is to be substituted, except where it appears in:
 - “**Part 1 - Financial Services Guide**” (pages 1 & 2);
 - ‘Who is your insurer?’ and ‘Who is Allianz Global Assistance?’ under “**Part 2- Product Disclosure Statement**” (page 5);
 - “**Words with Special Meanings**” (pages 6 to 9) under the definitions of:
 - “Country of Residence”;
 - “Non-Resident”;
 - “Resident of Australia”;
 - “we”, “our” and “us”;
 - “**Important Matters**” (pages 10 to 16) under the following sections:
 - ‘Period of cover’;
 - ‘Jurisdiction and choice of law’;
 - ‘Financial Claims Scheme’;
 - ‘Dispute resolution process’;
 - ‘Privacy notice’;
 - “Claims are payable in Australian dollars to you” and “How GST affects your claim” under “**Claims**” (pages 17 & 18);
 - “**Purchasing this Product**” (pages 32 to 37) under the following sections:
 - “Who can purchase this policy?”;
 - ‘Age limits’;
 - ‘How to purchase a policy’;
 - in Section 1A 1.2 b] & m] (pages 39 & 40) under “**Your Policy Cover**”;
 - “**General Exclusions Applicable to all Sections**” (pages 56 to 59); and
 - on the back cover of this PDS.

Top Plus Non-Medical, Mid Non-Medical & Basic Non-Medical plans

Cover is only available if:

- you are a Resident of Australia; and
- you purchase your Policy before you commence your Journey; and
- your Journey commences and ends in Australia.

Age limits

Age limits are as at the date of issue of your Certificate of Insurance.

Top Plus International, Top International, Mid International, Basic International, Mid Australia Only & Basic Australia Only plans

Available to travellers of all ages (other than temporary residents of Australia - please refer to page 32 for details).

Budget International, Top Plus Frequent Traveller, Mid Frequent Traveller & Basic Frequent Traveller plans

Available to travellers aged 74 years and under.

Mid Non-Resident & Basic Non-Resident plans

Available to travellers aged 85 years and under.

Top Plus Non-Medical, Mid Non-Medical & Basic Non-Medical plans

Where the above plans are offered, they are available to travellers of all ages.

Your choices

Under this product, you choose the cover you require based on your travel arrangements.

Whether you choose:

- Single, Duo, Family or Individual cover;
- a Top Plus International, Top International, Mid International, Basic International, Budget International, Top Plus Frequent Traveller, Mid Frequent Traveller, Basic Frequent Traveller, Mid Australia Only, Basic Australia Only, Mid Non-Resident or Basic Non-Resident plan

depends on the type of cover you want and are eligible to purchase.

Please note: Depending upon your Pre-existing Medical Condition, we may be unable to offer you a policy which provides cover for any medical or Hospital expenses, or for any other expenses arising from, related to or associated with any Injury or Sickness suffered by you. If that is the case, you may be able to purchase either a Top Plus Non-Medical, Mid Non-Medical or Basic Non-Medical plan.

Cover type

The following cover types are available:

Single – covers you and your Dependants travelling with you (*this cover type is not available for the Top Plus Non-Medical, Mid Non-Medical & Basic Non-Medical plans*).

Duo – covers you and your Travelling Companion listed as covered on your Certificate of Insurance and intending to travel with you on your Journey. Duo cover does not provide cover for Dependants.

We issue one Certificate of Insurance, however, you both have cover as if you are each insured under separate policies with Single benefit limits per insured person (*this cover type is not available for the Top Plus Frequent Traveller, Mid Frequent Traveller, Basic Frequent Traveller, Top Plus Non-Medical, Mid Non-Medical & Basic Non-Medical plans*).

Family – covers you and the members of your Family travelling with you (see page 33 for further details of the Top Plus Frequent Traveller, Mid Frequent Traveller & Basic Frequent Traveller plans). The benefit limits for Family cover apply to the total of all claims combined, regardless of the number of persons the claims relate to (*this cover type is not available for the Top Plus Non-Medical, Mid Non-Medical & Basic Non-Medical plans*).

Individual – covers you only, and does not provide cover for any other person. Individual cover does not provide cover for Dependants (*this cover type is only available for the Top Plus Non-Medical, Mid Non-Medical & Basic Non-Medical plans*).

How to purchase a policy

Step 1	Refer to “Who can purchase this policy?”	pages 32 to 34
Step 2	Refer to “Age limits”	page 35
Step 3	Read the section entitled “Pre-existing Medical Conditions”	pages 24 & 25
Step 4	Select your plan (other than a Top Plus Non-Medical, Mid Non-Medical or Basic Non-Medical plan)	pages 26 to 30
Step 5	Select your cover type (Single, Duo or Family)	page 35
Step 6	Nominate the applicable geographical area for your Journey (only available under the Top Plus International, Top International, Mid International, Basic International & Budget International plans or, where offered, the Top Plus Non-Medical, Mid Non-Medical & Basic Non-Medical plans)	see table below
Step 7	Nominate the duration of your Journey	---
Step 8	Select any additional options you would like to include	pages 22 & 23
Step 9	Apply for cover via one of the following: <ul style="list-style-type: none"> • complete the application form and return to your CHI Travel Insurance authorised representative • online • telephone 	see contact details on back cover of this PDS

Destinations	Geographical Areas
Worldwide, USA, Hawaii, Canada, Africa, South America, Middle East	Area 1
Europe & Japan	Area 2
United Kingdom, Ireland & Asia (but not including Japan)	Area 3
South-West Pacific, Papua New Guinea & Indonesia (including Pacific cruising)	Area 4
New Zealand, Indonesia & Fiji (excluding cruising to these destinations)	Area 5
Australia (including Christmas Island, Cocos (Keeling) Island, Lord Howe Island, Norfolk Island & Thursday Island)	Area 6

Top Plus International, Top International, Mid International, Basic International & Budget International plans

You must nominate the applicable geographical area for your Journey. Please note that Area 6 (Australia) cannot be selected as the above plans are designed for travel Overseas. However, all areas include cover for certain sections while you are travelling in Australia - see page 37 for details. Please contact us if there is any uncertainty as to which geographical area applies.

If you are travelling to multiple destinations which are in different geographical areas, you must select the highest geographical area (Area 1 being the highest geographical area, Area 5 the lowest), as this will cover travel in each of the lower geographical areas.

Example:

If you are travelling to Indonesia, Philippines and Europe, you must select Area 2. You will then be covered for all destinations in Areas 2, 3, 4, 5 & 6.

Cover for any loss you suffer must occur in the geographical area (or any lower geographical area) you have selected. However, stopovers of up to 3 nights per policy in a higher geographical area outside of your selected geographical area are permitted.

Example:

If you are travelling to Asia (and have accordingly selected Area 3), you will be covered for all destinations listed in Areas 3, 4, 5 & 6, as well as up to 3 nights stopover in any destinations in Areas 1 & 2.

While you are travelling in Australia (destination must be a minimum of 250km from Home), cover will only be provided under the following sections:

- Top Plus International, Top International, Mid International & Basic International plans - Sections 1A, 1B, 4, 6, 11, 13, 15 & 16.
- Budget International plan - Section 15.

