

Travel Insurance

Product Disclosure Statement

Effective 24 August 2022



Australia Post

For a quote or to find out more:

 **1300 728 015**  **auspost.com.au/travelinsurance**

The insurer of this product is Zurich Australian Insurance Limited (ZAIL),
ABN 13 000 296 640, AFS Licence Number 232507.

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Why Choose Australia Post Travel insurance?

Australia Post delivers great value travel insurance you can depend on. We have plans to cover your international or domestic trip and for frequent travellers, we have an annual multi-trip option.

When you're overseas, if you fall ill or become injured, it can be expensive. This policy includes access to our 24 hour emergency assistance team who can take care of hospital payments and monitor your care.

Travelling can be an amazing experience, but if the unexpected occurs, you can depend on Australia Post Travel Insurance.

How To Buy

- Buy travel insurance online at auspost.com.au/travelinsurance
- Or call 1300 728 015 to purchase a policy over the phone (available 7 days).

The Purpose Of The Product Disclosure Statement (PDS)

The PDS provides information to help you understand this travel insurance policy, compare cover and make an informed decision about whether to buy a policy. Please read the PDS carefully to ensure it provides the cover you need. If you have any questions please contact us.

The PDS details;

- the plans and benefits – read these together with the options to vary cover;
- the Cruise cover required if You are booking a multi-night cruise;
- requirements if You have an Existing Medical Condition or are pregnant;
- obligations in relation to Your duty to take reasonable care not to make a misrepresentation;
- definitions of 'words with special meaning' where they are used in the policy; and
- what is and isn't covered.

When you purchase a policy, keep a copy of this PDS and the Certificate of Insurance we'll give you in a safe place for future reference.

Cooling-off Period


You can cancel or change Your policy at any time before You leave Home. If You cancel this policy for any reason within the cooling-off period which is within 21 days of the date of purchase, We will give You Your money back.

Our cooling-off period ensures a refund of the entire premium unless You have already made a claim under the policy or departed on Your Journey.


If You wish to cancel Your policy and receive a full refund, please contact the providing entity within the cooling-off period.

Contact Us


Customer Service

 1300 728 015


 auspost@travelinsurancepartners.com.au

 Australia Post Travel Insurance, c/o Travel Insurance Partners, PO Box 168 North Sydney NSW 2060

Claims


 1300 728 015


 auspost-claims@travelinsurancepartners.com.au

 Australia Post Travel Insurance, c/o Travel Insurance Partners, PO Box 168 North Sydney NSW 2060

Existing Medical Conditions

 1300 728 015

 auspost-assessments@travelinsurancepartners.com.au

 Australia Post Travel Insurance, c/o Travel Insurance Partners, PO Box 168 North Sydney NSW 2060

24 Hour Emergency Assistance

See page 31.

Cruise Cover

Will you be travelling for 2 or more nights on a cruise?

If Your cruise is overseas or outside Australian Coastal Waters, to be insured for claims relating to a cancelled cruise, cruise travel or that occur while on a cruise, You must tell Us You are doing a cruise and pay an extra premium to have cover. Cruise Cover will then be shown on Your Certificate of Insurance.

If You do not tell Us about Your cruise, claims in any way related to Your multi-night cruise, and multi-night cruise travel or that arise while on a multi-night cruise are specifically excluded by this policy.

When don't I need to add Cruise Cover?

You don't need to add cruise cover if You are:

- not travelling on a cruise;
- on a cruise for only one night;
- only taking a ferry trip;
- are cruising in Australia (e.g. on the Murray River) or in Australian coastal waters (e.g. a Kimberley Cruise); or
- are sailing. (Note: Sailing is not covered in International Waters).

Multi-night cruise travel and COVID-19

Even if You add Cruise Cover to Your policy there is no cover for claims caused by COVID-19 while travelling on a multi-night cruise.

The Cover – International Plans

Benefits Table

This is only a summary of the benefits provided. Please read the PDS carefully to understand what this policy covers. Importantly, please note that conditions, exclusions, limits and sub-limits apply.

Benefits		Excess Applies?	International Comprehensive Plan	International Basic Plan
1	Overseas Medical and Dental Expenses (including emergency repatriation/evacuation)			
	Overseas Medical Expenses	Yes	\$Unlimited [#]	\$Unlimited [#]
	Overseas Dental Expenses		\$2,000	\$2,000
2*	Additional Expenses	Yes	\$Unlimited	\$Unlimited
3*	Amendment or Cancellation	Yes	Cover chosen ^o	-
4*	Luggage and Personal Effects		\$12,000	-
	Item limit for a camera or video camera		\$4,000	
	Item limit for laptop or tablet computer		\$3,000	
	Item limit for a phone	Yes	\$1,000	-
	Item limit for an artificial limb, removable dental appliance, dentures or medical device e.g. hearing aids, CPAP machine		\$1,000	-
	Item limit for any other item		\$1,000	-
5	Travel Documents	Yes	\$5,000	-
6*	Delayed Luggage Allowance	Yes	\$1,100	-
7	Money	No	\$250	-
8	Rental Car Insurance Excess	No	\$10,000	-
9*	Travel Delay	No	\$2,000	-
10	Resumption of Journey	Yes	\$3,000	-
11	Special Events	Yes	\$5,000	-
12*	Hospital Incidentals	No	\$5,000	-
13*	Loss of Income	No	\$10,000 ⁺	-
14*	Disability	No	\$25,000 ⁺	\$10,000
15*	Accidental Death	No	\$25,000 ⁺	\$10,000
16	Personal Liability	No	\$5,000,000	\$5,000,000
17*	COVID-19 Benefits	Yes – as applicable	See pages 72-76 for the full details of what is and isn't covered.	
Cruise Cover see page 5.		Plan Types	Single Trip or Annual Multi-Trip	Single Trip or Annual Multi-Trip

[#]Cover will not exceed 12 months from onset of the illness or injury.

*Sub-limits apply.

^oCover chosen applies per policy, see page 12.

⁺Maximum liability collectively for Sections 13, 14 and 15 is \$25,000 on the International Comprehensive Plan.

The Cover – Domestic Plan

Benefits Table

This is only a summary of the benefits provided. Please read the PDS carefully to understand what this policy covers. Importantly, please note that conditions, exclusions, limits and sub-limits apply.

Benefits		Excess Applies?	Domestic Plan
2*	Additional Expenses	Yes	\$10,000
3*	Amendment or Cancellation	Yes	\$10,000
4*	Luggage and Personal Effects	Yes	\$6,000
	Item limit for a camera or video camera		\$3,500
	Item limit for laptop or tablet computer		\$3,000
	Item limit for a phone, smart watch or a drone (with or without a camera)		\$1,000
	Item limit for an artificial limb, removable dental appliance, dentures or medical device e.g. hearing aids, CPAP machine		\$1,000
	Item limit for any other item		\$1,000
5	Travel Documents	Yes	\$4,000
8	Rental Car Insurance Excess	No	\$10,000
9*	Travel Delay	No	\$1,000
14*	Disability	No	\$10,000 [^]
15*	Accidental Death	No	\$10,000 [^]
16	Personal Liability	No	\$5,000,000
17*	COVID-19 Benefits	Yes – as applicable	See pages 72-76 for the full details of what is and isn't covered.
Plan Types			Single Trip or Annual Multi-Trip

*Sub-limits apply.

