Allianz

Global Assistance

Travel Insurance



Product Disclosure Statement



Contact Allianz Global Assistance

Sales and general enquiries

1300 320 633

24 hour Emergency Assistance

+61 7 3305 7499 (overseas)

1800 010 075 (within Australia)

Please note additional charges may apply for any calls made from mobiles, public telephones or hotel rooms.

This insurance is issued and managed by

AWP Australia Pty Ltd trading as Allianz Global Assistance

ABN 52 097 227 177

AFS Licence 245631

as an agent for Allianz

Registered Office

Level 16, 310 Ann Street

Brisbane QLD 4000

This insurance is underwritten by

Allianz Australia Insurance Limited

ABN 15 000 122 850

AFS Licence 234708

Level 16, 10 Carrington St

Sydney, NSW 2000

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About this Product Disclosure Statement

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

This PDS sets out the cover available, what isn't covered 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.

You need to decide if the benefit limits, type, and level of cover are appropriate for you and will cover your potential loss.

You may be eligible under other insurance that include some or all of the benefits provided under this product. You should read this Product Disclosure Statement carefully and consider whether this product suits your objectives, financial situation or needs.

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.

The documents that form your policy are listed below. Please carefully read them and make sure you can access them while travelling and upon your return:

- this Product Disclosure Statement;
- Certificate of Insurance;
- Medical Terms of Cover document (if applicable).

Understanding this product and its important terms and conditions

To properly understand this product's features, benefits, limits, conditions and exclusions you need to carefully read this document in full, including without limitation, please read:

- the section headed **purchasing this product** – contains important information on who is eligible to purchase a policy, age limits and cover types, your period of cover and when the cover can be extended or amended, applicable excesses, your insurance premium, the cooling-off period, and more;
- about the benefit limits that we will pay that apply to each plan in the **Table of Benefits**, the activities which are automatically included, and any options in the section headed **Optional Covers** – including the limits on the amount we will pay that apply to each plan in **the Cruise Pack** and **Snow Pack Tables of Benefits**;
- the section headed **Pre-existing Medical Conditions** (remember certain words have defined meanings – see the section headed **Our Definitions** on page 44);
- the section headed **Your Duty to take reasonable care not to make a misrepresentation**;
- the section headed **Other Things You Need To Know** - contains information on the **General Insurance Code of Practice**, the **Financial Claims Scheme**, our **Privacy Notice**, and more;
- what we cover and what we do not cover under each **Policy Benefits** section and **Optional Covers** section (where applicable to any cover you purchase), and in the section headed **General Exclusions;**
- the section headed **Claims** - when you can choose your own doctor, and when you should contact Allianz Global Assistance concerning 24 hour medical assistance, overseas hospitalisation or medical evacuation. This section also sets out important information about how we will consider claims and certain obligations that you and we have, circumstances in which we may refuse to pay or reduce the amount we will pay in relation to a claim, our dispute resolution process, and more.

Updating the PDS

We may need to update this PDS from time to time. We will do this if certain changes occur, and we are required and permitted by law to do so. 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 to correct a misleading or deceptive statement or an omission that is materially adverse, from the point of view of a reasonable person considering whether to buy this product, Allianz Global Assistance may provide the updated information on their website.

You can also get a paper copy of the updated information free of charge by calling the contact number shown on the back cover of this PDS.

Who is the insurer?

This product is insured by Allianz Australia Insurance Limited ABN 15 000 122 850 AFS Licence No. 234708 (Allianz), telephone 132 664.

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 Level 16, 310 Ann Street, Brisbane, QLD 4000, telephone (07) 3305 7000.

Allianz Global Assistance has been authorised by Allianz to enter into 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 the benefits of this insurance.

For all assistance services, you may contact Allianz Global Assistance 24 hours a day, 7 days a week.

Purchasing this Product

Who is eligible to purchase a policy?

You are eligible to purchase a policy if you meet the following criteria:

- you have a permanent home in Australia and you:
  - are a permanent resident of Australia; or
  - hold a current Australian visa - but not a tourist or working holiday visa - that will remain valid after your journey ends and allows you unrestricted right of entry into Australia; or
  - hold a valid Australian Medicare card; and
- you purchase your policy before starting your journey; and
- your journey will start and end in Australia.

Please note that if requested, you will need to prove your eligibility (where reasonable) by providing any of the following:

a] a copy of your passport;

b] Australian residency documents;

c] a copy of your current visa;

d] a copy of your valid Medicare card; or

e] other official documents confirming your right to reside in Australia;

f] a copy of your flight or travel itinerary.

Travelling with children/grandchildren?

If travelling with children or grandchildren, they can be covered as dependants under Plans with Single or Family cover types under the Comprehensive, Essentials, or Domestic Plan.

Dependants include children, grandchildren, step children, adopted children, foster children, and children you care for under a legal guardian arrangement.

This coverage applies only if they will be with you for 100% of your journey, and are not in full-time employment and are under 25 years old.

Please note that an additional premium may be payable.

Do any age limits apply?

Our Comprehensive, Domestic and Non-Medical Plans are available to travellers of all ages.

Our Essentials Plan is only available to travellers who are aged under 75 years at the time the Certificate of Insurance is issued.

Our Multi-Trip Plan is only available to travellers who are aged under 75 years at the time the Certificate of Insurance is issued.

Plans & Cover Types

Plans

This product contains the following plans:

- Comprehensive
- Essentials
- Domestic
- Multi-Trip

The plan(s) which are available for your journey depends on your travel arrangements and is subject to you meeting the eligibility criteria. The **Table of Benefits** starting on page 8 sets out the benefits and limits which apply to each plan.

Depending upon your pre-existing medical condition(s), we may be unable to provide you with cover for any medical or hospital expenses, or for any other losses or expenses arising from, related to or associated with any injury, illness or sickness suffered by you.

If that is the case, you may be able to purchase our Non-Medical Plan. Please refer to the **Table of Benefits** and the **Pre-existing Medical Conditions** section for further information about this plan.

Cover Types

The cover type which will apply to your policy is based on the number of eligible travellers to be listed on your Certificate of Insurance.

The following cover types are available. Where a cover type advises that it covers a spouse/partner or dependants, cover is only provided if those persons are named on your Certificate of Insurance.

Single

Covers you and your dependants. The single benefit limits are shown in the **Table of Benefits** under the plan you have selected. The benefit limits apply to all claims combined, including any dependants and not to each insured person.

Duo

Covers two insured persons travelling together - but does not provide cover for dependants. The duo benefit limits are shown in the **Table of Benefits** under the plan you have selected. The benefit limits apply to all claims combined for each insured person except for **Benefit 2.1 Cancellation** where the benefit is per policy. Cover for dependants is not included with this Plan.

Family

Covers you and your spouse/partner and dependants. The family benefit limits are shown in the **Table of Benefits** under the plan you have selected. The benefit limits apply to all claims combined, including dependants and not to each insured person.

Non-Medical

Covers one insured person only. The benefit limits are shown in the **Table of Benefits** under the Non-Medical Plan. A dependant is covered as an insured person under this plan.

Multi-Trip

Covers the insured persons named on the Certificate of Insurance. The Multi-Trip benefit limits are shown in the **Table of Benefits**. The benefit limits apply to all claims combined for each insured person per journey. However, except for **Benefit 6.1 Personal Liability**, all other benefit limits and sub-limits which are available under the Multi-Trip Plan are reinstated on the completion of each journey. Dependants are covered as insured persons rather than dependants under this plan.

Period of cover

We will confirm the issue of your policy by providing you with a Certificate of Insurance. The Certificate of Insurance will list the period you are insured for. See **When does my cover start?** and **When does my cover end**? below.

Important travel alert information

Before purchasing your travel insurance, check www.smartraveller.gov.au and www.allianzpartners.com.au/travel-insurance/travel-alerts for travel alerts or advisories for your intended destination(s).

Coverage may be affected or declined where a claim arises because you did not follow an advice or warning issued by an Australian government relating to your destination. This includes travelling when a 'Do not travel' alert is in place and not taking action to minimise or avoid any potential claim. Please note, this also applies even if the Australian government has given you permission to travel or you fall under a specific exemption where there is otherwise a travel ban in place that prohibits you from travelling.

Where will I be covered?

Before you select your plan, we will ask you to list the destinations you intend to visit, including any destination where you will have a transit time or stop-over of more than 24 hours. However, you don't need to list the destinations where your transit time or stop-over is less than 24 hours.

If you haven't yet decided on all of the destinations you will be visiting, you can list the region(s) you're travelling to instead (rather than trying to work out each destination).

The Certificate of Insurance will list the destination(s), countries, and/or regions you have selected for cover. In addition, the Certificate of Insurance will also list the region/s you can travel to with this cover at no additional cost. Refer to www.allianzpartners.com.au/travel-insurance/regions for our Regions list.

Aside from any destinations where your transit time or stop-over is less than 24 hours, your policy will not provide cover outside of the destination(s), countries and/or regions listed on your Certificate of Insurance.

When does my cover start?

For a Comprehensive, Essentials, Domestic, Multi-Trip or Non-Medical Plan:

- cover under **Benefit 2.1 Cancellation** begins from the date your policy is issued - this is shown on your Certificate of Insurance as the date of issue. Note that cover under **Benefit 2.1 Cancellation** only applies to the travel arrangements you will be using between the start and end dates shown on your Certificate of Insurance.
- cover for all other benefits begins when you start your journey or on the start date shown on your Certificate of Insurance, whichever happens later.

When does my cover end?

For a Comprehensive, Essentials, Domestic or Non-Medical Plan:

- all cover finishes at the end of your journey or on the end date shown on your Certificate of Insurance whichever happens first.

For the Multi-Trip Plan:

- all cover finishes at the end of your journey, at the expiry of the nominated journey period or on the end date shown on your Certificate of Insurance, whichever happens first.



You are only covered for incidents or events when you are on a journey during the period you nominated as shown on your Certificate of Insurance. The maximum period for any one journey under the Multi-Trip Plan, is shown on your Certificate of Insurance.

Automatic extensions of cover

Your cover will be extended at no additional charge if your return to your home 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 an event that is covered under this policy. If the event causing the delay is not covered under this policy, please refer to the "Extending your cover if you are already travelling" section of the PDS as you may be eligible to extend your original period of cover.

The cover provided under **Benefit 1.4 Accidental Death** will not automatically extend for any period more than 12 consecutive months from the start date shown on your Certificate of Insurance, in any circumstances.

The cover will end when you return home or if after assessment of your claim, the reasonable medical advice is that you are medically fit to return to Australia, the cover will end on the date that Allianz Global Assistance would have been able to reasonably facilitate your return to Australia.

Extending your cover if you are already travelling

If you are already travelling and would like to be insured for longer than your original period of cover, you will need to apply for cover prior to the expiry of your original policy.

To apply, please contact us on the number shown on the back cover of this PDS to determine your eligibility. Please note that acceptance is not guaranteed and may be subject to certain underwriting requirements. If accepted, additional premium will apply.

If we accept your application, we will issue you with a new policy which will not be an extension of your original policy. A new period of cover will apply and you will be issued with a new Certificate of Insurance. The period of cover on your new Certificate of Insurance cannot exceed 12 months from the start date shown on your new Certificate of Insurance for Comprehensive, Essentials or Non-Medical plans and 69 days for Domestic plans.

A new policy cannot be provided if you are already travelling and if your original policy is:

- a Multi-Trip plan; or
- an Essentials plan if you are aged 75 years or over at the time you apply for a new policy to extend your cover.

Important: Cover under your new policy will not be provided:

- for any pre-existing medical condition covered under your original policy unless you make further application for cover and Allianz Global Assistance agrees to provide cover for your pre-existing medical condition;
- for any medical condition you suffered during the term of your original policy (which will be defined as a pre-existing medical condition under your new policy) unless you apply for cover for your pre-existing medical conditions at the time you apply for your new policy; or
- for any circumstances that have given (or may give) rise to a claim under your original policy.

Excesses

An excess is an amount which may be deducted from any claim payment we make to you. Please read the following information about the types of excesses which may apply to your policy

Base excess

Your policy has a base excess which is shown on your Certificate of Insurance.

The base excess applies to each event causing a payable claim except where the claim is solely payable under any of the following benefits in which case the base excess will not apply:

1.1 Overseas Emergency Assistance

1.3 Funeral Expenses

1.6 Hospital Cash Allowance

3.2 Travel Delay Expenses

4.2 Luggage & Personal Effects Delay Expenses

4.4 Theft of Cash

7.3 Cabin Confinement

7.6 Formal Wear Delay Expenses

7.7 Marine Rescue Diversion

7.12 Piste Closure

You also have the option to vary the amount of the base excess - refer to **Varying The Base Excess in** the **Optional Covers** section for details.

Other excesses

a] If you apply for cover for your pre-existing medical conditions (and Allianz Global Assistance agrees to provide you with cover), a medical excess may apply to claims arising from those approved pre-existing medical conditions. Where a medical excess applies to a claim, it will replace the base excess, not be additional to it. We will inform you in writing if a medical excess applies and this will be shown on your Certificate of Insurance.

For example: Sam selects a $250 base excess for his policy. Sam applies for cover for a pre-existing heart condition. Allianz Global Assistance agrees to provide cover for this condition and Sam selects a $500 medical excess. If Sam needs to make a claim arising from this condition, the medical excess of $500 will be applied to the claim. However, if Sam needs to make a claim which is not related to any covered pre-existing medical condition, then the $250 base excess will be applied - not the medical excess.

b] In addition to your base excess, a non-removable excess of **$500** will apply to any claim payable under **Benefits 1.2 Overseas Medical & Hospital Expenses** and **2.1 Cancellation** if you have purchased:

- a **Snow Pack** and your claim arises from your participation in snow sport activities; or
- an **Adventure Pack** and your claim arises from your participation in any of the activities listed under the **Adventure Pack** in the **Optional Covers** section

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 you have selected and what excesses will apply, and whether any standard terms are to be varied. These details will be recorded on the Certificate of Insurance issued to you which may vary the standard PDS terms.

To confirm any policy transaction, (if the Certificate of Insurance does not have all the information you require), call Allianz Global Assistance using the contact number shown on the back cover of this PDS.

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, or contact the Insurance Council of Australia (ICA) - the ICA provides a referral service which is available on their website at https://insurancecouncil.com.au/. Select 'Find an Insurer' to view a list of general insurers who may be able to provide insurance to suit your requirements.

Your insurance premium

The cost of your insurance is called a 'premium'. You will be told the premium that is payable for your policy when you apply and it will be shown on your Certificate of Insurance.

The premium amount is calculated using a number of factors including:

- your risk profile. We work this out using a number of factors such as:
  - your travel destination(s),
  - the length of your journey,
  - the amount and type of cover you require,
  - the number of people to be insured under the policy, and their ages,
  - the time between the date you purchase your policy and the start date of your journey,
  - the pre-existing medical condition(s) of the people insured under the policy,
  - the likelihood of a claim being made on your policy.
- any commissions that may be payable;
- any discounts that may apply;
- any government charges we pay, such as Stamp Duty and GST;
- any other charges we tell you about;
- the excess you choose.

Cooling-off period

Even after you have purchased your policy, you have cooling-off rights.

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. We will give you a full refund of the premium you paid, provided:

- you have not started your journey; and
- you do not want to make a claim under your policy; and
- you do not want to exercise any other right under your policy.

Cancellation after the cooling-off period

If you wish to cancel your policy more than 14 days after you are issued your Certificate of Insurance, we will provide a partial premium refund of the premium you paid, provided:

- you have not started your journey; and
- you do not want to make a claim under your policy; and
- you do not want to exercise any other right under your policy.

We will calculate the partial refund on a pro-rata basis from the date you contact us to cancel your policy until the end date of the period of cover provided by your policy.

Cancellation after the cooling-off period due to COVID-19

If you have been prevented from travelling or, where you have already commenced your journey, you have had your journey shortened, because:

- of a border closure arising from COVID-19; or
- you are required to complete a mandatory quarantine period because of where you are travelling or intend to travel to or from,

you may cancel your policy after the cooling off period. We will give you a partial refund or full refund of the premium you paid, subject to the conditions outlined below.

The border closure or quarantine must be:

- due to COVID-19; and
- enforced by a government or other competent authority in the jurisdiction where you are travelling or intend to travel to or from; and
- in effect at the time you cancel your policy or at the time when you are due to commence your journey.

We will calculate any premium refund we give you due to border closure or quarantine arising from COVID-19 as follows:

Cancellation of single trip policies due to COVID-19

If you have not commenced your journey:

We will provide a full premium refund.

If you have commenced your journey:

We will provide a partial premium refund.

We will calculate the partial refund on a pro-rata basis from the date you returned home from your journey until the end date of the period of cover provided by your policy

You will not be eligible for any premium refund if:

- you have made a claim which is paid in part or full; or
- you want to make a claim; or
- you want to exercise any other right under your policy.

Cancellation of Multi-Trip policies due to COVID-19

If you have not commenced any journey:

We will provide a full premium refund.

If you have commenced a journey and your journey was shortened due to a COVID-19 border closure or quarantine:

We will provide a partial premium refund.

We will calculate the partial refund on a pro-rata basis from the date you returned home from your journey until the end date of the period of cover provided by your policy.

If you have undertaken a previous journey but did not have your previous journey shortened due to a COVID-19 border closure or quarantine.

We will provide a partial premium refund.

We will calculate the partial refund on a pro-rata basis from the date you contact us to cancel your policy until the end date of the period of cover provided by your policy.

Note: If you cancel your Multi-trip policy, there will not be cover under the policy for any event occurring after the policy cancellation date.

Outside of these circumstances, you can still cancel your policy but, we will not refund any part of your premium if you do.

Table of Benefits

The following tables are a summary only.

Please read the PDS in full to understand the extent of the cover provided, including all conditions, exclusions, benefit limits and any applicable sub-limits.

