





International Travel Insurance

Combined Financial Services Guide and Product Disclosure Statement

Effective Date 11 October 2022

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About this document

There are two parts to this document. The first part is your Product Disclosure Statement (PDS) which provides the important information about this policy, including the detailed terms, conditions and exclusions, and how to contact us. This is a consumer insurance contract under the *Insurance Contracts Act 1984 (Cth)*. Pacific International Insurance Pty Ltd ABN 83 169 311 193, AFSL No 523921 (the insurer) are responsible for the PDS section in this document.

The second part of this document is the Financial Services Guide (FSG) which provides information about who we are, who we do business with to provide you with insurance, how we and our business partners are paid, how to make a complaint and other details to help you decide whether to use any of the services offered by us. nib Travel Services (Australia) Pty Limited, ABN 81 115 932 173, AFSL No 308461 (nib), are responsible for the FSG section in this document.

Product Disclosure Statement

Important information

In this PDS **we** explain important information about this policy including how **we'll** protect **your** privacy and how to make a complaint or access **our** dispute resolution service.

About the insurer

This insurance is underwritten by Pacific International Insurance Pty Ltd ABN 83 169 311 193. AFSI. No 523921.

About nib Travel Insurance Distribution

This policy is distributed and issued by nib Travel Insurance Distribution Pty Limited, ABN 40 129 262 175, AR 336467 (nib Travel Insurance Distribution), who are an authorised representative of nib Travel Services (Australia) Pty Limited, ABN 81 115 932 173, AFSL No 308461 (nib). For information on how these insurance providers work together and the services they provide, please refer to the FSG at the back of this combined document.

nib International Assistance

nib International Assistance provides emergency assistance for people who are covered under nib travel insurance policies worldwide. **Our** experienced specialists can be contacted by telephone 24 hours a day, 7 days a week to help **you** in the event of an emergency and to liaise on **your** behalf with **our** inhouse medical team.

nib International Assistance will also work closely with the claims department, which will assess **your** entitlement to financial assistance.

Our team is connected with a global network that provides:

- Medical care:
- Medical transfer to a hospital or repatriation to Australia where necessary;
- Guidance and support even if your loss may not be covered by the policy;
- Access to general policy and coverage advice, and
- Access to translation services.

How to contact nib International Assistance

Please contact the nib International Assistance team using the contact details below:

Phone	+61 3 8523 2800 Within Australia: 1300 555 019
Fax	(03) 8523 2815
Email	travelassist@nib.com.au

The cost of this policy

The total premium is the amount **we** charge **you** for this policy. It includes the amount **we** have calculated for the risk, commission and taxes and government charges applicable. The premium will be shown on the Certificate of Insurance.

When calculating the premium **we** take a number of factors into account. These factors and the degree to which they affect the premium will depend on the information **you** give **us** and the level and type of cover **you** choose.

The main factors that impact your premium include:

- the length of your trip;
- your destination;
- the travel plan chosen;
- your age;
- additional premium payable for any available options you choose:
 - cancellation limit
 - snow sports cover option
 - rental vehicle insurance excess
 - specified items
 - variable excess
 - specified medical conditions

For example, premiums may be higher if **you** are in a higher risk age group, for longer **trips**, destinations that are high risk or have higher medical costs, plans with greater coverage, and when **you** choose to purchase additional cover.

This policy is only valid after you pay the premium and our representative issues a Certificate of Insurance to you.

Additional options to purchase

We offer the following options for you to purchase. These options can be added with payment of an additional premium, depending on the travel plan you select, and will be shown on your Certificate of Insurance when added to your policy.

Cancellation option

For all plans, the policy limit for Cancellation or holiday deferment costs must be chosen at the time of purchase; the limit will then appear on the Certificate of Insurance.

Depending on the travel plan **you** choose, **you** can vary the maximum **trip** limit. **You** will be advised of any change in premium. **Your** policy limit for Cancellation or holiday deferment costs and any additional premium will be shown on **your** Certificate of Insurance.

Snow sports cover option

This option is available with the Comprehensive and Annual Multi Trip Plans with payment of an additional premium. When chosen, this option is shown on your Certificate of Insurance. Applicable limits are applied per adult and are not increased for accompanying children.

If you'll be taking part in **snow sports** on **your trip**, you must select the **Snow sports** cover option to have cover under all benefit sections of **your** policy for

any claim **arising** from participation in **snow sports**. In addition, **you** will receive the following benefits:

Benefit	Applicable limits per adult
Any claim arising from participation in snow sports	Up to the applicable limit of the relevant section.
Ski lift passes	\$300
Ski run closure	\$100 per day up to a maximum of \$500
Hire replacement snow equipment	\$300

Refer to the section **Snow sports** cover for further cover details with this option.

Additional rental vehicle insurance excess option

This option is available with the Comprehensive and Annual Multi Trip Plans with payment of an additional premium. When chosen, this option is shown on **your** Certificate of Insurance.

If you are hiring a rental vehicle, you may have to pay an insurance excess for an accident or theft. We have included cover for rental vehicle insurance excess; however, you may wish to increase this cover for an additional amount.

Maximum additional policy limit	Additional units of cover
\$5000	Additional premium charged for each \$1,000 unit of additional limit selected.

This insurance does not provide cover for **your** liability arising out of **your** use of a **rental vehicle**. Please ensure **you** have liability insurance adequate for the country(ies) where **you** will be using the **rental vehicle**.

Specified items option

This option is available on the Comprehensive, Annual Multi Trip and Essentials Plans. Specified items are shown on **your** Certificate of Insurance.

You can cover items worth more than the luggage item limit shown for your plan by specifying the item(s) and paying an additional amount. Items separately insured under this Specified items option are covered up to the amount specified, even if this amount exceeds the total Luggage and personal effects limit set out in the Schedule of benefits for your plan.

- Maximum individual specified item limit: \$4,000
- Maximum total for all specified items: \$10,000

You must insure the total value per item. Please ensure you have proof of value of any item you specify. This will be required should you make a claim. Depreciation does not apply to specified items in the event of a claim. Cover for specified items is subject to the terms and conditions as detailed under the section Luggage and personal effects.

Variable excess option

When **you** apply for insurance, **we** will let **you** know the applicable premium **you** have to pay. The premium and any excess applicable to **your** selected plan will be shown on **your** Certificate of Insurance.

Where a plan allows you to vary the excess, your premium will be adjusted accordingly; the lower the excess you select, the higher your premium will be.

Refer to the section Excesses for more information on how excesses work.

Specified medical conditions option

(Not available on the Essentials Plan.)

If you seek cover for events that arise from your existing medical condition(s) - other than those listed in Automatically covered conditions for which you meet the eligibility criteria - please refer to the section Existing medical conditions for the application, medical screening and cover details.

If we agree to offer you cover for your existing medical condition(s), we will advise you in writing of any additional terms and conditions of that cover, including any additional excess and premium that will be payable. If you purchase this cover, it will be shown on your Certificate of Insurance.

Refer to the section Excesses for more information on how excesses work.

Your Duty to Us

Under the *Insurance Contracts Act 1984 (Cth)*, **you** have a duty to take reasonable care not to make a misrepresentation to **us** when answering questions that **we** will ask **you** and providing **us** with information. Before **you** enter into, vary or extend an insurance contract, **we** will ask **you** questions that are relevant to **our** decision to insure **you** and on what terms.

You must take reasonable care not to make a misrepresentation to us when answering those questions. For example, it is important that you answer these questions fully and accurately, to the best of your knowledge.

If you do not take reasonable care not to make a misrepresentation to us, we may cancel your contract, or deny or reduce the amount we will pay you for a claim, in accordance with our rights at law.

If you make a misrepresentation to us which is fraudulent, we can:

- treat your contract as if it never existed (i.e. avoid the contract), unless we would have entered into the contract for the same premium and on the same terms anyway; or
- if we are not entitled to avoid the contract or we decide not to avoid the
 contract, we can reduce the amount that we pay you for a claim so that
 we are put in the position we would have been in if you had not breached
 your duty to us, in accordance with our rights at law.

Cooling-off period

Cancelling within the cooling-off period

You have 21 days from the day you buy your policy to decide if the cover is right for you. If it's not, you can cancel your policy within this 'cooling-off period', and we'll give you a full refund of your premium provided that:

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

To cancel **your** policy within the cooling-off period, contact **our representative**. **Your** refund will be processed within 15 business days.

Cancelling outside the cooling-off period

If you request to cancel your policy outside the cooling-off period, we may, at our discretion, refund that part of your premium paid for the unused period of insurance. To be eligible for a refund, you cannot have started your trip, have made a claim or intend to make a claim or exercise any other right under your policy.

Cancellation by us

We can cancel **your** insurance in any way permitted by law, as described in the *Insurance Contracts Act 1984 (Cth)*, including if **you** have:

- failed to comply with Your Duty to Us; or
- failed to comply with your duty of utmost good faith to us; or
- made a misrepresentation which is fraudulent, unless we would have entered into or amended the policy for the same premium and on the same terms with you anyway; or
- failed to comply with a provision of the policy, including failure to pay the premium; or
- made a fraudulent claim under this policy or any other current policy.

If we cancel your policy, we will do so by giving you written notice. We will deduct from the premium an amount to cover the shortened period for which you have been insured by us and refund to you what is left.

The General Insurance Code of Practice

We are a signatory to the General Insurance Code of Practice developed by the Insurance Council of Australia and enforced by the Code Governance Committee, an independent body whose purpose is to drive better Code compliance and help the insurance industry improve its service to consumers. The Code is designed to promote good relations and insurance practice between insurers, authorised representatives and consumers. The Code sets out what we must do when dealing with you. You can obtain a copy of the Code from insurancecouncil.com.au.

Privacy

nib Travel Insurance Distribution Pty Limited and nib Travel Services (Australia) Pty Limited ("we", "us", "our" in this privacy section) collect **your** personal information, and in some cases **your** sensitive information, in order to issue, arrange and manage **your** travel insurance or to provide **you** with related services. We will only collect personal and sensitive information from **you** or from those authorised by **you**, such as our distribution partners.

We may disclose **your** personal and sensitive information to third parties involved in the above process, such as travel agents and consultants, travel insurance providers, insurers and reinsurers, claims handlers, investigators and cost containment providers, medical and health service providers, legal and other professional advisers, **your** and our agents and our related companies. Some of these third parties may be located in other countries such as the UK, Europe and the USA.

Our Privacy Policy details how we collect, use, store and disclose **your** personal and sensitive information as well as how **you** can seek access to and correct **your** personal information or make a complaint. **You** may not access or

correct personal information of others unless you have been authorised by them, or are authorised under law or they are your dependants.

By providing us your personal and sensitive information, you consent to us collecting, using, storing and disclosing it in accordance with our Privacy Policy. If you don't provide all of the personal and sensitive information we've requested, whether directly or through others, we may not be able to provide you with our services or products including being able to process your application for insurance.

You can view our full Privacy Policy at: nib.com.au/travel-insurance/privacy.

The insurer is Pacific International Insurance Pty Ltd. Please see their full privacy policy at: pacificins.com.au/privacy-policy.

Resolving complaints and disputes

If you have any feedback about our service - positive or negative - we would like you to share it with us. Refer to our contact details on the last page of this document.

How we handle complaints

If you have a complaint arising out of this insurance or the financial services provided by the insurer, our representatives, affiliates, or service providers, please contact:

nib Customer Relations

PO Box A975

Sydney NSW 1235 Australia

Phone: 1300 025 121

Email: travelcomplaints@nibtravel.com

nib will acknowledge your complaint within 1 business day of receiving it and provide you with the contact details of the person handling your complaint. We will do our utmost to resolve the complaint to your satisfaction within 10 business days.

If we are unable to resolve the complaint to your satisfaction within 10 business days, we will keep you informed about the progress of your complaint at least every 10 business days.

The Australian Financial Complaints Authority (AFCA) provides fair and independent financial services complaint resolution that is free to consumers. You can take your complaint to AFCA at any time.

If we are unable to resolve your complaint within 30 calendar days of the date on which you first made the complaint, or if you are still not satisfied with the outcome, you can choose to have your complaint independently reviewed at any time by AFCA.

AFCA can be contacted at:

Website: afca.org.au Email: info@afca.org.au

Telephone: 1800 931 678 (free call)

In writing to: Australian Financial Complaints Authority, GPO Box 3, Melbourne VIC 3001

Should you choose to refer your complaint to AFCA, you must do so within 2 years of our final decision. If you have a complaint about nib Travel or one of our partners, feel free to contact our Customer Relations team by post, email or telephone.

Changing your policy

Changes to this policy only become effective when we agree to them and send you a new Certificate of Insurance detailing the change.

If you wish to change your policy details after your Certificate of Insurance has been issued, please contact us; we may require additional information to review the change request. Where we agree to make a change to your cover, an additional premium may apply.

Changes to your travel plans

You must tell us as soon as possible if circumstances occur, or if changes or alterations are intended or made, which increase the risk of loss, damage or injury. This may result in changes to your cover.

For example, **you** intend to spend more than 24 hours in a destination country or region not listed on **your** Certificate of Insurance.

If you don't nominate the destination country or region for your trip which would impact our decision to offer you cover or the terms of the cover offered, any claim under the policy relating to that undisclosed destination country or region may be reduced to nil.

Extending your policy

Depending on your circumstances, if you want to change the dates of your cover, you'll need to either extend your policy or buy a new one (for the additional days). You are eligible to extend your policy if:

- your current policy has not ended;
- all travellers are currently within the plan age limits such as if you are travelling with accompanying children who are still under 25;
- you still meet all eligibility requirements of the policy;
- you haven't claimed and don't intend to claim for an event that has already occurred;
- there has been no change to your health since the issue of your Certificate of Insurance; and
- you don't have any specified medical conditions covered under your current policy.