Top Plus Frequent Traveller, Mid Frequent Traveller & Basic Frequent Traveller plans

Geographical area is fixed at Area 1 (Worldwide) regardless of the destinations you are travelling to.

While you are travelling in Australia (destination must be a minimum of 100km from Home), the above plans will only provide cover under Sections 1A, 1B, 4 & 6 to 16.

Mid Australia Only & Basic Australia Only plans

Geographical area is fixed at Area 6 (Australia).

Mid Non-Resident & Basic Non-Resident Plans

Geographical area defaults to Australia (Area 6), however, you will also have cover under Areas 1 to 5 provided the period of travel in these geographical areas does not exceed the period you will be in Australia.

Top Plus Non-Medical, Mid Non-Medical & Basic Non-Medical Plans

Where the above plans are offered, you must nominate the applicable geographical area for your Journey - see the Geographical Areas table on page 36 for details. Please contact us if there is any uncertainty as to which geographical area applies.

While you are travelling in Australia (destination must be a minimum of 250km from Home), the above plans will only provide cover under Sections 1A, 1B, 4, 6, 11, 13, 15 & 16.

Travel on cruise liners

Travellers on domestic cruises in Australian waters may purchase a Top Plus International, Top International, Mid International, Basic International or Budget International plan (selecting Area 4) to ensure cover is available for emergency medical assistance and emergency medical and Hospital expenses.

If you do not purchase one of the above plans, you will not have cover for medical transfer or evacuation (for example, by helicopter) if you need to be transported to the nearest Hospital for emergency medical treatment.

Your Policy Cover

The maximum amount we will pay for all claims combined under each section is shown in the “**Table of Benefits**” for the plan you have selected. Your Certificate of Insurance will also show the “**Additional Options**” you are covered for. You must also check “**General Exclusions Applicable to all Sections**” for other reasons why we will not pay.

Section 1A CANCELLATION FEES AND LOST DEPOSITS

Cover is available under all plans except the Budget International plan. (See page 39 for details of cover under Section 1A 1.1 d)]

If you think that you may have to cancel your Journey or shorten your Journey you must tell us as soon as possible - for more information see “**Claims**” on page 16, as well as pages 17 & 18 or call the contact number (or if Overseas, the 24 hour emergency assistance number) shown on the back cover of this PDS.

1.1 WHAT WE COVER

If your Journey is cancelled, rescheduled or shortened because of circumstances that were not expected or intended by you and are outside your control then we will pay:

- a] the non-refundable portion of unused travel and accommodation arrangements scheduled to be used during your Journey, that you have paid in advance of cancellation and cannot recover in any other way, inclusive of:
 - your travel agent’s cancellation fees and any commission or service fees retained by your travel agent up to the amount of commission or service fees that your travel agent would have earned had your Journey not been cancelled, limited to:
 - \$2,000 for Single cover
 - \$2,000 per Insured Person for Duo cover
 - \$4,000 for Family cover
 - \$2,000 for Individual cover
- b] for the value of frequent flyer points, air miles, loyalty card points, redeemable vouchers or other similar schemes lost by you as a result of cancelling the services paid for or obtained with those points, air miles, vouchers or schemes, but only if you cannot recover your loss in any other way. We calculate the amount we pay you as follows:
 1. for frequent flyer points, air miles or loyalty card points:
 - the cost of an equivalent booking based on the same advance booking period as your original booking less any payment you made toward the booking, multiplied by:
 - the total number of points or air miles lost,divided by the total number of points or air miles used to make the booking.
 2. for vouchers, the face value of the voucher or current market value of an equivalent booking whichever is the lesser;
- c] your reasonable costs of rescheduling your Journey. The most we will pay for rescheduling your Journey is the cost of cancellation fees and lost deposits that would have been payable under Sections 1.1 a] & b] had your Journey been cancelled. We will not pay a claim under Section 1.1 c] in addition to a claim under Sections 1.1 a] & b] for the same services/facilities.

Cover under Section 1A 1.1 d)] does not apply to the Basic International, Basic Frequent Traveller, Basic Australia Only, Basic Non-Resident or Basic Non-Medical plans.

- d] If, as a result of a Pre-existing Medical Condition, a Relative of yours:
 - who resides in Australia or New Zealand;
 - dies or is hospitalised in Australia or New Zealand after the Policy is issued, and
 - at the time of Policy issue you were, or a reasonable person in your circumstances would have been, unaware of the likelihood of such hospitalisation or death,then the most we will pay for all claims under Sections 1A 1.1 a), b] & c] is:
 - \$2,000 for Single cover
 - \$2,000 per Insured Person for Duo cover
 - \$4,000 for Family cover
 - \$2,000 for Individual cover

The maximum amount we will pay for all claims combined under this section for Single, Family & Individual cover is shown under the Table of Benefits for the plan you have selected.

For Duo cover, the maximum amount shown for Single cover under the Table of Benefits for the plan you have selected applies to each person.

1.2 WE WILL NOT PAY

We will not pay your claim if:

- a] you were aware, or a reasonable person in your circumstances would have been aware before your Policy was issued, of any reason that may cause your Journey to be cancelled, rescheduled or shortened;
- b] caused by the death, Injury or illness of any person (other than your or your Travelling Companion’s Relative) not listed on your Certificate of Insurance, who resides outside of Australia or New Zealand or who is aged 85 years and over;
- c] the death, Injury or illness of your Relative arises from a Pre-existing Medical Condition except as specified under Section 1.1 d)];
- d] caused by you or your Travelling Companion changing plans.
- e] caused by the breakdown or dissolution of any personal or family relationship;
- f] caused by any business, financial or contractual obligations. This exclusion does not apply to claims where you or your Travelling Companion are made redundant from full-time employment in Australia except where a reasonable person in a similar situation would have been aware before the Policy was purchased that the redundancy was to occur;
- g] a tour operator or wholesaler is unable to complete arrangements for any tour because there were not enough people to go on the tour. This exclusion does not apply in relation to prepaid travel arrangements bought separately to reach the departure point for the tour or other travel arrangements.
- h] caused by delays or rescheduling by a bus line, airline, shipping line or rail authority.
- i] caused by any travel agent, transport, tour or accommodation provider misappropriating your funds or failing to arrange or provide services for which you have paid;
- j] caused by the financial collapse or Insolvency of any transport, tour or accommodation provider.
- k] caused by the mechanical breakdown of any means of transport.

- l] caused by an act or threat of terrorism.
- m] you are a full-time permanent employee and your pre-arranged leave is cancelled by your employer unless you are a full-time member of the Australian Defence Force or of federal, state or territory emergency services.

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 56 TO 59 FOR OTHER REASONS WHY WE WILL NOT PAY.

Section 1B TRAVEL SERVICES PROVIDER INSOLVENCY

Cover is available under all plans except the Budget International, Mid Non-Resident & Basic Non-Resident plans.