The following tables set out the benefits available under each Plan and the maximum amount we will pay for all claims combined under each benefit, including any sub-limits. Maximum limits for benefits 1.1 to 6.1 across Comprehensive, Essentials and Domestic plans apply to all claims combined, including any dependants and not to each insured person except for Duo cover types where limits are per person unless specified.

Comprehensive Plan

Benefits	Excess applies	Comprehensive plan		
		single benefit limit	duo benefit limit [per person unless specified]	family benefit limit
1.1 Overseas Emergency Assistance^	Nil	**$20 million**	**$20 million**	**$40 million**
1.2 Overseas Medical & Hospital Expenses^	Yes	**$20 million**	**$20 million**	**$40 million**
1.3 Funeral Expenses^	Nil	**$60,000**	**$60,000**	**$120,000**
1.4 Accidental Death	Yes	**$50,000**	**$50,000**	**$100,000** ($50,000 per person)
1.5 Permanent Disability^#	Yes	**$50,000**	**$50,000**	**$100,000** ($50,000 per person)
1.6 Hospital Cash Allowance^	Nil	**$5,000** ($50 per night after an initial 48 hours)	**$5,000** ($50 per person, up to $100 per night, after an initial 48 hours)	**$10,000** ($50 per person, up to $100 per night, after an initial 48 hours)
2.1 Cancellation	Yes	**As selected†**	**As selected†** (per policy)	**As selected†**
Sub-limits				
- Travel Agents Cancellation Fees		$1,500	$1,500 per person up to $3,000	$1,500 per person up to $3,000
- Pre-existing Medical Condition of a Relative		$2,000	$2,000 per person up to $4,000	$2,000 per person up to $4,000
3.1 Additional Expenses	Yes	**$50,000** ($2,000 for pre-existing medical condition of a relative)	**$50,000** ($2,000 per person up to $4,000 for pre-existing medical condition of a relative)	**$100,000** ($2,000 per person up to $4,000 for pre-existing medical condition of a relative)
3.2 Travel Delay Expenses	Nil	**$3,000** ($300 after an initial 6-hour delay then again after each consecutive 24-hour period)	**$3,000** ($300 per person, up to $600, after an initial 6-hour delay then again for each consecutive 24-hour period)	**$6,000** ($300 per person, up to $600, after an initial 6-hour delay then again for each consecutive 24-hour period)
3.3 Alternative Transport Expenses^	Yes	**$5,000**	**$5,000**	**$10,000**
4.1 Luggage, Personal Effects & Valuables	Yes	**$10,000**	**$10,000**	**$20,000**
		Individual item sub-limits: – $3,000 for personal computers, tablets, cameras or video cameras. – $1,000 for mobile phones (including smart phones and any items with phone capabilities). – $750 for all other items (including jewellery and watches). – Items left in a concealed storage compartment of a locked vehicle during daylight hours - $200 per item up to a maximum of $2,000.		
4.2 Luggage & Personal Effects Delay Expenses	Nil	**$1,000** (Minimum delay 10 hours)	**$1,000** (Minimum delay 10 hours)	**$2,000** (Minimum delay 10 hours)
4.3 Travel Documents, Transaction Cards & Travellers Cheques^	Yes	**$5,000**	**$5,000**	**$10,000**
4.4 Theft of Cash	Nil	**$250**	**$250**	**$500**
5.1 Rental Vehicle Excess	Yes	**$6,000**	**$6,000**	**$6,000**
6.1 Personal Liability#	Yes	**$5 million**	**$5 million**	**$5 million**

† A default limit for **Benefit 2.1 Cancellation is** automatically included in your cover unless you make a selection. However, you are able to choose different levels of cover from the amounts available to you when you purchase your policy. Any benefit limit selected by you will be shown on your Certificate of Insurance. The benefit limit shown will be the most we will pay for all claims under **Benefit 2.1 Cancellation.**

^ you do not have cover under this benefit while travelling in Australia.

you will not have cover under **Benefits 1.5 Permanent Disability** and **6.1 Personal Liability** for any claims arising from your participation in any of the activities listed under **Adventure Pack** or your participation in snow sport activities.

Essentials Plan

Benefits	Excess applies	Essentials plan		
		single benefit limit	duo benefit limit [per person unless specified]	family benefit limit
1.1 Overseas Emergency Assistance^	Nil	**$20 million**	**$20 million**	**$40 million**
1.2 Overseas Medical & Hospital Expenses^	Yes	**$20 million**	**$20 million**	**$40 million**
1.3 Funeral Expenses^	Nil	**$60,000**	**$60,000**	**$120,000**
1.6 Hospital Cash Allowance^	Nil	**$5,000** ($50 per night after an initial 48 hours)	**$5,000** ($50 per person up to $100, per night after an initial 48 hours)	**$10,000** ($50 per person up to $100, per night after an initial 48 hours)
2.1 Cancellation	Yes	**As selected†**	**As selected†** (per policy)	**As selected†**
Sub-limits:				
- Travel Agents Cancellation Fees		$1,500	$1,500 per person up to $3,000	$1,500 per person up to $3,000
- Pre-existing Medical Condition of a Relative		$2,000	$2,000 per person up to $4,000	$2,000 per person up to $4,000
3.1 Additional Expenses	Yes	**$25,000** ($2,000 for pre-existing medical condition of a relative)	**$25,000** ($2,000 per person up to $4,000 for pre-existing medical condition of a relative)	**$50,000** ($2,000 per person up to $4,000 for pre-existing medical condition of a relative)
3.2 Travel Delay Expenses	Nil	**$3,000** ($300 after an initial 6-hour delay then again for each consecutive 24-hour period)	**$3,000** ($300 per person up to $600, after an initial 6-hour delay then again for each consecutive 24-hour period)	**$6,000** ($300 per person up to $600, after an initial 6-hour delay then again for each consecutive 24-hour period)
4.1 Luggage, Personal Effects & Valuables	Yes	**$5,000**	**$5,000**	**$10,000**
		Individual item sub-limits: – $3,000 for personal computers, tablets, cameras or video cameras. – $1,000 for mobile phones (including smart phones and any items with phone capabilities). – $750 for all other items (including jewellery and watches). – Items left in a concealed storage compartment of a locked vehicle during daylight hours - $200 per item up to a maximum of $2,000.		
4.2 Luggage & Personal Effects Delay Expenses	Nil	**$500** (Minimum delay 10 hours)	**$500** (Minimum delay 10 hours)	**$1,000** (Minimum delay 10 hours)
5.1 Rental Vehicle Excess	Yes	**$3,000**	**$3,000**	**$6,000**
6.1 Personal Liability#	Yes	**$2.5 million**	**$2.5 million**	**$2.5 million**

† A default limit for **Benefit 2.1 Cancellation is** automatically included in your cover unless you make a selection. However, you are able to choose different levels of cover from the amounts available to you when you purchase your policy. Any benefit limit selected by you will be shown on your Certificate of Insurance. The benefit limit shown will be the most we will pay for all claims under **Benefit 2.1 Cancellation.**

^ you do not have cover under this benefit while travelling in Australia.

you will not have cover under **Benefits 1.5 Permanent Disability** and **6.1 Personal Liability** for any claims arising from your participation in any of the activities listed under **Adventure Pack** or your participation in snow sport activities.

Domestic Plan

Benefits	Excess applies	Domestic plan		
		single benefit limit	duo benefit limit [per person unless specified]	family benefit limit
1.4 Accidental Death	Yes	**$50,000**	**$50,000**	**$100,000** ($50,000 per person)
2.1 Cancellation	Yes	**As selected†**	**As selected†** (per policy)	**As selected†**
Sub-limits:				
Travel Agents Cancellation Fees		$1,500	$1,500 per person up to $3,000	$1,500 per person up to $3,000
Pre-existing Medical Condition of a Relative		$2,000	$2,000 per person up to $4,000	$2,000 per person up to $4,000
3.1 Additional Expenses	Yes	**$25,000** ($2,000 for pre-existing medical condition of a relative)	**$25,000** ($2,000 per person up to $4,000 for pre-existing medical condition of a relative)	**$50,000** ($2,000 per person up to $4,000 for pre-existing medical condition of a relative)
3.2 Travel Delay Expenses	Nil	**$3,000** ($300 after an initial 6-hour delay then again for each consecutive 24-hour period)	**$3,000** ($300 per person up to $600, after an initial 6-hour delay then again for each consecutive 24-hour period)	**$6,000** ($300 per person up to $600, after an initial 6-hour delay then again for each consecutive 24-hour period)
4.1 Luggage, Personal Effects & Valuables	Yes	**$10,000** Individual item sub-limits: – $3,000 for personal computers, tablets, cameras or video cameras; – $1,000 for mobile phones (including smart phones and any items with phone capabilities) – $750 for all other items (including jewellery and watches) – Items left in a concealed storage compartment of a locked vehicle during daylight hours - $200 per item up to a maximum of $2,000	**$10,000**	**$20,000**
4.2 Luggage & Personal Effects Delay Expenses	Nil	**$1,000** (Minimum delay 10 hours)	**$1,000** (Minimum delay 10 hours)	**$2,000** (Minimum delay 10 hours)
4.4 Theft of Cash	Nil	**$250**	**$250**	**$500**
5.1 Rental Vehicle Excess	Yes	**$6,000**	**$6,000**	**$6,000**
6.1 Personal Liability#	Yes	**$5 million**	**$5 million**	**$5 million**

† A default limit for **Benefit 2.1 Cancellation is** automatically included in your cover unless you make a selection. However, you are able to choose different levels of cover from the amounts available to you when you purchase your policy. Any benefit limit selected by you will be shown on your Certificate of Insurance. The benefit limit shown will be the most we will pay for all claims under **Benefit 2.1 Cancellation.**

^ you do not have cover under this benefit while travelling in Australia.

you will not have cover under **Benefits 1.5 Permanent Disability** and **6.1 Personal Liability** for any claims arising from your participation in any of the activities listed under **Adventure Pack** or your participation in snow sport activities.

Multi-Trip and Non-Medical plans

Multi-Trip Plan

- 12 month policy which covers the number of journeys that can be taken having regard to the maximum journey period chosen by you.
- A journey which is limited to travel within Australia must include a destination at least 250 kilometres from your home (there is no cover for journeys limited to less than 250 kilometres from your home).
- When purchasing this plan, you will need to specify the duration of your longest journey within the 12 month policy period to ensure all of your journeys are covered. The duration you choose **must cover** the total number of consecutive days in your **longest journey**. You will be able to choose from **up to 15 days**, **up to 30 days** or **up to 45 days**. The number of days you nominate will be shown on your Certificate of Insurance.

For example: John is travelling domestically for one week (7 days) and internationally for four weeks (28 days) within the 12 month policy period. John would choose up to 30 days as this is the duration of his longest journey.

- Benefits limits and sub-limits are per person and are reinstated on the completion of each journey except for **Benefit 6.1 Personal Liability** - the amount shown in the **Table of Benefits** is the most we will pay for all claims combined under **Benefit 6.1** for the 12 month policy period.
- Not available to travellers aged 75 years or over at the time the Certificate of Insurance is issued.
- Your spouse or partner, accompanying dependants or travel companion may be covered under this plan if they are aged under 75 years at the time the Certificate of Insurance is issued. If you require cover for your spouse or partner, accompanying dependants or travel companion, you can add them at the time of purchasing this plan. If cover is available, an additional premium will apply.

Non-Medical Plan

In addition to no cover being provided under **Benefit 1.1 Overseas Emergency Assistance**, **Benefit 1.2 Overseas Medical & Hospital Expenses**, **Benefit 1.3 Funeral Expenses** and **Benefit 1.6 Hospital Cash Allowance** it is important to note that under a **Non-Medical Plan**, there is no provision for you to claim under the following benefits if the claim arises from, is related to or associated with any injury or sickness suffered by you:

2.1 Cancellation

3.1 Additional Expenses

3.2 Travel Delay Expenses

The tables below set out the benefits that apply to each of the plans listed and the maximum amount we will pay for all claims combined under each benefit.

This is a summary only. Please carefully read the PDS in full to ensure you understand the extent of cover provided and limitations (including any sub-limits) that apply.

Table of Benefits - Multi-Trip

Benefit	Excess applies	Multi-Trip plan [benefit limits per person]
1.1 Overseas Emergency Assistance^	Nil	**$20 million**
1.2 Overseas Medical & Hospital Expenses^	Yes	**$20 million**
1.3 Funeral Expenses^	Nil	**$60,000**
1.4 Accidental Death	Yes	**$50,000**
1.5 Permanent Disability^#	Yes	**$50,000**
1.6 Hospital Cash Allowance^	Nil	**$5,000** ($50 per person per night after an initial 48 hours)
2.1 Cancellation	Yes	**As selected†** Sub-limits: – Travel Agents Cancellation Fees - $1,500 per person. – Pre-existing Medical Condition of Relative sub-limit - $2,000 per person.

Benefits continued on next page...

Benefit	Excess applies	Multi-Trip plan [benefit limits per person]
3.1 Additional Expenses	Yes	**$50,000** (Pre-existing medical condition of a relative - $2,000 per person)
3.2 Travel Delay Expenses	Nil	**$3,000** ($300 after initial 6-hour delay then again for each consecutive 24-hour period)
3.3 Alternative Transport Expenses^	Yes	**$5,000**
4.1 Luggage, Personal Effects & Valuables	Yes	**$10,000** Individual item sub-limits: – $3,000 for personal computers, tablets, cameras or video cameras; – $1,000 for mobile phones (including smart phones and any items with phone capabilities) – $750 for all other items (including jewellery and watches) – Items left in a concealed storage compartment of a locked vehicle during daylight hours - $200 per item up to a maximum of $2,000
4.2 Luggage & Personal Effects Delay Expenses	Nil	**$1,000** (minimum delay 10 hours)
4.3 Travel Documents, Transaction Cards & Travellers Cheques^	Yes	**$5,000**
4.4 Theft of Cash	Nil	**$250**
5.1 Rental Vehicle Excess	Yes	**$6,000**
6.1 Personal Liability#	Yes	**$5 million**

† A default limit for **Benefit 2.1 Cancellation is** automatically included in your cover unless you make a selection. However, you are able to choose different levels of cover from the amounts available to you when you purchase your policy. Any benefit limit selected by you will be shown on your Certificate of Insurance. The benefit limit shown will be the most we will pay for all claims under **Benefit 2.1 Cancellation.**

^ you do not have cover under this benefit while travelling in Australia.

you will not have cover under **Benefits 1.5 Permanent Disability** and **6.1 Personal Liability** for any claims arising from your participation in any of the activities listed under **Adventure Pack** or your participation in snow sport activities.

Table of Benefits – Non-Medical Plan

Benefit	Excess applies	Non-Medical Plan Benefit Limit
1.4 Accidental Death	Yes	**$50,000**
1.5 Permanent Disability^#	Yes	**$50,000**
2.1 Cancellation	Yes	**As selected†** (per policy) Sub-limits: – Travel Agents Cancellation Fees - $1,500. – Pre-existing Medical Condition of Relative sub-limit - $2,000.
3.1 Additional Expenses	Yes	**$50,000** (Pre-existing Medical Condition of Relative sub-limit - $2,000)
3.2 Travel Delay Expenses	Nil	**$3,000** ($300 after initial 6-hour delay then again for each consecutive 24-hour period thereafter)
3.3 Alternative Transport Expenses^	Yes	**$5,000**
4.1 Luggage, Personal Effects & Valuables	Yes	**$10,000** Individual item sub-limits: – $3,000 for personal computers, tablets, cameras or video cameras; – $1,000 for mobile phones (including smart phones and any items with phone capabilities) – $750 for all other items (including jewellery and watches) – Items left in a concealed storage compartment of a locked vehicle during daylight hours - $200 per item up to a maximum of $2,000

Benefits continued on next page...

Benefit	Excess applies	Non-Medical Plan Benefit Limit
4.2 Luggage & Personal Effects Delay Expenses	Nil	**$1,000** (Minimum delay 10 hours)
4.3 Travel Documents, Transaction Cards & Travellers Cheques^	Yes	**$5,000**
4.4 Theft of Cash	Nil	**$250**
5.1 Rental Vehicle Excess	Yes	**$6,000**
6.1 Personal Liability#	Yes	**$5 million**

† A default limit for **Benefit 2.1 Cancellation is** automatically included in your cover unless you make a selection. However, you are able to choose different levels of cover from the amounts available to you when you purchase your policy. Any benefit limit selected by you will be shown on your Certificate of Insurance. The benefit limit shown will be the most we will pay for all claims under **Benefit 2.1 Cancellation.**

^ you do not have cover under this benefit while travelling in Australia.

you will not have cover under **Benefits 1.5 Permanent Disability** and **6.1 Personal Liability** for any claims arising from your participation in any of the activities listed under **Adventure Pack** or your participation in snow sport activities.

Epidemics and Pandemics (such as COVID-19)

If during your period of cover, you are positively diagnosed as suffering a sickness recognised as an epidemic or pandemic, such as COVID-19, cover is available to you under the following sections:

1.1 Overseas Emergency Assistance

1.2 Overseas Emergency Medical & Hospital Expenses

1.3 Funeral Expenses

1.6 Hospital Cash Allowance

2.1 Cancellation

3.1 Additional Expenses

provided the plan you purchased provides cover under that benefit.

In addition, if you have purchased the optional Cruise Pack, cover is available to you under the following sections:

7.1 Medical Cover While Cruising

7.2 Evacuation Cover – Ship to Shore

7.3 Cabin Confinement

7.4 Pre-paid Shore Excursion Cancellation

If you have purchased the optional Snow Pack, cover is available to you under the following sections:

7.8 Overseas Emergency Snow Sport Assistance

7.11 Snow Sport Pack

If during your period of cover, your travel companion is positively diagnosed as suffering a sickness recognised as an epidemic or pandemic, such as COVID-19, which impacts your journey, cover is available to you under the following sections:

2.1 Cancellation

3.1 Additional Expenses

provided the plan you purchased provides cover under that benefit.