You will not have cover for a claim **arising** from any event that has occurred before **your** policy is extended that a reasonable person in **your** circumstances should have known could foreseeably lead to a claim.

If you don't satisfy all these criteria, don't worry; you can apply to buy a new policy for the additional dates. If you don't qualify for an extension and have to buy a new policy to cover your additional travel days, the PDS and the pricing in use at the time you buy your new policy will apply.

You can only extend a policy up to a maximum of 12 months from the original departure date shown on **your** Certificate of Insurance.

You cannot extend the Annual Multi Trip Plan or its 45-day trip duration; however, if you are taking a trip that is longer than 45 days, you can apply for a Comprehensive policy to cover the additional dates, provided that you meet the eligibility requirements.

If you do not extend or buy a new policy before your current policy ends (or the end of the 45th day of your trip on the Annual Multi Trip Plan) or there is a gap between the **periods of insurance**, a 72-hour waiting period will apply to a policy you purchase whilst you are travelling.

Automatic extension

If you are unable to return to your home in Australia before the end of the period of insurance (at 11.59pm AET on the return date shown on your

Certificate of Insurance), due to an **illness** or **injury** causing **you** or a member of **your travelling party** to be unfit to travel, contact **our** emergency assistance team as soon as possible. **We** will apply an extension to **your** policy whilst **your** claim is being determined, which will continue if **we** accept cover for **your** claim. This extension will last until the earlier of six months after the return date of **your** policy, or until **you** are able to return to **your home in Australia**. If **we** determine that there is no cover for **your** claim, **we** will notify **you** of this, and the cover under the automatic extension will end.

If you are prevented from returning to your home in Australia before the end of the period of insurance by the delay, cancellation or restriction of your scheduled public transport, an extension of up to 48 hours applies to your policy. If you will be delayed longer than 48 hours, you may be eligible to extend your policy prior to the end of the period of insurance (see Extending your policy), or you can buy a new policy.

Jurisdiction and Choice of Law

This policy is governed by and construed in accordance with the laws of New South Wales, Australia, and **you** agree to submit to the exclusive jurisdiction of the courts of New South Wales. Equally, **we**, in accepting this insurance, agree that:

- If a dispute arises under this insurance, this insurance will be subject to New South Wales law and practice and the insurer will submit to the jurisdiction of any competent court in New South Wales;
- Any summons notice or process to be served upon the insurer may be served upon:

Pacific International Insurance Pty Ltd PO Box 550 Kotara NSW 2289

If a suit is instituted against us, we will abide by the final decision of such court or competent appellate court.

Financial Claims Scheme

The insurer is authorised under the *Insurance Act 1973* to carry on general insurance business. This *Act* and the insurer's authorisation obligates it to comply with prudential standards to ensure it meets its financial obligations under this policy. The protection provided to **you** under the Federal Government's Financial Claims Scheme applies to the insurer and as such if the insurer's financial obligations under this policy are not met, then **you** may have a claim under this scheme.

Information about the scheme can be found at fcs.gov.au by calling 1300 55 88 49.

Our agreement with you

This policy is an agreement between you and us, made up of:

- your application for insurance; and
- this Combined Financial Services Guide and Product Disclosure Statement; and
- your Certificate of Insurance, which sets out the cover you've chosen and any terms specific to you; and
- any other documentation we issue to you outlining terms and conditions of your cover.

The cover under this policy is provided during the **period of insurance**, once **you've** paid **us your** premium. There are also:

- conditions and exclusions which apply to specific covers or sections;
- General exclusions, which apply to any claim you make;
- general conditions, which set out **your** responsibilities under this policy;
- Claims conditions, which set out our rights and your responsibilities when you make a claim; and
- other terms which set out how this policy operates.

Paying your premium

You must pay your premium (which includes commission, stamp duty and GST if applicable) at the time you take out this policy.

Your premium is set out on **your** Certificate of Insurance. If **you** did not pay **your** premium at the time **you** took out this policy, then **we** will treat this policy as never having operated and there'll be no cover.

Excesses

An excess is an amount **you** must pay once for each claim **you** make, except for benefit sections which state: "No excess applies to claims under this benefit". The excess is deducted from any claim payment **we** make to **you**. If **you** make more than one claim under **your** policy, the excess will apply to each claim which **arises** from each separate set of circumstances.

When **you** apply for insurance, **we** will let **you** know the applicable premium **you** have to pay, and **your** excess will be shown on **your** Certificate of Insurance. Depending on **your** plan, **you** may vary **your** excess. Refer to the section Variable excess option under Additional options to purchase.

Plan	Policy excess
Comprehensive Plan	Chosen excess
Essentials Plan	Chosen excess
Annual Multi Trip Plan	Chosen excess

Specified medical conditions excess

If you receive cover for any specified medical condition(s) and your Certificate of Insurance shows you have this cover, an additional excess may also apply to each occurrence relating to your specified medical condition(s) when you claim.

This additional excess will also be shown on **your** Certificate of Insurance and on any other related documents **we** send **you**; however, **you** cannot change or remove this excess.

How much we'll pay

The most we'll pay for a claim is the applicable limit set out in the Schedule of benefits for the plan you have purchased and for the cover or section you're claiming under, less any excess and depreciation, where applicable. For more information about excesses, refer to the section Excesses; for more information on depreciation, refer to the Luggage and personal effects section which explains how we calculate depreciation.

When does the policy begin and end?

Once you pay your premium, and we have accepted your application for insurance we will issue you a Certificate of Insurance showing the details of your policy.

Cover is available for a **trip** to be taken during the **period of insurance** (which begins from the departure date, and ends at 11.59pm AET on the return date, which are shown on **your** Certificate of Insurance). For an Annual Multi Trip Plan, cover is available for any **trip** to be taken during the **period of insurance**, for up to 45 continuous days each **trip**.

There is no provision to suspend this policy during the **period of insurance** and the policy is not a renewable contract of insurance.

When does Cancellation cover begin and end?

Your cancellation cover:

- begins from the time we issue your Certificate of Insurance for:
 - ♦ benefit section Cancellation or holiday deferment costs; and
 - Events 1 to 5 In the benefit section Coronavirus travel costs;
- ends when you return to your home in Australia or when the period of insurance ends, whichever happens first.

For the Annual Multi Trip Plan, for each trip:

- cover begins from the time **we** issue **your** Certificate of Insurance for:
 - the benefit section Cancellation or holiday deferment costs; and
 - events 1 to 5 in the benefit section Coronavirus travel costs;
- cover ends the earlier of:
 - ♦ the time you return to your home in Australia; or
 - the end of the 45th day of your trip; or
 - the end of the period of insurance.

When does cover for all other benefits and events begin and end?

- Cover under all other benefits and events begins when you leave your home in Australia to begin your trip or the departure date of the trip shown on your Certificate of Insurance, whichever happens last. Cover ends when you return to your home in Australia or when the period of insurance ends, whichever happens first.
- For the Annual Multi Trip Plan, for each trip, cover under all other benefits and events begins during the period of insurance shown on your Certificate of Insurance from the time you leave your home in Australia to begin your trip. Cover ends the earlier of:
 - ♦ the time you return to your home in Australia; or
 - the 45th day of your trip; or
 - the end of the period of insurance.

Waiting period

If you've already started travelling when your Certificate of Insurance is issued:

- a 72-hour waiting period applies from the time the Certificate of Insurance is issued before cover for any events begins. However, if after the trip departure date noted on your Certificate of Insurance and before the end of the 72-hour waiting period you suffer an injury as a result of an accident, cover as per the conditions of Medical expenses and Medical evacuation and repatriation begins from the time of the accident for that injury. Cover for all other events only begins after the 72-hour waiting period, and is only for events first occurring after the 72-hour waiting period.
- where you select a trip departure date that is more than 72 hours after your Certificate of Insurance is issued even though you've already started travelling:
 - cover under the benefit section Cancellation or holiday deferment costs and events 1 to 5 under the benefit section Coronavirus travel costs only begins after the 72-hour waiting period, and is only for any events first occurring after the 72-hour waiting period; and
 - cover for all other benefits and events begins from the trip departure date you nominate that is shown on your Certificate of Insurance and is only for events first occurring after the trip departure date.

If you have an existing nib travel insurance policy that will end whilst you are travelling, and you buy a new policy before the period of insurance ends under your existing policy (at 11.59pm AET on the return date shown on your Certificate of Insurance), the waiting period will not apply to that new policy, provided that there is no gap between the periods of insurance.

Updating this document

This document is current for the period of insurance outlined in your Certificate of Insurance. We may need to:

- update this document where required to comply with law:
 - If the changes affect a policy you currently have with us, we may issue you with a new Product Disclosure Statement to update the relevant information. If we do so, we will notify you via your email, phone number or via our website at nibtravelinsurance.com.au.
- update this Product Disclosure Statement more generally from time to time.
 - We ask that you read any new Product Disclosure Statement in full, as it may differ from the wording of previous policies you had with us; and it may affect your cover or your decision to purchase cover with us.

You can get a paper copy free of charge by contacting us.

Responsibility for this document

Pacific International Insurance Pty Ltd is responsible for the PDS in this document, which was prepared on 27 September 2022.

Plans

When you take out this policy you must choose from the following plans:

- Comprehensive
- Essentials
- Annual Multi Trip

Your Certificate of Insurance will show the plan you've chosen.

Comprehensive Plan

Schedule of benefits

This Schedule of benefits forms part of **your** policy and shows the limits and sub-limits for the benefits. Applicable limits are applied per adult traveller and are not increased for accompanying **children**. **You** must read this Schedule of benefits together with **your** Certificate of Insurance and this Product Disclosure Statement.

Benefit	Applicable limits per adult
Cancellation and additional Expenses	
Cancellation or holiday deferment costs	Chosen limit *
Agents cancellation fees sub-limit	\$2,000
Emergency travel arrangements and accommodation expenses	Unlimited
Meals sub-limit	\$500; limit \$75 per 24hrs
Emergency internet/telephone sub-limit	\$250
Post hospital accommodation	\$500; limit \$100 per day
Medical expenses	
Overseas medical expenses	Unlimited^
Critical illness or injury – emergency travel expenses for a friend or relative sublimit	\$20,000
Hospital compensation	\$8,000; limit of \$50 per 24hrs
Dental expenses due to sudden and acute pain	\$1,000
Medical evacuation and repatriation	Unlimited
Home services sub-limit	\$500

Benefit	Applicable limits per adult
Extra travel cover	
Travel delay	\$2,000; limit \$250 per 24hrs
Missed connection – special events	\$2,000
Resumption of trip	\$3,000
Emergency accommodation due to terrorism	\$3,000; limit \$300 per day
Emergency expenses to avoid disaster	\$1,000
Early return home	\$2,000
Rental vehicle expenses	
Rental vehicle insurance excess	\$5,000 *
Return of rental vehicle	\$750
Luggage	
Luggage and personal effects maximum limit	\$12,000
Personal computer, camera, video individual item limit	\$4,000
Smartphones individual item limit	\$1,000
Other individual item limit	\$700
Emergency luggage	\$500
Stolen cash	\$250
Hiring replacement golf and surf equipment	\$200
Replacement passports and travel documents	\$3,000
Fraudulent use of credit or debit cards	\$3,000
Personal accident	
Accidental death	\$25,000
Accompanying children sub-limit	\$1,000 per child
Funeral expenses overseas	\$25,000
Total permanent disability	\$12,500
Loss of income	\$10,000; limit of \$1,667 per month
Personal liability	\$2,500,000
Coronavirus travel costs	\$10,000

- * This is a limit per policy; it is the most we'll pay for all people on your Certificate of Insurance combined, per trip.
- ^ For up to 12 months after the illness first appears or injury first occurs.

Guidelines

- This plan is only available to residents of Australia.
- This plan ends once you have returned to your home in Australia or the period of insurance ends, whichever happens first.
- If you have an existing medical condition other than those automatically covered, please contact us to complete a medical screening assessment, which must be completed before the Certificate of Insurance can be issued.
- There is no provision to suspend this plan during the **period of**insurance
- This plan cannot be purchased more than 18 months prior to travel.
- A policy premium is charged for each adult traveller; accompanying children are insured for no additional premium.
- This policy only covers the adult travellers and any accompanying children named on the Certificate of Insurance.
- There is no age limit on this plan.
- Any options selected by you are in addition to this plan and are referenced in your Certificate of Insurance.

Essentials Plan

Schedule of benefits

This Schedule of benefits forms part of **your** policy and shows the limits and sub-limits for the benefits. Applicable limits are applied per adult traveller and are not increased for accompanying **children**. **You** must read this Schedule of benefits together with **your** Certificate of Insurance and this Product Disclosure Statement.