[^]Maximum liability collectively for Sections 14 and 15 is \$10,000 on the Domestic Plan.

Policy inclusions and choices

Areas of Travel

Where You travel will influence Your premium.

Single Trip: You will need to choose the main destination based on where You will spend the most time on Your Journey.

Annual Multi-Trip: You will need to choose the area which will cover all of Your trips for the year.

Note:

- If 20% or more of any Journey will be spent in the Americas or Africa, You must nominate the area including these countries as the main destination.

What about a cruise?

- In Australia (e.g. on the Murray River) or in Australian coastal waters (e.g. a Kimberley Cruise) – Please choose or enter “Australia”
- From a port in Australia to another port or ports in Australia without any stopover at a port outside of Australia (e.g. a ‘Sampler Cruise’, a cruise from Sydney to Brisbane) – these cruises go outside of Australian Coastal Waters – Please choose or enter “Domestic Cruising”.
- Overseas (e.g. a European river cruise, Caribbean cruise or a cruise from Hong Kong to Sydney) or from a port in Australia to another port or ports outside Australia (e.g. Sydney/Singapore) – Please choose or enter the main area or destination/country based on where You will spend the most time on Your trip.

Single Trip or Annual Multi-Trip

You can choose a policy to cover one Single Trip or, if You are a frequent traveller, rather than buying a Single Trip policy each time You travel, You may want to buy an Annual Multi-Trip policy.

With Our Annual Multi-Trip policy You can select from the available choices, a Journey duration to suit Your needs and be covered for an unlimited number of Journeys up to the maximum Journey duration chosen.

For Your Journey to be covered by the Annual Multi-Trip policy, Your destination must be more than 250 kilometres from Home or, if less than that, Your trip must include at least one night paid accommodation booked with an accommodation supplier or provider (including a hotel, Bed & Breakfast (B&B), serviced apartment or peer to peer service such as Airbnb).

Choose An Excess

When travelling internationally You can choose the excess. The higher the excess chosen, the lower the premium. The excess will be shown on Your Certificate of Insurance and only applies in the event of a claim.

When You make a claim arising from the one event, an excess (if applicable) will only be applied once. See 1. Excess on page 43 for more information.

Special excess applicable to COVID-19 claims

In addition to Your chosen excess or the excess on the Domestic plan, a special excess will apply to:

- Section 2: Additional Expenses if You are diagnosed with COVID-19 on Your trip: All plans – \$250.

The special excess applies in addition to any other excess. You cannot remove this special excess.

What that means is, for example, if You chose a \$250 excess on the International Comprehensive plan, and claim for Additional accommodation costs because You were diagnosed with COVID-19 on Your overseas trip, We would deduct an excess of \$500 in total from Your claim. (\$250 excess + \$250 special excess).

Schengen Visa

Our International Comprehensive Plan provides \$unlimited benefit for expenses which might arise in connection with repatriation for medical reasons, urgent medical attention and/or emergency hospital treatment and up to 30,000EUR for overseas funeral expenses or repatriation of Your remains.

Cancellation Cover

The International Comprehensive Plan does not automatically include cancellation cover however, You can add the amount of cancellation cover that suits You. Select an amount from the options available at the time of applying for cover.

The level of cancellation cover You choose will influence Your premium. Typically people look to choose an amount that will cover all prepaid travel tickets, hotels, tours or other travel related expenses for all travellers on the policy.

The level of cover You choose will be the total amount of cover available under Section 3: Amendment or Cancellation, on a per policy basis and will be shown on Your Certificate of Insurance.

Amendment or Cancellation Note:

- There is no cancellation cover on the International Basic Plan.
- **Section 17: COVID-19 Benefits:** There is no cover if You need to amend or cancel Your trip as result of COVID-19. See pages 72-76.

Extending Your Journey

If You are travelling and wish to be insured for longer than the original period shown on Your original Certificate of Insurance, You need to purchase a new policy by calling or emailing Travel Insurance Partners prior to the expiry date. It is not an extension of the previous policy. Your Certificate of Insurance will be adjusted with the new dates.

Please note:

- Should a medical condition present itself before the new policy is issued, it may be considered an Existing Medical Condition under a new policy. Therefore it may not be covered by the new policy. Purchasing a longer duration up front may avoid this risk.
- Restrictions on the duration of the new policy may apply. For example, the maximum overall period for Worldwide cover is 12 months in total.
- If You can't return Home on Your original date due to an unforeseeable circumstance outside Your control, the policy will automatically extend. See policy condition 9. Free Extension Of Insurance on page 46 for details.

Options to vary cover

Luggage and Personal Effects

It is Your responsibility to provide Us with evidence to support Your claim for an item. This is 'proof of ownership'.

- We will accept the original or a copy of a purchase receipt, invoice and/or bank statement showing the purchase, the date of the purchase and the amount paid.
- We may consider valuation certificates (issued prior to the Relevant Time), ATM receipts and warranty cards with accompanying bank statement of purchases.
- We will not accept photographs, packaging or instruction manuals as proof of ownership.

Safety of Your belongings and limits to the cover

- Don't check in Your Valuables – keep them with You as they're not covered by Us when checked-in with the Transport Provider (unless security regulations meant You were forced to check them in).
- Items left Unattended in any motor vehicle (for example, a car, campervan or motorhome) or towed land vehicle during daylight hours are not covered, unless they are stored in the Concealed Storage Compartment of the locked motor vehicle or towed land vehicle and forced entry was gained. A limit of \$500 per item and a maximum of \$2,000 in total applies.
- Don't leave items Unattended in ANY motor vehicle or towed land vehicle overnight, as they're not covered.
- Don't walk away from or leave Your belongings Unattended in a Public Place. They're not covered by Us.
- Report any loss or theft to the police within 7 days of when You first become aware of the incident, as a police report is required so We can validate that the incident occurred. Also, Your belongings may have been handed in and may be recovered or the police may have a chance to follow up an alleged crime.
- Additionally, We require the relevant report from the related party. For example, an Airline Property Irregularity Report (PIR) is also required if Your items were lost or stolen when travelling with an airline.
- If You are unable to provide Us with a copy of the relevant report, You must provide Us with a reasonable explanation and details of the time and place You made the report, including their contact details.

- Check out these words with special meaning mentioned above and in Words with special meaning pages 38-43.