1.3 WHAT WE COVER

If your Journey is cancelled, rescheduled or shortened due to the Insolvency of a Travel Services Provider then we will pay:

- a] the value of unused travel and accommodation arrangements scheduled to be used during your Journey, that you have lost or have had to cancel and cannot recover in any other way, inclusive of:
 - your travel agent's cancellation fees and any commission or service fees retained by your travel agent up to the amount of commission or service fees that your travel agent would have earned had your Journey not been cancelled, limited to:
 - \$2,000 for Single cover
 - \$2,000 per Insured Person for Duo cover
 - \$4,000 for Family cover
 - \$2,000 for Individual cover
- b] for the value of frequent flyer points, air miles, loyalty card points, redeemable vouchers or other similar schemes lost by you as a result of cancelling the services paid for or obtained with those points, air miles, vouchers or schemes, but only if you cannot recover your loss in any other way. We calculate the amount we pay you as follows:
 1. for frequent flyer points, air miles or loyalty card points:
 - the cost of an equivalent booking based on the same advance booking period as your original booking less any payment you made toward the booking, multiplied by:
 - the total number of points or air miles lost, divided by the total number of points or air miles used to make the booking.
 2. for vouchers, the face value of the voucher or current market value of an equivalent booking whichever is the lesser;
- c] your reasonable costs of rescheduling your Journey. The most we will pay for rescheduling your Journey is the cost of cancellation fees and lost deposits that would have been payable under Sections 1.3 a] & b] had your Journey been cancelled. We will not pay a claim under Section 1.3 c] in addition to a claim under Sections 1.3 a] & b] for the same services/facilities.
- d] the Reasonable additional accommodation and travel expenses incurred if you have to return Home. We will not pay a claim under Section 1.3 d] in addition to a claim under Sections 1.3 a], b] or c] for the same services or facilities.

The maximum amount we will pay for all claims combined under this section for Single, Family & Individual cover is shown under the Table of Benefits for the plan you have selected.

For Duo cover, the maximum amount shown for Single cover under the Table of Benefits for the plan you have selected applies to each person.

1.4 WE WILL NOT PAY

We will not pay:

- a] for any bookings for travel and accommodation not made before the start of your Journey while you are still in Australia;
- b] if your Journey is cancelled, shortened or rescheduled at any time due to the Insolvency of any travel agent, tour wholesaler, tour operator or booking agent;
- c] if at the time your Policy was issued, the Travel Services Provider was Insolvent or a reasonable person would have reason to expect the Travel Services Provider might become Insolvent. Please visit CHI's website to see the latest Travel Services Provider Insolvency notice; or
- d] any accommodation expenses incurred after the date you originally planned to return to Australia.

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 56 TO 59 FOR OTHER REASONS WHY WE WILL NOT PAY.

Section 2 OVERSEAS EMERGENCY MEDICAL ASSISTANCE/EVACUATION

Cover is available under all plans except the Mid Australia Only, Basic Australia Only, Top Plus Non-Medical, Mid Non-Medical & Basic Non-Medical plans.

PLEASE NOTE: You will not have cover under this section while travelling in your Country of Residence.

Allianz Global Assistance will help you with any Overseas medical emergency (see 'Overseas hospitalisation or medical evacuation' on pages 15 & 16). You may contact them at any time 7 days a week.

2.1 ALLIANZ GLOBAL ASSISTANCE WILL ARRANGE

Allianz Global Assistance will arrange for the following assistance services if you Injure yourself, or become Sick Overseas during your Journey provided the relevant Injury or Sickness is covered by your Policy:

- a] access to a Medical Adviser for emergency medical treatment while Overseas.
 - b] any messages which need to be passed on to your family or employer in the case of an emergency.
 - c] provision of any written guarantees for payment of Reasonable expenses for emergency hospitalisation while Overseas.
 - d] your medical transfer or evacuation if you must be transported to the nearest Hospital for emergency medical treatment Overseas or be brought back to Australia with appropriate medical supervision.
 - e] the return to Australia of your Dependents if they are left without supervision following your hospitalisation or evacuation.
- In addition:
- f] if you die as a result of an Injury or a Sickness during your Journey, we will pay for the Reasonable cost of either a funeral or cremation Overseas and/or of bringing your remains back to your Home. The maximum amount we will pay is \$15,000 per person.

Please note that we will not pay for any costs incurred in your Country of Residence except the Reasonable cost of transporting your remains from the inbound port or airport to your Home or nominated funeral home.

The maximum amount we will pay for all claims combined under this section for Single & Family cover is shown under the Table of Benefits for the plan you have selected.

For Duo cover, the maximum amount shown for Single cover under the Table of Benefits for the plan you have selected applies to each person.

2.2 WE WILL NOT PAY

To the extent permitted by law, we will not pay:

- a) for any expenses for medical evacuation, funeral services or cremation or bringing your remains back to Australia unless it has been first approved by Allianz Global Assistance.
- b) if you decline to promptly follow the medical advice we have obtained, and we will not be responsible for subsequent medical, Hospital or evacuation expenses.

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 56 TO 59 FOR OTHER REASONS WHY WE WILL NOT PAY.

Section 3 OVERSEAS EMERGENCY MEDICAL & HOSPITAL EXPENSES

Cover is available under all plans except the Mid Australia Only, Basic Australia Only, Top Plus Non-Medical, Mid Non-Medical & Basic Non-Medical plans.

PLEASE NOTE: You will not have cover under this section while travelling in your Country of Residence.

3.1 WHAT WE COVER

- a) If you Injure yourself Overseas, or become Sick while Overseas, we will reimburse the Reasonable medical or Hospital expenses you incur until you get back to Australia. The medical or Hospital expenses must have been incurred on the written advice of a Medical Adviser. You must make every effort to keep your medical or Hospital expenses to a minimum.

If we determine, on medical advice, that you should return Home to Australia for treatment and you do not agree to do so, we will pay you an amount up to the limit shown in the "Table of Benefits", which we reasonably consider to be equivalent to:

- your medical expenses and/or related costs incurred Overseas to the date we advise you to return to Australia; plus
- the amount it would cost us to return you to Australia; plus
- the amount of any cancellation fees and lost deposits you would have incurred had you followed our advice.

You will then be responsible for any ongoing or additional costs relating to or arising out of the event you have claimed for.

We will only pay for treatment received and/or Hospital accommodation during the 12 month period after the Sickness first showed itself or the Injury happened.

- b) We will also pay the cost of emergency dental treatment, **up to the maximum amount shown below for the plan selected**, for dental costs incurred which the treating dentist certifies in writing is for the relief of sudden and acute pain to sound and natural teeth. This limit does not apply to dental costs arising from any Injury that is covered under Section 3.1 a).

Top Plus International, Top International, Mid International, Budget International, Top Plus Frequent Traveller, Mid Frequent Traveller & Mid Non-Resident plans

- \$1,000 per person

Basic International, Basic Frequent Traveller & Basic Non-Resident plans

- \$500 per person

The maximum amount we will pay for all claims combined under this section for Single & Family cover is shown under the Table of Benefits for the plan you have selected.

For Duo cover, the maximum amount shown for Single cover under the Table of Benefits for the plan you have selected applies to each person.

3.2 WE WILL NOT PAY

To the extent permitted by law, we will not pay for expenses:

- a) when you have not notified Allianz Global Assistance as soon as practicable of your admittance to Hospital.
- b) incurred after 2 weeks treatment by a chiropractor, physiotherapist or dentist unless approved by Allianz Global Assistance.
- c) if you do not follow the advice of Allianz Global Assistance.
- d) if you have received medical care under a Reciprocal Health Care Agreement.
- e) for damage to dentures, dental prostheses, bridges or crowns.
- f) relating to dental treatment involving the use of precious metals or for cosmetic dentistry;
- g) for dental treatment caused by or related to the deterioration and/or decay of teeth; or
- h) for preventative dental treatment.