Benefit	Applicable limits per adult
Cancellation and additional expenses	
Cancellation or holiday deferment costs	Chosen limit *
Agent's cancellation fees sub-limit	\$2,000
Emergency travel arrangements and accommodation expenses	\$15,000
Meals sub-limit	\$500; limit \$75 per 24 hrs
Emergency internet/telephone sub-limit	\$250
Medical expenses	
Overseas medical expenses	Unlimited^

Benefit	Applicable limits per adult
Critical illness or injury – emergency travel expenses for a friend or relative sublimit	Not insured
Hospital compensation	\$5,000; limit of \$50 for every 24 hours
Dental expenses due to sudden and acute pain	\$1,000
Medical evacuation and repatriation	\$500,000
Home services sub-limit	Not insured
Extra travel cover	
Travel delay	\$1,000; limit \$250 per 24 hrs
Missed connection - special events	Not insured
Resumption of trip	Not insured
Emergency accommodation due to terrorism	Not insured
Emergency expenses to avoid disaster	\$1,000
Early return home	\$2,000
Rental vehicle expenses	
Rental vehicle insurance excess	\$2,000 *
Return of rental vehicle	\$750
Luggage	
Luggage and personal effects maximum limit	\$5,000
Individual item limit	\$500
Emergency luggage	\$200
Stolen cash	Not insured
Hiring replacement golf and surf equipment	Not insured
Replacement passports and travel documents	\$1,000
Fraudulent use of credit or debit cards	Not insured
Personal accident	
Accidental death	\$10,000
Accompanying children sub-limit	\$1,000 per child
Funeral expenses overseas	\$15,000
Total permanent disability	Not insured

Benefit	Applicable limits per adult
Loss of income	Not insured
Personal liability	\$1,000,000
Coronavirus travel costs	Not insured

^{*} This is a limit per policy; it is the most we'll pay for all people on your Certificate of Insurance combined, per trip.

Guidelines

- This plan is only available to residents of Australia up to 69 years of age at the time the Certificate of Insurance Is issued.
- This plan ends once you have returned to your home in Australia or the period of insurance ends, whichever happens first.
- This plan does not cover existing medical conditions unless it is one that is automatically covered. If you require cover for any other existing medical condition, please ask our representative or us about other travel insurance products which may be available.
- This plan does not provide cover for any **snow sports**.
- There is no provision to suspend this plan during the period of insurance.
- This plan cannot be purchased more than 12 months prior to travel.
- A policy premium is charged for each adult traveller; accompanying children are insured for no additional premium.
- This policy only covers the adult travellers and any accompanying children named on the Certificate of Insurance.
- Any options selected by you are in addition to this plan and are referenced in your Certificate of Insurance.

Annual Multi Trip Plan

Schedule of benefits

This Schedule of benefits forms part of **your** policy and shows the limits and sub-limits for the benefits. Applicable limits are applied per adult traveller and are not increased for accompanying **children**. **You** must read this Schedule of benefits together with **your** Certificate of Insurance and this Product Disclosure Statement.

Benefit	Applicable limits per adult
Cancellation and additional expenses	
Cancellation or holiday deferment costs	Chosen limit *
Agents cancellation fees sub-limit	\$2,000

[^] For up to 12 months after the illness first appears or injury first occurs.

Benefit	Applicable limits per adult
Emergency travel arrangements and accommodation expenses	Unlimited
Meals sub-limit	\$500; limit \$75 per 24hrs
Emergency internet/telephone sub-limit	\$250
Post hospital accommodation	\$500; limit \$100 per day
Medical expenses	
Overseas medical expenses	Unlimited^
Critical illness or injury – emergency travel expenses for a friend or relative sublimit	\$20,000
Hospital compensation	\$8,000; limit of \$50 per 24hrs
Dental expenses due to sudden and acute pain	\$1,000
Medical evacuation and repatriation	Unlimited
Home services sub-limit	\$500
Extra travel cover	
Travel delay	\$2,000; limit \$250 per 24hrs
Missed connection – special events	\$2,000
Resumption of trip	\$3,000
Emergency accommodation due to terrorism	\$3,000; limit \$300 per day
Emergency expenses to avoid disaster	\$1,000
Early return home	\$2,000
Rental vehicle expenses	
Rental vehicle insurance excess	\$5,000 *
Return of rental vehicle	\$750
Luggage	
Luggage and personal effects maximum limit	\$12,000
Personal computer, camera, video individual item limit	\$4,000
Smartphone individual item limit	\$1,000

Benefit	Applicable limits per adult
Other individual item limit	\$700
Emergency luggage	\$500
Stolen cash	\$250
Hiring replacement golf and surf equipment	\$200
Replacement passports and travel documents	\$3,000
Fraudulent use of credit or debit cards	\$3,000
Personal accident	
Accidental death	\$25,000
Accompanying children sub-limit	\$1,000 per child
Funeral expenses overseas	\$25,000
Total permanent disability	\$12,500
Loss of income	\$10,000; limit of \$1,667 per month
Personal liability	\$2,500,000
Coronavirus travel costs	\$7,500

^{*} This is a limit per policy; it is the most **we'll** pay for all people on **your** Certificate of Insurance combined, per **trip**.

Guidelines

- This plan is only available to residents of Australia.
- There is no cover under this plan when you are between trips, other than any benefits you may be entitled to under the Cancellation or holiday deferment costs and events 1 to 5 under Coronavirus travel costs.
- If you have an existing medical condition other than those automatically covered, please contact us to complete a medical screening assessment, which must be completed before the Certificate of Insurance can be issued.
- There is no provision to suspend this plan during the period of insurance.
- This plan cannot be purchased more than 6 months prior to the nominated commencement date.
- This plan provides cover for any trip overseas or within Australia a minimum of 200km from your home.
- This policy only covers the adult travellers and any accompanying children named on the Certificate of Insurance. Named adults can travel independently to any other named adult on your plan. Children

[^] For up to 12 months after the illness first appears or injury first occurs.

are only covered whilst accompanying an adult named on **your** Certificate of Insurance.

- There is no limit to the number of trips you may take during your 12 month period of insurance.
- The maximum duration of any one trip is 45 days. For any trips longer than this duration please refer to the section headed Extending your policy and contact our representative.
- A policy premium is charged for each adult traveller; accompanying children are insured for no additional premium.
- There is no age limit on this plan.
- Any options selected by you are in addition to this plan and are referenced in your Certificate of Insurance.

Region selection for Annual Multi Trip Plan

You must select a region based on the country(ies) you will be travelling to:

- Worldwide: or
- Worldwide excluding USA and Nepal.

Policy expiration for Annual Multi Trip Plan

- This policy will end 12 months from the nominated "Departure date" on your Certificate of Insurance and it is not a renewable contract. If it is possible that your policy may end during your trip you should apply for a new policy by contacting our representative to obtain a new PDS. If you wish to apply, complete a new application and, if required, contact us to complete a medical screening assessment.
- If you have continuous cover, the maximum allowable trip duration will start again at the "Departure date" nominated on the new Certificate of Insurance.

Definitions

The words and terms in **bold** throughout this policy have special meanings set out below. Plurals and other forms of these words shall have the same meaning as in the singular form.

Where other words and terms are only used in one section of the policy, **we'll** describe their special meaning in that section. Plurals and other forms of these words shall have the same meaning.

Word or term	Meaning
Arise	caused by or resulting from.
Carrier	the scheduled airline, vessel, train, or motor coach public transport in which you are to travel to or from your intended destination.

Word or term	Meaning
Child	your children, stepchildren, grandchildren, foster children, and children for whom you are the legal guardian, who are travelling with you on the same itinerary for the entire duration of your trip and at the time the Certificate of Insurance is issued are: under 25 years of age, and working less than 30 hours per week.
Chronic	a persistent and lasting condition in medicine. We do not consider that chronic pain has to be 'constant' pain, however in many situations it has a pattern of relapse and remission. The pain, disease or medical issue may be longlasting, recurrent (occurred on more than two occasions) or characterised by long suffering.
Close contact	 face-to-face contact in any setting with a confirmed or probable case, for 15 minutes or more. This is cumulative over the course of one week. It starts from 48 hours before the onset of symptoms in the confirmed or probable case; or sharing a closed space with a confirmed or probable case for a prolonged period (e.g. more than 2 hours). This is in the period extending from 48 hours before onset of symptoms in the confirmed or probable case.
Close relative	a relative of yours or of a member of your travelling party, who is resident in Australia or New Zealand. It means a spouse, de facto partner, parent, parent-in-law, daughter, son, daughter-in-law, son-in-law, brother, sister, brother-in-law, sister-in-law, niece, nephew, grandchildren, grandparent, stepparent, stepchildren, fiance or fiancee, or legal guardian.
Coronavirus	the SARS-CoV-2 virus, and any disease caused directly by this virus, including COVID-19.
Electronic equipment	personal and portable game consoles, media players, satellite navigation units, wearable technology, headphones.

Word or term	Meaning	
Existing	any medical condition which:	
medical condition	at the time you buy your policy is:	
	◆ chronic; or	
	 displaying symptoms; or 	
	under investigation; or	
	 pending follow-up consultation, treatment or surgery; or where these are recommended or planned; or 	
	◆ metastatic; or	
	• terminal; or	
	in the six months prior to the time you buy your policy there has been:	
	treatment by a medical practitioner; or	
	medication prescribed; or	
	◆ surgery.	
Financial default	the insolvency, bankruptcy, provisional liquidation, financial collapse, appointment of receivers or any other form of insolvency administration of any person, company, or organisation.	
Home in Australia	your usual residential address in Australia. If you do not travel directly to your home in Australia at the completion of your trip, it means the point of arrival of your pre-paid scheduled public transport or an Australian hospital if we repatriate you.	
Illness	any disease or sickness affecting the body or mind.	
Injury	a bodily injury that is caused solely and directly by external and visible means as a result of an accident and which does not result from an illness .	
Medical practitioner	a medical professional registered and certified by the National or State Health Board (as required by law) either in Australia or in the country in which you are being treated whilst on your trip , and who is licensed to provide treatment, medication/prescriptions and medical opinions and reports – for example doctors, physiotherapists, dentists, psychologists and psychiatrists.	
	A medical practitioner does not include a person who is related to you or a member of your travelling party .	
Natural disaster	flood, cyclone, tornado, hurricane, typhoon, wild fire, tsunami, earthquake, landslide, avalanche, volcanic eruption.	
	Natural disaster does not include outbreak of disease, epidemic, pandemic, or any other event that is not specifically included in this definition.	

Word or term	Meaning
Our representative	an intermediary and their employees appointed by us as our agent to issue or vary nib travel insurance products on our behalf.
Period of insurance	the period between the departure date and 11.59pm AET on the return date shown on your Certificate of Insurance.
Personal computer	laptops, notebooks, tablets, other personal hand-held wireless devices that convey data or information (excluding smartphones).
Professional sporting activity	a sporting activity where you are paid to participate, appear or train or where you receive sponsorship, income or prize money, regardless of whether or not you are a professional sportsperson.
Rental vehicle	Any 4-wheeled vehicle with a gross vehicle mass less than 4.5 tonnes that you :
	hire from a registered rental vehicle company; andhave a rental vehicle agreement in writing.
Resident of Australia	an Australian citizen; permanent resident; holder of a skilled working visa (including 457 and Temporary Skill Shortage visa, but not a working holiday visa); student visa; holder of a partner/spouse visa which allows you to stay in Australia for at least 2 years; or New Zealand passport holder; all with unrestricted right of entry into Australia and access to long-term medical care in Australia.
Scheduled public transport	publicly available flights, cruises, rail services, bus services, ferries that run to a published timetable.
Snow sports	snow skiing and snowboarding on and off piste, back country skiing and snowboarding, snowmobiling, tobogganing, cross-country skiing, telemark skiing.
Specified medical conditions	an existing medical condition that we've agreed in writing to cover under your policy and for which you've paid an additional premium. The additional premium will be shown on your Certificate of Insurance.
Terrorist act/ Terrorism	An act or threat of violence of any person or group, organisation or government committed for political, religious, ideological or similar purposes, including the intention to influence any government and/or to put the public in fear.
Total permanent disability	permanent and total loss of sight in one or both eyes, or permanent and total loss of use of one or more limbs.
Travelling party	you and any travelling companion who has made arrangements to accompany you for at least 50% of the duration of your trip.

Word or term	Meaning
Trip	In the case of the Comprehensive and Essentials Plans: it means travel during the period between the departure date and the return date listed on your Certificate of Insurance. The trip must start or end at your home in Australia.
	In the case of the Annual Multi Trip Plan, trip(s) means any travel up to 45 days in duration between the departure date and return date shown on your Certificate of Insurance. Each trip must:
	Start and end at your home in Australia, and
	■ Be to a destination of at least 200km from your home in Australia, and
	Include travel by either pre-paid scheduled public transport or hire car, or include at least one night of pre-booked publicly available accommodation.
	The period of travel cannot be altered without our consent.
Unattended	leaving your luggage or personal effects:
	 in a public place where it can be taken without your knowledge or at a distance from which you cannot prevent it from being taken; or
	with a person who is not a member of your travelling party or working for your carrier or accommodation provider.
We, our, us	nib Travel Services (Australia) Pty Limited ABN 81 115 932 173 AFSL No 308461, who deal with you as an agent of the insurer, Pacific International Insurance Pty Ltd ABN 83 169 311 193, AFSL No 523921.
You, your, yours, yourself	the people listed in the Certificate of Insurance.

Existing medical conditions

The definition of existing medical condition applies to you where, at the time you buy your policy, you or a reasonable person in the same position could be expected to have been aware of the condition. It also applies to claims you make that arise from the existing medical condition(s) of your travelling party, a close relative, and your business partner.

There are exclusions that may apply to claims **arising** from **existing medical condition(s)**.

If you have an existing medical condition that is not automatically covered, you must complete a medical screening at the time you buy your policy. If we agree to offer you cover for your existing medical condition(s), these can be added to your policy under the Specified medical conditions option for an additional premium.

(This option is not available with the Essentials Plan.)

What's an existing medical condition?

An existing medical condition is any medical condition which:

- at the time you buy your policy is:
 - chronic; or
 - displaying symptoms; or
 - under investigation; or
 - pending follow-up consultation, treatment or surgery; or where these are recommended or planned; or
 - metastatic; or
 - terminal: or
- in the six months prior to the time **you** buy **your** policy there has been:
 - treatment by a medical practitioner; or
 - medication prescribed; or
 - surgery.