In addition, if you have purchased the optional Cruise Pack, cover is available to you under the following section:

7.4 Pre-paid Shore Excursion Cancellation

Terms, conditions, exclusions, limits and applicable sub-limits apply. Please refer to the General Exclusions section and the exclusions set out in each of the sections listed above. For all other sections and any other claim arising from, or related to, epidemics or pandemics, there is no cover.

Pre-existing Medical Conditions

Pre-existing medical conditions can complicate medical treatment, lengthen your recovery time, and increase medical costs if you are injured or become sick while overseas. The likelihood of needing to cancel your holiday for health reasons is also a possibility. Therefore it is important that you understand what this product covers when it comes to your health.

Please ensure that you read the definition of pre-existing medical condition in the section headed **Our Definitions**. The definition makes reference to 'a condition of which a reasonable person in the circumstances, should have been aware at the time of issue of the Certificate of Insurance'. Reference to a reasonable person is a reference to what would be expected of an average person in the circumstances.

Please read the following information carefully

We will only provide cover for claims which arise directly or indirectly from your pre-existing medical condition **if** you have disclosed the condition to Allianz Global Assistance **and** they have agreed in writing to include cover under your policy for the condition. Details of the approved pre-existing medical condition(s) will be set out on your Certificate of Insurance or Medical Terms of Cover document.

If you:

- choose not to disclose any pre-existing medical condition; or

  disclose your pre-existing medical condition to Allianz Global Assistance but do not accept the offer from them to include cover under your policy for your condition,

you won't be covered for any claim that arises from that condition.

Including cover for your pre-existing medical condition

You can apply to include cover under your policy for certain pre-existing medical condition(s) at the time of purchasing your policy. You will need to complete our medical assessment which can be done on-line or by calling the sales and general enquiries number shown on the back cover of this PDS.

If you are pregnant at the time of purchasing your policy, your pregnancy is considered to be a pre-existing medical condition. Please ensure you read the section titled **Travel During Pregnancy** on page 15 for important information about the cover this product provides for pregnancy and when you need to apply for cover for a pre-existing medical condition.

Signs or symptoms of undiagnosed medical conditions

If you are experiencing signs or symptoms of a medical condition at the time of purchasing your policy, but

- you have not sought medical advice or a diagnosis;
- you have not been diagnosed;
- you are awaiting a specialist opinion; or
- the signs and symptoms are under investigation, (collectively, undiagnosed medical condition)

you cannot apply to include cover for the undiagnosed medical condition under your policy as a pre-existing medical condition. Examples of undiagnosed signs or symptoms include, but are not limited to, unexplained bleeding, persistent cough, or localised mass or growth.

In these circumstances, the pre-existing medical exclusion will be applicable. Refer to the **General Exclusions** on page 36 for more details.

If after you have purchased your policy and the medical investigation of your signs or symptoms has been completed and a diagnosis has been made for those signs and symptoms, provided you have not started your journey, you can complete a pre-existing medical assessment relating to the signs or symptoms investigated. Please note that acceptance is not guaranteed. If accepted, an additional premium will apply.



You cannot apply for cover of any pre-existing medical conditions:

- under the Essentials or Non-Medical Plans; or
- which involve signs or symptoms you are aware of but which have not yet been diagnosed by a medical adviser, or which are under investigation, or are awaiting a specialist opinion; or
- for any person who is not travelling with you on your journey and who will not be listed as an insured person on your Certificate of Insurance.

What happens once you apply for cover for a pre-existing medical condition?

Once you have completed our medical assessment, we will advise you of the outcome. Depending on your pre-existing medical condition(s), Allianz Global Assistance may either:

a] agree in writing to include cover under your policy for your pre-existing medical condition(s) (an additional premium may be payable, and a medical excess may apply); or

b] decline to include cover under your policy for your pre-existing medical condition(s); or

c] decline to provide you with cover for any medical or hospital expenses, as well as for any other expenses arising from, related to or associated with any injury, illness or sickness suffered by you.

Please note that if Allianz Global Assistance declines to provide you with cover as stated in point **c]** above, you will not be able to continue with your purchase; however there may be other options available such as:

- you may be eligible to purchase our Non-Medical Plan - refer to the **Table of Benefits** on page 12 for details of the benefits available under this type of plan. Please call us on the sales and general enquiries number shown on the back cover of this PDS for further information; or
- contacting the Insurance Council of Australia (ICA) - the ICA provides a referral service which is available on their website at www.insurancecouncil.com.au. Select 'Find an Insurer' to view a list of general insurers who may be able to provide insurance to suit your requirements.

If you have any other questions about pre-existing medical conditions, please call the sales and general enquiries number shown on the back cover of this PDS.

Travel during pregnancy

If you know you are pregnant at the time of purchasing your policy, and:

- you have had pregnancy complications[Δ] with this or a previous pregnancy; or
- you are expecting more than one child,

you will need to apply to include cover under the policy for claims arising directly or indirectly from your pregnancy by completing our medical assessment.

Otherwise, you do not need to tell us about your pregnancy as your policy will automatically provide cover for pregnancy-related claims arising from an unforeseen event, as long as:

- the event occurred prior to the 24th week of your pregnancy; and
- it is not something excluded under the policy.

This automatic cover will also apply if you fall pregnant or discover you are pregnant after your Certificate of Insurance has been issued.

Important: the cover provided under this product in relation to pregnancy is for unforeseen events only. Even if Allianz Global Assistance has included cover under your policy for your pregnancy, this product will **never** provide any cover for:

- a pregnancy once it is 24 weeks or more gestation; or
- any expenses for routine or regular antenatal care; or
- childbirth at any stage of your pregnancy or costs relating to the care or health of a newborn child, other than as a result of an accident occurring prior to the 24th week of your pregnancy which:
  - causes you to give birth prematurely; or
  - requires you to be admitted to hospital beyond the 24th week of your pregnancy, during which time your child is born.

Please ensure you read the other sections of the PDS so that you are aware of the limitations and extent of the cover the

policy provides. In particular, please consider the **General Exclusions** from page 36 as well as **Our Definitions** from page 44.

[Δ]We define 'pregnancy complications' as meaning a medical condition for which the diagnosis is distinct from pregnancy but is caused by or adversely affected by pregnancy.

Useful Tips

1. It's a good idea to make sure your doctor and/or midwife are aware of your travel plans.
2. Be aware that due to health and safety requirements, many airlines and ferry/cruise companies have their own restrictions regarding travel during pregnancy.

   Please note that their requirements may be different to the terms and conditions set out in this product.
3. Consider whether this insurance is appropriate for your needs if you are planning to travel beyond 24 weeks' gestation.

Activities included in this product

This product automatically provides cover for your participation in the activities listed under the '**Included activities**' section during your journey. Additional activities are available in our **Optional Covers** section, if you purchase the relevant pack.

The **Optional Covers** section listed from page 18 details the other activities for which cover can be purchased. Details of any Optional Cover you purchase will be shown on your Certificate of Insurance.

It is important you are aware of the limitations and extent of cover this product provides. Please ensure you read and consider:

- information about the benefit under which your claim is made;
- all the other sections of the PDS;
- the **General Exclusions** from page 36; and
- Our **Definitions** from page 44.

Included Activities:

- aqua zorbing;
- archery;
- bar and restaurant work (excluding security or crowd control);
- bicycling (excluding bicycle motocross (BMX) or downhill mountain biking);
- bungee jumping or canyon swinging;
- camel, donkey or elephant riding (under appropriate supervision);
- dancing;
- dog sledding;
- diving underwater at a depth no greater than 10 metres;
- diving underwater using an artificial breathing apparatus at a depth no greater than 10 metres (in order to be covered for this activity, you must hold an open water diving licence recognised in Australia, or dive with an instructor licensed for these activities, and note that restrictions apply - refer to General Exclusion '**Diving alone'**);
- fishing (on land or within 2 nautical miles of land);
- fruit picking that does not involve the use of machinery;
- go-karting;
- golf;
- gym activities (excluding powerlifting);
- gymnastics (excluding competitions);
- horse riding (excluding competitions, equestrian events, steeple chasing, jumping, or polo);
- ice skating on a rink (excluding competitive skating, racing, speed skating, and tour skating);
- leisure activities (meaning any activities involving minimal physical exertion that are undertaken for relaxation or pleasure. For example, sight-seeing picnics, photography and museum or art gallery visits);
- music and singing;
- orienteering;
- paintball (with eye protection);
- racing on foot as an amateur, for distances up to and including full marathon (42.2 kilometres or 26.2 miles) and note that restrictions apply - refer to General Exclusions '**Activities**' and '**Professional sport**';
- racing in a triathlon as an amateur, for distances up to and including a 1.5 kilometre swim, 40 kilometre bicycle ride and 10 kilometre run, and note that restrictions apply - refer to General Exclusions '**Activities**' and '**Professional sport**';
- racquet and ball sports not involving physical contact;
- regulated or licensed ballooning;
- river cruising;
- rockwall climbing (under appropriate supervision);
- safari (under appropriate supervision, but not hunting);
- sailing up to 10 nautical miles from land;
- shark cage diving (subject to diving restrictions listed above);
- shooting (fixed target only);
- skateboarding, roller skating, inline skating (excluding vert skating or acrobatics);
- snorkelling at a depth no greater than 10 metres;
- soccer;
- surface water activities in rivers or rapids graded I, II or III under the International Scale of River Difficulty, or lakes or canals (seewww.waterwaysguide.org.au/GradingSystem);
- surface water activities (other than sailing) up to 2 nautical miles off any land mass;
- track and field athletics; and
- walking, hiking, trekking or tramping, peaking at altitudes up to 3,000 metres where specialist climbing equipment is not required (excluding expeditions to or on the Kokoda Track/Trail)

Optional Covers

You may also be able to add one or more of our optional covers to your policy. Please read about the available options in this section for information on how to:

- include cover for additional activities by purchasing an optional pack.
- increase the standard item limits which apply to your luggage, personal effects and valuables.
- vary the base excess amount which applies to your policy.

Any optional covers you purchase will be shown on your Certificate of Insurance.

Please ensure you read this section in full, as well as all the other sections of the PDS, so that you are aware of the limitations and extent of the cover this product provides. In particular, please consider the **General Exclusions** from page 36 as well as **Our Definitions** from page 44.

Cover for additional activities

If your travel plans include an activity not listed in the section **Activities included in this Product** on page 17, you may wish to purchase one of our optional packs. Our **Adventure Pack**, **Cruise Pack** and **Snow Pack** are detailed from page 18, and are available for purchase with a Comprehensive, Multi-Trip or Domestic Plan.



Age and cover restrictions, as well as an additional $500 excess, apply to our **Adventure Pack** and **Snow Pack**

Adventure Pack

Our **Adventure Pack** provides cover for your participation in the activities listed on page 18, in addition to the activities listed in the section **Activities Included in this Product** on page 17. If you purchase the **Adventure Pack**, it will be shown on your Certificate of Insurance.

You must be aged under 75 years at the time of issue of your Certificate of Insurance in order to purchase this optional pack.



- No cover will apply under **Benefits 1.5 Permanent Disability** or **6.1 Personal Liability** for any claims arising from, or in any way connected with you participating in any of the activities listed in the **Adventure Pack**.
- An excess of $500, which is in addition to any base excess, will apply to any claims made under **Benefits 1.2 Overseas Medical & Hospital Expenses** or **2.1 Cancellation** which arise from, or are in any way connected with you participating in any of the **Adventure Pack** listed activities. You cannot pay to remove this excess.

Covered adventure activities

- abseiling;
- animal conservation and handling (under appropriate supervision);
- battle re-enactment (but not with firearms);
- cave/river tubing;
- caving/potholing;
- contact sports (including any form of rugby, Australian Rules football or American football);
- deep sea fishing;
- diving underwater using an artificial breathing apparatus at a depth more than 10 metres but no greater than 30 metres (in order to be covered for this activity, you must hold an open water diving licence recognised in Australia or dive with an instructor licensed for these activities and note that restrictions apply - refer to General Exclusions '**Activities**' and '**Diving alone**');
- expeditions to or on the Kokoda Track/ Trail;
- flying fox/zip lining;
- hiking, trekking or tramping, peaking at altitudes from 3,000 metres up to 6,000 metres, where specialist climbing equipment is not required;
- martial arts;
- motorcycles, mopeds or motorised scooters – including as the driver or as a pillion passenger (see below);
- outdoor rock climbing (with ropes and appropriate safety gear);
- quad bike riding (but only single rider);
- sailing from 11 to 15 nautical miles from land;
- shooting (moving target - e.g. clay pigeon), but not hunting;
- surface water activities in rivers or rapids graded IV or V under the International Scale of River Difficulty (see www.waterwaysguide.org.au/GradingSystem);
- tandem parachuting, tandem sky diving, tandem hang gliding, tandem gliding and tandem paragliding (but you must be in tandem with a licensed instructor for these activities);



Even if you purchase the Adventure Pack, you will only be covered while riding on a motorcycle, moped, motorised scooter or quad bike if:

- you hold the appropriate class of licence (excluding learners licences) in Australia for the vehicle you are driving, or a licence valid for the country you are riding in, if your Australian licence is not recognised in that country;
- when you are riding as a pillion passenger on a motorcycle, moped or motorised scooter, the driver holds a licence valid for that vehicle and for the country it is being ridden in. However, this restriction will not apply if it is reasonable that you did not know that the driver was not licensed and no exclusion applies to the circumstances of your claim;
- you are the driver of a quad bike and you are not carrying a pillion passenger – there is also no cover if you ride as a pillion passenger on a quad bike;
- you wear an appropriate safety helmet at all times; and
- you are not participating in any race or riding a motorcycle, moped, motorised scooter or quad bike in a professional capacity.

Cruise Pack

Our **Cruise Pack** provides cover for you to participate in sea and ocean cruising while you are overseas and in Australian waters. Please refer to the definition of ***'Cruise or cruising'*** in **Our Definitions** from page 44.

The **Table of Benefits** below sets out the benefits that apply to the optional **Cruise Pack** and the maximum amount we will pay for all claims combined under each benefit.

For full details of the cover provided, see the **Optional Covers - Cruise Pack** and **Snow Pack Policy Benefits 7.1 – 7.7.** You cannot purchase any benefits of the **Cruise Pack** individually. If you purchase the **Cruise Pack**, it will be shown on your Certificate of Insurance.

The Table of Benefits below is a summary only. Please carefully read the PDS in full to ensure you understand the extent of cover provided and limitations (including any sub-limits) that apply.

You will not need to purchase a **Cruise Pack if:**

- you will only be participating in river cruising - this activity is automatically covered in the section **Activities included in this Product** on page 17; or
- you are travelling in Australian waters as a passenger on a vessel which does not have on-board accommodation and trained medical staff.

For example: a 1/2 day catamaran cruise around the Whitsunday Islands

Cruise Pack – Table of Benefits

Applicable for: Comprehensive, Multi-Trip plan and Domestic plans.

Benefits	Excess applies	Benefit limits [per person]
7.1 Medical Cover while Cruising#	Yes	**$20 million**
7.2 Evacuation Cover - Ship to Shore#	Yes	**$20 million** ($60,000 for overseas funeral expenses or return of remains)
7.3 Cabin Confinement#	Nil	**$500** ($50 after initial 48 hours, then again for each consecutive 24-hour period thereafter)
7.4 Pre-paid Shore Excursion Cancellation#	Yes	**$1,000**
7.5 Formal Wear - Cruise#	Yes	**$1,000**
7.6 Formal Wear Delay Expenses#	Nil	**$250** (Minimum delay 12 hours)
7.7 Marine Rescue Diversion#	Nil	**$500** ($100 per day)

you only have cover for these benefits if the relevant pack has been purchased.

Snow Pack

You must be aged under 75 years at the time of issue of your Certificate of Insurance in order to purchase this optional pack.

Our **Snow Pack** provides cover for you to participate in snow sport activities. Please refer to the definition of '***Snow sport activities***' in **Our Definitions** from page 44.

The **Table of Benefits** on the following page sets out the benefits that apply to the optional **Snow Pack** and the maximum amount we will pay for all claims combined under each benefit. For full details of the cover provided, see the **Optional Covers - Cruise Pack** and **Snow Pack Policy Benefits 7.8 – 7.13**.

You cannot purchase any benefits of the **Snow Pack** individually. If you purchase the **Snow Pack**, it will be shown on your Certificate of Insurance. **The Table of Benefits on the next page is a summary only. Please carefully read the PDS in full to ensure you understand the extent of cover provided and limitations (including sub-limits) that apply.**



- No cover will apply:
  - for any form of racing, acrobatics, jumping, stunting, aerial or freestyle activities, or competing in a professional capacity;
  - if you participate in snow sport activities which involve you going off-piste or back-country; or
  - under **Benefits 1.5 Permanent Disability** or **6.1 Personal Liability** for any claims arising from, or in any way connected with you participating in snow sport activities
- An excess of $500, which is in addition to any base excess, will apply to any claims made under **Benefits 1.2 Overseas Medical & Hospital Expenses** or **2.1 Cancellation** which arise from, or are in any way connected with you participating in snow sport activities. You cannot pay to remove this excess.
- There is no cover under **Benefit 7.8 Overseas Emergency Snow Sport Assistance** while travelling in Australia.