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 56 TO 59 FOR OTHER REASONS WHY WE WILL NOT PAY.

Section 4 ADDITIONAL EXPENSES

Cover is available under all plans except the Budget International plan. (See page 44 for details of cover under Section 4.1f] & g])

4.1 WHAT WE COVER

- a) If you cannot continue your Journey because of an Injury or Sickness which needs immediate treatment from a Medical Adviser who certifies in writing that you are unfit to travel, we will reimburse your Reasonable additional accommodation and travel expenses.
- b) If your Travelling Companion cannot continue their Journey because of an Injury or Sickness which needs immediate treatment from a Medical Adviser who certifies in writing that he or she is unfit to travel, we will reimburse your Reasonable additional accommodation and travel expenses for you to be with your Travelling Companion.
- c) If you are in Hospital suffering from a life threatening or other serious condition, or are evacuated for medical reasons we will reimburse the Reasonable accommodation and travel expenses of your Travelling Companion or a Relative to travel to you, stay near you or escort you. He or she must travel, stay with you or escort you on the written advice of a Medical Adviser and with the prior approval of Allianz Global Assistance.
- d) If you shorten your Journey and return to Australia on the written advice of a Medical Adviser approved by Allianz Global Assistance, we will reimburse the Reasonable cost of your return to Australia. We will only pay the cost of the fare class that you had planned to travel at and you must take advantage of any pre-arranged return travel to Australia.

- e] If, during your Journey, your Travelling Companion or a Relative of either of you, who resides in Australia or New Zealand:
- dies unexpectedly;
 - is disabled by an Injury; or
 - becomes seriously Sick and requires hospitalisation (except arising out of a Pre-existing Medical Condition), we will reimburse the Reasonable additional cost of your return to Australia. We will only pay the cost of the fare class you had planned to travel at.

Cover under Sections 4.1 f & g] does not apply to the Basic International, Basic Frequent Traveller, Basic Australia Only, Basic Non-Resident & Basic Non-Medical plans.

- f] If you return to your Home because:
- during your Journey, a Relative of yours who resides in Australia or New Zealand, dies unexpectedly or is hospitalised in Australia or New Zealand following a serious Injury or a Sickness (except arising from a Pre-existing Medical Condition); and
 - it is possible for your Journey to be resumed; and
 - there are more than 14 days remaining of the period of cover, as noted on your Certificate of Insurance; and
 - you resume your Journey within 12 months of your return to Australia;

we will reimburse you for airfares for you to return to the place you were when your Journey was interrupted.

The most we will pay under this benefit is as follows:

- \$3,000 for Single cover
- \$3,000 per Insured Person for Duo cover
- \$6,000 for Family cover
- \$3,000 for Individual cover

- g] If, as a result of a Pre-existing Medical Condition, a Relative of yours:
- who resides in Australia or New Zealand;
 - dies or is hospitalised in Australia or New Zealand after the Policy is issued, and
 - at the time of Policy issue you were, or a reasonable person in your circumstances would have been, unaware of the likelihood of such hospitalisation or death,

we will pay for the Reasonable additional cost of your return to Australia and/or the cost of airfares for you to return to the place you were when your Journey was interrupted. The most we will pay for all claims under Sections 4.1 e] & f] is as follows:

- \$2,000 for Single cover
- \$2,000 per Insured Person for Duo cover
- \$4,000 for Family cover
- \$2,000 for Individual cover

- h] In addition, we will reimburse your Reasonable additional travel and accommodation expenses if a disruption to your Journey arises from any of the following reasons:
- your scheduled or connecting transport is cancelled, delayed, shortened or diverted because of a strike, riot, hijack, civil protest, weather, natural disaster, avalanche or Accident affecting your mode of transport;
 - you unknowingly break any quarantine rule;

- you lose your passport, travel documents or Transaction Cards or they are stolen; or
- your Home is rendered uninhabitable by fire, explosion, earthquake or flood.

If you did not have a return ticket booked to Australia before you were Injured or became Sick, we will reduce the amount of your claim by the price of the fare to Australia from the place you planned to return to Australia from. The fare will be at the same fare class as the one you left Australia on.

Wherever claims are made by you under this section and Section 1A (*Cancellation Fees and Lost Deposits*) for cancelled services/facilities or alternative arrangements for the same or similar services/facilities, we will pay for the higher of the two amounts, not both.

We will also pay for the following reasons

- i] You are prevented from skiing at a pre-booked ski resort for more than 24 continuous hours during your Journey, because adverse snow conditions cause a total closure of the lift system. However:
1. we will not pay for claims relating to ski resorts that do not have skiing facilities greater than 1,000 metres above sea level.
 2. we will not pay for claims arising outside the period 15 December to 31 March in Northern Hemisphere resorts, and 15 June to 30 September in Southern Hemisphere resorts.

We will pay a daily benefit of \$100 for Single or Individual cover, \$100 per Insured Person for Duo cover, or \$200 for Family cover. The maximum amount we will pay for all claims combined is \$500 for Single or Individual cover, \$500 per Insured Person for Duo cover or \$1,000 for Family cover.

- j] We will reimburse you for the costs of hiring alternative ski and/or golf equipment following:
1. accidental loss, theft of, or damage to, ski and/or golf equipment owned by you, for which a claim has been accepted by us under Section 11 (*Luggage & Personal Effects*); or
 2. the misdirection or delay, for a period of more than 24 hours from the scheduled time of arrival at the snow and/or golf destination, of your ski and/or golf equipment.

You must provide all receipts for the ski and/or golf equipment that you hire.

The maximum amount we will pay for all claims combined is \$300 for Single or Individual cover, \$300 per Insured Person for Duo cover or \$600 for Family cover.

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

We will pay you a benefit of \$1,000 for each 24 hour period. The maximum amount we will pay for all claims combined is \$2,500 for Single or Individual cover, \$2,500 per Insured Person for Duo cover or \$5,000 for Family cover.

The maximum amount we will pay for all claims combined under this section for Single, Family & Individual cover is shown under the Table of Benefits for the plan you have selected.

For Duo cover, the maximum amount shown for Single cover under the Table of Benefits for the plan you have selected applies to each person.

4.2 WE WILL NOT PAY

To the extent permitted by law, we will not pay your claim:

- a] if you were aware, or a reasonable person in your circumstances would have been aware, of any reason, before your period of cover commenced, that may cause your Journey to be cancelled, disrupted or delayed.
- b] if the death, Injury or illness of your Relative arises from a Pre-existing Medical Condition, except as specified under Section 4.1 g].
- c] if you can claim your additional travel and accommodation expenses from anyone else.
- d] if your claim relates to the financial collapse or Insolvency of any transport, tour or accommodation provider.
- e] for cancellations, delays, rescheduling or diversions to your scheduled or connecting transport unless it is due to a strike, riot, hijack, civil protest, weather, natural disaster or accident affecting your mode of transport;
- f] if you operate a Rental Vehicle in violation of the rental agreement.
- g] as a result of you or your Travelling Companion changing plans.

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 56 TO 59 FOR OTHER REASONS WHY WE WILL NOT PAY.