Getting cover for existing medical conditions (the "Specified medical conditions option")

A number of the most common medical conditions are automatically covered by **your** policy. Even if **your existing medical condition** isn't automatically covered, in many cases **you'll** still be able to get cover on application. Here's what **you** need to do:

- 1. Check if your condition is an automatically covered condition:
 - We'll automatically cover you for over 40 medical conditions. If your existing medical condition is on the list of Automatically covered conditions, and you satisfy all the criteria related to that condition, you're covered for events that arise from that condition as part of our standard cover.
- Apply to add any conditions that aren't automatically covered as specified medical conditions (this option is not available with the Essentials Plan):

If you have one or more existing medical conditions that aren't automatically covered, you must let us know at the time you buy your policy and complete a medical screening. We'll ask you some questions about your health and then determine whether we can offer you cover and, if so, on what terms.

In many cases, we expect that we'll be able to offer you cover for your existing medical condition(s) for an additional premium. If you choose to pay the additional premium, the condition becomes a specified medical condition covered under your policy, and the premium and any additional excess will be shown on your Certificate of Insurance. You'll then be covered for events that arise from the specified medical condition(s).

What happens if you choose not to get cover for your existing medical condition?

If you have an existing medical condition that's not automatically covered under your policy or added to your policy as a specified medical condition,

then you won't be covered for any claim that **arises** from that **existing medical** condition.

Automatically covered conditions

We automatically cover you for over 40 existing medical conditions which may exist at the time you buy your policy. Your medical condition is classified by us as an automatically covered condition if it's listed in the table below, provided that you satisfy all criteria listed for that condition. You must read this section together with the General exclusions, as these may affect your cover.

Medical condition	Criteria
Acne	You haven't received treatment for your acne from a medical practitioner in the three months prior to buying your policy.
Allergies	You follow advice in accordance with your medical practitioner (such as to carry EpiPens, antihistamines/ other preventative medication at all times) and, at the time you buy your policy, you: have no other known or underlying respiratory conditions or diseases (for example, asthma); and have not required treatment from a medical practitioner for your allergies in the last six months
	months.
Anaemia (Iron Deficiency)	No criteria apply.
Asthma	At the time you buy your policy, you :
	■ are under 60 years of age;
	 have no other known or underlying respiratory conditions (including sleep apnoea);
	 haven't required cortisone medication, except taken by inhaler or puffer; and
	haven't required hospitalisation for asthma in the last two years, including as an outpatient.
Bell's Palsy	No criteria apply.
Benign Positional Vertigo	At the time you buy your policy, you haven't required hospitalisation for benign positional vertigo in the last two years, including as an outpatient.
Bunions	At the time you buy your policy, you haven't had surgery for bunions in the last three months and have no surgery planned.
Carpal Tunnel Syndrome	At the time you buy your policy, you haven't had surgery for carpal tunnel syndrome in the last three months and have no surgery planned.

Medical condition	Criteria
Cataracts	At the time you buy your policy, you have no ongoing complications, haven't had surgery for cataracts in the last three months, and have no surgery planned.
Coeliac Disease	At the time you buy your policy, you haven't required hospitalisation for coeliac disease in the last two years, including as an outpatient.
Congenital Blindness	No criteria apply.
Congenital Deafness	No criteria apply.
Diabetes Mellitus (Types I and II)	At the time you buy your policy, you :
	were diagnosed more than six months ago;
	haven't had any complications in the last six months;
	have no eye, kidney, nerve or vascular complications;
	 have a blood sugar level reading between 4 and 12 or a HbA1C score of 9% or less; and
	have no known cardiovascular/coronary heart disease.
Dry Eye Syndrome	No criteria apply.
Ear Grommets	At the time you buy your policy, you have no current ear infection.
Epilepsy	At the time you buy your policy, you've :
	 no underlying medical conditions (for example, previous head trauma, stroke);
	not changed your medication regime for epilepsy in the last 12 months; and
	not required hospitalisation for epilepsy in the last two years, including as an outpatient.
Folate Deficiency	No criteria apply.
Gastric Reflux	Your gastric reflux doesn't relate to another underlying diagnosis (examples: hernia or gastric ulcer).
Glaucoma	At the time you buy your policy, you have no ongoing complications, haven't had surgery for glaucoma in the last three months, and have no surgery planned.
Goitre	The underlying medical cause excludes tumour.
Graves' Disease	At the time you buy your policy, you haven't received treatment from a medical practitioner for Graves' disease in the last six months.

Medical condition	Criteria
Hashimoto's Disease	The underlying medical cause excludes tumour.
Hiatus Hernia	At the time you buy your policy, you haven't had surgery for hiatus hernia in the last six months and have no surgery planned.
Hypercholester- olemia/ Hyper- lipidaemia (High Cholesterol / High Lipids)	Provided you have no cardiovascular/coronary heart disease.
Hypertension (High Blood Pressure)	Provided at the time you buy your policy:
Blood Flessule)	■ you have no known cardiovascular/coronary heart disease; and
	 your current blood pressure reading is lower than 165/95.
Hypothyroidism (underactive thyroid)	The underlying medical cause excludes tumour.
Hyperthyroidism (overactive thyroid)	The underlying medical cause excludes tumour.
Impaired Glucose	At the time you buy your policy, you :
Tolerance	were diagnosed more than six months ago;
	haven't had any complications in the last six months;
	have no eye, kidney, nerve or vascular complications;
	■ have a blood sugar level reading between 4 and 12 or a HbA1C score of 9% or less; and
	have no known cardiovascular/coronary heart disease.
Incontinence	You have no underlying gastrointestinal or urinary condition.
Insulin Resistance	At the time you buy your policy, you've:
	 no known cardiovascular/coronary heart disease; and
	not required hospitalisation for insulin resistance in the last two years, including as an outpatient.
Iron Deficiency	No criteria apply.

Medical condition	Criteria
Macular Degeneration	No criteria apply.
Migraine	You haven't required hospitalisation for migraines in the two years prior to buying your policy, including as an outpatient.
Nocturnal Cramps	No criteria apply.
Osteoporosis/ Osteopenia	At the time you buy your policy, you :
	■ haven't had any fractures;
	don't require more than one medication for this condition; and
	have no other conditions involving the neck or back.
Pernicious Anaemia	No criteria apply.
Plantar Fasciitis	At the time you buy your policy, you haven't had surgery for plantar fasciitis in the last three months, and have no surgery planned.
Raynaud's Disease	At the time you buy your policy, you haven't required treatment by a medical practitioner for Raynaud's disease in the last six months.
Sleep Apnoea	At the time you buy your policy, you :
	 have no other known or underlying respiratory conditions (including asthma); and
	 haven't required hospitalisation for sleep apnoea in the last two years, including as an outpatient.
Solar Keratosis	Your condition has been confirmed as benign.
Trigeminal Neuralgia	You haven't required treatment by a medical practitioner for trigeminal neuralgia in six months prior to buying your policy.
Trigger Finger	At the time you buy your policy, you haven't had surgery for trigger finger in the last three months, and have no surgery planned.
Vitamin B12 Deficiency	No criteria apply.

Changes in your health before travelling

If you develop a new medical condition (or the symptoms of one) after you buy your policy but before you depart on your trip, you must check with your

medical practitioner that you are fit to travel and get written confirmation. If you don't get your medical practitioner's written confirmation before you travel, and/or are unfit to travel due to your medical condition, you won't be covered for any claim that arises from that condition if you still travel.

Don't forget, our definition of an existing medical condition includes a condition that was displaying symptoms or that you were undergoing investigations for at the time you bought your policy. If you did not tell us about your existing medical condition when you bought your policy, contact us as soon as possible (contact details on last page of this document).

Pregnancy

If you're pregnant at the time you buy your policy, or fall pregnant afterwards, you'll have cover under the benefits of this policy for any event that arises from your pregnancy, provided that the event that causes your claim:

- is covered by this policy;
- is a pregnancy-related illness; and
- occurs up to the end of the 26th week of your pregnancy.

We don't consider pregnancy to be an existing medical condition. However, pregnancy-related illnesses such as hyperemesis (severe morning sickness), gestational diabetes, and any other pregnancy-related illness must have first developed unexpectedly after you bought your policy. There is no cover for any existing medical condition related to your pregnancy, unless it has been added to your policy as a specified medical condition following a medical screening and our written offer to cover (this option is only available under the Comprehensive or Annual Multi Trip Plans, see Getting cover for existing medical conditions).

These conditions apply whether **you** fall pregnant naturally or with medical assistance (for example, through IVF).

Looking to fall pregnant?

You don't need to currently be pregnant to apply for cover for a pregnancyrelated existing medical condition. If you're thinking about having a baby and you have an existing medical condition related to a previous pregnancy, follow the instructions in Getting cover for existing medical conditions to apply for cover.

Cancellation and additional expenses

This section is divided into different benefits which apply depending on the plan, limits and any optional benefits **you** have chosen. The plan and any applicable limits appear on **your** Certificate of Insurance.

 \mathbf{You} must read this section together with the General exclusions as these may affect \mathbf{your} cover.

What are the events that will be covered under this section?

We will cover you under this Cancellation and additional expenses section in respect of your planned trip if one of the following events occurs after the issue of the Certificate of Insurance:

- you are unable to start or finish the trip because of the death, sudden serious illness or serious injury that occurs before or during the trip of:
 - a. vou: or
 - b. a member of your travelling party; or
 - a close relative or business partner who is a resident in Australia or New Zealand.

However, before we will cover you, you must provide us with proof that:

- you or a member of your travelling party were certified medically unfit to travel by a medical practitioner; or the death has occurred, or
- in the case of a close relative or business partner, the death has occurred, or the illness or injury required hospitalisation or for you to care for them.
- your pre-paid scheduled public transport services or pre-paid tour have been cancelled or restricted by your carrier or service provider because of severe weather, natural disaster, riot, strike, civil insurrection, or hijacking.
- your pre-paid accommodation has been destroyed or is uninhabitable
 due to severe weather or natural disaster and no alternative equivalent
 accommodation is available in the vicinity. You must have done
 everything reasonable to obtain alternative accommodation.
- a member of the **travelling party** is summoned to jury duty or to give evidence in a court of law.
- 5. you have been involved in, or your travel arrangements have been cancelled or delayed by, a motor vehicle, railway, air or marine accident. You must have evidence confirming the accident, such as documentation from an official body in the country where the accident happened.
- your passport, travel documents or credit cards are stolen, accidentally lost or damaged.
- a member of your travelling party has been retrenched from their permanent employment in Australia.
- the cancellation of pre-arranged leave by an employer for a member of your travelling party who is a permanent employee of the police, fire, ambulance or emergency services.
- you are unable to start the trip because your employer cancels your prearranged leave and you are in permanent employment. This cover is limited to \$1,000.
- a wedding, conference, pre-paid concert, course, tuition or ticketed sporting event has been cancelled, and the sole purpose of the **trip** is to attend that wedding, conference, concert, course, tuition or ticketed sporting event.
- 11. a tour operator or wholesaler has cancelled a tour because there are not enough people to begin or complete the tour. Cover is limited to the prepaid cost of the transport arrangements purchased solely to get to the departure point of the tour and returning from the finishing point of that tour, or rearrangement costs, whichever is the lesser.

Cancellation or holiday deferment costs

You are covered for this benefit under the Comprehensive, Essentials and Annual Multi Trip Plans.

What is covered?

If you have to cancel or rearrange your trip because of one of the reasons listed under What are the events that will be covered under this section?, we will pay either:

- the non-refundable portion of your pre-paid travel arrangements and cancellation fees charged by your travel agent; or
- the cost to rearrange your trip, provided that the cost is not greater than the amount that would have been incurred had you cancelled the trip,

for anyone listed on your Certificate of Insurance.

What is not covered?

- We will not pay for a loss arising from any event other than those listed as covered under the Cancellation and additional expenses section.
- We will not pay for any unused pre-paid transport costs where we have repatriated you a distance equivalent to, or greater than, the total distance remaining on your itinerary at the point of repatriation. Where the total distance of the repatriation is less than the unused travel arrangements we will calculate your entitlement on a pro-rata basis, taking into account the cost of your original ticket.
- We will not pay for any pre-paid snow sports arrangements on the Comprehensive or Annual Multi Trip Plans, unless you have purchased the Snow sports cover option and this option is shown on your Certificate of Insurance.
- There is no cover where you have made a claim for the same costs under any other section of the policy.
- We will not pay for any non-refundable costs for anyone not named on your policy.
- We will not pay more than the cancellation limit amount that you selected which appears on your Certificate of Insurance.
- 7. In the case of Agent's cancellation fees, **we** will not pay more than the limit outlined in the Schedule of benefits

What is the most we will pay?

The most **we** will pay per policy for this benefit is the Cancellation - chosen limit shown on **your** Certificate of Insurance.

If you paid for any part of your trip using loyalty points or similar reward points, the amount we will pay is calculated as follows:

- the cost of the equivalent class airline ticket, based on the best available advance purchase airfare for the same season of the following year, less your financial contribution towards the airline ticket;
- 2. multiplied by the total amount of points lost;
- divided by the total amount of points redeemed to obtain the airline ticket.

Example:

Equivalent class advance purchase airfare = \$1,000

Points lost = 5,000

Points redeemed to obtain original ticket = 20,000

Claimable amount = $$1,000 \times (5,000/20,000) = 250

We will not pay for or reinstate your Frequent Flyer Points or similar reward points if you are able to recover the points or their value from any source.