Snow Pack – Table of Benefits

Benefits	Excess applies	Benefit limits [per person]
Applicable for: Comprehensive plan & Multi-Trip plan		
7.8 Overseas Emergency Snow Sport Assistance#^ NOTE: no cover available under Domestic plan.	Yes	**$100,000** ($60,000 for overseas funeral expenses or return of remains)
Applicable for: Comprehensive plan, Multi-Trip plan & Domestic plan		
7.9 Own Snow Sport Equipment#	Yes	**$2,000** ($200 per item if left in or on a vehicle and $1,000 in total for all stolen items)
7.10 Snow Sport Equipment Hire#	Yes	**$2,000** (Minimum delay 24 hours)
7.11 Snow Sport Pack#	Yes	**$1,000**
7.12 Piste Closure#	Nil	**$1,000** ($100 after initial 24 hours, then again for each consecutive 24-hour period thereafter)
7.13 Bad Weather & Avalanches#	Yes	**$1,000** (Minimum delay 12 hours)

you only have cover for these benefits if the relevant pack has been purchased.

^ you do not have cover under this benefit while travelling in Australia

Increased Item Limits Cover

This product provides cover for your luggage and personal effects and valuables under **Benefit 4.1 Luggage, Personal Effects & Valuables.** The standard item limits which apply in the event of a claim are as follows (please refer to sub-section **4.1.1a]** on page 27 for further details):

- $3,000 for personal computers, tablets, cameras or video cameras;
- $1,000 for mobile phones (including any items with phone capabilities); or
- $750 for all other items (including jewellery and watches).

You can increase the standard item limits that apply under **Benefit 4.1 Luggage, Personal Effects & Valuables** for a variety of items by purchasing **Increased Item Limits Cover** with a Comprehensive, Multi-Trip, Domestic or Non-Medical Plan and selecting the item type(s) and new item limits you require from the choices available.

The total limit which can be selected for all item types combined is:

- Up to $7,000 for a Single cover type
- Up to $7,000 per person for a Duo cover type
- Up to $14,000 for a Family cover type.

The details of the option you have purchased will be shown on your Certificate of Insurance.

You cannot purchase this optional cover with an Essentials Plan.

Please note in the event of a claim:

- depreciation and the item limits set out in sub-section **4.1.1 a]** will not apply to the item types for which you have purchased **Increased Item Limits Cover**, as shown on your Certificate of Insurance
- no cover will apply for any valuables left in a vehicle at any time, or which have been checked in to be transported in the cargo hold of any aircraft, ship, train, tram or bus.
- the most we will pay for luggage and personal effects left in a concealed storage compartment of a locked vehicle during daylight hours is $200 per item, up to a total amount of $2,000.
- the maximum we will pay for all claims combined under **Benefit 4.1 Luggage, Personal Effects & Valuables** is the benefit limit shown in the **Table of Benefits** for the plan you have selected, even if you have **purchased Increased Item Limits Cover.**
- you will need to provide proof of your ownership of, and the value of, any item for which you make a claim. Examples of proof include receipts and/ or valuations.

Varying the Base Excess

You may vary the base excess on any of our plans by choosing to:

- pay an additional premium to decrease the base excess; or
- reduce the premium you pay for your policy by increasing the base excess,

at the time you purchase your policy.

The base excess you have selected will be shown on your Certificate of Insurance

Policy Benefits

The maximum amount we will pay for all claims combined under each benefit is shown in the **Table of Benefits** under the plan you have selected. Sub-limits (where applicable) are shown in the **Table of Benefits** and also in the Benefit sections that follow.

Please ensure you also read all the other sections of the PDS so that you are aware of the limitations and extent of the cover the policy provides. In particular, please consider **the General Exclusions** from page 36 and **Our Definitions** from page 44.

In order to be sure that you are covered under this policy you should always contact Allianz Global Assistance for approval before you incur expenses you wish to claim. If you do not, we will only pay for expenses incurred up to the amount we would have authorised had you asked us first.

1.1 Overseas Emergency Assistance

Allianz Global Assistance will help you with any overseas medical emergency.

You can contact Allianz Global Assistance at any time 7 days a week.

1.1.1 Emergency arrangements

Allianz Global Assistance will arrange and pay the cost of the following assistance services overseas if, during the period of cover for your journey, you injure yourself, or become sick, (including if you are positively diagnosed as suffering a sickness recognised as an epidemic or pandemic such as COVID-19) or require treatment for a pre-existing medical condition we have agreed in writing to cover, provided the relevant injury, or sickness, or pre-existing medical condition 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, as well as contacting relevant embassies and consulates if required;

c] provision of any written guarantees for payment under **Section 1.2** of reasonable expenses for emergency hospital treatment while overseas;

d] your medical transfer or evacuation if you must be transported to the nearest overseas hospital for emergency medical treatment or be brought back to Australia with appropriate medical supervision; and

e] the return to Australia of your dependants if they are left without supervision following your admission to hospital or your evacuation.

1.1.2 What we do not cover

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

a] for any expenses for medical evacuation unless it has been approved by Allianz Global Assistance, such approval shall not be unreasonably withheld or denied. Please contact Allianz Global Assistance to confirm approval for these costs;

b] for costs and expenses that you would not have incurred had you followed reasonable medical advice. This includes any subsequent medical, hospital or evacuation expenses incurred when you did not follow the reasonable medical advice;

c] any claims under this benefit arising from your participation in snow sport activities. However, you may have cover under **Benefit 7.8 Overseas Emergency Snow Sport Assistance** if you have purchased the optional **Snow Pack**;

d] any claims under this benefit arising while you are on a cruise. However, you may have cover **under Benefit 7.2 Evacuation Cover - Ship to Shore** if you have purchased the optional **Cruise Pack**.

Please ensure you also read all the other sections of the PDS - in particular, consider the **General Exclusions** from page 36 and **Our Definitions** from page 44.

1.2 Overseas Medical & Hospital Expenses

1.2.1 What we cover

a] If during the period of cover you injure yourself or become sick while overseas (including if you are positively diagnosed as suffering a sickness recognised as an epidemic or pandemic such as COVID-19), we will reimburse the reasonable medical or hospital expenses you incur until you return to Australia provided the relevant injury or sickness is covered by your policy. The medical or hospital expenses must have been incurred for treatment given or prescribed by a medical adviser.

b] If while overseas during the period of cover, you require treatment for a pre-existing medical condition which we have agreed in writing to provide cover for, we will reimburse the reasonable medical or hospital expenses you incur until you return to Australia. The medical or hospital expenses must have been incurred for treatment given or prescribed by a medical adviser; however we will not pay for the cost of medication you were on, or the cost of a course of treatment you were receiving at the time your journey began.

We will pay for treatment received **and/or** hospital accommodation you require up to a maximum period of 12 months after the sickness first presented itself or the injury occurred.

If, after assessment of your claim, the reasonable medical advice is that you should return to Australia for treatment and you do not agree to do so, we will pay you a reasonable amount up to the limit shown in the **Table of Benefits**, equivalent to:

- your medical expenses and/or related costs incurred overseas to the date that we would have been able to reasonably facilitate your return to Australia; plus
- the reasonable amount it would cost to facilitate your return to Australia; plus
- the non-refundable portion of unused travel and accommodation arrangements you would have lost had you followed the advice of Allianz Global Assistance,

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

Overseas Dental Treatment

Subject to the conditions above, we will cover dental expenses that are:

Due to an injury: due to an injury if you are involved in an accident while you are overseas and require treatment as provided under sub-section **1.2.1**. We will also pay the

necessary costs you incur overseas to repair damage to your teeth caused by injuries you sustained in the accident.

Due to sudden onset of pain: due to sudden onset of dental pain that requires urgent treatment while you are overseas.

For cover to apply:

- the tooth or teeth being treated must be healthy natural teeth (including teeth restored with fillings) with no impairment, periodontal or other conditions; and
- the treatment is prescribed by the treating dentist solely for the immediate relief of sudden and acute onset of pain due to either an infection or you biting on something which caused the tooth to chip or break.

1.2.2 What we do not cover

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

a] when you have not notified Allianz Global Assistance as soon as reasonably practicable of your admission to hospital;

b] that relate to treatment exceeding more than 2 weeks by a dentist unless approved by Allianz Global Assistance, such approval shall not be unreasonably withheld or denied. Please contact Allianz Global Assistance to obtain approval for these costs;

c] that you would not have incurred had you followed the reasonable advice of Allianz Global Assistance unless you can show the expense was necessarily incurred in circumstances beyond your control;

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 routine or preventative dental treatment.

Please ensure you also read all the other sections of the PDS - in particular, consider the **General Exclusions** from page 36 and **Our Definitions** from page 44.

1.3 Funeral Expenses

1.3.1 What we cover

If you die overseas as a result of an injury, or a sickness (including if you are positively diagnosed as suffering a sickness recognised as an epidemic or pandemic such as COVID-19), or pre-existing medical condition we have agreed in writing to cover, during the period of cover for your journey, we will pay for your reasonable funeral expenses incurred overseas or the cost of bringing your remains back to your home. The maximum amount we will pay under this benefit is the benefit limit for the plan selected.

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

1.3.2 What we do not cover

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

a] for any expenses for funeral expenses incurred overseas or bringing your remains back to your home unless it has been approved by Allianz Global Assistance, such approval shall not be unreasonably withheld or denied. Please contact Allianz Global Assistance to confirm approval for these costs.

b] any claims under this benefit arising from your participation in snow sport activities. However, you may have cover under B**enefit 7.8 Overseas Emergency Snow Sport Assistance** if you have purchased the optional **Snow Pack**;

c] any claims under this benefit arising while you are on a cruise. However, you may have cover under **Benefit 7.2 Evacuation Cover - Ship to Shore** if you have purchased the optional **Cruise Pack**.

1.4 Accidental Death

1.4.1 What we cover

If, during the period of cover for your journey:

a] you are injured and due to that injury you die within 12 months of it occurring; or

b] something you are travelling on or in disappears, sinks or crashes and your body is not found within 12 months and you are presumed dead,

we will pay the benefit limit payable under this benefit to your estate. The amount we will pay under this benefit is the benefit limit for the plan selected. For Family cover type, the most we will pay per person is $50,000 up to the maximum limit shown in the **Table of Benefits**.

Please ensure you also read all the other sections of the PDS - in particular, consider the **General Exclusions** from page 36 and **Our Definitions** from page 44.

1.5 Permanent Disability

1.5.1 What we cover

If you are injured during the period of cover for your journey; and

a] due to that injury, you suffer permanent disability (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), within 12 months of the injury occurring; and

b] 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 benefit limit payable under this benefit to you.

The amount we will pay under this benefit is the benefit limit for the plan selected. For Family cover type, the most we will pay per person is $50,000 up to the maximum limit shown in the **Table of Benefits**.

1.5.2 What we do not cover

To the extent permitted by law we will not pay if your permanent disability arises from, is related to or associated with your participation in snow sport activities or activities listed under **Adventure Pack** in the **Optional Covers** section.

This exclusion applies even if you have purchased a **Snow Pack** or an **Adventure Pack.**

Please ensure you also read all the other sections of the PDS - in particular, consider the **General Exclusions** from page 36 and **Our Definitions** from page 44.

1.6 Hospital Cash Allowance

1.6.1 What we cover

If during the period of cover, you are admitted to hospital overseas for a period of more than 48 consecutive hours as a result of an injury or sickness (including if you are positively diagnosed as suffering a sickness recognised as an epidemic or pandemic such as COVID-19), or pre-existing medical condition that we have agreed in writing to cover, then the amount payable is:

- $50 for a Single cover type
- $50 per person for a Duo cover type
- $50 per person, up to $100, for a Family cover type

for each consecutive night that you remain in hospital beyond the initial 48 consecutive hours.

The maximum amount we will pay is the benefit limit shown in the **Table of Benefits** for the plan you have selected.

1.6.2 What we do not cover

To the extent permitted by law, we will not pay if you cannot claim for medical expenses connected with the hospital admission under **Benefit 1.2 Overseas Medical & Hospital Expenses**.

2.1 Cancellation

A default limit for Benefit 2.1 Cancellation is automatically included in your cover unless you make a selection. However, you are able to choose different levels of cover from the amounts available to you when you purchase your policy. Any benefit limit selected by you will be shown on your Certificate of Insurance. The benefit limit shown will be the most we will pay for all claims under Benefit 2.1 Cancellation.

If you think that you may have to cancel or shorten your journey, you must tell us as soon as possible.

Call us using the contact number shown on the back cover of this PDS, or the 24 hour emergency assistance number if you are still overseas.

2.1.1 What we cover

If during the period of cover, your journey is cancelled, rescheduled or shortened because of circumstances that were not expected or intended by you and are outside your control (including if you or your travelling companion are positively diagnosed as suffering a sickness recognised as an epidemic or pandemic such as COVID-19) we will reimburse you:

a] the non-refundable portion of unused travel and accommodation arrangements scheduled to be used by you 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:
    - $1,500 for a Single cover type
    - $1,500 per person for a Duo cover type
    - $3,000 for a Family cover type

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:

i) 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.

ii) for vouchers, the face value of the voucher. If there is no face value on the voucher we pay the market value.

c] your reasonable costs of rescheduling your journey. The most we will pay for rescheduling your journey is the unrecoverable amount that would have been payable under sub-sections **2.1.1 a]** and **b]** had your journey been cancelled. We will not pay a claim under sub-section **2.1.1 c]** in addition to a claim under sub-sections **2.1.1 a]** and **b]** for the same arrangements.

If during the period of cover for your journey a relative of yours who resides in Australia or New Zealand:

- dies or is admitted to hospital in Australia or New Zealand as a result of a pre-existing medical condition, and
- at the time of policy issue you were, or a reasonable person in your circumstances would have been, unaware of the likelihood of their dying or being admitted to hospital,

then, the most we will pay for all claims under sub-sections **2.1.1 a]** and **b]** or sub-section **2.1.1 c]** is:

- $2,000 for a Single cover type
- $2,000 per person for a Duo cover type
- $4,000 for a Family cover type

2.1.2 What we do not cover

To the extent permitted by law 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, including a relative of yours or of your travel companion, who resides outside of Australia or New Zealand, unless they are listed as an insured person on your Certificate of Insurance;

c] caused by the death, injury or illness of your relative arising from a pre-existing medical condition except as specified under sub-section **2.1.1 c]**;

d] caused by you or your travel companion changing plans;

e] caused by the breakdown or dissolution of any personal relationship;

f] caused by any business, financial or contractual obligations which prevent you or your travel companion from travelling. This exclusion does not apply to claims where you or your travel companion are made redundant in Australia except where a reasonable person in a similar situation would have been aware before the policy was purchased that the redundancy was likely to occur;

g] it arises as a result of a tour operator or wholesaler being unable to complete arrangements for any tour because there were not enough people to go on the tour. This exclusion does not apply to pre-paid travel arrangements bought separately to reach the departure point for the tour or for other travel arrangements which do not form part of the tour;

h] caused by delays or rescheduling by a bus line, airline, shipping line or rail authority;

i] caused by any service 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 service provider;

k] caused by the mechanical breakdown of any means of transport;

l] caused by an act of terrorism; or

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.

Please ensure you also read all the other sections of the PDS - in particular, consider the **General Exclusions** from page 36 and **Our Definitions** from page 44.

3.1 Additional Expenses

We will reimburse reasonable additional travel and accommodation expenses if you or your travel companion cannot continue your journey, need to return to Australia, or your journey is otherwise disrupted due to any of the events described under subsections **3.1.1 a]** to **f].**

Explanation – Travel expenses & Accommodation expenses

- **Travel expenses** refers to expenses directly related to transport, such as airfares, rail fares, bus fares, taxi fares, and rideshare services.
- **Accommodation expenses** refers to the room rate of a hotel or any other kind of lodging for which you make a reservation and does not include expenses such as meals, drinks, room service, and laundry.

3.1.1 What we cover

a] Additional travel & accommodation expenses due to your incapacity

If you cannot continue your journey because of an injury, sickness (including if you are positively diagnosed as suffering a sickness recognised as an epidemic or pandemic such as COVID-19) or pre-existing medical condition (that we have approved cover for in writing) that needs immediate and continued treatment from a medical adviser and is covered by your policy, we will reimburse your reasonable additional travel and accommodation expenses. To provide proof of incapacity and inability to travel, where reasonably practicable, you should obtain written confirmation from the treating medical adviser. Please call Allianz Global Assistance to confirm approval for these expenses. Otherwise, we may reduce the amount payable for your claim to the extent we are prejudiced. Such approval will not be unreasonably withheld or delayed.

b] Additional travel & accommodation expenses due to your travel companion's incapacity

If your travel companion cannot continue their journey because of an injury or sickness (including if your travelling companion is positively diagnosed as suffering a sickness recognised as an epidemic or pandemic such as COVID-19) (but not a pre-existing medical condition) that needs immediate and continued treatment from a medical adviser and would be covered by this policy, we will reimburse your reasonable additional travel and accommodation expenses for you to remain with your travel companion. To provide proof of your travel companion's incapacity and inability to travel, where reasonably practicable, they should obtain written confirmation from their treating medical adviser. Please call Allianz Global Assistance to confirm approval for these expenses. Otherwise, we may reduce the amount payable for your claim to the extent we are prejudiced. Such approval will not be unreasonably withheld or delayed.

c] Emergency travel & accommodation expenses for a necessary companion

If during the period of cover available for your journey, you are admitted to hospital with a life threatening or other serious medical condition covered by your policy, or are evacuated for medical reasons covered by your policy, we will reimburse the reasonable travel and accommodation expenses for a relative or friend to travel to you, stay near you, or escort you. The relative or friend must travel to you, stay near you, or escort you on the recommendation of your treating medical adviser and with the prior agreement of Allianz Global Assistance for which approval will not be unreasonably withheld or delayed. Please call Allianz Global Assistance for approval before any expenses are incurred. Otherwise, we may reduce the amount payable for your claim to the extent we are prejudiced.

d] Return home on medical advice

If you shorten your journey and return to Australia on the advice of your treating medical adviser and with the approval of Allianz Global Assistance, such approval will not be unreasonably withheld or delayed, we will reimburse your reasonable additional travel and accommodation expenses. We will only pay the cost of the fare class that you had originally planned to return home on and you must take advantage of any pre-arranged return travel to Australia. Please call Allianz Global Assistance to confirm approval for these expenses.

e] Return home due to relative's death or hospital admission

If you need to return to Australia earlier than planned because, during the period of cover for your journey:

- your travel companion dies unexpectedly or is admitted to hospital as a result of a serious injury or illness; or

- a relative of yours or of your travel companion, who resides in Australia or New Zealand dies unexpectedly or is admitted to hospital in Australia or New Zealand as a result of a serious injury or illness,

we will reimburse your reasonable additional travel and accommodation expenses up to the limit shown in the **Table of Benefits** for the Plan you have selected, except if the death, injury or illness arises from a pre-existing medical condition.