“Valuables” means articles made of or containing gold, silver or precious metals; binoculars; jewellery; mobile phones; photographic, audio, video, tablet computer, computer and electrical equipment of any kind (including but not limited to devices such as drones, computer games, portable navigation equipment or media); precious stones; smart phones; telescopes and watches.

“Unattended” means not on Your person or within Your sight and reach.

“Concealed Storage Compartment” means a boot, glove box, enclosed centre console, or concealed cargo area.

“Public Place” means any place the public has access to, including but not limited to airports, bus terminals, buses, cruise ships, planes, stations, taxis, trains, wharves and beaches, galleries, hostels, hotels, hotel foyers and grounds, museums, private car parks, public toilets, shops, streets, restaurants and general access areas.

Increase luggage item limits*

You may be able to increase the item limit by paying an additional premium. Please ask us for a quote.

Receipts or valuations (less than 24 months old) must be available if requested by Us.

The following are examples of items considered as one item for the purpose of this insurance (an item limit will apply):

- Camera, lenses, tripods and camera accessories (attached or not)
- Smart phone and cover/case
- Matched or unmatched set of golf clubs, golf bag and buggy
- Necklace and pendant
- Charm bracelet and charms

Luggage item limits automatically included in Your cover

Depending on the plan You choose, We provide cover for any one item, set or pair of items (including attached and unattached accessories), up to the following limits, after taking into account reasonable depreciation. See Section 4: Luggage and Personal Effects for depreciation rates and an example of how a claim is worked out.

Items	International Comprehensive Plan	Domestic Plan
Phone	\$1,000	\$1,000
Smart watch	\$1,000	\$1,000
Camera	\$4,000	\$3,500
Video camera	\$4,000	\$3,500
Drone (with or without camera)	\$1,000	\$1,000
Laptop computer	\$3,000	\$3,000
Tablet computer	\$3,000	\$3,000
Artificial limb	\$1,000	\$1,000
Dentures (full or partial)	\$1,000	\$1,000
Removable dental appliance	\$1,000	\$1,000
Medical device	\$1,000	\$1,000
Jewellery	\$1,000	\$1,000
Watch	\$1,000	\$1,000
Any other item	\$1,000	\$1,000

*There is no luggage cover on the International Basic Plan.

Activities Included In Your Cover

We know that not all travellers enjoy the same activities whilst travelling so We have a comprehensive list of activities which are covered while You are on Your Journey.

Our plans automatically include:

- Abseiling
- Archery
- Ballooning
- Bungy Jumping
- Flying Fox
- Horse Riding
- Jet Boating
- Jet Skiing
- Kayaking
- Paragliding
- Parasailing
- Skydiving
- Snorkelling
- White Water Rafting
- Working Holidays

Your participation in any of the activities listed is subject to the terms of cover and in particular General Exclusions 22-25 on page 80 and Section 16: Personal Liability exclusions 3 and 4 on page 71.

Motorcycle/Moped Riding

Claims involving participation by You (during the Journey) in motorcycling or moped riding for any purpose are specifically excluded from this policy.

If You wish to be covered for this activity during Your Journey and be able to hire a motorcycle (including a moped) as the driver or a passenger, You must pay an extra premium. To get a quote please visit auspost.com.au/travelinsurance or call 1300 728 015.

Even if You pay the extra premium, You will only be covered if:

- the engine capacity is 250cc or less;
- while in control of a motorcycle or moped You hold a valid Australian motorcycle rider's licence or Australian motor vehicle driver's licence;
- while You are a passenger the driver holds a valid licence for riding that vehicle;
- You are wearing a helmet;
- You are not participating in a Professional capacity;
- You are not racing; and
- You are not participating in motocross.

Motorcycle/Moped Riding Note

No cover will apply under Section 16: Personal Liability. This means You are responsible to pay costs associated with damage to the motorcycle, moped or property or injury to another person.

Snow Skiing, Snowboarding And Snowmobiling

Claims involving participation by You (during the Journey) in snow skiing, snowboarding or snowmobiling are specifically excluded from this policy.

If You wish to be covered for these activities during Your Journey, You must pay an extra premium. To get a quote please visit auspost.com.au/travelinsurance or call 1300 728 015.

Even if You pay the extra premium, You will only be covered if:

- You are skiing or snowboarding On-Piste;
- You are not racing; and
- You are not participating in a Professional capacity.

Snowmobiling Note

No cover will apply under Section 16: Personal Liability. This means You are responsible to pay costs associated with damage to the snowmobile or property or injury to another person.

Travel And Health

Do You Have An Existing Medical Condition?

Claims which in any way relate to, or are exacerbated by, an Existing Medical Condition or related new infections are specifically excluded from this policy unless Your Existing Medical Condition is approved by Us.

What does this mean?

If You have an Existing Medical Condition and for example take medication to keep that condition in check, it doesn't mean You can't purchase travel insurance.

It does however mean that You should tell Us about all Your Existing Medical Conditions including anything for which medication is prescribed so We can complete an online health assessment and, if We approve, offer You cover.

If You choose to declare some conditions and not others or choose not to declare any conditions, You run the risk of a claim being denied. If You need to make a claim We'll check the medical health information with Your usual medical practitioner. See Existing Medical Conditions for more information.

Assessing Your Health

So We can assess the risk, We may also require You to answer some questions about Your general health as well as completing an online health assessment at the time of applying for this travel insurance.

Existing Medical Conditions

(Of You or Your travelling companion)

Cover for claims which in any way relate to, or are exacerbated by, an Existing Medical Condition or related new infections are specifically excluded from this policy. However, We may separately provide cover for an Existing Medical Condition. If such cover is applied for and approved, an extra premium may apply.

What Is An Existing Medical Condition?

“Existing Medical Condition” means a disease, illness, medical or dental condition or physical defect that, at the Relevant Time, meets any one of the following:

- a) Has required an emergency department visit, hospitalisation or day surgery procedure within the last 12 months.
- b) Requires:
 - (i) prescription medication from a qualified medical practitioner;
 - (ii) regular review or check-ups;
 - (iii) ongoing medication for treatment or risk factor control; or
 - (iv) consultation with a specialist.
- c) Has:
 - (i) been medically documented involving the brain, circulatory system, heart, kidneys, liver, respiratory system or cancer; or
 - (ii) required surgery involving the abdomen, back, brain, joints or spine that required at least an overnight stay in hospital.
- d) Is:
 - (i) chronic or ongoing (whether chronic or otherwise) and medically documented;
 - (ii) under investigation;
 - (iii) pending diagnosis; or
 - (iv) pending test results.

“Relevant Time” in respect of:

- a) Single Trip policies means the time of issue of the policy.
- b) Annual Multi-Trip policies means the first time at which any part of the relevant trip is paid for or the time at which the policy is issued, whichever occurs last.