Emergency travel arrangements and accommodation expenses

You are covered for this benefit under the Comprehensive, Essentials and Annual Multi Trip Plans.

What is covered?

We will cover you for expenses you incur for your reasonable additional travel, accommodation, meals, internet use and emergency telephone calls, if you have to interrupt your trip after it has begun, because of an event set out under What are the events that will be covered under this section?.

We will pay the higher of the non-refundable cancellation fees or the additional rearrangement costs that have been incurred as a result of the same event.

What is not covered?

- We will not pay for a loss arising from any event other than those listed under What are the events that will be covered under this section?.
- We will not pay any additional travel you undertake above the fare class that you originally chose, except where we agree a different fare class is reasonable on the basis of a written recommendation provided by your attending medical practitioner.
- If the interruption to your trip requires repatriation or an early return to Australia, you must not organise any additional travel or accommodation in excess of \$2,000 without prior consent from us. If you do not contact us for our prior consent, we may limit what we pay to what are reasonable expenses in the circumstances.
- 4. If you return to your home in Australia because of the interruption and you did not have a return ticket at the time of the event that causes a claim under this section, we will deduct from the amount we pay you the cost of an economy class airfare at the carrier's regular published rates for the return journey.
- We will not pay for any expenses you incur to resume your trip after you
 have returned to your home in Australia, except as set out under the
 section Resumption of trip.
- We will not pay for additional accommodation where you have claimed for cancelled accommodation expenses covering the same period of time
- 7. We will not pay for accommodation expenses for periods where you have not forfeited pre-paid accommodation arrangements, except as set out under Post-hospital accommodation, or if you are past your planned return date and we agree that you are unfit to travel.

8. There is no cover where **you** have made a claim for the same event under any other section of the policy.

What is the most we will pay?

The most we will pay for this benefit is shown in the Schedule of benefits for your chosen plan. Limits apply per adult traveller and are not increased for accompanying children.

Post-hospital accommodation

You are covered for this benefit under the Comprehensive and Annual Multi Trip Plans.

When does the cover begin and end?

The cover under this benefit begins when **you** leave hospital and ends when **your medical practitioner** deems **you** are fit to resume **your trip**, or after 5 days, whichever occurs first.

What is covered?

We will cover you if you are hospitalised overseas for more than 48 hours because of an illness or injury which first happened while you were outside Australia on your trip, and you need accommodation to recover from your illness or injury after you leave hospital. Before we will pay this you must have consent from us. If you do not contact us for our prior consent, we may limit what we pay to what are reasonable expenses in the circumstances.

What is not covered?

- We will not pay for post-hospitalisation accommodation expenses when you have also made a claim for cancelled accommodation expenses covering the same period of time.
- There is no cover where you have made a claim for the same costs under any other section of the policy.

What is the most we will pay?

The most **we** will pay for this benefit is shown in the Schedule of benefits for **your** chosen plan. Limits apply per adult traveller and are not increased for accompanying **children**.

Medical expenses

This section is divided into different benefits which apply depending on the plan **you** have chosen.

You must read this section together with the General exclusions as these may affect your cover.

Overseas medical expenses

You are covered for this benefit under the Comprehensive, Essentials and Annual Multi Trip Plans.

What is covered?

We will cover you for:

 reasonable and necessary emergency medical, hospital and ambulance expenses that you incur arising from your death or your new illness or injury, specified medical condition, or automatically covered condition;

- a return economy class airfare and reasonable accommodation for a friend or relative to travel directly to you, if you are hospitalised with a sudden, life-threatening injury or illness during your trip;
- dental treatment expenses you incur arising from an injury to healthy natural teeth and which cannot be delayed until your return to Australia.

All treatment must be provided by a qualified and registered **medical practitioner** in the country **you** are being treated in.

Where you need treatment for an injury by a physiotherapist, chiropractor or osteopath, you may have the first 6 treatments without asking us. Any treatments after that must be with our consent.

All expenses under this section must be incurred within 12 months of the date of the ${\bf illness}$ or ${\bf injury}$.

What is not covered?

- There is no cover for any medical, hospital, dental or ambulance expenses you incur in Australia.
- There is no cover for medical expenses arising from you travelling with the intention of receiving medical treatment.
- 3. There is no cover under this benefit for a loss arising from an illness or injury, the signs and symptoms of which you first became aware of after you purchased your policy but before you started your trip, where you did not obtain confirmation from your medical practitioner that you were fit to travel.
- There is no cover for damage to dentures or dental prostheses under this section. Refer to the Luggage and personal effects section for cover that may be available.
- There is no cover for dental expenses arising from gingivitis, decay, normal wear and tear or the normal maintenance of dental health.
- There is no cover for crowns, caps, whitening, cleaning, scaling, creation of a new dental bridge or dental implants.
- 7. There is no cover for ongoing payments under this benefit if we decide, based on the reasonable recommendation of a medical practitioner appointed by us, that you are capable of being repatriated to Australia. If you do not agree to return to Australia to continue your medical treatment, ongoing cover will be limited to what we determine would have been the cost to return you to Australia.
- There is no cover where you have made a claim for the same costs under any other section of the policy.

What is the most we will pay?

- Medical expenses to treat an illness or injury must be reasonable and medically necessary,
- If you have paid an additional premium for cover for a specified medical condition, any additional terms and conditions which we notified to you in writing will also apply,
- The most **we** will pay for a dental **injury** event requiring only dental treatment is \$1.000.

Hospital compensation

No excess applies to claims under this benefit.

You are covered for this benefit under the Comprehensive, Essentials and Annual Multi Trip Plans.

What is covered?

We will cover you if you are hospitalised overseas for more than 48 continuous hours because of an illness or injury which first happened while you were outside Australia on your trip.

What is the most we will pay?

The most **we** will pay for this benefit is shown in the Schedule of benefits for **your** chosen plan. Limits apply per adult traveller and are not increased for accompanying **children**.

Dental expenses due to sudden and acute pain

You are covered for this benefit under the Comprehensive, Essentials and Annual Multi Trip Plans.

What is covered?

We will cover you for dental treatment expenses you incur overseas to relieve sudden and acute dental pain.

We will pay expenses which we believe are reasonable and necessary to treat the pain. Before we will pay this you must give us written certification from your treating dentist that treatment is necessary to alleviate your pain. Any treatment you receive must be given by a dentist or oral surgeon who is registered to practice in the country where you receive treatment.

What is not covered?

- There is no cover for dental expenses arising from gingivitis, normal wear and tear or the normal maintenance of dental health.
- 2. There is also no cover for any dental expenses you incur in Australia.
- There is no cover for crowns, caps, whitening, cleaning, scaling, creation of a new dental bridge or dental implants.
- 4. There is no cover for cosmetic dentistry.
- There is no cover where you have made a claim for the same costs under any other section of the policy.

What is the most we will pay?

The most **we** will pay for this benefit is shown in the Schedule of benefits for **your** chosen plan. Limits apply per adult traveller and are not increased for accompanying **children**.

Medical evacuation and repatriation

You are covered for this benefit under the Comprehensive, Essentials and Annual Multi Trip Plans.

You must read this section together with the General exclusions as these may affect your cover

What is covered?

We will cover you if you have to interrupt your trip after it has begun because you have suffered an illness or injury while you are on your trip, and based on

the reasonable recommendation of a **medical practitioner** appointed by **us**, **you** need to be evacuated or repatriated. **We** will pay transport and accommodation expenses which **we** believe are reasonable and necessary to bring **you** back to **your home in Australia**, or to another destination of **our** choice. The decision to evacuate or repatriate **you** is **ours**, and **we** will not pay for any evacuation or repatriation expenses unless **you** have received **our** consent.

We will pay for expenses for transporting **your** remains to a funeral home in Australia if **you** die during the **trip**.

We will either:

- return you to your home in Australia with a medical attendant; or
- pay for a return economy class airfare, reasonable accommodation and additional expenses for a friend or relative to fly to, remain with and escort you in place of a medical attendant; or
- return you to your home in Australia without an attendant.

Under the Comprehensive and Annual Multi Trip Plans, we will also pay you for necessary home services provided by a registered home services business if you have been repatriated to your home in Australia by us during your trip and your illness or injury restricts your ability to perform these duties. You must have our consent before you incur any costs for home services.

What is not covered?

- There is no cover for any medical, hospital, dental or ambulance expenses you incur in Australia.
- We will not cover a loss arising from your evacuation or repatriation that is not medically necessary or that is undertaken without our consent.
- 3. There is no cover under this benefit for a loss arising from an illness or injury, the signs and symptoms of which you first became aware of after you purchased your policy but before you started your trip, where you did not obtain confirmation from your medical practitioner that you were fit to travel.
- We will not pay for any expenses you incur to resume your trip after you
 have returned to your home in Australia.
- For repatriation, we will not pay more than the cost of repatriation to your home in Australia.
- 6. There is no cover for any additional costs for travel you undertake that is not at the fare class that you originally chose, except where we agree a different fare class is reasonable on the basis of a written recommendation provided by the appointed medical practitioner.
- If you do not have a return ticket at the time of the event that causes a claim under this section, we will deduct from the amount we pay you the cost of an economy class airfare at the carrier's regular published rates for the return journey.
- There is no cover where you have made a claim for the same costs under any other section of the policy.

What is the most we will pay?

Extra travel cover

This section is divided into different benefits which apply depending on the plan **you** have chosen.

You must read this section together with the General exclusions as these may affect your cover.

Travel delay

No excess applies to claims under this benefit.

You are covered for this benefit under the Comprehensive, Essentials and Annual Multi Trip Plans.

What is covered?

We will cover you if during your trip any individual leg of your pre-paid, scheduled public transport is delayed for at least 6 hours due to an unforeseen reason outside your control.

We will cover you for:

- the reasonable cost of rearranging your travel arrangements to resume your pre-paid arrangements; and
- 2. the cost of reasonable additional accommodation and meals.

What is not covered?

There is no cover where **you** have made a claim for the same costs under any other section of the policy.

What is the most we will pay?

The most **we** will pay for this benefit is shown in the Schedule of benefits for **your** chosen plan. Limits apply per adult traveller and are not increased for accompanying **children**.

Missed connection - special events

You are covered for this benefit under the Comprehensive and Annual Multi Trip Plans.

What is covered?

We will cover you if your trip is interrupted by an event that is not anticipated, is unexpected, and is outside of your control, and you are unable to arrive at your destination by the time originally scheduled for the purpose of attending a wedding, funeral, conference, 25th or 50th wedding anniversary, concert or ticketed sporting event which cannot be delayed as a consequence of your late arrival. We will pay for the reasonable additional cost of using alternative public transport to arrive at the destination on time.

What is not covered?

There is no cover where **you** have made a claim for the same costs under any other section of the policy.

What is the most we will pay?

Resumption of trip

This benefit is in place of, and not in addition to, any benefit payable under Cancellation or holiday deferment costs.

You are covered for this benefit under the Comprehensive and Annual Multi Trip Plans.

What is covered?

We will cover you if you have to return to Australia because of the hospitalisation or death of a close relative in Australia during your trip as a direct result of sudden serious illness or serious injury. We will pay you for the transport costs you have paid to resume your original trip.

However, we will only do so if, at the date you return to Australia:

- you have more than 25% of the duration of your trip remaining, and
- you resume your journey within 6 months from the date that you return to your home in Australia, and
- you have not made a claim for cancellation costs under this policy.

What is not covered?

- We will pay no more than the cancellation costs that would have been incurred on unused pre-paid arrangements had you not resumed your journey.
- There is no cover under this policy for any period of time you are in Australia.
- Your policy will not recommence when you leave Australia to resume your journey. You must take out a new policy to have cover.
- There is no cover where you have made a claim for the same costs under any other section of the policy.

What is the most we will pay?

The most **we** will pay for this benefit is shown in the Schedule of benefits for **your** chosen plan. Limits apply per adult traveller and are not increased for accompanying **children**.

Emergency accommodation due to terrorism

You are covered for this benefit under the Comprehensive and Annual Multi Trip Plans.

What is covered?

We will cover you after your trip has begun for expenses you incur for necessary emergency accommodation if your trip is interrupted due to a terrorist act.

What is not covered?

There is no cover where \mathbf{you} have made a claim for the same costs under any other section of the policy.

What is the most we will pay?

Emergency expenses to avoid disaster

No excess applies to claims under this benefit.

You are covered for this benefit under the Comprehensive, Essentials and Annual Multi Trip Plans.

What is covered?

During your trip, we will cover you for reasonable additional travel arrangements you make within 48 hours of a public warning being issued in the mass media of severe weather, natural disaster, riot, strike or civil insurrection that is likely/expected to directly impact your travel arrangements.

What is not covered?

There is no cover where **you** have made a claim for the same costs under any other section of the policy.

What is the most we will pay?

The most **we** will pay for this benefit is shown in the Schedule of benefits for **your** chosen plan. Limits apply per adult traveller and are not increased for accompanying **children**.

Early return home

No excess applies to claims under this benefit.

You are covered for this benefit under the Comprehensive, Essentials and Annual Multi Trip Plans.

What is covered?

We will cover you if your usual place of residence or business premises in Australia has been destroyed or rendered insecure due to a natural disaster, fire or malicious damage. Cover is limited to the additional expenses incurred in returning you to the nearest practical accommodation to your home in Australia.

What is not covered?

There is no cover where **you** have made a claim for the same costs under any other section of the policy.

What is the most we will pay?

The most **we** will pay for this benefit is shown in the Schedule of benefits for **your** chosen plan. Limits apply per adult traveller and are not increased for accompanying **children**.

Rental vehicle expenses

This section is divided into different benefits which apply depending on the plan **you** have chosen.