If the death, injury or illness arises from a pre-existing medical condition, the most we will pay for all claims under subsection **3.1.1. e]** will be:

- $2,000 for Single cover type
- $2,000 per person for Duo cover type
- $4,000 for Family cover type

but only if at the time of policy issue you were, or a reasonable person in your circumstances would have been, unaware of the likelihood of their dying or being admitted to hospital. No benefit is payable for additional travel and accommodation expenses arising from the pre-existing medical condition of a relative if you purchased an Essentials Plan.

Please call Allianz Global Assistance to confirm approval for these expenses.

f] Additional travel and accommodation expenses due to specified events

If a disruption to your journey arises from any of the following reasons during the period of cover:

- your scheduled or connecting transport is cancelled, delayed, rescheduled or diverted because of a strike, riot, hijack, civil protest, weather, natural disaster 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
- you need to return to Australia early because your home is rendered uninhabitable by fire, explosion, earthquake or flood,

we will reimburse your reasonable travel and accommodation expenses. We will only pay the fare class that you had originally planned to travel on and you must take advantage of any pre-arranged travel. Please call Allianz Global Assistance to confirm approval for these expenses.

If we pay your claim for additional travel expenses to return to your home and you do not have a return ticket booked to Australia before the event causing your claim occurred, 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.

Whenever claims are made by you under **Benefits 3.1 Additional Expenses** and **2.1 Cancellation** 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.

Note: If Allianz Global Assistance arranges your travel or accommodation under **Benefit 3.1 Additional Expenses,** any claim payable to you under **2.1 Cancellation** for the same or similar services/facilities will be reduced by the amount Allianz Global Assistance incurred in arranging your travel or accommodation.

Example – Additional Expenses vs Cancellation

An unforeseen medical event means you need to change your journey. Your original trip costs are:

- Flights $2,000
- Accommodation $1,000

To continue your journey you need to spend $2,500 for new flights and $500 on accommodation. Your airline gives you a full refund for the original flights and you are only able to get a $250 refund on your accommodation.

Allowable claim:

- Flights $500 - new flights $2,500 less refund of $2,000 from original flights
- Accommodation $750 - original accommodation of $1,000 less $250 is higher than new accommodation of $500.

Your claimable amount will be $1,250.

This will put you back in your original financial position. Note that any applicable excess will be deducted from the claimable amount.

3.1.2 What we do not cover

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

a] 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] caused by the death, injury or illness of your relative arising from a pre-existing medical condition, except as specified under sub-section **3.1.1 e];**

c] you can recover your additional travel and accommodation expenses from anyone else. If you are not paid the full amount of your claim, we will make up the difference, up to the amount this policy covers your for;

d] your claim relates to the financial collapse or insolvency of any service provider;

e] caused by any service provider misappropriating your funds or failing to arrange or provide services for which you have paid;

f] for cancellations, delays, rescheduling or diversions to your scheduled or connecting transport unless due to a strike, riot, hijack, civil protest, weather, natural disaster or accident affecting your mode of transport; or

g] your claim arises directly or indirectly out of you operating a rental vehicle in violation of the rental vehicle agreement.

Please ensure you also read all the other sections of the PDS - in particular, consider the **General Exclusions** from page 36 and **Our Definitions** from page 44.

3.2 Travel Delay Expenses

3.2.1 What we cover

If circumstances outside your control result in an unexpected delay to your journey of at least 6 consecutive hours during the

period of cover, we will reimburse your reasonable additional meals and accommodation expenses.

Explanation - Accommodation expenses refers to the room rate of a hotel or any other kind of lodging for which you make a reservation and does not include expenses such as meals, drinks, room service, and laundry.

We will pay the below amount after the initial 6 consecutive hour delay:

- up to $300 for a Single cover type
- up to $300 per person for a Duo cover type
- up to $600 for a Family cover type

as well as for each subsequent consecutive 24 hours that the delay continues.

No cover is provided under a **Non-Medical Plan** if the claim arises from, is related to or associated with any injury or sickness suffered by you.

3.2.2 What we do not cover

To the extent permitted by law we will not pay if a delay to your journey:

a] arises from an act of terrorism; or

b] is caused by the financial collapse or insolvency of any service provider.

Please ensure you also read all the other sections of the PDS - in particular, consider the **General Exclusions** from page 36 and **Our Definitions** from page 44.

3.3 Alternative Transport Expenses

3.3.1 What we cover

If your scheduled transport is cancelled, delayed, shortened or diverted during the period of cover and that means you would not arrive on time to a wedding, funeral, pre-paid airline/rail travel, pre-paid tour/cruise, pre-paid conference, pre-paid sporting event, pre-paid concert/cultural event or pre-paid accommodation which, before you left Australia, you had planned to attend or utilise while you are overseas, we will pay your reasonable additional travel expenses to enable you to arrive on time.

Explanation - Travel expenses refers to expenses directly related to transport, such as airfares, rail fares, bus fares, taxi fares, and rideshare services.

Whenever claims are made by you under **Benefits 3.3 Alternative Transport Expenses, 3.1 Additional Expenses** and **2.1 Cancellation** for cancelled services/facilities or alternative arrangements for the same or similar services/facilities, we will reimburse you the higher of the amounts, not all.

3.3.2 What we do not cover

To the extent permitted by law we will not pay if the cancellation, delay, shortening or diversion:

a] arises from an act of terrorism; or

b] is caused by the financial collapse or insolvency of any service provider.

Please ensure you also read all the other sections of the PDS - in particular, consider the **General Exclusions** from page 36 and **Our Definitions** from page 44.

4.1 Luggage, Personal Effects & Valuables

You must take all reasonable precautions to safeguard your luggage and personal effects and your valuables. If you do not, we will not pay your claim. For example, you will not be taking reasonable precautions if you leave your belongings in a public space:

- at such a distance from you that you are unable to prevent them being taken; or
- with a person who is not named on your Certificate of Insurance, or who is not a travelling companion or a relative (or if these persons fail to take all reasonable precautions to safeguard your luggage and personal effects or valuables).

This includes forgetting or misplacing any items, leaving them behind or walking away from them.

4.1.1 What we cover

a] Cover is provided for your luggage and personal effects or valuables if, during the period of cover for your journey, they are stolen, accidentally damaged or are permanently lost, **unless** they are:
- left in any vehicle (other than as stated in sub-section **4.1.1 c]);** or
- sporting equipment while it is in use; or
- valuables which have been:
  - left in a vehicle at any time (even if they were in a concealed storage compartment), or
  - checked in to be transported in the cargo hold of any aircraft, ship, train, tram or bus, including any loss or damage which occurs during the time after check-in but prior to you collecting your items from the designated collection area,

in which case no cover will be provided under this benefit.

The amount we will pay will be the lesser of:

- the depreciated value after allowing for age, wear and tear (see the **Depreciation** section on page 41 for more detail);
- the original purchase price;
- the replacement cost; or
- the repair cost,

limited to a maximum amount for any one item of:

- $3,000 for personal computers, tablets, cameras or video cameras;
- $1,000 for mobile phones (including smart phones and any items with phone capabilities); or
- $750 for all other items (including jewellery and watches),

up to the benefit limit shown in the **Table of Benefits** for the Plan you have selected.

We will not apply depreciation to any item we pay for where less than 12 consecutive months have elapsed since the item was purchased new.

A pair or related set of items are considered to be only one item for the purpose of this insurance and the relevant single item limit will be applied.

For example: a pair or related set of items could include, but not be limited to, the following:

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

b] If you have purchased the optional **Increased Item Limits Cover**, the item limits set out in sub-section **4.1.1 a]** will not apply to those item types shown on your Certificate of Insurance. Depreciation will also not be applied to any item types for which you have purchased **Increased Item Limits Cover**.

The maximum amount we will pay for any one item (including a pair or related set of items as shown in the example in sub-section **4.1.1 a])** is up to the increased item limit shown on your Certificate of Insurance.

The maximum we will pay for all claims combined under **Benefit 4.1 Luggage, Personal Effects & Valuables** is the benefit limit shown in the **Table of Benefits** for the plan you have selected, even if you have purchased **Increased Item Limits Cover.**

c] Any luggage and personal effects left in a vehicle will only be covered during daylight hours and only if the items were placed in a concealed storage compartment of a locked vehicle. In the event of theft, forced entry must have been made to the vehicle.

The most we will pay in the event of a payable claim under **4.1.1c]** is $200 for each item, and $2,000 in total for all stolen items, even if you have purchased the optional **Increased Item Limits Cover**. No cover is available for valuables left in a vehicle at any time.

The maximum amount we will pay for all claims combined under this benefit is the benefit limit shown in the **Table of Benefits** for the plan you have selected, even if you have purchased the optional **Increased Item Limits Cover.**

Where reasonably practicable, we expect you to report any loss or theft to the police or an office of the bus line, airline, shipping line or rail authority you were travelling on when the loss or theft occurred.

You should make reasonable efforts to obtain confirmation from whoever you made the report to. This may be the easiest way to provide evidence of the loss or theft.

We may be entitled to reduce your claim if you unreasonably delay or fail to make a report. A reduction in your claim may occur to the extent of the amount of prejudice we have suffered caused by your delay.

4.1.2 What we do not cover

To the extent permitted by law, we will not pay a claim in relation to your luggage and personal effects or valuables if:

a] the loss, theft or damage is to, or of, items which have been left behind in any aircraft, ship, train, tram, taxi, ride share or bus, or in any hotel or motel room after you have checked out;

b] the luggage and personal effects or valuables were being sent unaccompanied by you or under a freight contract;

c] the loss or damage arises from any process of cleaning, repair or alteration;

d] the loss or damage arises from ordinary wear and tear, inherent defect, deterioration, atmospheric or weather conditions, insects, rodents or vermin;

e] you do not take all reasonable precautions to safeguard your luggage and personal effects or valuables. For example, you will not be taking reasonable precautions if you leave your belongings in a public space:

- at such a distance from you that you are unable to prevent them being taken; or
- with a person who is not named on your Certificate of Insurance, or who is not a travelling companion or a relative (or if these persons fail to take all reasonable precautions to safeguard your luggage and personal effects or valuables).

This includes forgetting or misplacing any items, leaving them behind or walking away from them;

f] the luggage and personal effects or valuables have an electrical or mechanical breakdown;

g] the damage relates to

- items which are fragile or brittle;
- cracking or breakage of the screen of mobile phones, smart watches, laptops or tablets; or
- an electronic component which is broken or scratched,

other than where:

- the item is the lens of spectacles, binoculars or photographic or video equipment; or
- the damage was caused by a crash involving a vehicle or carrier in which you are travelling; or

h] 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 if applicable under the plan you have purchased. See the **Depreciation** section on page 41 for more details.

Please ensure you also read all the other sections of the PDS - in particular, consider the **General Exclusions** from page 36 and **Our Definitions** from page 44.

4.2 Luggage & Personal Effects Delay Expenses

4.2.1 What we cover

If during the period of cover your luggage and personal effects are delayed, misdirected or misplaced by the carrier for more

than 10 consecutive hours (except on the final leg of your journey to your home), we will reimburse you for the reasonable expenses you incur to purchase essential items of clothing or other personal items.

You should make reasonable efforts to obtain confirmation from the carrier who was responsible for your luggage and personal effects confirming that your items were delayed, misdirected or misplaced. This may be the easiest way to provide evidence of the delay.

If your items are not returned to you and are considered to be permanently lost, we will deduct the amount we have paid you under this benefit from any payable claim you have made under **Benefit 4.1 Luggage, Personal Effects & Valuables** for those items.

4.2.2 What we do not cover

To the extent permitted by law, we will not pay if you are entitled to compensation from the carrier 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.

Please ensure you also read all the other sections of the PDS - in particular, consider the **General Exclusions** from page 36 and **Our Definitions** from page 44.

4.3 Travel Documents, Transaction Cards & Travellers Cheques

4.3.1 What we cover

If during the period of cover for your journey, you lose any essential travel documents (including passports), transaction cards or travellers cheques, or they are stolen from you or destroyed, we will reimburse you for:

- the issuer's fees for any replacement costs (including communication costs) of the items which have been lost, stolen or destroyed; and/or
- any loss resulting from fraudulent use of your lost or stolen transaction cards or travellers cheques other than those amounts covered by any guarantee given by the bank or issuing company to you as the holder of the transaction cards or travellers cheques.

Where reasonably practicable, we expect you to report any loss or theft 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 should make reasonable efforts to obtain confirmation from whoever you made the report to. This may be the easiest way to provide evidence of the loss or theft.

We may be entitled to reduce your claim if you unreasonably delay or fail to make a report. A reduction in your claim may occur to the extent of the amount of prejudice we have suffered caused by your delay.

Please ensure you also read all the other sections of the PDS - in particular, consider the **General Exclusions** from page 36 and **Our Definitions** from page 44.

4.4 Theft of Cash

4.4.1 What we cover

If cash, bank notes, currency notes, postal orders or money orders are stolen from your person during the period of cover for your journey, we will reimburse you up to the amount shown in the **Table of Benefits** for the plan selected.

Where reasonably practicable, we expect you to report the theft 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 should make reasonable efforts to obtain confirmation from whoever you made the report to. This may be the easiest way to provide evidence of the theft.

We may be entitled to reduce your claim if you unreasonably delay or fail to make a report. A reduction in your claim may occur to the extent of the amount of prejudice we have suffered caused by your delay.

Please ensure you also read all the other sections of the PDS - in particular, consider the **General Exclusions** from page 36 and **Our Definitions** from page 44.

5.1 Rental Vehicle Excess

This cover will apply if:

- you hire a rental vehicle from a rental company or agency;
- you are a nominated driver on the rental vehicle agreement; and
- the rental vehicle agreement offered by the rental company or agency specifies a maximum amount that you must pay if the rental vehicle is damaged or stolen.

This Benefit only provides cover for the amount specified in your rental vehicle agreement that you are responsible to pay if you are involved in an accident or the rental vehicle is stolen. Please carefully read the rental vehicle agreement and the options available to limit the amount you are responsible for. The rental vehicle agreement may also contain conditions or exclusions that you need to be aware of.

This Benefit may not provide cover for items, such as but not limited to, tyres, rims, windscreens, glass, roof and/or underbody if damage to these items is in addition to the specific amount shown in your rental vehicle agreement that you are responsible to pay for damage or theft.

5.1.1 What we cover

a] Rental vehicle accident/theft

If, during the period of cover for your journey, the rental vehicle is:

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

we will pay you the lesser of:

- the amount specified that you are liable to pay under your rental vehicle agreement; or
- the cost of property damage for which you are liable,

up to the limit shown in the **Table of Benefits** for the plan you have selected. To support your claim, you will need to take reasonable steps to provide:

- your rental vehicle agreement;
- the incident report that was completed; and
- written confirmation from the rental company or agency of the amount for which you are liable.

You may also need to provide:

- the repair account and invoice from the motor vehicle repairer (if available to you); and
- an itemised list of the value of the damage.

b] Return of rental vehicle due to incapacity

If you are incapacitated during the period of cover for your journey by an event covered by this policy, and a treating medical adviser diagnoses you as unfit to return the rental vehicle to the nearest depot, we will pay up to the amount shown in the **Table of Benefits** for your selected Plan, for the cost of returning the rental vehicle.

5.1.2 What we do not cover

To the extent permitted by law, we will not pay for a claim which arises from, or is for:

a] any damage or theft caused by you using the rental vehicle in breach of the terms of the rental agreement;

b] you using the rental vehicle without a licence for the purpose you were using it (such as carrying freight or passengers for payment);

c] any loss or damage involving an unauthorised driver;

d] costs other than those specified in sub-section **5.1.1 a]** or **b];** or

e] diminishment of value, depreciation, administration charges or other fees or any loss of use penalties charged by the rental company or agency.

Please ensure you also read all the other sections of the PDS - in particular, consider the **General Exclusions** from page 36 and **Our Definitions** from page 44.

6.1 Personal Liability

6.1.1 What we cover

If you become legally liable to pay compensation for:

- death or bodily injury to someone else; or
- physical loss of, or damage to, someone else's property,

as a result of an accident, or a series of accidents arising out of the one event, that happens during your journey, then we will cover you for:

- the compensation (including legal costs) awarded against you; and
- any reasonable legal costs incurred by you for settling or defending a claim made against you, providing you have approval in writing from Allianz Global Assistance before incurring these costs. If you fail to do so, we will only pay for costs incurred up to the amount we would have authorised had you asked us first. Please contact Allianz Global Assistance to confirm approval for these costs.

Where reasonably practicable, we should be told as soon as you or your personal representatives are aware, or a reasonable person in your circumstances would have been aware, of a possible prosecution, inquest, fatal injury, accident or incident which might lead to a claim against you.

You should not pay or promise to pay, settle with, admit or deny liability to anyone who makes a claim against you without our written consent. If you do, we may reduce or refuse your claim to the extent we are prejudiced.