If You are unsure whether You have an Existing Medical Condition, please contact us.

Getting Cover For Existing Medical Conditions

There are 3 categories of Existing Medical Conditions:

- Conditions which cannot be covered
- Conditions We automatically include
- Conditions We need to assess

Please review each of the categories to determine which category applies.

Existing Medical Conditions which cannot be covered

This policy does not provide cover for claims which in any way relate to, or are exacerbated by:

- conditions involving drug or alcohol dependency;
- travel booked or undertaken against the advice of any medical practitioner;
- routine or cosmetic medical or dental treatment or surgery during the Journey, even if Your Existing Medical Condition has been approved;
- conditions for which You are travelling to seek advice, treatment or review or to participate in a clinical trial.

Medical conditions that are undiagnosed or awaiting specialist opinion

We are unable to offer cover for medical conditions You were aware of, or a person in Your circumstances reasonably should have been aware of, or arising from signs or symptoms* that You were aware of or a person in Your circumstances reasonably should have been aware of, at or before the Relevant Time, and for which at that time:

- You had not yet sought a medical opinion regarding the cause;
- You were currently under investigation to define a diagnosis; or
- You were awaiting specialist opinion.

You will still be eligible for the other benefits provided by the policy but You may not apply for cover for any Existing Medical Conditions. There will be no cover for claims which in any way relate to, or are exacerbated by, any Existing Medical Condition or any condition where the points listed above apply.

If You receive a diagnosis before You depart on Your Journey, You may be able to complete a health assessment and, if approved, add Existing Medical Condition cover to Your policy by paying Us the required premium.

*Examples of signs or symptoms include, but are not limited to, chest pain, shortness of breath, pain or discomfort in any part of Your body, persistent cough or unexplained bleeding.

Existing Medical Conditions We Automatically Include

We automatically include the Existing Medical Conditions listed in the table following provided:

- **all Your Existing Medical Conditions are on this list;**
- You have not been hospitalised or required treatment by a medical practitioner in the last 12 months for any of the listed conditions;
- You are not under investigation for any of the listed conditions;
- You are not awaiting investigation, surgery, treatment or procedures for any of the listed conditions; and
- Your conditions satisfy the criteria in the table following.

All time frames are measured in relation to the Relevant Time, unless specified otherwise.

Condition	Criteria
Acne	No additional criteria.
ADHD (Attention Deficit Hyperactivity Disorder)	No additional criteria.
Allergy	In the last 6 months, You haven't required treatment by a medical practitioner for this condition. You have no known respiratory conditions (e.g. Asthma).
Anxiety	You have not been diagnosed with Depression in the last 3 years. In the last 12 months, Your prescribed medication hasn't changed. You are not currently waiting to see a mental health clinician (e.g. psychologist or psychiatrist). You have not previously been required to cancel or curtail Your travel plans due to Your Anxiety.

Asthma	<p>You are less than 60 years of age when You purchase the policy.</p> <p>In the last 12 months, You haven't had an Asthma exacerbation requiring treatment by a medical practitioner.</p> <p>You have been a non-smoker for at least the last 18 months.</p> <p>You don't need prescribed oxygen outside of a hospital.</p> <p>You don't have a chronic lung condition or disease (whether chronic or otherwise) including Chronic Bronchitis, Chronic Obstructive Pulmonary Disease (COPD), Emphysema or Pulmonary Fibrosis.</p>
Bell's Palsy	No additional criteria.
Bunions	No additional criteria.
Carpal Tunnel Syndrome	No additional criteria.
Cataracts Glaucoma	<p>In the last 90 days, You haven't had an operation for this condition.</p> <p>You have no ongoing complications of this condition.</p>
Coeliac Disease	No additional criteria.
Congenital Blindness	No additional criteria.
Congenital Deafness	No additional criteria.
Depression	<p>You have not been hospitalised for this condition in the last 2 years.</p> <p>In the last 12 months, Your prescribed medication hasn't changed.</p> <p>You are not currently waiting to see a mental health clinician (e.g. psychologist or psychiatrist).</p> <p>You have not previously been required to cancel or curtail Your travel plans due to Your Depression.</p>
Ear Grommets	You don't have an ear infection.
Epilepsy	You don't have an underlying medical condition (e.g. previous head trauma, Brain Tumour or Stroke).
Gastric Reflux	Your Gastric Reflux doesn't relate to an underlying diagnosis (e.g. Hernia/Gastric Ulcer).
Goitre	No additional criteria.

Graves' Disease	No additional criteria.
Gout	No additional criteria.
Hiatus Hernia	No additional criteria.
Hip Replacement	The procedure was performed more than 12 months ago and less than 10 years ago.
Knee Replacement	You haven't had any post-operative complications related to that surgery. Post-operative complications include joint dislocation and infection.
Shoulder Replacement	
Hip Resurfacing	
Hypercholesterolaemia (High Cholesterol)	You don't have a known heart or cardiovascular condition.
Hypertension (High Blood Pressure)	<p>You don't have a known heart or cardiovascular condition.</p> <p>You don't have Diabetes (Type I or Type II).</p> <p>Your Hypertension is stable and managed by Your medical practitioner.</p> <p>In the last 12 months, Your prescribed blood pressure medication hasn't changed.</p> <p>You aren't suffering symptoms of Hypertension.</p> <p>You aren't having investigations related to blood pressure.</p>
Migraine	No additional criteria.
Peptic Ulcer Gastric Ulcer	In the last 12 months, the Peptic/Gastric Ulcer has been stable.
Plantar Fasciitis	No additional criteria.
Raynaud's Disease	No additional criteria.
Skin Cancer	<p>Your Skin Cancer isn't a Melanoma.</p> <p>You haven't had chemotherapy or radiotherapy for this condition.</p> <p>Your Skin Cancer does not require any follow up treatment e.g. chemotherapy, radiotherapy or further excision.</p>
Stenosing Tenosynovitis (Trigger Finger)	No additional criteria.

Urinary Incontinence	No additional criteria.
Underactive Thyroid	The cause of Your Underactive/Overactive Thyroid wasn't a tumour.
Overactive Thyroid	

Existing Medical Conditions We Need to assess

If Your condition:

- does not meet the criteria above;
- You have one or more conditions which are not listed in the table of conditions We automatically include; or
- a combination of both the above points

You will need to complete an online health assessment by declaring all Your Existing Medical Conditions to Us.

To be clear, the conditions We automatically include only apply if You do not have other Existing Medical Conditions beyond those on this list.

Conditions To Pay Particular Attention To

Chronic lung conditions

If You have a chronic lung condition*, unless You complete a health assessment for that condition at the Relevant Time which is then approved by Us and You pay the required extra premium, You won't be covered for claims which in any way relate to or are exacerbated by:

- that condition;
- a respiratory infection e.g. Influenza; or
- a lung infection e.g. Pneumonia.