You must read this section together with the General exclusions as these may affect your cover.

Rental vehicle insurance excess

You are covered for this benefit under the Comprehensive, Essentials and Annual Multi Trip Plans.

What is covered?

We will cover you for the rental vehicle insurance excess, or the cost of repairing the vehicle, whichever is lower, if:

- you rent a vehicle from a rental company;
- it is damaged by accident, storm, fire or theft; and
- you are a nominated driver on the Rental Vehicle Agreement.

For this benefit to apply, the **rental vehicle** must have valid comprehensive motor vehicle insurance for the period of hire.

What is not covered?

- This cover is not in place of rental vehicle insurance and only provides cover for the excess component up to the applicable limit.
- There is no cover for your liability arising from your use of a mechanically propelled vehicle (e.g. motor vehicle or motor cycle).
- There is no cover where the loss event is not covered by the rental vehicle's comprehensive motor vehicle insurance.
- There is no cover for administration or loss of use fees charged by the rental company.

What is the most we will pay?

The most we will pay for this benefit is shown in the Schedule of benefits; or, where you have purchased the Additional rental vehicle insurance excess option, we will pay up to the chosen limit for Rental vehicle insurance excess shown on your Certificate of Insurance.

Return of rental vehicle

No excess applies to claims under this benefit.

You are covered for this benefit under the Comprehensive, Essentials and Annual Multi Trip Plans.

What is covered?

We will pay towards the cost of returning your rental vehicle to the nearest depot, including airport concession charges, if due to a claimable event covered by any section of this policy you are unable to do so during your trip.

What is not covered?

There is no cover where you have made a claim for the same costs under any other section of the policy.

What is the most we will pay?

The most **we** will pay for this benefit is shown in the Schedule of benefits for **your** chosen plan. Limits apply per adult traveller and are not increased for accompanying **children**.

Luggage

This section is divided into different benefits which apply depending on the plan ${\bf you}$ have chosen.

You must read this section together with the General exclusions as these may affect your cover.

Luggage and personal effects

You are covered for this benefit under the Comprehensive, Essentials and Annual Multi Trip Plans.

What is covered?

We will cover you for each of the following:

- accidental loss, theft of, or damage to, your luggage or personal effects including things you buy during the trip, while they are accompanying you during your trip.
- loss of, or damage to, dentures or dental prostheses whilst not on your person during your trip.
- the cost of medical consultation fees you incur to replace prescription medication which is accidentally lost, stolen or damaged, together with the cost of the medication itself.
- theft of, or damage to, your luggage or personal effects while they are left concealed during daylight hours in a locked motor vehicle, motor home, or caravan. There must be proof of forced entry into the vehicle.
- theft of, or damage to, your luggage or personal effects while they are left in a locked storage facility. There must be proof of forced entry into the facility.

What is not covered?

There is no cover under this section for any of the following:

- 1. accidental loss or damage to or theft of:
 - cash, bank or currency notes, cheques or negotiable instruments other than allowed for under the Stolen Cash section;
 - fragile or brittle items (eg. glass or china), except loss or damage caused by fire, or by accident to the transport carrying them;
 - c. damage to computer, tablet or smartphone screens at any time;
 - d. damage to software or applications;
 - e. luggage or personal effects that are being transported independently of **you**;
 - f. luggage or personal effects that **you** leave **unattended** or that occurs because **you** do not take reasonable care to protect it;
 - g. luggage or personal effects for which you are entitled to compensation from the carrier:
 - personal computers, smartphones, communication or photographic equipment, electronic equipment, jewellery or watches left by you in a motor vehicle, a motor home or a caravan for any length of time, even if they are locked in the motor vehicle, motor home or caravan;
 - i. luggage or personal effects left by **you** for any length of time:
 - (i) in an unlocked motor vehicle, motor home or caravan; or
 - (ii) unconcealed in a motor vehicle, motor home or caravan; or
 - (iii) between sunset and sunrise in a motor vehicle, motor home
 - j. luggage or personal effects left by you in a tent for any length of time:

- personal computers, smartphones, communication or photographic equipment, electronic equipment, jewellery or watches checked in as luggage;
- I. trade items, trade samples or your tools of trade or profession;
- m. gold or precious metals, precious unset or uncut gemstones;
- watercraft of any type (excluding theft of surfboards or damage to surfboards whilst in the custody of a carrier);
- o. a drone i.e. an aircraft without a human pilot aboard;
- p. sporting equipment whilst in use;
- snow sports equipment unless you have selected the Snow sports cover option and paid the additional premium;
- r. luggage or personal effects that have been left in a locked storage facility for greater than 48 hours.
- losses arising from wear and tear or depreciation of property or damage by the action of insects or vermin, mildew, humidity, rust or corrosion.
- malfunction repair costs or losses arising from mechanical or electrical breakdown.
- where you have made a claim for the same costs under any other section of the policy.

What is the most we will pay?

The most **we** will pay for this benefit is shown in the Schedule of benefits for **your** chosen plan. Limits apply per adult traveller and are not increased for accompanying **children**. **We** will not pay more than the original price **you** paid for an item, even if the applicable limit set out in the Schedule of benefits is higher.

We will, after allowing for wear, tear, and depreciation, choose to:

- 1. pay or reimburse the cost of repairing your item; or
- 2. replace your property; or
- pay you its depreciated value in cash.

To achieve a reasonable settlement, **we** consider the circumstances of the loss, the age, condition and value of the original item and the extent of any damage.

The limits for specific items are set out in the Schedule of benefits and depend on the plan **you** have chosen, unless **you** have separately insured an item under the Specified items option.

A pair or related set of items are considered to be one item (for example, a camera and its lenses (attached or not), tripod and accessories, a chain and pendant, or a pair of hearing aids) unless each individual item has been separately insured under the Specified items option.

If you have separately insured an item under the Specified items option, depreciation does not apply. In the event of a claim you must provide us with a receipt or valuation which is dated from before you specified the item on your policy. If you are not able to supply this, the item(s) will be settled in accordance with the items limits listed in the Schedule of benefits, and the additional premium you paid to specify the item will be reimbursed to you.

Items separately insured under the Specified items option are covered up to the amount specified and will not be deducted from the total luggage limit set out in the Schedule of benefits.

Depreciation

The nominated depreciation rate will apply to each year of age or part thereof (calculated pro-rata on a monthly basis) up to a maximum of 80% of the original purchase price of that item.

Depreciation amounts

10%	Camping, sporting and leisure equipment (not leisure clothing), and musical instruments.
15%	Clothing, footwear, personal effects, luggage, prescription glasses, sunglasses, costume jewellery and books.
20%	Personal computer, communication or photographic equipment, electronic equipment, mobile phones, smart phones, CDs and DVDs.
50%	Toiletries including skin care, makeup, perfume, medication.

For items not listed above, **we** will apply the depreciation amount of the category which **we** reasonably determine most closely describes **your** item.

Emergency luggage

No excess applies to claims under this benefit.

You are covered for this benefit under the Comprehensive, Essentials and Annual Multi Trip Plans.

What is covered?

We will cover you towards the cost of purchasing essential articles such as clothing, toiletries and personal requisites if your accompanied luggage is delayed, misdirected or temporarily misplaced by the carrier for a period in excess of 10 hours during your trip. If your luggage is not recovered, the amount paid by us for the loss will be reduced by the total of any amounts paid for under this section.

What is not covered?

- There is no cover where you have made a claim for the same costs under any other section of the policy.
- There is no cover for purchase of jewellery, perfume, fragrances or alcohol.
- This benefit does not apply on the leg of your trip that returns you to your home in Australia.

What is the most we will pay?

The most **we** will pay for this benefit is shown in the Schedule of benefits for **your** chosen plan. Limits apply per adult traveller and are not increased for accompanying **children**.

If after 72 hours **your** accompanied luggage is still missing, the applicable limit for this benefit is doubled.

Stolen cash

No excess applies to claims under this benefit.

You are covered for this benefit under the Comprehensive and Annual Multi Trip Plans.

What is covered?

We will cover you for the loss of cash that was either carried on your person at the time of loss or secured in a locked safe, provided that you reported the loss to the police immediately or as soon as possible after becoming aware of the loss and obtained a written police report.

What is not covered?

There is no cover where **you** have made a claim for the same costs under any other section of the policy.

What is the most we will pay?

The most **we** will pay for this benefit is shown in the Schedule of benefits for **your** chosen plan. Limits apply per adult traveller and are not increased for accompanying **children**.

Hiring replacement golf and surf equipment

No excess applies to claims under this benefit.

You are covered for this benefit under the Comprehensive and Annual Multi Trip Plans.

What is covered?

If your golf or surf equipment is accidentally lost, delayed or damaged during your trip we will pay for the cost of hiring replacement golf or surf equipment.

What is not covered?

There is no cover where \mathbf{you} have made a claim for the same costs under any other section of the policy.

What is the most we will pay?

The most **we** will pay for this benefit is shown in the Schedule of benefits for **your** chosen plan. Limits apply per adult traveller and are not increased for accompanying **children**.

Replacement passports and travel documents

You are covered for this benefit under the Comprehensive, Essentials and Annual Multi Trip Plans.

What is covered?

We will pay for the cost of reissuing or replacing your travel or personal documents, drivers licence, travellers' cheques, passport, or debit or credit cards, after they have been stolen, accidentally lost or damaged during your trip.

We will also cover the reasonable cost of you travelling to the nearest location where the documents can be replaced. You must comply with any conditions of the issuing body of the travel documents, travellers' cheques, passport, or debit or credit cards.

What is not covered?

There is no cover where ${\bf you}$ have made a claim for the same costs under any other section of the policy.

What is the most we will pay?

Fraudulent use of credit or debit cards

You are covered for this benefit under the Comprehensive and Annual Multi Trip Plans.

What is covered?

We will cover you for the fraudulent use of your credit or debit card if it was accidentally lost, skimmed or stolen during your trip. You must comply with any conditions of the issuing body of the credit or debit card.

What is not covered?

- There is no cover under this benefit if the credit or debit cards are fraudulently used by you, your relative or a travelling companion.
- There is no cover where you have made a claim for the same costs under any other section of the policy.

What is the most we will pay?

The most **we** will pay for this benefit is shown in the Schedule of benefits for **your** chosen plan. Limits apply per adult traveller and are not increased for accompanying **children**.

Personal accident

No excess applies to claims under this section.

This section is divided into different benefits which apply depending on the plan **you** have chosen.

You must read this section together with the General exclusions as these may affect your cover.

Accidental death

You are covered for this benefit under the Comprehensive, Essentials and Annual Multi Trip Plans.

What is covered?

We will pay your Estate if during your trip:

- you suffer an injury which results in your death within 12 months of the injury being sustained; or
- you disappear and are presumed dead because your means of transport disappeared, sank or was wrecked, and your body has still not been found 12 months after your disappearance.

What is not covered?

- 1. There is no cover if your death arises from an illness or your suicide.
- There is no cover where you have made a claim for the same costs under any other section of the policy.

What is the most we will pay?

Funeral expenses overseas

You are covered for this benefit under the Comprehensive, Essentials and Annual Multi Trip Plans.

What is covered?

We will pay for expenses for **your** burial or cremation overseas if **you** die during the **trip**.

What is not covered?

There is no cover where **you** have made a claim for the same costs under any other section of the policy.

What is the most we will pay?

The most **we** will pay for this benefit is shown in the Schedule of benefits for **your** chosen plan. Limits apply per adult traveller and are not increased for accompanying **children**.

Total permanent disability

You are covered for this benefit under the Comprehensive and Annual Multi Trip Plans.

What is covered?

We will cover you if during your trip you suffer an injury and as a result of that injury you suffer total permanent disability within 12 months of sustaining the injury.

What is not covered?

- There is no cover if you suffer total permanent disability arising from an illness.
- There is no cover where you have made a claim for the same costs under any other section of the policy.

What is the most we will pay?

The most **we** will pay for this benefit is shown in the Schedule of benefits for **your** chosen plan. Limits apply per adult traveller and are not increased for accompanying **children**.

Loss of income

You are covered for this benefit under the Comprehensive and Annual Multi Trip Plans.

What is covered?

We will cover you if due to an injury you suffer during your trip, and on the advice of your medical practitioner, you are unable to return to your usual place of employment or take up an offer of employment in Australia.

We will pay you for:

- your average monthly income based on your previous 12 months earnings (net of income tax) in the case you are unable to return to your usual place of employment; or
- your average monthly income based on your documented projected income for the next 12 months (net of income tax) if you are unable to take up an offer of employment.

This benefit is only payable if **you** are unable to resume or begin **your** employment within 30 days of the **injury**. Before **we** make any payment **we** will contact Centrelink or similar bodies to confirm any payments that must be deducted from any payment **we** make.

What is not covered?

- We will not pay you in respect of the first 30 days after you originally planned to resume work in Australia.
- There is no cover where you have made a claim for the same costs under any other section of the policy.

What is the most we will pay?

The most **we** will pay for this benefit is shown in the Schedule of benefits for **your** chosen plan. Limits apply per adult traveller and are not increased for accompanying **children**.

Personal liability

 \mathbf{You} are covered for this benefit under the Comprehensive, Essentials and Annual Multi Trip Plans.

You must read this section together with the General exclusions as these may affect your cover.

What is covered?

We will pay **you** for **your** legal liability to pay damages or compensation because **your** negligence during the **trip** causes:

- injury to a person who is not a member of your family or travelling party;
- loss or damage to property that is not owned by you or a member of your family or travelling party, or which is not in your or their custody or control.

We will also pay your legal costs in relation to that liability, but only if you get our consent before legal costs are incurred or you take any legal action.