6.1.2 What we do not cover

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

a] bodily injury to you, your travel companion or to a relative or employee of any of you;

b] loss of or damage to property belonging to, or in the care, custody or control of you, your travel companion, a relative or an employee of any 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, or compensation scheme or fund, or under Workers Compensation legislation, or an industrial award or agreement;

f] any fine or penalty, or aggravated, punitive, exemplary or liquidated damages;

g] illness, sickness or 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;

k] any act intended to cause bodily injury, property damage or liability done by you or any person acting with your knowledge, connivance or consent; or

l] your participation in snow sport activities or activities listed under the **Adventure Pack** in the **Optional Covers** section. This exclusion applies even if you have purchased a **Snow Pack** or an **Adventure Pack.**

Please ensure you also read all the other sections of the PDS - in particular, consider the **General Exclusions** from page 36 and **Our Definitions** from page 44.

Optional Covers - Cruise Pack and Snow Pack Policy Benefits

The maximum amount we will pay for all claims combined under each benefit is shown in the **Cruise Pack Table of Benefits** and the **Snow Pack Table of Benefits** in the **Optional Covers** section under the plan you have selected.

Your Certificate of Insurance will also show the **Optional Covers** you are covered for.

Please ensure you also read the other sections of the PDS so that you are aware of the limitations and extent of the cover the policy provides. In particular, please consider the **General Exclusions** from page 36 as well as **Our Definitions** from page 44.

7.1 Medical Cover While Cruising

You have this cover if you purchased the optional **Cruise Pack**. See the **Optional Covers** section for details.

7.1.1 What we cover

a] If while on your cruise during the period of cover, you injure yourself, or become sick (including if you are positively diagnosed as suffering a sickness recognised as an epidemic or pandemic such as COVID-19), we will reimburse the reasonable medical or hospital expenses you incur until you return to Australia provided the relevant injury or sickness is covered by your policy. The medical or hospital expenses must have been incurred for treatment given or prescribed by a medical adviser.

b] If during the period of cover, you require treatment while on a cruise, for a pre-existing medical condition for which we have agreed in writing to provide cover, we will reimburse the reasonable medical or hospital expenses you incur until you return to Australia. The medical or hospital expenses must have been incurred for treatment given or prescribed by a medical adviser; however we will not pay for the cost of medication you were on, or the cost of a course of treatment you were receiving at the time your journey began.

We will pay for treatment received and/or hospital accommodation you require until either:

- you return to Australia;
- you disembark the vessel at the end of your domestic cruise; or
- a maximum period of 12 consecutive months after the sickness first presented itself, or the injury occurred, or the pre-existing medical condition we agreed in writing to cover required treatment, has been reached,

whichever happens first.

If after assessment of your claim, the reasonable medical advice indicates that you should return to Australia for treatment and you do not agree to do so, we will pay you a reasonable amount up to the limit shown under the **Cruise Pack Table of Benefits**, equivalent to:

- your medical expenses **and/or** related costs incurred overseas, including those incurred while on-board the cruise, until the date that we would have been able to reasonably facilitate your return to Australia; plus
- the reasonable amount it would cost to facilitate your return to Australia; plus
- the non-refundable portion of unused travel and accommodation arrangements you would have lost had you followed the advice of Allianz Global Assistance.

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

Dental Treatment while Cruising

Subject to the conditions above, we will cover dental expenses that are:

Due to an injury: due to an injury if you are involved in an accident while you are on your cruise and require treatment as provided under **sub-section 7.1.1**. We will also pay the necessary costs incurred on the cruise and/or overseas to repair damage to your teeth caused by injuries you sustained in the accident.

Due to sudden onset of pain: due to sudden onset of dental pain that requires urgent treatment while you are on your cruise.

For cover to apply:

- the tooth or teeth being treated must be healthy natural teeth (including teeth restored with fillings) with no impairment, periodontal or other conditions; and
- the treatment is prescribed by the treating dentist solely for the immediate relief of sudden and acute onset of pain due to either an infection or you biting on something which caused the tooth to chip or break.

7.1.2 What we do not cover

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

a] when you have not notified Allianz Global Assistance as soon as practicable of your admittance to hospital;

b] that relate to treatment exceeding more than 2 weeks by a dentist unless approved by Allianz Global Assistance, such approval shall not be unreasonably withheld or denied. Please contact Allianz Global Assistance to obtain approval for these costs;

c] that you would not have incurred had you followed the reasonable advice of Allianz Global Assistance unless you can show the expense was necessarily incurred in circumstances beyond your control;

d] for damage to dentures, dental prostheses, bridges or crowns;

e] relating to dental treatment involving the use of precious metals or for cosmetic dentistry;

f] for dental treatment caused by or related to the deterioration and/or decay of teeth; or

g] for preventative dental treatment.

Please ensure you also read all the other sections of the PDS - in particular, consider the **General Exclusions** from page 36 and **Our Definitions** from page 44.

7.2 Evacuation Cover - Ship to Shore

You have this cover if you purchased the optional **Cruise Pack**. See the **Optional Covers** section for details.

7.2.1 Emergency arrangements

Allianz Global Assistance will arrange and pay the cost of the following assistance services if, while onboard a cruise during the period of cover you injure yourself, or become sick (including if you are positively diagnosed as suffering a sickness recognised as an epidemic or pandemic such as COVID-19), or require treatment for a pre-existing medical condition that we have agreed in writing to cover, provided the relevant injury, or sickness, or pre-existing medical condition is covered by the policy:

a] access to a medical adviser for emergency medical treatment;

b] any messages which need to be passed on to your family or employer in the case of an emergency, as well as contacting relevant embassies and consulates if required;

c] provision of any written guarantees for payment of reasonable expenses for emergency hospital admission while on a cruise or overseas;

d] your medical transfer or evacuation if you must be transported to the nearest overseas hospital for emergency medical treatment or be brought back to Australia with appropriate medical supervision; and

e] the return to Australia of your dependants if they are left without supervision following your hospital admission or evacuation.

In addition:

f] if you die while on a cruise as a result of an injury, or a sickness (including if you are positively diagnosed as suffering a sickness recognised as an epidemic or pandemic such as COVID-19), or a pre-existing medical condition that we have agreed in writing to cover, during the period of cover for your cruise, we will pay for your reasonable funeral expenses incurred overseas or the cost of bringing your remains back to your home. The maximum amount we will pay per person is $60,000.

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

7.2.2 What we do not cover

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

a] for any expenses for medical evacuation, funeral expenses incurred overseas or bringing your remains back to your home unless it has been approved by Allianz Global Assistance, such approval will not be unreasonably withheld or delayed. Please contact Allianz Global Assistance to confirm approval for these expenses;

b] for costs and expenses that you would not have incurred had you followed reasonable medical advice. This includes any subsequent medical, hospital or evacuation expenses incurred when you did not follow the reasonable medical advice.

Please ensure you also read all the other sections of the PDS - in particular, consider the **General Exclusions** from page 36 and **Our Definitions** from page 44.

7.3 Cabin Confinement

You have this cover if you purchased the optional **Cruise Pack**. See the **Optional Covers** section for details.

7.3.1 What we cover

If while onboard a cruise during the period of cover, you are confined to your cabin or in a medical facility for a period of more than 48 consecutive hours due to an injury, or sickness (including if you are positively diagnosed as suffering a sickness recognised as an epidemic or pandemic such as COVID-19), or pre-existing medical condition that we have agreed in writing to cover, that you suffer during the period of cover for your journey, we will pay you $50 for each 24 consecutive hours that you continue to be confined beyond the initial 48 consecutive hours.

Please ensure you also read all the other sections of the PDS - in particular, consider the **General Exclusions** from page 36 and **Our Definitions** from page 44.

7.4 Pre-paid Shore Excursion Cancellation

You have this cover if you purchased the optional **Cruise Pack**. See the **Optional Covers** section for details.

7.4.1 What we cover

If while onboard a cruise during the period of cover, you are confined to your cabin or in a medical facility as a result of circumstances outside your control (including if you or your travelling companion are positively diagnosed as suffering a sickness recognised as an epidemic or pandemic such as COVID-19), and cannot participate in your pre-paid shore excursion(s), we will reimburse you the non-refundable portion of your shore excursion costs which you had paid in advance of cancellation.

Please ensure you also read all the other sections of the PDS - in particular, consider the **General Exclusions** from page 36 and **Our Definitions** from page 44.

7.5 Formal Wear - Cruise

You have this cover if you purchased the optional **Cruise Pack**. See the **Optional Covers** section for details.

7.5.1 What we cover

Cover is provided for your formal wear if, during the period of cover for your journey, it is stolen, accidentally damaged or is permanently lost.

The amount we will pay will be the lesser of:

- the depreciated value after allowing for age, wear and tear (see the **Depreciation** section on page 41 for more detail);
- the original purchase price;
- the replacement cost; or
- the repair cost,

up to the limit shown in the **Table of Benefits** for the Plan you have selected.

We expect you to report any loss or theft to the police or an office of the bus line, airline, shipping line or rail authority you were travelling on when the loss or theft occurred.

You should make reasonable efforts to obtain confirmation from whoever you made the report to. This may be the easiest way to provide evidence of the loss or theft.

We may be entitled to reduce your claim if you unreasonably delay or fail to make a report. A reduction in your claim may

occur to the extent of the amount of prejudice we have suffered caused by your delay.

7.5.2 What we do not cover

To the extent permitted by law, we will not pay a claim in relation to your formal wear if:

a] the loss, theft or damage is to, or of, formal wear left behind in any aircraft, ship, train, tram, taxi or bus, or in any hotel or motel room after you have checked out, or in your cabin after you have disembarked at the end of your cruise;

b] the formal wear was being sent unaccompanied by you or under a freight contract;

c] the loss or damage arises from any process of cleaning, repair or alteration;

d] the loss or damage arises from ordinary wear and tear, deterioration, atmospheric or weather conditions, insects, rodents or vermin;

e] you did not take all reasonable precautions to safeguard the formal wear. For example, you will not be taking reasonable precautions if you leave your belongings in a public space:

- at such a distance from you that you are unable to prevent them being taken; or
- with a person who is not named on your Certificate of Insurance, or who is not a travelling companion or a relative (or if these persons fail to safeguard your luggage).

This includes forgetting or misplacing any items, leaving them behind or walking away from them; or

f] you are entitled to be reimbursed by the bus line, airline, shipping line or rail authority you were travelling on when the loss, theft or damage occurred. However, if you are not reimbursed the full amount of your claim, we will pay the difference between the amount of your loss and what you were reimbursed, up to the limit of your cover.

Please ensure you also read all the other sections of the PDS - in particular, consider the **General Exclusions** from page 36 and **Our Definitions** from page 44.

7.6 Formal Wear Delay Expenses

You have this cover if you purchased the optional **Cruise Pack.** See the **Optional Covers** section for details.

7.6.1 What we cover

If you need to purchase or hire replacement formal wear because while on the outbound section of your journey during the period of cover, your formal wear is delayed, misdirected, or misplaced for more than 12 consecutive hours from the time you boarded your cruise, we will reimburse you for the reasonable purchase or hire costs you incur.

7.6.2 What we do not cover

To the extent permitted by law, we will not pay if you are entitled to compensation from the carrier 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.

Please ensure you also read all the other sections of the PDS - in particular, consider the **General Exclusions** from page 36 and **Our Definitions** from page 44.

7.7 Marine Rescue Diversion

You have this cover if you purchased the optional **Cruise Pack**. See the **Optional Covers** section for details.

7.7.1 What we cover

In the event your cruise is required to divert from its scheduled course in order to carry out a marine rescue in accordance with obligations under international conventions governing the Law of the Sea, and Search and Rescue during the period of cover, we will pay you $100 for each day your cruise is diverted, up to a maximum of 5 consecutive days.

Please ensure you also read all the other sections of the PDS - in particular, consider the **General Exclusions** from page 36 and **Our Definitions** from page 44.

7.8 Overseas Emergency Snow Sport Assistance

You only have this cover if you purchased the optional **Snow Pack**. See the **Optional Covers** section for details.

7.8.1 Emergency arrangements

Allianz Global Assistance will arrange and pay the cost of the following assistance services if while participating in snow sport activities overseas during the period of cover for your journey, you injure yourself, or become sick (including if you are positively diagnosed as suffering a sickness recognised as an epidemic or pandemic such as COVID-19), or require treatment for a pre-existing medical condition that we have agreed in writing to cover, provided the relevant injury, or sickness, or pre-existing medical condition 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, as well as contacting relevant embassies and consulates if required;

c] provision of any written guarantees for payment of reasonable expenses for emergency hospital admission while overseas;

d] your medical transfer or evacuation if you must be transported to the nearest overseas hospital for emergency medical treatment or be brought back to Australia with appropriate medical supervision; and

e] the return to Australia of your dependants if they are left without supervision following your hospital admission or evacuation.

In addition:

f] if you die as a result of an injury, or a sickness, or pre-existing medical condition that we have agreed in writing to cover, during the period of cover for your journey, we will pay for your reasonable funeral expenses incurred overseas or the cost of bringing your remains back to your home. The maximum amount we will pay per person is $60,000.

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

7.8.2 What we do not cover

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

a] for any expenses for medical evacuation, funeral expenses incurred overseas or bringing your remains back to your home unless it has been approved by Allianz Global Assistance, such approval will not be unreasonably withheld or delayed. Please contact Allianz Global Assistance to confirm approval for these expenses;

b] for costs and expenses that you would not have incurred had you followed reasonable medical advice. This includes any subsequent medical, hospital or evacuation expenses incurred when you did not follow the reasonable medical advice;

c] if your claim arises from bobsleighing, snow rafting, parapenting, ski acrobatics, ski or snowboard jumping, aerial skiing, stunting, freestyle, skijoring or any form of power-assisted skiing or use of mechanised snow-mobiles except as provided by the recognised piste authorities for transport to and from areas designed for recreational skiing; or

d] for any claims arising outside the period 15th December to 31st March in Northern Hemisphere resorts, and 15th June to 30th September in Southern Hemisphere resorts. This exclusion will not apply to those resorts which are open outside these time periods and have sufficient snow for normal skiing activities.

Please ensure you also read all the other sections of the PDS - in particular, consider the **General Exclusions** from page 36 and **Our Definitions** from page 44.

7.9 Own Snow Sport Equipment

You only have this cover if you purchased the optional **Snow Pack**. See the **Optional Covers** section for details.

7.9.1 What we cover

a] Cover is provided for your snow sport equipment if, during the period of cover for your journey, it is stolen, accidentally damaged or is permanently lost unless:

- it is left in any vehicle (other than as stated in sub-section **7.9.1 b]);** or
- it is in use,

in which case no cover will be provided under this benefit.

The amount we will pay, will be the lesser of:

- the original purchase price;
- the replacement cost; or
- the repair cost.

up to the benefit shown in the **Snow Pack Table of Benefits**.

b] Any snow sport equipment left in or on a vehicle will only be covered during daylight hours, and only if the items were:

- placed in a concealed storage compartment of a locked vehicle or, where this is not possible;
- securely locked to the luggage/ski racks fitted to the roof of a locked vehicle.

In the event of theft, forced entry must have been made to the vehicle or, where the items were securely locked to the luggage/ski racks, leaving evidence of damage to the locking mechanism.

The most we will pay in the event of a payable claim under **7.9.1 b]** is $200 for each item, and $1,000 in total for all stolen items.

We expect you to report the loss or theft 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 should make reasonable efforts to obtain confirmation from whoever you made the report to. This may be the easiest way to provide evidence of the loss or theft.

We may be entitled to reduce your claim if you unreasonably delay or fail to make a report. A reduction in your claim may occur to the extent of the amount of prejudice we have suffered caused by your delay.

7.9.2 What we do not cover

To the extent permitted by law, we will not pay a claim in relation to your snow sport equipment if:

a] the loss, theft or damage is to, or of, snow sport equipment left behind in any aircraft, ship, train, tram, taxi or bus, or in any hotel or motel room after you have checked out;

b] the snow sport equipment was being sent unaccompanied by you or under a freight contract;

c] the loss or damage arises from any process of cleaning, repair or alteration;

d] the loss or damage arises from ordinary wear and tear, deterioration, atmospheric or weather conditions, insects, rodents or vermin;

e] you did not take all reasonable precautions to safeguard the snow sport equipment. For example, you will not be taking reasonable precautions if you leave your belongings in a public space:

- at such a distance from you that you are unable to prevent them being taken; or
- with a person who is not named on your Certificate of Insurance, or who is not a travelling companion or a relative (or these persons fail to take all reasonable precautions to safeguard your luggage).

This includes forgetting or misplacing any items, leaving them behind or walking away from them;

f] you are entitled to be reimbursed by the bus line, airline, shipping line or rail authority you were travelling on when the loss, theft or damage occurred. However, if you are not reimbursed the full amount of your claim, we will pay the difference between the amount of your loss and what you were reimbursed, up to the limit of your cover.

Please ensure you also read all the other sections of the PDS - in particular, consider the **General Exclusions** from page 36 and **Our Definitions** from page 44.

7.10 Snow Sport Equipment Hire

You only have this cover if you purchased the optional **Snow Pack**. See the **Optional Covers** section for details.

7.10.1 What we cover

If during the period of cover, you need to hire snow sport equipment because:

- your snow sport equipment was misdirected or delayed for more than 24 consecutive hours; or
- your snow sport equipment is stolen, accidentally damaged or permanently lost, provided you have a payable claim under **Benefit 7.9 Own Snow Sport Equipment** for that theft, accidental damage or loss;

we will pay for the reasonable costs of hiring alternative snow sport equipment. In addition, if you have paid for snow sport equipment hire cover from the hire company or agency and they charge you for the loss of, or damage to the snow sport equipment hired by you, we will reimburse you for that charge.

Please ensure you also read all the other sections of the PDS - in particular, consider the **General Exclusions** from page 36 and **Our Definitions** from page 44.