*Chronic lung condition includes Chronic Bronchitis, Chronic Obstructive Pulmonary Disease (COPD), Emphysema or Pulmonary Fibrosis.

What does this mean?

For example, if You have COPD and are diagnosed with a respiratory infection, Your claim will not be covered because We consider the respiratory infection to complicate and be a complication of the underlying Existing Medical Condition, COPD.

Cardiovascular Disease

If You have a condition involving Your heart and blood vessels, collectively known as Cardiovascular Disease*, unless You complete a health assessment for that condition at the Relevant Time which is then approved by Us and You pay the required extra premium, You won't be covered for claims which in any way relate to or are exacerbated by:

- that condition; or
- another heart/cardiovascular system problem including a Heart Attack or Stroke.

*Cardiovascular Disease includes Aneurysms, Angina, Cardiac Arrhythmias (disturbances in heart rhythm) Cardiomyopathy, Cerebrovascular Accident (CVA or Stroke), previous heart surgery (including valve replacements, bypass surgery or stents), Myocardial Infarction (Heart Attack) or Transient Ischaemic Attack (TIA).

What does this mean?

For example, if You have ever been diagnosed with Coronary Artery Disease, also known as Ischaemic Heart Disease (IHD), it is considered a life-long condition. The risk of disease is elevated whether or not You have been treated with bypass surgery or coronary artery stent insertion. If You haven't told Us about Your condition, We haven't approved it and You haven't paid the additional premium, We won't be able to consider Your claim if something goes wrong before or during Your Journey with respect to these conditions.

Reduced immunity

If You have reduced immunity at the Relevant Time (e.g. as the result of a medical condition or medical treatment), unless You complete a health assessment which is then approved by Us and You pay the required extra premium, We won't be able to approve claims which in any way relate to, or are exacerbated by, the underlying medical condition or a new infection.

What does this mean?

For example, if You currently suffer from a condition that is associated with significant immunosuppression or You require medication that significantly impairs immune function (e.g. Methotrexate, Azathioprine or high dose steroids), You should tell Us about Your condition,

otherwise We won't be able to cover Your claim if You develop an opportunistic infection with respect to these conditions.

What happens if I have an Existing Medical Condition but do not take steps to cover it under my travel insurance policy?

We will not pay any claims which in any way relate to, or are exacerbated by, Your Existing Medical Condition if:

- You do not apply for this cover for Your Existing Medical Conditions at the Relevant Time or, at the latest, before You depart on Your Journey;
- You apply for this cover for Your Existing Medical Conditions and We do not agree to provide cover; or
- We agree to provide cover for Your Existing Medical Condition and You do not pay the required extra premium.

This means, for example, that You will have to pay for an overseas medical emergency which can be very expensive in some countries.

If You have any questions about Existing Medical Conditions, please call 1300 728 015.

Completing A Health Assessment

You can complete an online health assessment with Your quote. You may also contact us for assistance.

- You'll need to have sufficient knowledge about each Existing Medical Condition to be able to complete a full declaration so We can assess the risk.
For example, We need to know the name of the medical condition You take medication for, rather than the name of the medication. Check with Your doctor first if unsure.
- Check all Existing Medical Conditions have been disclosed to Us. Telling Us about all Your Existing Medical Conditions is important. If You leave off any Existing Medical Condition it may jeopardise the outcome of Your claim if You need to make one.
- We will provide Your assessment outcome and a number.
- If We can approve Your health assessment, You must pay the required extra premium.

An approval number for this cover will then be listed on the Certificate of Insurance We give You. Special conditions, limits and excesses may apply depending on Your Existing Medical Condition, age, trip destination and duration. This will be stated on Your Certificate of Insurance or separately advised to You in writing.

Pregnancy

Our policy provides limited cover for pregnancy.

If You know You are pregnant at the Relevant Time, You will need to apply for cover if:

- there have been complications with this pregnancy or a previous pregnancy;
- You have a multiple pregnancy e.g. twins or triplets; or
- the conception was medically assisted e.g. using assisted fertility treatment including hormone therapies or IVF.

“Relevant Time” in respect of:

- a) Single Trip policies means the time when the policy is issued.
- b) Annual Multi-Trip policies, means the first time when a part of the relevant trip is paid for or the time when the policy is issued, whichever occurs last.

Please complete additional questions in an online medical assessment in order to determine eligibility and obtain a quote. If You have any questions about the online assessment or prefer to talk with a customer service agent, please contact us.

Pregnancy Restrictions

Whether or not You have to apply for pregnancy cover, the following restrictions apply to claims arising in any way from the pregnancy of any person.

- Cover is only provided for serious, unexpected pregnancy complications that occur up until the 24th week of pregnancy i.e. up to 23 weeks, 6 days. Gestational age is measured in weeks and days and is calculated from the last known date of Your menstrual period or calculated from staging ultrasound.
- Childbirth is not covered.
- Costs relating to the health or care of a newborn child are not covered, irrespective of the stage of pregnancy when the child is born.

What does this mean?

Expectant mothers should consider if Our products are right for them when travelling after 20 weeks gestation as costs for childbirth and neonatal care overseas can be expensive.

Health of other people impacting Your travel (non-traveller)

This policy has cover if You need to change Your trip due to the health of a Relative or Your business partner who is not travelling. In some circumstances the maximum We will pay is \$1,000.

What is covered?

We will pay for claims arising from the sudden disabling injury, sickness or disease or death of a Relative or Your business partner who is not travelling if, at the Relevant Time, that person:

- a) in the last 12 months, had not been hospitalised (including day surgery or emergency department attendance) for a condition that was in any way related to, or exacerbated by, the condition that gave rise to the claim;
- b) was not residing in a facility such as a nursing home, an aged care facility, a residential aged care home, a high and/or low care facility, a privately owned accommodation facility such as Supported Residential Services or Facilities (SRS/SRF) or, a residential care facility);
- c) was residing independently at home or in a retirement home or village, including independent living arrangements, and they did not require home care or flexible care services;
- d) was not on a waiting list for, or did not know they needed surgery, inpatient treatment or tests at a hospital or clinic;
- e) did not have a drug or alcohol addiction; and
- f) did not have a Terminal Illness.

What are the restrictions and limits?

If any point a-f cannot be met e.g. if Your non-travelling Relative was in a nursing home or did have a Terminal Illness, the maximum We will pay is \$1,000 under all sections of the policy combined.

- For Your reference, “Relative” means a person who is Your spouse, de facto; parent, parent-in-law, stepparent, guardian; grandparent; child, foster child, grandchild; brother, brother-in-law, half-brother, stepbrother, sister, sister-in-law, half-sister, stepsister; daughter, daughter-in-law, stepdaughter, son, son-in-law, stepson; fiancé, fiancée; uncle, aunt; or niece, nephew.

What isn't covered?