What is not covered?

- There is no cover for any liability:
 - a. arising from your trade, business or profession; or
 - for injury to an employee arising from, or in the course of, their employment by you; or
 - arising from your intentional, unlawful, wilfully negligent, or malicious act; or
 - arising from your ownership, possession or use (including as a passenger) of a mechanically propelled vehicle for example, motor vehicle, motor cycle, aircraft or watercraft; or firearm; or
 - e. arising from you passing on an illness to another person.
- There is no cover where you have made a claim for the same costs under any other section of the policy.

What is the most we will pay?

The most **we** will pay for this benefit is shown in the Schedule of benefits for **your** chosen plan. Limits apply per adult traveller and are not increased for accompanying **children**.

Coronavirus travel costs

You are covered for this benefit under the Comprehensive and Annual Multi Trip Plans.

You must read this section together with the General exclusions as these may affect your cover.

For details of the cover available for medical expenses overseas and medical repatriation/evacuation, see sections: Overseas Medical Expenses, Hospital Compensation, Funeral Expenses Overseas and Medical Evacuation and Repatriation.

What is covered?

This section covers you for:

- 1. You or a member of your travelling party are diagnosed with coronavirus and you have to cancel or rearrange your trip, we will pay either the non-refundable portion of your pre-paid travel arrangements or your rearrangement costs up to what you would lose if you cancelled your trip entirely. You or they must be medically unfit or not permitted by the relevant authority to continue with your original travel plans. You or they must have been diagnosed by a medical practitioner or have a diagnosis registered with the relevant authority. The diagnosis of coronavirus must be made after policy purchase.
- Your close relative or business partner in Australia is hospitalised or dies due to coronavirus and you have to cancel or rearrange your trip, we will pay either the non-refundable portion of your pre-paid travel arrangements or your rearrangement costs up to what you would lose if you cancelled your trip entirely. The diagnosis of coronavirus must be made after policy purchase.
- 3. You or a member of your travelling party are permanently employed as a healthcare worker, residential care worker or law enforcement officer, and your or their pre-approved leave is cancelled by the employer due to coronavirus, we will pay either the non-refundable portion of your prepaid travel arrangements or your rearrangement costs up to what you would lose if you cancelled your trip entirely.
- 4. You are unable to continue with a pre-paid escorted tour that forms part of your trip if it is cancelled due to your tour guide contracting coronavirus, we will pay for your reasonable additional travel and accommodation. You must provide written confirmation from the provider.
- 5. You are unable to stay at your pre-paid accommodation due to a staff shortage caused by the accommodation provider's staff contracting coronavirus, or it being closed for cleaning due to a confirmed case of coronavirus at the accommodation, we will pay for your reasonable additional travel and accommodation. You must provide written confirmation of the closure from the provider.
- During your trip you are not permitted to board your scheduled public transport due to you being suspected of being infected with coronavirus, we will pay for your reasonable additional travel, meals and accommodation. You must provide confirmation from the carrier or relevant authority.

- 7. During your trip, you or a member of your travelling party are confined to compulsory quarantine as a result of your or their diagnosis of, or confirmed close contact with a case of, coronavirus, we will pay for your reasonable additional travel, meals and accommodation, including inroom entertainment. You must provide written confirmation from the attending medical practitioner or local health authority that your quarantine is necessary due to your or your travelling party's diagnosis or confirmed close contact.
- 8. During your trip, you are unable to take care of your dependent children due to you being diagnosed with coronavirus, we will pay your reasonable additional childcare costs for a registered or appropriately qualified childcare worker to take care of your dependent children who would otherwise have been in your full-time care.
- During your trip, you are diagnosed with coronavirus, we will pay your reasonable additional pet care services, including kennel and cattery boarding fees or professional pet sitting services, in Australia.

Retain documentation, such as receipts, notifications from the relevant authorities and written confirmation, as **you** may need to provide these to **us** at the time of a claim.

What is not covered?

We will not pay for any of the following:

- If you buy or extend a policy, or make or undertake travel arrangements when you are aware, or a reasonable person in your circumstances should have been aware, of circumstances that may impact your travel plans, or knowingly putting yourself in a situation of unreasonable risk, such as:
 - a. you know you will be unable to avoid close contact with a case of coronavirus during your trip; or
 - b. you are medically unfit to travel; or
 - c. you travel against medical advice; or
 - d. when you know you will have to consult a medical practitioner during your trip.

your policy will not cover you for a loss arising from those circumstances.

- Extra costs arising from your failure to promptly cancel or rearrange your travel plans after an event impacts your trip.
- A loss arising from you neglecting to observe applicable government, health department, and World Health Organization preventative and precautionary measures, including any relevant vaccinations, hygiene or social distancing guidelines.
- A loss arising from your or a member of your travelling party's change of mind, disinclination or reluctance to travel.
- Any expenses where you're unable to provide written documentation confirming the incident, or where you can't provide proof of your expenses, including original receipts, if we ask for them.
- Additional travel and accommodation expenses above the standard originally booked, unless approved by us.
- 7. Expenses you incur after you return to your home in Australia.
- Additional accommodation expenses, where you claim for cancelled accommodation expenses covering the same period of time, or which are less than the refundable portion of your pre-paid travel expenses; or any

- expenses where **you** have made a claim for the same costs under any other section of the policy.
- A loss arising from any quarantine that is broadly imposed by a
 government or other official body and which is not as a result of your or
 a member of your travelling party's diagnosis of, or close contact with a
 case of, coronavirus.

What is the most we will pay?

The most **we** will pay for this benefit is shown in the Schedule of benefits for **your** chosen plan. Limits apply per adult and are not increased for accompanying **children**.

Snow sports cover (optional cover)

Snow sports cover only applies if **you** have purchased the **Snow sports** cover option. This option is only available with the Comprehensive and Annual Multi Trip Plans.

When **you** buy the **Snow sports** cover option (which will be shown on **your** Certificate of Insurance) **you** have cover under the other benefit sections for the plan **you** have chosen when **you're** participating in a **snow sport**.

The following **Snow sports** cover benefits are also available when **you** purchase the **Snow sports** cover option.

You must read this section together with the General exclusions as these may affect your cover.

Ski lift passes

No excess applies to claims under this benefit.

What is covered?

We will cover you for non-refundable, pre-paid ski lift passes or ski equipment hire or tuition fees that cannot be used due to your illness or injury sustained during your trip.

What is not covered?

There is no cover where \mathbf{you} have made a claim for the same costs under any other section of the policy.

What is the most we will pay?

The most **we** will pay for this benefit is shown in the **Snow sports** cover option. Limits apply per adult traveller and are not increased for accompanying **children**.

Ski run closure

No excess applies to claims under this benefit.

What is covered?

We will pay you if you are prevented from skiing at a pre-booked ski resort for more than 24 continuous hours during your trip, because insufficient snow, too much snow or high winds caused a total closure of the lift system.

What is not covered?

 We will not cover you for claims in respect of ski resorts that do not have skiing facilities at least 1,000 metres above sea level. We will not cover you for claims that arise due to insufficient snow in Northern Hemisphere ski resorts outside the period 15 December to 31 March, or in Southern Hemisphere ski resorts outside the period 1 July to 30 September.

There is no cover where you have made a claim for the same costs under any other section of the policy.

What is the most we will pay?

The most **we** will pay for this benefit is shown in the **Snow sports** cover option. Limits apply per adult traveller and are not increased for accompanying **children**.

Hire replacement snow equipment

No excess applies to claims under this benefit.

What is covered?

We will pay you the reasonable cost of hiring replacement equipment if your snow skiing equipment is lost, delayed or damaged during the trip.

What is not covered?

There is no cover where **you** have made a claim for the same costs under any other section of the policy.

What is the most we will pay?

The most **we** will pay for this benefit is shown in the **Snow sports** cover option. Limits apply per adult traveller and are not increased for accompanying **children**.

General exclusions

These general exclusions apply to all sections of this policy, unless otherwise described in the exclusion.

You should read them, together with the cover and the specific exclusions referred to under each section of cover.

We will not cover any of the following:

- 1. A loss that **arises** from **you** travelling:
 - a. even though you know you are unfit to travel; or
 - b. against medical advice; or
 - c. when you know you will have to consult a medical practitioner; or
 - d. for the purpose of obtaining medical advice or treatment, or
 - e. with a lack of due care and responsibility on your part to observe appropriate preventative measures as outlined by the Australian government or the World Health Organization, including relevant vaccinations, malaria prophylaxis and hygiene measures. Please see who.int for further information.
- 2. A loss that **arises** from **your** failure to maintain a course of treatment **you** were on at the time **your trip** commenced.
- Elective or cosmetic treatment or surgery that is not medically necessary, or any loss arising from these treatments or their complications.
- 4. A loss arising from participation in or complications from a clinical trial.

- 5. A loss arising from any existing medical condition of you, a member of the travelling party, a non-travelling close relative or business partner. This exclusion will not apply to your specified medical condition(s) or to your Automatically covered conditions.
- Any illness or death that arises from a metastatic or terminal prognosis that was made prior to the issue of the Certificate of Insurance.
- A loss arising from any condition for which you have declined treatment or further investigation recommended by a medical practitioner.
- 8. Expenses related to the birth of a child including care of a newborn in any circumstances.
- A loss arising from any pregnancy-related illness after the 26th week of gestation.
- Any medical treatment or care that is not required as an emergency, or any alternative therapy, health spa or rehabilitation centre costs, unless it has been agreed to by us.
- Any cover under the Essentials Plan where you are 70 years of age or over at the time the Certificate of Insurance is issued.
- A loss arising from a member of the travelling party deciding to alter their plans or not to continue with the trip.
- 13. A loss arising from a member of the travelling party:
 - intentionally and recklessly placing themselves in circumstances, or undertaking activities which pose a risk to their personal safety (except in an attempt to save a human life); or
 - b. deliberately injuring themselves; or
 - c. being intoxicated by or addicted to alcohol; or
 - being intoxicated by or addicted to a drug, except a prescription drug taken in accordance with the advice of a registered medical practitioner or an over-the-counter drug taken in accordance with the manufacturer's instructions; or
 - e. taking part in a riot or civil commotion; or
 - hunting, playing polo, racing (except on foot), mountaineering using support ropes, paragliding, rock climbing, abseiling, participating in BASE jumping, running with the bulls, or pot holing; or
 - g. travelling in international waters in a private sail vessel or privately registered sail vessel; or
 - h. participating in, or training for, a professional sporting activity; or
 - scuba diving unless you hold an open water diving licence or you were diving under licensed instruction; or
 - j. riding a motor cycle, moped or motor scooter, either as the person in control or as a pillion passenger:
 - (i) with an engine capacity greater than 250cc, or
 - (ii) without wearing a helmet, or
 - (iii) where the person in control does not have a full motorcycle licence that is valid both in the country of travel and in their country of residence.

- riding an all terrain vehicle or quad bike, either as the person in control or as a pillion passenger.
- participating in activities on snow or ice, other than snow sports activities if you have purchased the Snow sports cover option, where available.
- m. participating in any competitive record attempts involving aerial devices or aircraft.
- 14. A loss which is recoverable under a scheme that provides coverage for any medical treatment; for example, Medicare, a private health fund, national reciprocal health fund or scheme, workers' compensation scheme, travel compensation fund or accident compensation scheme. We will not pay for private medical care when reciprocal health cover is available and accessible. In any case, we will only pay for private medical care where approval has been given by us.
- Indirect losses of any nature, including for example loss of enjoyment, revenue, profit, business opportunity, or damage to goodwill or reputation.
- A loss caused by, or in any way related to, a malicious, criminal or dishonest act by a member of the **travelling party** or by a person with whom **you** are in collusion.
- You acting fraudulently in any way or encouraging anyone else to give us fraudulent information.
- 18. A loss arising from an epidemic, pandemic or World Health Organization declaration of a public health emergency of international concern. This exclusion does not apply to:
 - Overseas medical expenses;
 - Hospital compensation;
 - Medical evacuation and repatriation;
 - Funeral expenses overseas; and
 - Coronavirus travel costs.
- 19. A loss arising from war, invasion, act of a foreign enemy, hostilities (whether war is declared or not), civil war, rebellion, revolution, military or usurped power or civil insurrection, except as provided for in the section Emergency expenses to avoid disaster.
- 20. A loss arising from the use, existence or escape of nuclear materials, biological and or chemical materials, or ionising radiation from, or contamination by, radioactivity from any nuclear fuel, or nuclear waste from the combustion of nuclear fuel.
- 21. A loss arising from any government intervention, prohibition, or regulation; or you or a member of your travelling party not following official laws or warnings from a government authority or organisation, or from any other relevant or local authority. This exclusion does not apply to claims under the section Coronavirus travel costs. Please refer to Coronavirus travel costs for specific exclusions regarding coronavirus travel costs.
- A loss arising from any government authority seizing, withholding or destroying anything of yours or any government not allowing you to enter or to stay in that country.
- 23. A loss arising from an act or threat of terrorism. This exclusion does not apply to Cancellation and additional expenses event 2 for hijacking in What are the events that will be covered under this section?; Overseas

medical expenses; Emergency accommodation due to **terrorism**; Luggage and personal effects; or under Medical evacuation and repatriation for the cost of repatriation to or within Australia, if the **carrier** requires **you** to be brought back with a medical escort.