7.11 Snow Sport Pack

You only have this cover if you purchased the optional **Snow Pack.** See the **Optional Covers** section for details.

7.11.1 What we cover

If you are unable to utilise the full duration of your pre-booked and pre-paid ski passes, snow sport equipment hire, tuition fees, or lift passes due to:

- an injury; or
- sickness (including if you are positively diagnosed as suffering a sickness recognised as an epidemic or pandemic such as COVID-19),

that you suffer, or

- due to a pre-existing medical condition that we have agreed to cover requiring treatment,

during the period of cover for your journey, we will reimburse you the non-refundable portion of your unused costs.

7.11.2 What we do not cover

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

a] if your claim arises from bobsleighing, snow rafting, parapenting, ski acrobatics, ski or snowboard jumping, aerial skiing, stunting, freestyle, skijoring or any form of power-assisted skiing or use of mechanised snow-mobiles except as provided by the recognised piste authorities for transport to and from areas designed for recreational skiing; or

b] for any claims arising outside the period 15th December to 31st March in Northern Hemisphere resorts and 15th June to 30th September in Southern Hemisphere resorts. This exclusion will not apply to those resorts which are open outside these time periods and have sufficient snow for normal skiing activities.

Please ensure you also read all the other sections of the PDS - in particular, consider the **General Exclusions** from page 36 and **Our Definitions** from page 44.

7.12 Piste Closure

You only have this cover if you purchased the optional **Snow Pack**. See the **Optional Covers** section for details.

7.12.1 What we cover

If, during the period of cover for your journey, you are unable to participate in your planned snow sport activities because all lift systems in your pre-booked holiday resort were closed for more than 24 consecutive hours due to insufficient snow, bad weather or a power failure during the period of your booking, we will reimburse you, up to $100 for each additional 24 consecutive hour period you are unable to participate in your planned activities, for the expenses you incur for either:

- transport to the nearest resort; or
- additional ski passes.

7.12.2 What we do not cover

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

a] for any claims relating to resorts that do not have skiing facilities greater than 1,000 metres above sea level; or

b] for any claims arising outside the period 15th December to 31st March in Northern Hemisphere resorts and 15th June to 30th September in Southern Hemisphere resorts. This exclusion will not apply to those resorts which are open outside these time periods and have sufficient snow for normal skiing activities.

Please ensure you also read all the other sections of the PDS - in particular, consider the **General Exclusions** from page 36 and **Our Definitions** from page 44.

7.13 Bad Weather & Avalanches

You only have this cover if you purchased the optional **Snow Pack**. See the **Optional Covers** section for details.

7.13.1 What we cover

If, during the period of cover for your journey, your pre-booked outbound or return travel is delayed for more than 12 consecutive hours from your scheduled departure time due to bad weather or an avalanche, we will reimburse you for the reasonable additional travel and accommodation expenses you incur until the reason for the delay has ended and you are able to continue with your travel.

You should make reasonable efforts to obtain a statement from the appropriate authority confirming the reason for the delay was related to either bad weather or an avalanche, and how long the delay was for. This may be the easiest way to provide evidence of your delay.

7.13.2 What we do not cover

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

a] for any claims relating to resorts that do not have skiing facilities greater than 1,000 metres above sea level; or

b] for any claims arising outside the period 15th December to 31st March in Northern Hemisphere resorts and 15th June to 30th September in Southern Hemisphere resorts. This exclusion will not apply to those resorts which are open outside these time periods and have sufficient snow for normal skiing activities.

Please ensure you also read all the other sections of the PDS - in particular, consider the **General Exclusions** from page 36 and **Our Definitions** from page 44.

General Exclusions

In addition to any exclusions listed under each benefit in the **Policy Benefits** and the **Optional Covers - Cruise Pack and Snow Pack Policy Benefits**, here is a list of things that, to the extent permitted by law, we won't cover under any benefit of the policy unless your policy specifically allows it, as well as a list of things that we will never cover.

Please ensure you read these general exclusions, together with the other sections of the PDS, so that you are aware of the limitations and extent of the cover the policy provides. In particular, please consider **Our Definitions** from page 44.

What we don't cover unless your policy specifically allows it	
Exclusion	**Wording**
Activities	Your claim arises from, or is in any way connected with you participating in: • any activity not listed in the Activities included in this Product section unless you had purchased: - the optional **Adventure Pack** and the activity is listed as covered under that optional pack; and/or - the optional **Snow Pack** and the activity is a snow sport activity covered under that optional pack; or • cruising unless you had purchased the optional **Cruise Pack** to include cover under your policy for your participation in cruising; or • any race, speed or time trial, or endurance event other than amateur racing on foot in races for distances up to and including the full marathon (42.2 kilometres or 26.2 miles) and amateur racing in a triathlon in races for distances up to and including a 1.5 kilometre swim, 40 kilometre bicycle ride and 10 kilometre run; or • flying other than when you are travelling as a passenger in: – a fully licensed aircraft operated by an airline or charter company; or – a regulated or licensed hot air balloon.
Pre-existing Medical	Your claim arises from a pre-existing medical condition of you, or your travel companion, or a relative unless: • the pre-existing medical condition is a pregnancy that you did not need to disclose to us as advised under the heading **Travel During Pregnancy** in the **Pre-existing Medical Conditions** section; or • you had applied to include cover under your policy for your pre-existing medical condition and Allianz Global Assistance had agreed in writing to include cover as shown on your Certificate of Insurance; or • your travel companion or relative is an insured person and Allianz Global Assistance had agreed in writing to include cover under the policy for their pre-existing medical condition as shown on your Certificate of Insurance; or • it meets the requirements under sub-section **2.1.1 c]** and sub-section **3.1.1 e].**
Pregnancy	Your claim arises directly or indirectly out of pregnancy or pregnancy complications except where: a] you did not need to disclose your pregnancy to us as advised under the heading **Travel During Pregnancy** in the **Pre-Existing Medical Conditions** section; or b] Allianz Global Assistance had agreed in writing to include cover under your policy as shown on your Certificate of Insurance; or c] it is as a result of an accident occurring prior to the 24th week of your pregnancy which: • causes you to give birth prematurely; or • requires you to be admitted to hospital beyond the 24th week of your pregnancy, during which time your child is born. **Important**: Even if Allianz Global Assistance has included cover under your policy for your pregnancy, other than as set out in point c] above, this policy will never provide any cover for: • a pregnancy once it is 24 weeks or more gestation; • any expenses for routine or regular antenatal care; • childbirth at any stage of your pregnancy; or • care of, or relating to the health of, a newborn child.
Private medical treatment	You elect to receive private medical treatment where public funded services or treatment is readily available, including medical or hospital treatment under a Reciprocal Health Care Agreement between the Government of Australia and the government of any other country, unless Allianz Global Assistance has agreed to you receiving that private medical treatment. Please contact Allianz Global Assistance to confirm approval for these costs.

What we don't cover unless your policy specifically allows it	
Exclusion	**Wording**
Vehicles	Your claim arises directly or indirectly from, or is in any way connected with you: • riding a quad bike, or riding or travelling as a pillion passenger on a motorcycle, moped or motorised scooter, unless you had purchased the optional **Adventure Pack**; or • driving or riding a vehicle as the driver, unless you hold the appropriate class of licence (excluding learners licences) in Australia for that vehicle, or a licence valid for the country you are travelling in if your Australian licence is not recognised in that country. This exclusion does not apply to you travelling as a passenger in a taxi or other transport vehicle.

What we will never cover There is no cover under any benefit of this policy if:	
Exclusion	**Wording**
Acting intentionally or recklessly	You do not do everything you reasonably can to avoid or reduce any loss as much as possible or you intentionally or recklessly act in a way that: • reasonably poses a risk to your safety or the safety of your luggage and personal effects, valuables or other belongings; or • increases the chance of a claim being made under the policy, unless you do so in an attempt to protect the safety of a person or to protect property.
Addiction	Your claim arises from: • you or any other person being admitted to hospital 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.
Aware of circumstances	At the time of purchasing this product, you were aware, or a reasonable person in your circumstances would have been aware, of something that would give rise to you making a claim under the policy.
Diving alone	An incident or event occurs while you are diving alone.
Elective surgery	Your claim arises from, is related to or associated with elective surgery, and/or treatment received by you or your travel companion during your journey.
Epidemic/ pandemic	Your claim arises from, is related to an epidemic or pandemic unless your claim relates to you or your travel companion contracting an epidemic or pandemic sickness and cover is expressly included in the following sections: **1.1 Overseas Emergency Assistance** **1.2 Overseas Medical & Hospital Expenses** **1.3 Funeral Expenses** **1.6 Hospital Cash Allowance** **2.1 Cancellation** **3.1 Additional Expenses** **7.1 Medical Cover while Cruising** **7.2 Evacuation Cover – Ship to Shore** **7.3 Cabin Confinement** **7.4 Pre-Paid Shore Excursion Cancellation** **7.8 Overseas Emergency Snow Sport Assistance** **7.11 Snow Sport Pack**
Errors or omissions	Your claim arises from errors or omissions in any booking arrangements or failure to obtain any relevant visa, passport or travel documents.

What we will never cover There is no cover under any benefit of this policy if:	
Exclusion	**Wording**
Government confiscation	Your claim arises from a government authority confiscating, detaining or destroying anything.
Health insurance	Your claim arises from, or associated with any loss, damage, liability, event, occurrence, injury or sickness where providing you with 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 licenses or authority to provide such cover.
Ignoring safety warnings	Your claim arises directly or indirectly from, or is in any way connected with, you not observing all safety warnings and advice about adverse weather and terrain conditions.
Illegal acts	Your claim arises because you breach any government prohibition or regulation, including visa requirements or intentionally act illegally.
Loss of enjoyment	Your claim is for loss of enjoyment of any kind.
Medical complications	Your claim arises, or is a consequence of complications from, medical, surgical or dental procedures or treatments received by you or your travel companion during your journey that are not for an injury, or sickness, or pre-existing medical condition that we have agreed in writing to cover, that would be otherwise be covered by this policy.
Medication already in use	Your claim is for the cost of medication you are using at the time the journey began or the cost for maintaining a course of treatment you were on prior to the start of the journey.
Nuclear materials, biological or chemical weapons	Your claim arises from: • a nuclear reaction or contamination from nuclear weapons or radioactivity; or • biological and/or chemical materials, substances, compounds or the like including when used directly or indirectly for the purpose of harming or to destroy human life and/or create public fear.
Professional sport	Your claim arises from you or your travel companion participating in professional sport of any kind (including professional racing on foot).
Protective gear	Your claim arises directly or indirectly from, or is in any way connected with, you not wearing the appropriate protective clothing and head protection for the sport or activity you are participating in.
Suicide	Your claim arises from your intentional self harm or your suicide or attempted suicide.
Travel against medical advice	Your claim is in respect of travel booked or undertaken by you against the advice of any medical adviser.
Travel alerts and other warnings	Your claim arises because you did not follow an advice or warning that a reasonable person would have been aware of: • by the Australian government (when a 'Do not travel' alert is in place), which can be found on www.smartraveller.gov.au; or • which was published in a reliable mass media source
Under the influence	Your claim arises from, or is caused, or is contributed to, by you being affected by any intoxicating liquor or drug to the extent that your physical, or mental functions, or your judgement are impaired, except a drug prescribed to you by a medical adviser, and taken in accordance with their instructions.
Violation of sanctions, laws or regulations	Providing cover or being liable to pay any claim or provide any benefit (including a refund on premium) under this policy to the extent that the provision of such cover, payment of such claim or provision of such benefit would constitute a breach of any trade or economic sanction, embargo, prohibition or restriction imposed by any of the following: United Nations, United States of America, Australia, European Union, United Kingdom, or New Zealand, or any other applicable national trade or economic sanctions, laws or regulations. This clause shall apply where such geographical location, provision of goods, services or other reasons shall contravene such sanction, embargo, prohibition or restriction.
War	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.

What we will never cover There is no cover under any benefit of this policy if:	
Exclusion	**Wording**
Workers compensation	Your claim is for a loss which is recoverable by compensation from any transport provider, or under any workers compensation law, government sponsored fund, plan, or medical benefit scheme, or any other similar type legislation required to be effected by or under a law.

Your duty to take reasonable care not to make a misrepresentation

You must take reasonable care not to make a misrepresentation to us. This responsibility applies until we issue you with a policy for the first time or agree to renew, extend, vary/ change, or reinstate your policy.

You must answer our questions honestly, accurately and to the best of your knowledge. A misrepresentation includes a statement that is false, partially false, or which does not fairly reflect the truth. It is not misrepresentation if you do not answer a question or if your answer is obviously incomplete or irrelevant to the question asked.

The responsibility to take reasonable care not to make a misrepresentation applies to everyone who will be insured under the policy. If you are answering questions on behalf of anyone, we will treat your answers or representations as theirs.

Whether or not you have taken reasonable care not to make a misrepresentation is to be determined having regard to all relevant circumstances, including the type of insurance, who it is intended to be sold to, whether you are represented by a broker, your particular characteristics and circumstances we are aware of.

If you do not meet the above duty, we may reject or not fully pay your claim and/or cancel your policy. If the misrepresentation was deliberate or reckless, this is an act of fraud, and we may treat your policy as if it never existed.

If our information or questions are unclear, you can contact us using the contact information on the back cover of this PDS.

Other things you need to know

Limitation of cover

Regardless of anything contained in this Policy to the contrary, we shall not be liable to provide any cover or benefit or pay any claim where the provision of cover or benefit or payment of claim would constitute a breach of any trade or economic sanction, embargo, prohibition or restriction imposed by any of the following: United Nations, United States of America, Australia, European Union, United Kingdom, or New Zealand,

or any other applicable national trade or economic sanctions, laws or regulations. This applies where such geographical location, provision of goods, services or other reasons shall contravene such sanction, embargo, prohibition or restriction.

Jurisdiction and choice of law

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

General Insurance Code of Practice

Allianz and Allianz Global Assistance proudly support the General Insurance Code of Practice. The General Insurance Code of Practice was developed by the Insurance Council of Australia to further raise standards of practice and service across the insurance industry. The Code Governance Committee (CGC) is an independent body that monitors and enforces insurers' compliance with the Code. You can obtain more information on the Code of Practice and how it assists you by contacting us. Contact details are provided on the back cover of this PDS. For more information on the Code Governance Committee (CGC) go to www.insurancecode.org.au

Financial Claims Scheme

In the unlikely event Allianz were to become insolvent and could not meet its obligations under your 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 the APRA website at www.apra.gov.au and the APRA hotline on 1300 558 849.

Privacy Notice

We collect your personal information

Your privacy is important to us. To offer, quote, and provide you with this product and our services, we, namely AWP Australia Pty Ltd ABN 52 097 227 177 trading as 'Allianz Global Assistance' as agent for the insurer, Allianz Australia Insurance Limited ABN 15 000 122 850, AFS Licence 234708, collect, store, use, and disclose your personal information including sensitive information.

We usually collect it directly from you but sometimes from others such as through our business partners and agents, or from your family members or travelling companions or group leader. We are responsible for ensuring your personal information is used and protected in accordance with applicable laws including the Privacy Act 1988.

Personal information we collect includes, for example, your name, address, date of birth, email address, and sometimes your medical information, bank account details (to pay your claim or for refunds), as well as other information we collect through devices like 'cookies' when you visit our website such as your IP address.

Uses and Purposes of collection

We use your personal information to offer, quote, and provide our travel insurance products to you (including renewals). Further, we use it to manage your and our rights and

obligations in connection with any such products, including for claims handling. We may also use it for product development, fraud investigations, marketing, customer data analytics, research, IT systems maintenance and development, recovery against third parties, and to liaise where necessary with Government Departments, regulators, and insurance reference bodies.

We do not use sensitive information for marketing purposes nor do we provide sensitive information to any third parties for marketing.

Disclosure to third parties

Your personal information may be disclosed to third parties who assist us to carry out the activities in the paragraph above, such as to claims management providers, travel agents and intermediaries, insurers, investigators, cost containment providers, medical and health service providers, overseas data storage (including 'cloud' storage) and data handling providers, legal and other professional advisers, your agents and broker, your travel group leader if you travel in a group, your employer if you have a corporate travel policy, family members or travelling companions listed on your travel insurance policy, insurance reference bodies in the case of suspicious claims or credit card transactions, and our related and group companies including Allianz. Some of these persons and entities to whom we disclose your personal information may be located in other countries including in Europe, the UK and Ireland, Asia, Canada, the USA, and other countries where Allianz has a presence. We also, where necessary, disclose your personal information to Government Departments and to regulatory bodies.

Promotional material

We may contact you by telephone, normal mail, email, electronic messages such as SMS, and via other means with promotional material and offers of products or services from us, our related companies, as well as offers from our business partners that we consider may be relevant and of interest to you. Where we contact you for promotional purposes, you can withdraw your consent at any time by calling us on 1800 023 767 or by contacting us – see below.

Providing us with personal information of others

When, in connection with one of our products, you provide personal information to us about another person or you receive personal information from us about another person (such as when you are the primary policyholder for your family or a group obtaining travel insurance from us), we rely on you to have first obtained the other person's consent for you to provide and receive their personal information, and we rely upon you to make them aware of the matters set out in this Privacy Notice. If you don't have the person's consent, you must inform us. Note, if the person is listed as an insured person on the policy and they contact us for information about the policy, we will provide it to them.

Your right to access

You may also seek access to your personal data and ask us to correct and update it. You may not access or correct personal information of others unless you have been authorised by their express consent, or unless they are your dependants under 16 years of age. If you have a request for access or a complaint concerning our handling of your personal information, please contact: Privacy Officer, Allianz Partners, PO Box 162, Toowong, QLD 4066, or email DataPrivacyAU@allianz-assistance.com.au. You can also contact the Privacy Commissioner at the Office of The Australian Information Commissioner, GPO Box 5288, Sydney, NSW 2001 if you have a complaint.