No payment will be made under this policy for:

- Claims related to non-travellers who aren't a Relative or Your business partner.
- Claims where You are aware of a circumstance which is likely to give rise to a claim.
- Claims which in any way relate to circumstances You knew of, or a person in Your circumstances would have reasonably known or foreseen, at the Relevant Time, that could lead to the Journey being delayed, abandoned or cancelled.

For example:

- Jim's father was hospitalised after a serious accident. After hearing the bad news, Jim cancelled his upcoming trip and received a 50% refund.
- He then bought a travel insurance policy so he could claim the rest of the money back.
When Jim bought the policy, he had already cancelled the trip so his claim would not be covered.

For example:

- Khalida's mother had been unwell for several months and was booked to have medical tests. Khalida organised a holiday and travel insurance. Unfortunately, the test results showed her mother had a serious sickness so Khalida cancelled her holiday to spend time with her mother. Because her mother was having tests after being unwell when Khalida bought her policy, her claim would not be covered as she knew at that time, or a person in her circumstances would have reasonably known or foreseen, that she may need to cancel her trip due to her mother's health.

24 Hour Emergency Assistance

All policyholders have access to Our emergency assistance team when travelling. 24 hours a day, 365 days a year, Our team of doctors, nurses, case managers and travel agents provide the following services:

- **Help to find a medical facility and monitor Your medical care**
- **Paying bills**
Becoming ill overseas can be very expensive so those significant medical expenses can be paid by Us directly to the hospital if Your claim is approved.
- **Keeping You travelling or getting You Home**
Our team can decide if and when it is appropriate to move You or bring You Home and will coordinate the entire exercise.
- **Help if passports, travel documents or credit cards are lost**
If You need assistance in contacting the issuer of the document, Our emergency assistance team can help.
- **Help to change travel plans**
If Your travel consultant is not available to assist with rescheduling in an emergency, Our team can help.

Certain services are subject to Your claim being approved.

You, or someone on Your behalf, should phone Our emergency assistance team as soon as possible if You require hospitalisation, if Your medical expenses will exceed \$2,000 or if You want to return early.

Contact Emergency Assistance

From Canada and the USA call: 1855 802 3393

From NZ call: 0800 284 343

From the UK call: 0800 096 8819

The cost of a local call may be required if calling from a pay phone. Charges apply if calling from a mobile phone.

From all other countries call: +61 (0) 2 8907 5647

When You call, please have the following information at hand:

- Your policy number
- a phone number We can call You back on.

If You are experiencing difficulties with one of the numbers above, call Australia: +61 (0) 2 8907 5647

Claims

How To Make A Claim

Submit Your claim online

Visit www.claims.travelinsurancepartners.com.au and follow the online claims system.

Submitting Your claim online will ensure You get the fastest response.

The system will prompt You to upload receipts and other supporting documentation.

OR complete and post in a claim form

You can download a travel insurance claim form from www.auspost.com.au/travelinsurance.

When posting Your completed claim form You will need to attach supporting receipts and other documents.

We require originals, so please make copies of these documents before posting the originals.

Post Your completed claim form to:

Australia Post Travel Insurance Claims
c/o Travel Insurance Partners
PO Box 168
North Sydney NSW 2060
Australia

When Will I Hear Back About The Claim?

We may approve and settle, investigate or decline the claim or request further information. In any case, You will hear back within 10 working days from the time We receive Your claim or each time We receive further information on it.

Do You Need Assistance?

We are here to help You.

Email: auspost@travelinsurancepartners.com.au

Call: 1300 728 015 (or +61 (0) 2 8907 5011)

Information To Know Before You Buy

Who Is The Insurer?

The insurer of this product is Zurich Australian Insurance Limited (ZAIL), ABN 13 000 296 640, AFSL Number 232507.

ZAIL is part of the Zurich Insurance Group, a leading multi-line insurer that serves its customers in global and local markets. Zurich provides a wide range of general insurance and life insurance products and services in more than 210 countries and territories. Zurich's customers include individuals, small businesses, and mid-sized and large companies, including multinational corporations. ZAIL's contact details are:

Mail: Zurich Australian Insurance Limited
PO Box 677, North Sydney NSW 2059

Who Is Travel Insurance Partners?

Travel Insurance Partners Pty Limited ABN 73 144 049 230, AFSL 360138 administers the policy (including customer service, medical assessments and claims management).

Who Is Australia Post?

The Australian Postal Corporation ABN 28 864 970 579, AR 338646 arranges the issue of the insurance to You as an authorised representative of Australia Post Services Pty Ltd ABN 67 002 599 340, AFSL 457551 on behalf of Travel Insurance Partners who acts under a binder with the insurer. See the Financial Services Guide Statement on pages 88-92 for details.

When And How Are Benefits Provided?

The benefits for which You are insured under this policy are payable:

- when an insured event occurs during the Period of Insurance causing You to suffer loss or damage or incur legal liability; and
- Your claim is accepted by Us.

After calculating the amount payable We will either:

- pay for specified Additional expenses;
- pay the person or provider to whom You are legally liable;

- pay the cash value, repair cost or arrange replacement of Your personal items (after deducting reasonable depreciation where applicable); or
- pay You.

Duty to take reasonable care not to make a misrepresentation

This is a consumer insurance contract under the Insurance Contracts Act 1984 (Cth) (Act).

Under the Act, You have a duty to take reasonable care not to make a misrepresentation to Us.

This duty applies whenever You enter into, renew, extend or vary this contract of insurance. In all cases, We will ask You questions that are relevant to Our decision to insure You and on what terms.

It is important that You understand You are answering Our questions in this way for Yourself and anyone else that You want to be covered by the contract.

When You answer the questions You must give a true and accurate account of matters. Your response should tell Us everything that You know about the question because Your response is relevant to whether We offer You insurance and the terms We offer You.

A misrepresentation made fraudulently is made in breach of the duty to take reasonable care not to make a misrepresentation.

Circumstances relevant to Your duty

Whether or not You took reasonable care not to make a misrepresentation will be determined with regard to all the relevant circumstances.

If We know, or ought to know about Your particular characteristics or circumstances, We will consider these to determine if You took reasonable care not to make a misrepresentation to Us.

We may consider the following matters to determine if You took reasonable care not to make a misrepresentation to Us:

- the type of consumer insurance contract in question, and its target market;
- explanatory material or publicity produced or authorised by Us;

- how clear, and how specific, the questions We asked were;
- how clearly We communicated to You the importance of answering those questions and the possible consequences of failing to do so;
- whether or not an agent/insurance broker was acting for You; or
- whether the contract was a new contract or was being renewed, extended, varied or reinstated.

You are not to be taken to have made a misrepresentation merely because You:

- failed to answer a question; or
- gave an obviously incomplete or irrelevant answer to a question.