- 24. A loss arising from the cancellation, delay or rescheduling of your scheduled public transport on the part of the carrier for operational reasons, mechanical breakdown or maintenance. This exclusion does not apply to the Travel delay section or the Missed connection special events section.
- A loss arising from your failure to take reasonable precautions to avoid a financial loss after a public warning of a strike, riot, civil commotion, or natural disaster.
- A loss arising from you operating a rental vehicle in violation of the rental agreement.
- A loss arising from the financial default of any person, company or organisation involved in your travel arrangements.
- A loss under the Annual Multi Trip Plan which occurs in excess of 45 days of any trip.
- 29. Credit card conversion fees or any other bank charges.
- 30. A loss arising from an event that occurs during any waiting period that applies to your policy, other than for injuries as a result of an accident, as outlined in the section Waiting period.
- A loss arising from travelling to, planning to travel to, or choosing to remain in a country or region that is the subject of a 'Do not travel' warning issued by the Australian Government (see smartraveller.gov.au).
- 32. If you buy or extend a policy, or make or undertake travel arrangements when you are aware, or a reasonable person in your circumstances should have been aware, of circumstances that could result in a claim, your policy will not cover you for a loss arising from those circumstances. This exclusion does not apply to claims under section Coronavirus travel costs as there are specific exclusions regarding coronavirus travel costs. Please refer to Coronavirus travel costs for specific exclusions regarding coronavirus travel costs.
- Expenses you have not made every reasonable attempt to recover from the carrier, accommodation provider, booking agents, travel agents, any compensation scheme, or any other source.
- 34. Where the provision of cover or a liability to pay a benefit would expose us and/or our reinsurer(s) to any sanction, prohibition or restriction under United Nations resolutions or any sanctions, laws or regulations of Australia, the European Union, the United Kingdom or the United States.
- 35. Any loss arising from:
 - a. the use of, or inability to use any application, software, or program in connection with any electronic equipment (for example a computer, smartphone, tablet or internet-capable electronic device); or
 - b. any computer virus or other malicious computer software; or
 - c. any hoax relating to a. and/or b. above.

This exclusion will not apply to claims related to **illness**, **injury**, or death under sections: Cancellation and additional expenses, Medical expenses, Medical expenses, Medical evacuation and repatriation, or Personal accident.

Claims

This section describes what **you** should and should not do, as well as conditions that apply when **you** make a claim and at the time loss or damage occurs which is likely to give rise to a claim.

What you must do in the event of a claim or incident

- 1. Prevent further loss or damage if it is safe to do so;
- If something was lost, stolen or vandalised, as soon as possible after becoming aware of the loss or damage, notify the local police, transport provider, hotel, tour guide or other authority and give us evidence confirming the notification, such as documentation about the loss or damage:
- If there were any witnesses, get their details and a written statement where possible;
- In the case of an emergency, call our 24-hour Emergency Assistance Team;
- 5. Contact us to submit your claim as soon as you can;
- Give us any documents, letters or notices relating to a claim or possible claim, medical certificates, itemised medical accounts, original receipts, rental agreements, repair quotes, ticket and luggage checks or information that we reasonably ask for. This will be at your expense;
- If you become sick or injured, see a medical practitioner as soon as
 possible after you become aware of signs or symptoms of the condition
 and request a written report;
- 8. If your luggage is lost, delayed or damaged by the carrier, report this to the carrier as soon as possible and send to us a copy of the property irregularity report, along with details of any settlement that they make in relation to the loss or damage.

What you must not do in the event of a claim or incident

- Make any promise or offer of payment, or admit fault to anyone (except as required by law), or become involved in any litigation in respect of an event that may result in a claim under this policy, without our consent;
- 2. Offer or negotiate to pay a claim or make repairs;
- 3. Dispose of damaged items unless we've said you can;
- Delay telling us about an incident, as that could prejudice our rights and if so, it may reduce the amount we pay for your claim;
- 5. Give us false or misleading information.

Settling claims

Claims, less any applicable excess, will be paid to **you** or **your** personal representative in Australian dollars on the basis of the exchange rate that applied at the time of the loss that gave rise to the claim. **We** will not pay more than **your** actual loss.

Claims conditions

These claims conditions apply to every plan.

Claims service standard

Our claims service standard is to make a decision on **your** claim within 10 working days upon the receipt of a completed claim form, all relevant information and after **we** have completed all enquiries. If more information is required **we** will contact **you** within 10 working days of receiving **your** claim.

GST

If you're a business you must tell us if you're registered, or are required to be registered, for GST. When you do this, we need you to give us:

- Your ABN
- The percentage of any input tax credit you will claim, or will be entitled to claim, on your premium.

When we pay a claim, your GST status will determine the amount we pay you.

Your claim settlement amount will be adjusted to allow for any ITC entitlement.

Unless **we** say otherwise, all amounts in **your** policy are inclusive of GST. There may be other taxation implications affecting **you**, depending upon **your** own circumstances. **We** recommend **you** seek professional advice.

How claims administration and legal proceedings are undertaken

When a claim is made **we** have the right, at **our** discretion, to exercise all the legal rights of the person making the claim relating to the incident and to do so in their name. **We'll** take fair and reasonable action in the administration, conduct or settlement of the claim including any recovery or defence **we** think is necessary.

 $\mbox{\bf We'll}$ also report any suspected fraudulent act to the police for further investigation.

Other insurance and contribution

You must notify us of any other insurance which will or may, whether in whole or in part, cover any loss insured under your policy.

If at the time of any loss, damage or liability there's any other insurance (whether effected by **you** or by any other person) which covers the same loss, damage or liability **you** must provide **us** with any reasonable assistance **we** require to make a claim for contribution from any other insurer(s).

Losses recoverable from another source

If your loss has been caused by someone else, for example, your luggage is damaged by a carrier, you are required to make every reasonable attempt to recover from the responsible party and provide documentation of that to us. If they do not pay you the full amount of your claim and your claim is covered under your policy, we will make up the difference. You must claim from them first.

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

If we pay any expenses on your behalf or reimburse you for any loss, and you later receive payment from any other source for these expenses, you must pay us the amount of that payment up to the amount of the claim we paid you.

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

Providing proof

You must be able to provide us with evidence confirming that you've suffered a loss covered by your policy before we'll pay you for it. We may ask you for this evidence if you make a claim under your policy. So your claim can be assessed quickly, make sure you keep the following:

- proof that you owned the item; and
- proof of its value and age.

Therefore you should keep all relevant receipts, accounts, valuations and police or medical reports.

If you cannot provide the evidence or proof that we ask for we may not pay you.

Salvage

We're entitled to obtain and retain any items or materials salvaged or recovered after you make, and we agree, to pay a claim by replacing or paying to replace any items or materials. We may sell the items or materials and keep the proceeds. We may choose to sell the items or materials to you, provided you agree to pay market price.

Subrogation, recovery action and uninsured loss

We may at any time, at our expense take fair and reasonable action in your name to secure reimbursement for loss or damage arising under your policy. In the event we do so, you agree to give all reasonable assistance for that purpose.

If you've suffered loss that wasn't covered by your policy as a result of the incident, we may offer to attempt to recover this. You may also specifically ask us to recover this for you. You'll need to give us documents supporting your loss. Before we include any uninsured loss in the recovery action we'll also ask you to agree to the basis on which we'll handle your recovery action. You may need to contribute to legal costs in some circumstances.

Preventing our right of recovery

If you've agreed not to seek compensation from any person liable to compensate you for loss, damage or liability covered by your policy, we won't cover you for that loss, damage or liability.

Financial Services Guide

In this section you can find information about who nib Travel Insurance Distribution is, our relationships with our business partners, the financial services we provide to you and information about how we and our business partners are paid for those services. It aims to help you make an informed decision about the services offered. You can also find out about how we deal with any complaints and disputes.

About the Insurer

This insurance is underwritten by Pacific International Insurance Pty Ltd ABN 83 169 311 193, AFSL No 523921 (the insurer).

About nib Travel Insurance Distribution

nib Travel Insurance Distribution Pty Ltd, ABN 40 129 262 175, AR 336467 (nib Travel Insurance Distribution) is an authorised representative of nib Travel Services (Australia) Pty Ltd ABN 81 115 932 173, AFSL No 308461 (nib). nib Travel Insurance Distribution is authorised by nib to distribute and issue travel insurance policies. nib Travel Insurance Distribution may also provide you with general advice about the travel insurance product. nib and nib Travel Insurance Distribution Pty Ltd are wholly owned subsidiaries of nib holdings limited and are part of the nib Group of companies.

nib Travel Insurance Distribution and our business partners act on behalf of nib and not on your behalf.

nib acts as the underwriting agent of the insurer under a binding authority from the insurer, which means it can issue, vary, renew or cancel your insurance on their behalf and handle and settle any claims you make. nib is authorised to provide these services under its AFSL. nib acts on behalf of the insurer and not on your behalf.

This travel insurance may be arranged through a distributor, such as a travel agent. Distributors act on our behalf. They may arrange this insurance but are not authorised to give you any advice about the policies.

Affiliates introduce or refer potential travel insurance customers. Affiliates are authorised only to refer you to nib Travel Insurance Distribution who can then arrange the insurance. Affiliates may also provide factual information such as linking to the policy.

About how we are paid

nib is paid a commission by the insurer for arranging, issuing and managing the travel insurance (including claims under the insurance) on behalf of the insurer. The commission is calculated as a percentage of the premium (and taxes) you pay for the policy. The percentage varies and is partly based on the profitability of all the travel insurance policies of the insurer arranged by or through nib. Employees of the nib Group of companies who provide services in relation to the insurance receive an annual salary, and may receive bonuses based on performance and/or sales.

nib pays a commission to nib Travel Insurance Distribution when you buy a policy, less any discount provided to you. This may be calculated as a percentage of the premium that you pay for the policy or as a percentage of the commission that nib receives from the insurer. The employees of the nib Group of companies who provide services to nib Travel Insurance Distribution receive an annual salary and may be paid bonuses based on performance and/or sales.

If your travel insurance is arranged through a distributor, the distributor will be paid a referral fee. The referral fee is calculated as a percentage of the gross premium when you buy a policy and is at no extra cost to you. A distributor may receive additional benefits such as discounted travel insurance or marketing assistance.

If your travel insurance is arranged after you have been referred to us by an affiliate, the affiliate will be paid a referral fee. The referral fee is calculated either as a percentage of the gross premium when you buy a policy or as a flat fee for each policy purchased after referral to us by an affiliate and is at no extra cost to you. An affiliate may receive additional benefits such as discounted travel insurance or marketing assistance.

If you would like more information on commissions or remuneration, please contact nib or nib Travel Insurance Distribution either before you buy your insurance or within a reasonable time of receiving this Combined FSG and PDS.

Feedback, complaints and disputes

If you have any feedback about our service – positive or negative – we would like you to share it with us. Refer to our contact details on the last page of this document.

How we handle complaints

If you have a complaint arising out of this insurance or the financial services provided by the insurer, nib, our authorised representatives, distributors or affiliates, please contact:

nib Customer Relations

PO Box A975

Sydney NSW 1235 Australia

Phone: 1300 025 121

Email: travelcomplaints@nibtravel.com

nib will acknowledge your complaint within 1 business day of receiving it and provide you with the contact details of the person handling your complaint. We will do our utmost to resolve the complaint to your satisfaction within 10 business days.

If we are unable to resolve the complaint to your satisfaction within 10 business days, we will keep you informed about the progress of your complaint at least every 10 business days.

The Australian Financial Complaints Authority (AFCA) provides fair and independent financial services complaint resolution that is free to consumers. You can take your complaint to AFCA at any time.

If we are unable to resolve your complaint within 30 calendar days of the date on which you first made the complaint, or if you are still not satisfied with the outcome, you can choose to have your complaint independently reviewed at any time by AFCA.

AFCA can be contacted at: Website: afca.org.au Email: info@afca.org.au

Telephone: 1800 931 678 (free call)

In writing to: Australian Financial Complaints Authority, GPO Box 3, Melbourne VIC 3001

Should you choose to refer your complaint to AFCA, you must do so within 2 years of our final decision. If you have a complaint about nib Travel or one of our partners, feel free to contact our Customer Relations team by post, email or telephone.

Your privacy

We take your privacy seriously and adhere to the Privacy Policy detailed on our website at https://www.nib.com.au/travel-insurance/privacy.

Professional indemnity insurance

nib has professional indemnity insurance arrangements that comply with the requirements of Chapter 7 of the *Corporations Act 2001 (Cth)* and which (subject to its terms and conditions) cover liability for claims in relation to nib and those who act on nib's behalf, including those who no longer act on our behalf but did at the relevant time.

Where a financial service is provided to you by one of nib's or nib Travel Insurance Distribution's partners, that partner is required to hold professional indemnity insurance arrangements for compensating clients for losses they suffer as a result of a breach of their obligations under the *Corporations Act 2001 (Cth)* relating to the financial services provided by them.

Date prepared

nib is responsible for this FSG which was prepared on 15 October 2021. nib has authorised nib Travel Insurance Distribution to provide this FSG.

Version: NF_DST_03_10NOV2021



Contacts

Customer Service

Phone: 1300 410 272 (within Australia)

Phone: +61 2 9234 3193 (outside of Australia)

Email: travel@nib.com.au

Claims

Phone: 1300 353 176 (within Australia)

Phone: +61 2 7202 0508 (outside of Australia)

Email: travelclaims@nib.com.au

nib International Assistance

Phone: 1300 555 019 (within Australia)

Phone: +61 3 8523 2800 (outside of Australia)

Fax: +61 3 8523 2815

Email: travelassist@nib.com.au

Insurance underwritten by Pacific International Insurance Pty Ltd, ABN 83 169 311 193, AFSL No 523921, who deal with you through their agent nib Travel Services (Australia) Pty Ltd, ABN 81 115 932 173, AFSL No 308461.