For more information about our Allianz Partners Privacy Policy and handling of personal information, including further details about access, correction, and complaints, please visit our website at www.allianz-assistance.com.au and click on the Privacy & Security link in the footer. If you do not agree with the matters set out in our privacy policy or will not provide us with the personal information we request, we may not be able to provide you with our products or services including the assessment and payment of any claims. In cases where we cannot comply with your request concerning your personal information, we will give you reasons why.

Claims

Read through the terms, conditions, exclusions, limits and applicable sub-limits of your policy – for example, the benefits listed under the **Policy Benefits** and also in the **Optional Covers - Cruise Pack** and **Snow Pack Policy Benefits,** the **General Exclusions**, or on your Certificate of Insurance - to check whether you are covered.

Where to make a claim

You must notify Allianz Global Assistance as soon as you are reasonably aware of any potential claim. Please submit full details of your claim as soon as reasonably possible by either:

- lodging your claim on-line 24 hours a day at www.claimmanager.com.au; or
- emailing or posting a completed claim form to Allianz Global Assistance.

You can obtain a claim form by emailing Allianz Global Assistance at travelclaims@allianz-assistance.com.au or by calling the contact number on the back cover of this PDS.

In order to be sure that you are covered under this policy you should, where practical, always contact Allianz Global Assistance for approval before you incur expenses you wish to claim in order to check you are covered and that the amount is reasonable. If you do not, we may reduce your claim to the extent that we are prejudiced.

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

You must take all reasonable steps to give any information Allianz Global Assistance reasonably asks for to support your claim at your expense. Examples of information to support your claim includes police reports, valuations, medical reports, original receipts or proof of purchase and ownership. If required Allianz Global Assistance may reasonably ask you to provide them with translations into English of any such documents to enable their consideration of your claim.

a] If you think that you may have to cancel or shorten your journey you must tell us as soon as possible. Contact Allianz Global Assistance using the contact number shown on the back cover of this PDS, or the 24 hour emergency assistance number if you are still overseas.

b] For medical, hospital or dental claims, contact Allianz Global Assistance as soon as practicable.

c] For loss or theft of your luggage and personal effects or valuables, report it as soon as reasonably practicable to the police and obtain a written notice of your report. This may be the easiest way to provide evidence of the loss or theft. If you unreasonably delay or fail to make a report and we are prejudiced by your delay or failure, we may be entitled to reduce your claim by the amount of prejudice we have suffered.

d] 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 as soon as reasonably possible and take all reasonable steps to obtain a written report, including any offer of settlement that they may make.

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



Overseas hospital admission or medical evacuation

If you require emergency assistance, Allianz Global Assistance is only a telephone call away. The team will help with medical problems, locating nearest medical facilities, your evacuation home, locating nearest embassies and consulates, as well as keeping you in touch with your family and work in an emergency.

If you are admitted to hospital, or you are being treated as an outpatient and the total cost of such treatment is likely to exceed $2,000, you or a member of your travelling party, should contact Allianz Global Assistance as reasonably as possible to seek approval to incur such cost. Otherwise, we may reduce the amount payable for your claim to the extent we are prejudiced. Approval will not be unreasonably withheld or delayed.

Please note that we will not pay for any hospital, medical or dental costs you incur in Australia.

This is because we are not licensed to pay these costs in Australia. Therefore, you should treat them as you would any other health-related costs you incur when you aren't travelling, such as claiming through Medicare or your private health insurer.



You can choose your own doctor

Unless you are treated under a Reciprocal Health Care Agreement you are free to choose your own medical adviser or, if you ask them to, Allianz Global Assistance can appoint a medical adviser to see you, subject to the **'Private Medical Treatment'** exclusion (which can be found under **General Exclusions** from page 36). You must, as soon as possible, advise Allianz Global Assistance of your admission 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.



Other insurance

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



Depreciation

When taking into consideration the age of a covered item we will deduct the following amounts from our settlement for each item you have claimed:

- For toiletries and medication (including skin care, make-up, perfume, deodorant and aftershave) we will deduct 50% of the purchase price for each year you have owned the item up to a maximum deduction of 80%;
- For mobile phones, smart phones, electrical devices, communication devices, all computers (including laptops and tablets), photographic equipment and electronics equipment we will deduct 20% of the purchase price for each year you have owned the item up to a maximum deduction of 80%;
- For clothing, footwear, luggage and books we will deduct 15% of the purchase price for each year you have owned the item up to a maximum deduction of 80%;
- For camping, sporting and leisure equipment (but not leisure clothing) and musical instruments we will deduct 10% of the purchase price for each year you have owned the item up to a maximum deduction of 80%;
- For jewellery we will not make any deduction;
- For all other items we will deduct 15% of the purchase price for each year you have owned the item up to a maximum deduction of 80%.



For example:

You have a $500 digital camera that was purchased 2 years before the date it was lost. The rate of depreciation would be 20% per year.

In settlement of your claim we would pay you $300 (i.e. we will depreciate the value of the digital camera by 20% of the purchase price for each of the 2 years you have owned it), calculated as follows:

Year 1 - Purchase price of $500 less 20% ($100) = $400

Year 2 - Depreciated value of $400 less 20% of the purchase price ($100) = $300



How GST may affect 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 us of the amount of that input tax credit (as a percentage) at the time you first make a claim. If you fail to do so, you may have a liability for GST if we pay you an amount under your policy.



Claims are payable in Australian dollars to you

We will pay all claims in Australian dollars. We will pay you unless you tell us to pay someone else. The rate of currency exchange that will apply is the rate at the time you incurred the expense. Payment will be made by direct credit to a bank account nominated by you.



You should not admit fault or liability before consulting us

You should not admit that you are at fault for any accident, incident or event causing a claim under your policy, and you must not offer or promise to pay any money, or take any steps in relation to any legal action, without the approval of Allianz Global Assistance. Such approval will not be unreasonably withheld or delayed. If you do, we may reduce or refuse your claim to the extent we are prejudiced.



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.



Recovery

If we have a claim against someone in relation to the money we have to pay or we have paid under your policy, you must take reasonable steps 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 take reasonable steps to inform us of such third party.

We may, at our discretion, undertake in your name and on your behalf, control and settle proceedings for our own benefit in your name to recover compensation or secure indemnity from any party in respect of anything covered by this policy. We will act reasonably having regard to your interests, and will keep you informed if you ask us to.

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

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

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

Once we pay your total loss, we will pay you the balance of any 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.



Complaints and disputes

If you are dissatisfied with our service in any way, please contact us and we will attempt to resolve the matter in accordance with our internal dispute resolution procedures. You can contact us to make a complaint and request a copy of our procedures using the contact details provided below.

Allianz Global Assistance

www.allianz-assistance.com.au

1300 795 636

idrcommittee@allianz-assistance.com.au

Locked Bag 3014, Toowong DC QLD 4066

If you are not happy with the proposed resolution of your complaint, or we do not make a decision within the period that we tell you we will respond, we will tell you about your right to escalate your complaint to the Australian Financial Complaints Authority (AFCA). AFCA provides a free and independent dispute resolution service for consumers who have general insurance disputes falling within its terms. If you wish to exercise your right to refer your complaint to external dispute resolution, you may contact AFCA using the details provided below.

The Australian Financial Complaints Authority

www.afca.org.au

1800 931 678

info@afca.org.au

GPO Box 3, Melbourne VIC 3001

Conduct of Others

Where a claim is made for a loss that is excluded as the result of the act of any person who is insured under this Policy, we may consider certain factors that may have triggered the exclusion and we may make a discretionary decision to assist you in a way which is fair and reasonable in the circumstances. If we do this, we may make a payment to you. This will apply even though we are not legally required to pay the claim.

Factors we will consider include:

- mental illness;
- an act of violence or intimidation; and/or
- when cover has been varied or terminated with malicious intent.

This clause does not form part of the terms and conditions of the policy and does not confer any contractual or other right. Any payment we may make is at our sole discretion only.

Confirmation of Transaction

If you require further information about this insurance or wish to confirm a transaction, including a claim, please contact us.

Alternatively, if you wish to automatically receive the confirmation of the transaction after it occurs e.g. at the conclusion or settlement of the claim, please contact us.

Our Definitions

When the following words and phrases appear in this PDS, your Certificate of Insurance or any other document that 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, accidental, accidentally

means any sudden and unexpected physical event not intended by you.

Accompanying

means travelling with the insured person for 100% of the journey.

Allianz

means Allianz Australia Insurance Limited ABN 15 000 122 850, AFSL 234708.

Allianz Global Assistance means

AWP Australia Pty Ltd ABN 52 097 227 177, AFSL 245631.

Appropriate supervision

means under the supervision of a person who possesses the necessary skills, qualifications and licensing appropriate for the supervision of the activity being undertaken.

Bicycles

means any bicycle, tricycle, tandem, trailer cycle or push scooter that is powered by human pedalling and/or a battery.

Business samples

means demonstration goods or examples of goods sold by you or your company.

Carrier

means an aircraft, train, tram, vessel or other scheduled transport operated under a licence for the purpose of transporting passengers. However, it does not mean a taxi, limousine or similar service.

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.

Chronic

means a persistent and lasting condition. It may have a pattern of relapse and remission.

Concealed storage compartment

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

Cruise or cruising

means leisure or holiday travel as a passenger on-board a commercially operated sea or ocean-going vessel which has on-board accommodation and trained medical staff, whether or not the travel includes stopping at ports or other locations for sightseeing.

Date of issue

means the date and time of issue on your Certificate of Insurance.

Dependant

means your child or grandchild (including step-child, adopted child, foster child and child you care for under a legal guardian arrangement), and who are:

- not in full-time employment,
- accompanying you on the journey; and
- aged under 25 years at the time of issue of your Certificate of Insurance.

Dependant does not include any person other than those listed on your Certificate of Insurance.

Depreciation

means the deduction from the original purchase price of an amount calculated to be the reduction in value because of wear and tear and/or the passing of time.

Duo

means you and your travel companion as named on the Certificate of Insurance but does not include dependants.

Epidemic

means an infectious disease that rapidly spreads to a large number of people in a community, population, or region.

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 dependants. Family does not include any person other than those listed on your Certificate of Insurance.

Formal wear

means dinner suit, dress shirt, bowtie, evening gown, cocktail dress or other items of clothing which are required attire for formal dining/functions. This includes wedding attire but does not include jewellery.

Funeral expenses

means the costs charged by a funeral director for arranging your funeral service and by a cemetery for your burial or a crematorium for your cremation. It does not include the cost of memorialisation.

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. It does not include any institution used primarily as a residential care facility, a health retreat, or a rehabilitation or external care facility for the treatment of alcoholism, drug addiction or substance addiction.

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.

Jewellery

means a form of personal adornment, such as brooches, rings, necklaces, earrings, and bracelets. It does not include watches or items of clothing.

Journey

means from the time you leave your home or your place of employment or business to commence your travel and ends when you:

- return to your home; or
- arrive at a hospital or residential care facility in Australia (if you are evacuated or repatriated for medical reasons), whichever happens first.

Legal costs

means fees, costs and expenses (including any applicable taxes and charges) in connection with a legal action. It also means any costs which you are ordered to pay by a court or arbitrator (other than any fine or penalty, or aggravated, punitive, exemplary or liquidated damages) or any other costs we agree to pay.

Luggage and personal effects

means your suitcases, trunks and similar containers (including their contents), articles worn or carried by you, and sporting equipment. It does not mean or include any:

- bicycle;
- business samples or items that you intend to trade;
- valuables;
- snow sport equipment;
- passport or travel documents;
- cash, bank notes, currency notes, cheques or negotiable instruments;
- electronic data, software or intangible asset;
- watercraft of any type (other than surfboards);
- furniture, furnishings, household appliances;
- hired items; or
- any other item which may be listed as excluded on your Certificate of Insurance.

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 travel companion, or a relative or employee of you or your travel companion.

Medical Terms of Cover

means the document we give you as a schedule to your Policy which details the terms and conditions relating to any Pre-existing medical condition that you disclose to us.

Mental illness

means any illness, condition or disorder listed in the current edition of the Diagnostic and Statistical Manual of Mental Disorders (Used by clinicians and psychiatrists to diagnose psychiatric illnesses. Consult your medical advisor for more information).

Natural disaster

means any event or force of nature that has catastrophic consequences, such as avalanche, earthquake, flood, bush fire, hurricane, tornado, cyclone, tsunami and volcanic eruption, but not epidemics or pandemics.

Overseas

means outside of Australia and its territories.

Pandemic

means an epidemic that spreads to multiple countries, continents, or worldwide.

PDS

means Product Disclosure Statement and any Supplementary 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 this PDS, any Supplementary PDS, your Certificate of Insurance and Medical Terms of Cover document (if applicable).

Pregnancy-related

means arising from or directly connected with the process and changes in a mother resulting from a developing foetus. It covers the mother and foetus, as per the limits and conditions of cover set out in this policy, when either requires emergency medical care.

Pre-existing medical condition

means a condition of which a reasonable person in the circumstances, should have been aware at the time of issue of the Certificate of Insurance, including:

- any dental condition; or
- any physical condition; or
- pregnancy; or
- any lifelong illness; or
- any chronic illness; or
- any mental illness; or

any current or previously treated cancer, or any condition which, in the last two (2) years:

- was treated by surgery (including day surgery); or
- required regular medication; or
- required on-going treatment; or
- was referred to a specialist medical adviser; or
- had regular reviews or check-ups; or
- caused admission to hospital; or
- was treated at a hospital emergency department or out-patient clinic.

Proof of your ownership, proof of purchase or value

means receipts, invoices, valuations, and other documents directly showing ownership and value. Where direct proof of ownership or valuation is not reasonably available to the insured, and depending upon the value and nature of the claim, it can include statutory declarations or other information which show the insured is most likely the owner.

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 more than $1,000.

Public Space

means any area to which the public has access (whether authorised or not) including but not limited to hotel foyers and grounds, restaurants, public toilets, beaches, airports, railway stations, bus terminals, taxi stands and wharves.

Quad bike

means a motorised vehicle designed to travel on four or more wheels, having a seat straddled by the operator and handlebars for steering control.

Reasonable

means:

- for covered medical, hospital or dental expenses, at the standard level of care given in the country you are in but not exceeding that provided through the public hospital system in Australia;
- for covered booking and travel-related expenses, a level comparable to those you have booked for the rest of your journey; if no similar booked travel arrangements or for covered expenses of relatives, a level that is appropriate and moderate in the circumstances; not extravagant;
- for covered funeral expenses, a level that in the circumstances is moderate; not premium;
- for situations where we ask you to do something such as to assist us or to or provide documents or information or to take reasonable care or to make reasonable efforts - to the extent that is practically achievable by you and within your control or ability using ordinary efforts;
- for reasonable medical advice, advice provided by a doctor or other medically qualified practitioner experienced in the medical issue in question and engaged either on your behalf or on behalf of Allianz Global Assistance to provide medical advice;
- reasonable legal costs or expenses: means the usual or normal legal costs and expenses incurred in defending or settling a claim, including engaging a mid-tier firm of lawyers, their reasonable disbursements, etc; not extravagant;
- for 'a reasonable person', what would be expected of an average person in the circumstances, and achievable by the insured through normal endeavours;
- for any other circumstances, including conduct or acts of a reasonable person - what is reasonable in the circumstances, having regard to common community standards, and fairness.

Reciprocal Health Care Agreement

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

Redundant or redundancy

means loss of permanent paid full time employment (except voluntary redundancy), after a continuous working period of two years with the same employer.

Relative

means only a 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, ward 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 rental company or agency. Rental vehicle does not include any other vehicle irrespective of use or weight.

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.

Single

means you and your dependants who are accompanying you on the journey.

Snow sport activities

means amateur skiing, snowboarding, sledding, tobogganing, or tubing conducted on groomed terrain, marked slopes or trails that are open, maintained and monitored within ski resort boundaries but does not include any form of racing, acrobatics, jumping, stunting, aerial or freestyle activities. Snow sport equipment means skis, poles, boots, bindings or snowboards.

Snow sport equipment

does not include any equipment other than the equipment listed.

Sporting equipment

means equipment needed and used to participate in a particular sport and which can be carried about with you.

Transaction card

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

Travel companion

means only those persons with whom you have made arrangements before your Certificate of Insurance was issued, to travel with you for at least 75% of your journey.

Valuables

means jewellery, antiques, curios or works of art, watches, semi-precious/ precious metals or semi-precious stones/precious stones and items made of or containing semi-precious/ precious metals or semi-precious stones/precious stones, furs, binoculars, telescopes, any kind of photographic, audio, video, computer (including monitors), fax or phone equipment (including mobile phones), tablets, MP3/4 players and PDAs.

Vehicle

means any car, van or bus (including but not limited to a coupe, hatchback, station wagon, SUV/4WD or campervan), motorcycle, moped or motorised scooter.

We, our, us

means Allianz Australia Insurance Limited ABN 15 000 122 850, AFSL 234708.

You, your, yourself and insured person

means each person named on the Certificate of Insurance.

Sales and general enquiries
1300 320 633

24 hour Emergency Assistance
+61 7 3305 7499 (overseas)
1800 010 075 (within Australia)

Please note additional charges may apply for any calls made from mobiles, public telephones or hotel rooms.

Peoplecare Health Limited ABN 95 087 648 753 AR 269520 arranges this insurance as authorised representative for AWP Australia Pty Ltd ABN 52 097 227 177 AFSL 245631 trading as Allianz Global Assistance (AGA). AGA issues and manages travel insurance as agent for the insurer Allianz Australia Insurance Limited ABN 15 000 122 850 AFSL 234708. Terms, conditions, exclusions, limits and applicable sub-limits apply.

Allianz

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