Consequences if You fail to take reasonable care and do make a misrepresentation

If You do not take reasonable care when answering Our questions and the result is You do make a misrepresentation to Us, We may cancel Your contract or reduce the amount We will pay You if You make a claim, or both.

If Your failure to take reasonable care not to make a misrepresentation to Us is fraudulent, We may refuse to pay a claim and treat the contract as if it never existed.

The Amount You Pay For This Insurance

The amount We charge You for this insurance policy is the total amount of the premium that We calculate to cover the risk and any relevant government charges (such as Goods and Services Tax (GST) and stamp duty). These amounts add up to the total amount You must pay. Once the policy is issued Your total premium and any relevant government charges are shown on the Certificate of Insurance. If You wish to change Your policy in any way please contact us.

How Various Factors Affect The Amount Payable

We consider a number of factors in calculating the total Amount Payable. The following is a guide on these key factors, how they combine and how they may impact the assessment of risk and therefore Your premium.

- **Area** – higher risk areas cost more.
- **Departure date and trip duration** – the longer the period until You depart and the longer Your trip duration, the higher the cost may be.
- **Age** – higher risk age groups cost more.
- **Plan** – an International Plan, which provides more cover, costs more than an International Medical Only or Basic Plan or Domestic Plan.
- **Excess** – the higher the excess the lower the cost.
- **Cancellation cover** – on some policies You can choose Your own level of cancellation cover. The more cancellation cover You require, the higher the cost may be.
- **Adding cover for Existing Medical Conditions and pregnancy** (where available) – additional premium may apply if a medical assessment is completed and cover is accepted by Us.
- **Extra cover options** (where available) – additional premium may apply.

How A Claim Settlement Is Calculated

When We pay a claim We consider a number of aspects in calculating the settlement. These include:

- the amount of loss or damage or liability;
- the excess;
- maximum benefit limits and sub-limits;
- reasonable depreciation; and
- the terms and conditions of the policy.

The following example illustrates how We will calculate claim settlement:

- Your new video camera with an original purchase price of \$4,000 is stolen from a hotel room.
- You are travelling on the International Comprehensive Plan.
- You have chosen the nil excess option.
- You have not paid an additional amount to increase the standard item limit.

The claim settlement would be calculated as follows:

- Consider the original purchase price of the video camera – \$4,000 (no depreciation applies because the video camera was new).
- Consider the maximum benefit limit for Luggage and Personal Effects – \$12,000.
- Consider the maximum item limit payable for cameras and video cameras – \$4,000.
This item limit does apply in this case.
- Consider the excess. As You have chosen the nil excess option, no excess is deducted. This results in a claim settlement of \$4,000 or We may replace the item. Our choice will have regard to the circumstances of Your claim and consider any preference You may have.

Policy Wording

The benefits described in this policy wording should be read in conjunction with Cruise Cover (page 5), Policy Inclusions and Choices (pages 10-12), Options To Vary Cover (pages 5-12), Travel and Health (pages 18-28), Duty to take reasonable care not to make a misrepresentation (pages 34-35), Words With Special Meaning (pages 38-43), Policy Conditions (pages 43-49) and General Exclusions (pages 77-81).

THIS POLICY IS NOT VALID UNLESS A CERTIFICATE OF INSURANCE IS ISSUED TO YOU.

We will give You the insurance cover described in this policy in return for receiving the total Amount Payable.

It is a condition of this policy that:

- You are not aware of any circumstance which is likely to give rise to a claim;
- You are a resident of Australia with a valid Australian Medicare card or currently living in Australia with a visa allowing You to live, work or study in Australia; and will be returning Home at the completion of the Period of Insurance;

- If You purchase the Annual Multi-Trip policy:
 - cover will only extend to a Journey
 - to a destination more than 250 kilometres away from Your Home; or
 - that includes at least one night paid accommodation booked with an accommodation supplier or provider (including a hotel, Bed & Breakfast (B&B), serviced apartment or peer to peer service such as Airbnb); and
 - the length of each Journey cannot exceed the maximum duration shown on Your Certificate of Insurance.

Words With Special Meaning

In this PDS the following words have the meanings shown below. The use of the singular shall also include the use of the plural and vice versa.

“We”, “Our”, “Us” means Zurich Australian Insurance Limited (ZAIL).

“You”, “Your”, “Yourself” means the people listed as adults on the Certificate of Insurance and includes Accompanied Children. Where more than one person is listed as an adult on the Certificate of Insurance all benefits, limitations, conditions and exclusions will be interpreted as if a separate policy was issued to each of the persons listed as an adult other than:

- a) in the event a claim arising from the one event is made, an excess (if applicable) will only be applied once;
- b) in the case of luggage item limits which shall be as per a single policy;
- c) for Section 3: Amendment or Cancellation on the International Comprehensive Plan where the limit chosen applies per policy.

In respect of organised groups, each child not travelling with their usual guardian must purchase a separate policy.

“Accompanied Children” means Your children or grandchildren who are identified on the Certificate of Insurance and travelling with You on the Journey, provided they are not in full time employment, they are financially dependent on You and they are under the age of 21 years.

“Act of Terrorism” means any act by a person, alone or with an organisation or foreign government, who:

- a) uses or threatens force or violence;
- b) aims to create public fear; or
- c) aims to resist or influence a government, or has ideological, religious, ethnic or similar aims.

“Additional” means the cost of the accommodation or transport You actually use less the cost of the accommodation or transport You expected to use had the Journey proceeded as planned.

“Amount Payable” means the total amount payable shown on Your Certificate of Insurance.

“Computer System” means any computer, hardware, software, communications system, electronic device (including, but not limited to, smart phone, laptop, tablet, wearable device), server, cloud or microcontroller including any similar system or any configuration of the aforementioned and including any associated input, output, data storage device, networking equipment or back up facility, owned or operated by the coach, airline, shipping line, cruise line or railway company that You were due to travel on.

“Concealed Storage Compartment” means a boot, glove box, enclosed centre console, or concealed cargo area.

“Cyber Act” means an unauthorised, malicious or criminal act or series of related unauthorised, malicious or criminal acts, regardless of time and place, or the threat or hoax thereof involving access to, processing of, use of or operation of any Computer System.

“Cyber Incident” means any:

- a) Cyber Act or error or omission or series of related errors or omissions involving access to, processing of, use of or operation of any Computer System; or
- b) Cyber Act including any partial or total unavailability or failure or series of related partial or total unavailability or failures to access, process, use or operate any Computer System.

“Disabling Injury, Sickness or Disease” means a disabling injury, sickness or disease which first shows itself during the Period of Insurance and which requires immediate treatment by a qualified medical practitioner or dentist.