Section 5 HOSPITAL CASH ALLOWANCE

Cover is available under all plans except the Budget International, Mid Australia Only, Basic Australia Only, Top Plus Non-Medical, Mid Non-Medical & Basic Non-Medical plans.

PLEASE NOTE: You will not have cover under this section while travelling in your Country of Residence.

5.1 WHAT WE COVER

If, as a result of an Injury or Sickness during your Journey, you are hospitalised Overseas 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 hospitalised.

The maximum amount we will pay for all claims combined under this section for Single & Family cover is shown under the Table of Benefits for the plan you have selected.

For Duo cover, the maximum amount shown for Single cover under the Table of Benefits for the plan you have selected applies to each person.

5.2 WE WILL NOT PAY

We will not pay if you cannot claim for Overseas medical expenses connected with the hospitalisation under Section 3 (*Overseas Emergency Medical & Hospital Expenses*).

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 56 TO 59 FOR OTHER REASONS WHY WE WILL NOT PAY.

Section 6 ACCIDENTAL DEATH

Cover is available under all plans except the Budget International plan.

6.1 WHAT WE COVER

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

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

The maximum amount we will pay for the death of accompanying Dependants is \$5,000 each, subject to the maximum amount shown in the Table of Benefits for the plan selected (*Single & Family cover only*).

The amount we will pay for the death of one person under Family cover who is not an accompanying Dependant is the benefit limit for Single cover as per the plan selected.

The maximum amount we will pay for all claims combined under this section for Single, Family & Individual cover is shown under the Table of Benefits for the plan you have selected.

For Duo cover, the maximum amount shown for Single cover under the Table of Benefits for the plan you have selected applies to each person.

6.2 WE WILL NOT PAY

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 56 TO 59 FOR REASONS WHY WE WILL NOT PAY.

Section 7 PERMANENT DISABILITY

Cover is available under all plans except the Budget International, Mid Australia Only & Basic Australia Only plans.

PLEASE NOTE: Unless you have chosen a Top Plus Frequent Traveller, Mid Frequent Traveller or Basic Frequent Traveller plan, you will not have cover under this section while travelling in your Country of Residence.

7.1 WHAT WE COVER

If you are Injured during your Journey; and

- because of the Injury, you suffer Permanent Disability within 12 months of the Injury; and
- your Permanent Disability continues for at least 12 consecutive months and at the expiry of that period, in the opinion of an appropriate medical specialist, is beyond hope of improvement;

we will pay the Permanent Disability benefit to you.

The maximum amount we will pay for the Permanent Disability of accompanying Dependants is \$5,000 each, subject to the maximum amount shown in the Table of Benefits for the plan selected (*Single & Family cover only*).

The amount we will pay for the Permanent Disability of one person under Family cover who is not an accompanying Dependant is the benefit limit for Single cover as per the plan selected.

The maximum amount we will pay for all claims combined under this section for Single, Family & Individual cover is shown under the Table of Benefits for the plan you have selected.

For Duo cover, the maximum amount shown for Single cover under the Table of Benefits for the plan you have selected applies to each person.

7.2 WE WILL NOT PAY

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 56 TO 59 FOR REASONS WHY WE WILL NOT PAY.

Section 8 LOSS OF INCOME

Cover is only available under a Top Plus International, Top International, Mid International, Basic International, Top Plus Frequent Traveller, Mid Frequent Traveller or Basic Frequent Traveller plan.

PLEASE NOTE: Unless you have chosen a Top Plus Frequent Traveller, Mid Frequent Traveller or Basic Frequent Traveller plan, you will not have cover under this section while travelling in your Country of Residence.

8.1 WHAT WE COVER

If during your Journey you suffer an Injury requiring medical treatment Overseas, and:

- because of the Injury you become disabled within 30 days; and
- the disablement continues for more than 30 consecutive days from the date of your return to Australia; and
- you are under the regular care of and acting in accordance with the instructions or advice of a Medical Adviser who certifies in writing that the disablement prevents you from gainful employment; and
- as a result you lose all your income,

then we will pay you as follows, starting from the 31st day after your return to Australia:

Top Plus International, Top International, Mid International, Top Plus Frequent Traveller & Mid Frequent Traveller plans

- \$400 per person, per week for a period of up to 26 weeks

Basic International & Basic Frequent Traveller plans

- \$400 per person, per week for a period of up to 13 weeks

The maximum amount we will pay for all claims combined under this section for Single & Family cover is shown under the Table of Benefits for the plan you have selected.

For Duo cover, the maximum amount shown for Single cover under the Table of Benefits for the plan you have selected applies to each person.

8.2 WE WILL NOT PAY

We will not pay for the loss of income of Dependents.

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 56 TO 59 FOR OTHER REASONS WHY WE WILL NOT PAY.

Section 9 LOSS OF TRAVEL DOCUMENTS, TRANSACTION CARDS AND TRAVELLERS CHEQUES

Cover is available under all plans except the Budget International, Mid Australia Only & Basic Australia Only plans.

PLEASE NOTE: Unless you have chosen a Top Plus Frequent Traveller, Mid Frequent Traveller or Basic Frequent Traveller plan, you will not have cover under this section while travelling in your Country of Residence.

9.1 WHAT WE COVER

- a) If any essential travel documents (including passports), Transaction Cards or travellers cheques are lost by you, stolen from you or destroyed during your Journey, then we will pay the issuer's fees for the replacement costs (including communication costs) of the items lost, stolen or destroyed.

- b) If during your Journey, your Transaction Card or travellers cheques are lost or stolen, then we will pay for any loss resulting from the fraudulent use of the transaction card or travellers cheques.

The maximum amount we will pay for all claims combined under this section for Single, Family & Individual cover is shown under the Table of Benefits for the plan you have selected.

For Duo cover, the maximum amount shown for Single cover under the Table of Benefits for the plan you have selected applies to each person.

9.2 WE WILL NOT PAY

- a) To the extent permitted by law we will not pay if you do not report the loss or theft within 24 hours to the police and, in the case of Transaction Cards or travellers cheques, to the issuing bank or company in accordance with the conditions under which the Transaction Cards or travellers cheques were issued. You must prove that you made such report by providing us with a written statement from whosoever you reported it to.
- b) We will not pay for any amounts covered by any guarantee given by the bank or issuing company to you as the holder of the Transaction Card or travellers cheques.

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 56 TO 59 FOR OTHER REASONS WHY WE WILL NOT PAY.

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

Cover is available under all plans except the Budget International, Mid Australia Only, Basic Australia Only, Mid Non-Resident & Basic Non-Resident plans.

PLEASE NOTE: Unless you have chosen a Top Plus Frequent Traveller, Mid Frequent Traveller or Basic Frequent Traveller plan, you will not have cover under this section while travelling in your Country of Residence.

10.1 WHAT WE COVER

We will pay for cash, bank notes, currency notes, postal orders or money orders stolen from your person during your Journey.

The maximum amount we will pay for all claims combined under this section for Single, Family & Individual cover is shown under the Table of Benefits for the plan you have selected.

For Duo cover, the maximum amount shown for Single cover under the Table of Benefits for the plan you have selected applies to each person.

10.2 WE WILL NOT PAY

To the extent permitted by law, we will not pay if:

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

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 56 TO 59 FOR OTHER REASONS WHY WE WILL NOT PAY.

Section 11 LUGGAGE AND PERSONAL EFFECTS

Cover is available under all plans except the Budget International plan. (See page 51 for details of cover under Section 11.1d)

PLEASE NOTE: for the purpose of this section:

- “specified items” refers to Luggage and Personal Effects that have been listed as covered on your Certificate of Insurance with a nominated sum insured
- “unspecified items” refers to Luggage and Personal Effects that have not been specifically listed on your Certificate of Insurance

11.1 WHAT WE COVER

- a] We will pay the repair cost or value of any Luggage and Personal Effects which, during the Journey, are stolen or accidentally damaged or are permanently lost.

When calculating the amount payable we will apply depreciation due to age, wear and tear for each item. The amount of such depreciation will be determined by us. No depreciation will be applied to goods purchased duty free prior to your departure or goods purchased during your Journey.

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

- b] The maximum amount we will pay for any item (ie. the item limit) is:

Top Plus International, Top International, Mid International, Top Plus Frequent Traveller, Mid Frequent Traveller, Mid Australia Only, Mid Non-Resident, Top Plus Non-Medical & Mid Non-Medical plans

- \$3,000 for personal computers, video recorders or cameras
- \$1,000 for mobile phones (including PDAs and any items with phone capabilities)
- \$750 for all other unspecified items

Basic International, Basic Frequent Traveller, Basic Australia Only, Basic Non-Resident & Basic Non-Medical plans

- \$750 for all unspecified items

A pair or related set of items, for example (but not limited to):

- a camera, lenses (attached or not), tripod and accessories;
- a matched or unmatched set of golf clubs, golf bag and buggy, or
- a matching pair of earrings,

are considered as only one item for the purpose of this insurance, and the appropriate individual item limit will be applied.

- c] In addition to the limit shown in the Table of Benefits for this section, we will also pay up to a maximum of \$5,000 (or such other lower amount which you have previously selected) for all items combined, that you have specified under ‘Specified Luggage & Personal Effects Cover’ and paid an additional premium for. The standard item limits shown in 11.1 b] above do not apply to the specified items listed on your Certificate of Insurance.

Cover under 11.1 d] only applies to the Top Plus International, Top International, Mid International, Top Plus Frequent Traveller, Mid Frequent Traveller, Mid Australia Only, Mid Non-Resident, Top Plus Non-Medical & Mid Non-Medical plans

- d] Luggage and Personal Effects left in a motor vehicle are only covered during daylight hours and must have been left in a Concealed Storage Compartment of a locked motor vehicle, and forced entry must have been made.

However, the limits set out below will apply (this limitation of cover applies to all items even if you have purchased ‘Specified Luggage and Personal Effects Cover’):

- \$200 for each item; and \$2,000 in total for all stolen items

No cover applies if Luggage and Personal Effects are left unattended in the passenger compartment of a motor vehicle at any time, or if the Luggage and Personal Effects have been left in a motor vehicle overnight.

The maximum amount we will pay for all claims combined under this section for Single, Family & Individual cover is shown under the Table of Benefits for the plan you have selected.

For Duo cover, the maximum amount shown for Single cover under the Table of Benefits for the plan you have selected applies to each person.

We will also pay up to the limits(s) shown on your Certificate of Insurance for any additional cover purchased under “Specified Luggage and Personal Effects Cover”, up to a maximum of \$5,000.

11.2 WE WILL NOT PAY

To the extent permitted by law, we will not pay a claim in relation to your Luggage and Personal Effects if:

- a] you do not report the loss, theft or misplacement within 24 hours to the police or an office of the bus line, airline, shipping line or rail authority you were travelling on when the loss, theft or misplacement occurred. You must prove that you made a report by providing us with a written statement from whoever you reported it to.
- b] your jewellery, mobile phone, camera, video camera, personal computer, computer equipment or their accessories are checked in to be held and transported in the cargo hold of any aircraft, ship, train, tram or bus (including any loss from the point of check-in until collection by you from the baggage carousel or collection area at the end of your flight, voyage or trip).
- c] the loss, theft or damage is to, or of, bicycles.
- d] the loss, theft or damage is to, or of, items left behind in any hotel or motel room after you have checked out, or items left behind in any aircraft, ship, train, tram, taxi or bus.
- e] the loss, theft or damage is to, or of, watercraft of any type (other than surfboards).
- f] the Luggage and Personal Effects were being sent unaccompanied or under a freight contract.
- g] the loss or damage arises from any process of cleaning, repair or alteration.
- h] the loss of or damage arises from ordinary wear and tear, deterioration, atmospheric or weather conditions, insects, rodents or vermin.
- i] the Luggage and Personal Effects were left Unsupervised in a Public Place.
- j] the Luggage and Personal Effects were left unattended in a motor vehicle unless they were left in a Concealed Storage Compartment of a locked motor vehicle.

- k] the Luggage and Personal Effects were left overnight in a motor vehicle even if they were left in a Concealed Storage Compartment of a locked motor vehicle.
- l] the Luggage and Personal Effects have an electrical or mechanical breakdown.
- m] the Luggage and Personal Effects are fragile, brittle or an electronic component is broken or scratched – unless either:
 - it is the lens of spectacles, binoculars or photographic or video equipment; or
 - the breakage or scratch was caused by a crash involving a vehicle in which you are travelling.
- n] you are entitled to be reimbursed by the bus line, airline, shipping line or rail authority you were travelling on when the loss, theft, misplacement or damage occurred. However, if you are not reimbursed the full amount of your claim, we will pay the difference between the amount of your loss and what you were reimbursed, up to the limit of your cover (allowing for depreciation due to age, wear and tear).
- o] damage to sporting equipment while in use (including surfboards).

YOU MUST CHECK “GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS” PAGES 56 TO 59 FOR OTHER REASONS WHY WE WILL NOT PAY.

Section 12 LUGGAGE AND PERSONAL EFFECTS DELAY EXPENSES

Cover is available under all plans except the Budget International, Mid Australia Only & Basic Australia Only plans.

PLEASE NOTE: Unless you have chosen a Top Plus Frequent Traveller, Mid Frequent Traveller or Basic Frequent Traveller plan, you will not have cover under this section while travelling in your Country of Residence.

12.1 WHAT WE COVER

We will reimburse you if any items of your Luggage and Personal Effects are delayed, misdirected or misplaced by the Carrier for more than 12 hours, and in Allianz Global Assistance's opinion, it was reasonable for you to purchase essential items of clothing or other personal items.

Your claim must contain written proof from the Carrier who was responsible for your Luggage and Personal Effects that they were delayed, misdirected or misplaced. We will deduct any amount we pay you under this section for any subsequent claim for lost Luggage and Personal Effects (Section 11).

The maximum amount we will pay for all claims combined under this section for Single, Family & Individual cover is shown under the Table of Benefits for the plan you have selected.

For Duo cover, the maximum amount shown for Single cover under the Table of Benefits for the plan you have selected applies to each person.

12.2 WE WILL NOT PAY

We will not pay if you are entitled to compensation from the bus line, air line, shipping line or rail authority you were travelling on for the relevant amount claimed.

However, if you are not reimbursed the full amount, we will pay the difference between the amount of your expenses and what you were reimbursed up to the limit of your cover.

YOU MUST CHECK “GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS” PAGES 56 TO 59 FOR OTHER REASONS WHY WE WILL NOT PAY.

Section 13 TRAVEL DELAY EXPENSES

Cover is available under all plans except the Budget International plan.

13.1 WHAT WE COVER

We will reimburse the cost of your Reasonable additional meals and accommodation expenses if a delay to your Journey, for at least 6 hours, arises from circumstances outside your control.

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

The maximum amount we will pay for all claims combined under this section for Single, Family & Individual cover is shown under the Table of Benefits for the plan you have selected.

For Duo cover, the maximum amount shown for Single cover under the Table of Benefits for the plan you have selected applies to each person.

13.2 WE WILL NOT PAY

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

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

Nor will we pay if:

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

YOU MUST CHECK “GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS” PAGES 56 TO 59 FOR OTHER REASONS WHY WE WILL NOT PAY.

Section 14 ALTERNATIVE TRANSPORT EXPENSES

Cover is available under all plans except the Budget International, Mid Australia Only & Basic Australia Only plans.

PLEASE NOTE: Unless you have chosen a Top Plus Frequent Traveller, Mid Frequent Traveller or Basic Frequent Traveller plan, you will not have cover under this section while travelling in your Country of Residence.

14.1 WHAT WE COVER

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

The maximum amount we will pay for all claims combined under this section for Single, Family & Individual cover is shown under the Table of Benefits for the plan you have selected.

For Duo cover, the maximum amount shown for Single cover under the Table of Benefits for the plan you have selected applies to each person.

14.2 WE WILL NOT PAY

- a] We will not pay if the cancellation, delay, shortening or diversion of your scheduled transport arises from the financial collapse or Insolvency of any transport, tour or accommodation provider.
- b] We will not pay if your claim arises from an act or threat of terrorism.

YOU MUST CHECK “GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS” PAGES 56 TO 59 FOR OTHER REASONS WHY WE WILL NOT PAY.

Section 15 PERSONAL LIABILITY

Cover is available under all plans.

15.1 WHAT WE COVER

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

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

occurring during your Journey which is caused by an Accident or a series of Accidents attributable to one source or originating cause.

We will also pay your Reasonable legal expenses for settling or defending the claim made against you.

You must not admit fault or liability for the claim, or incur any legal costs without Allianz Global Assistance's prior written approval.

The maximum amount we will pay for all claims combined under this section for Single, Family & Individual cover is shown under the Table of Benefits for the plan you have selected.

For Duo cover, the maximum amount shown for Single cover under the Table of Benefits for the plan you have selected applies to each person.

15.2 WE WILL NOT PAY

To the extent permitted by law, we will not pay for any amount you become legally liable to pay if the claim arises directly or indirectly from, or is in any way connected with, or is for:

- a] bodily injury to you, your Travelling Companion, or to a Relative or employee of either of you;
- b] damage to property belonging to you, or in your care or control, or belonging to, or in the care or control of, your Relative or your Travelling Companion, or to an employee of either of you;
- c] your ownership, custody, control or use of any firearm or weapon, aerial device, watercraft or motorised vehicle;
- d] your conduct of, or employment in any business, profession, trade or occupation;
- e] any loss, damage or expenses which are covered or should have been covered under a statutory or compulsory insurance policy, statutory or compulsory insurance or compensation scheme or fund, or under Workers' Compensation Legislation, an industrial award or agreement, or Accident Compensation Legislation;
- f] any fine or penalty, or aggravated, punitive, exemplary or liquidated damages;
- g] disease that is transmitted by you;
- h] any relief or recovery other than monetary amounts;
- i] a contract that imposes on you a liability which you would not otherwise have;
- j] assault and/or battery committed by you or at your direction; or
- k] 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.

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 56 TO 59 FOR OTHER REASONS WHY WE WILL NOT PAY.

Section 16 RENTAL VEHICLE EXCESS / RETURN OF RENTAL VEHICLE

Cover is available under all plans except the Budget International plan.

16.1 WHAT WE COVER

a] If, during your period of cover, a Rental Vehicle you have rented from a rental company or agency is:

- involved in a motor vehicle Accident while you are driving it; or
- damaged or stolen while in your custody,

then we will pay the lesser of:

- the specified excess, deductible or damage liability fee that you are liable to pay under your Rental Vehicle agreement; or
- property damage for which you are liable.

You must provide a copy of:

- your Rental Vehicle agreement;
- the incident report that was completed;
- repair account;
- an itemised list of the value of the damage; and
- written notice from the rental company or agency advising that you are liable to pay the specified excess, deductible or damage liability fee.

b] If you are Injured or become Sick and your attending Medical Adviser certifies in writing that you are unfit to return your Rental Vehicle to the nearest depot during your Journey, then we will pay up to \$500 for the cost of returning your Rental Vehicle.

The maximum amount we will pay for all claims combined under this section for Single, Duo, Family & Individual cover is shown under the Table of Benefits for the plan you have selected. The amount applies to the total of all claims combined, regardless of the number of persons the claims relate to.

16.2 WE WILL NOT PAY

To the extent permitted by law, we will not pay a claim involving the theft or damage to your Rental Vehicle if the claim arises directly or indirectly from, or is in any way connected with, or is for:

- a] you using the Rental Vehicle in breach of the rental agreement;
- b] you using the Rental Vehicle without a licence for the purpose that you were using it; or
- c] administrative charges or fees of the rental company that are not a component of the excess, deductible or damage liability fee specified in your Rental Vehicle agreement.

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 56 TO 59 FOR OTHER REASONS WHY WE WILL NOT PAY.

General Exclusions Applicable to all Sections

To the extent permitted by law, we will not pay if:

1. you intentionally or recklessly act in a way that would reasonably pose a risk to your safety or the safety of your Luggage and Personal Effects, except in an attempt to protect the safety of a person or to protect property.
2. you do not do everything you can to reduce your loss as much as possible.
3. your claim is for consequential loss of any kind, including loss of enjoyment.
4. at the time of purchasing, varying or upgrading this Policy, you or a reasonable person in your circumstances were aware, or should have been aware, of something that would give rise to you making a claim under this Policy.
5. your claim is for a loss which is recoverable by compensation under any workers compensation or transport accident laws, government sponsored fund, plan, or medical benefit scheme, or any other similar type legislation required to be effected by or under a law.
6. your claim arises from errors or omissions in any booking arrangements or failure to obtain the relevant visa, passport or travel documents.
7. your claim arises from the refusal, failure or inability of any person, company or organisation (including but not limited to any airline, or other transportation provider, hotel, car rental agency, tour or cruise operator, travel wholesaler, booking agent or other provider of travel or tourism related services, facilities or accommodation), to provide services, facilities or accommodation, by reason of their own Insolvency or the Insolvency of any person, company or organisation with whom or with which they deal except as provided under Section 1B (*Travel Services Provider Insolvency*).
8. your claim arises because you act illegally or break any government prohibition or regulation including visa requirements.
9. your claim arises from a government authority confiscating, detaining or destroying anything.
10. your claim arises from being in control of a Motorcycle unless:
 - you are licensed to drive a Motorcycle under a current Australian motorcycle licence (excluding Learners Permits and Provisional Licences) or a current International Driving Permit, or
 - you are a passenger travelling on a Motorcycle that is in the control of a person who holds a current motorcycle licence valid for the country you are travelling in.
11. your claim arises from being in control of a Moped or Scooter unless:
 - you are licensed to drive a Moped or Scooter under a current Australian motorcycle/drivers licence (excluding Learners Permits and Provisional Licences), or a current International Driving Permit; or
 - you are a passenger travelling on a Moped or Scooter that is in the control of a person who holds a current motorcycle or drivers licence valid for the country you are travelling in.
12. your claim arises from, is related to or associated with:
 - an actual or likely Epidemic or Pandemic; or
 - the threat of an Epidemic or Pandemic.Refer to www.who.int and www.smartraveller.gov.au for further information on Epidemics and Pandemics.
13. your claim arises because you did not follow advice in the mass media or any government or other official body's warning:
 - against travel to a particular country or parts of a country; or
 - of a strike, riot, bad weather, civil protest or contagious disease (including an Epidemic or Pandemic);and you did not take appropriate action to avoid or minimise any potential claim under your Policy (including delay of travel to the country or part of the country referred to in the warning).
Refer to www.who.int and www.smartraveller.gov.au for further information.
14. your claim arises from any act of war, whether war is declared or not, or from any rebellion, revolution, insurrection or taking of power by the military.
15. your claim arises from a nuclear reaction or contamination from nuclear weapons or radioactivity.
16. your claim arises from biological and/or chemical materials, substances, compounds or the like including when used directly or indirectly for the purpose to harm or to destroy human life and/or create public fear.
17. your claim arises directly or indirectly from, or is in any way connected with, any Pre-existing Medical Condition of any person including you, your Travelling Companion or a Relative except as provided under Section 1A 1.1 d) (page 39) and Section 4.1 g) (page 44).
This exclusion will not apply:
 - if you or any other Insured Person satisfy the provisions as set out under the heading 'Pre-existing medical conditions which we may cover with no additional premium payable' contained in the "**Pre-existing Medical Conditions**" section (pages 24 & 25); or
 - where we have agreed in writing to provide cover for your Pre-existing Medical Condition as shown on your Certificate of Insurance. Special conditions, limits and Excesses may apply if we notify you in writing; or
 - where your Travelling Companion or Relative is an Insured Person and we have agreed in writing to provide them with cover for their Pre-existing Medical Condition as shown on your Certificate of Insurance.
18. your claim arises from, is related to or associated with any signs or symptoms that you were aware of before cover commenced, but:
 - a] you had not yet sought a medical opinion regarding the cause; or
 - b] you were currently under investigation to define a diagnosis; or
 - c] you were awaiting specialist opinion.
19. your claim is in respect of travel booked or undertaken even though you know you are unfit to travel, travel against medical advice, travel to obtain medical treatment or you arrange to travel when you know of circumstances that could lead to the Journey being disrupted or cancelled.
20. your claim arises from any Injury or Sickness where a metastatic or terminal prognosis was made prior to the issue of the Certificate of Insurance.

21. your claim arises from, is related to, or associated with, elective surgery and/or treatment received during your Journey.
22. your claim arises from, or is a consequence of complications from medical, surgical or dental procedures or treatments that are not for an Injury or Sickness that would otherwise be covered by this Policy.
23. your claim arises out of pregnancy, childbirth or related complications, unless it is a single uncomplicated pregnancy (up to and including 23 weeks), or we have agreed in writing to provide cover. In any event we will not pay medical expenses for:
 - regular antenatal care;
 - childbirth at any gestation; or
 - care of the newborn child.
24. your claim involves hospitalisation or confinement to a clinic where you are being treated for addiction to drugs or alcohol, or are using it as a nursing, convalescent or rehabilitation place.
25. your claim involves the cost of medication in use at the time the Journey began or the cost for maintaining a course of treatment you were on prior to the Journey.
26. your claim arises from or is in any way related to Mental illness, or from:
 - a] dementia, depression, anxiety, stress or other mental or nervous condition; or
 - b] conditions that have resulted in behavioural issues; or
 - c] a therapeutic or illicit drug or alcohol addiction.
27. your claim arises from your intentional self harm or your suicide or attempted suicide.
28. your claim arises directly or indirectly from, or is in any way connected with, a sexually transmitted disease or virus, unless we have agreed in writing to provide cover as set out in your Medical Terms of Cover letter and you have paid any additional premium that applies.
29. you were under the influence of any intoxicating liquor or drugs except a drug prescribed to you by a Medical Adviser, and taken in accordance with their instructions.
30. despite the advice given following your call to Allianz Global Assistance, you received private hospital or medical treatment where public funded services or care is available in Australia or under any Reciprocal Health Care Agreement between the Government of Australia and the government of any other country.
31. your claim arises from any medical procedures in relation to AICD/ICD insertion during Overseas travel. If you, your Travelling Companion or a Relative (as listed on your Certificate of Insurance) requires this procedure, due to sudden and acute onset which occurs for the first time during your period of cover and not directly or indirectly related to a Pre-existing Medical Condition, Allianz Global Assistance will exercise their right to organise a repatriation to Australia for this procedure to be completed.
32. your claim arises from, or is in any way related to or associated with any loss, damage, liability, event, occurrence, Injury or Sickness where providing such cover would result in us contravening the Health Insurance Act 1973 (Cth), the Private Health Insurance Act 2007 (Cth) or the National Health Act 1953 (Cth) or where Allianz does not have the necessary licences or authority to provide such cover.
33. your claim arises because you hunt, race (other than amateur foot racing), engage in Open Water Sailing, play polo, go mountaineering or rock climbing using ropes or climbing equipment (other than for hiking), from skiing Off-piste, from Professional Sport of any kind, or from parachuting or hang gliding.
34. your claim arises because you dive underwater using an artificial breathing apparatus, unless you hold an open water diving licence recognised in Australia or you were diving under licensed instruction.
35. your claim arises from travel in any air supported device other than as a passenger in a fully licensed aircraft operated by an airline or charter company. This exclusion does not apply to regulated or licensed ballooning.

CLAIMS GUARANTEE

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



CHI TRAVEL INSURANCE PTY LTD

ABN 70 131 684 636

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

Sales and General Enquiries

Phone: (02) 9997 4810 or 1800 997 810

Fax: (02) 9979 9310

sales@chitravelinsurance.com.au

www.chitravelinsurance.com.au

Claims Enquiries

Phone: 1300 654 811 (within Australia)

CHI Travel Insurance Medical Assessment Line

Phone: (02) 9998 7870 or 1800 671 826

24 Hour Emergency Assistance call

Allianz Global Assistance

+61 7 3305 7499 (reverse charge from overseas)

1800 010 075 (within Australia)

Authorised Representative's Details

Name/Company :

ABN (if applicable) :

AR Number :

Agent Stamp :

This insurance is issued and managed by

AWP Australia Pty Ltd, trading as Allianz Global Assistance

ABN 52 097 227 177

AFS Licence 245631

74 High Street, Toowong QLD 4066

This insurance is underwritten by

Allianz Australia Insurance Limited

ABN 15 000 122 850

AFS Licence 234708

of 2 Market Street, Sydney NSW 2000

CHI Travel Insurance Pty Ltd

ABN 70 131 684 636

AR Number 327036

is an authorised representative of Allianz Global Assistance