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

“Existing Medical Condition” means a disease, illness, medical or dental condition or physical defect that, at the Relevant Time, meets any one of the following:

- a) Has required an emergency department visit, hospitalisation or day surgery procedure within the last 12 months.
- b) Requires:
 - (i) prescription medication from a qualified medical practitioner;
 - (ii) regular review or check-ups;
 - (iii) ongoing medication for treatment or risk factor control; or
 - (iv) consultation with a specialist.
- c) Has:
 - (i) been medically documented involving the brain, circulatory system, heart, kidneys, liver, respiratory system or cancer; or
 - (ii) required surgery involving the abdomen, back, brain, joints or spine that required at least an overnight stay in hospital.
- d) Is:
 - (i) chronic or ongoing (whether chronic or otherwise) and medically documented;
 - (ii) under investigation;
 - (iii) pending diagnosis; or
 - (iv) pending test results.

“Home” means Your usual place of residence in Australia.

“Insolvency” means bankruptcy, provisional liquidation, liquidation, insolvency, appointment of a receiver or administrator, entry into a scheme of arrangement, statutory protection, presentation of a petition for the compulsory winding up of, stopping the payment of debts or the happening of anything of a similar nature under the laws of any jurisdiction.

“International Waters” waters outside the jurisdiction territory of any country.

“Journey” means the period commencing at the time You leave Home and ceasing at the time You return Home. On an Annual Multi-Trip policy, Your destination must be more than 250 kilometres from Home or, if less than that, Your trip must include at least one night paid accommodation staying at a registered accommodation provider.

“Limbs” means a hand at or above the wrist or a foot at or above the ankle.

“Natural Disaster” means a major adverse event resulting from natural processes of the Earth; examples are bushfire, hurricane, tornado, volcanic eruption, earthquake, tsunami, falling object from space (including a meteorite), and in general any extraordinary atmospheric, meteorological, seismic, or geological phenomenon. It does not mean an Epidemic or Pandemic.

“On-Piste” means a marked trail or slope prepared for the purpose of skiing or snowboarding within the boundary of the ski field or ski resort and used in accordance to any regulations published by the ski field or ski resort.

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

“Period of Insurance” means:

- a) In respect of Single Trip Policies from the time You commence the Journey or the travel start date shown on Your Certificate of Insurance (whichever is later) until the time You complete the Journey or the travel end date shown on Your Certificate of Insurance (whichever is the earlier).
- b) In respect of Annual Multi-Trip Policies from the time You commence each Journey or the travel start date shown on Your Certificate of Insurance (whichever occurs last) until the earliest of the following times:
 - (i) the time that You complete the Journey;
 - (ii) the expiry of the maximum insured duration per Journey (this maximum duration is shown on Your Certificate of Insurance); or
 - (iii) 12 months from the travel start date shown on Your Certificate of Insurance.

Cover under Section 3: Amendment or Cancellation begins from the time the policy is issued. The dates on Your Certificate of Insurance can only be changed with Our consent. In respect of Section 10: Resumption of Journey, cover is suspended while You are in Australia and will recommence once You resume the Journey, subject to the original expiry date.

“Permanent” means a period of time lasting 12 consecutive months after the expiry of which there is no reasonable prospect of improvement.

“Professional” means undertaking any activity for which financial payment is received from another person or party.

“Public Place” means any place the public has access to, including but not limited to airports, bus terminals, buses, cruise ships, planes, stations, taxis, trains, wharves and beaches, galleries, hostels, hotels, hotel foyers and grounds, museums, private car parks, public toilets, shops, streets, restaurants and general access areas.

“Relative” means a person who is Your spouse, de facto; parent, parent-in-law, stepparent, guardian; grandparent; child, foster child, grandchild; brother, brother-in-law, half-brother, stepbrother, sister, sister-in-law, half-sister, stepsister; daughter, daughter-in-law, stepdaughter, son, son-in-law, stepson; fiancé, fiancée; first cousin; uncle, aunt; or niece, nephew.

“Relevant Time” in respect of:

- a) Single Trip policies means the time of issue of the policy.
- b) Annual Multi-Trip policies means the first time at which any part of the relevant trip is paid for or the time at which the policy is issued, whichever occurs last.

“Rental Car” means a campervan/motorhome that does not exceed 6 tonnes, SUV, sedan, station wagon, hatchback, people mover, coupe, convertible, four-wheel drive or mini bus rented from a licensed motor vehicle rental company or agency.

“Terminal Illness” means a medical condition for which a terminal prognosis has been given by a qualified medical practitioner and which is likely to result in death.

“Transport Provider” means a properly licensed coach operator, airline, cruise line, shipping line or railway company.

“Unattended” means not on Your person or within Your sight and reach.

“Valuables” means articles made of or containing gold, silver or precious metals; binoculars; jewellery; mobile phones; photographic, audio, video, tablet computer, computer and electrical equipment of any kind (including but not limited to devices such as drones, computer games, portable navigation equipment or media); precious stones; smart phones; telescopes and watches.

Policy Conditions

1. Excess

The excess is the first amount of a claim that We will not pay for. It is deducted from Your claim if it is approved by Us. The excess applies per event i.e. If You fall over and need medical treatment, and smashed Your smart phone in the fall, the excess will be deducted once.

Claim example: You have a \$250 excess on Your policy. If You made a claim for \$2,500 under Section 1: Overseas Medical and Dental, You already paid the expenses and We approve Your claim, We would deduct the \$250 excess from the claim before We paid You. If, via Our emergency assistance team, We approved a claim directly with an overseas medical provider, We may ask You to pay the \$250 excess directly to the provider at the time or request You to pay it to Us before We can finalise Your claim with the provider. In any event, the total claim We pay is \$2,250.

The excess, if applicable, applies to any claim arising from a separate event in respect of Sections 1, 2, 3, 4, 5, 6, 10 and 11 of the policy only. The excess is the amount shown on Your Certificate of Insurance.

Special excess applicable to COVID-19 claims

In addition to Your chosen excess or the excess on the Domestic plan, a special excess will apply to:

- Section 2: Additional Expenses if You are diagnosed with COVID-19 on Your trip: All plans – \$250.

The special excess applies in addition to any other excess. You cannot remove this special excess.

What that means is, for example, if You chose a \$250 excess on the International Comprehensive plan, and

claim for Additional accommodation costs because You were diagnosed with COVID-19 on Your overseas trip, We would deduct an excess of \$500 in total from Your claim. (\$250 excess + \$250 special excess).

2. Limits Of Liability

The limits of Our liability for each Section of the policy are the amounts shown in the relevant table for the plan selected (see pages 6-9) except:

- a) where the policy limit for Section 3: Amendment or Cancellation will be shown on Your Certificate of Insurance;
- b) where additional luggage cover has been effected;
- c) the maximum liability collectively for Sections 13, 14, and 15 shall not exceed \$25,000 on the International Comprehensive Plan and for Sections 14 and 15 shall not exceed \$10,000 on the Domestic Plan;
- d) where We have notified You in writing of different limits such as on Your Certificate of Insurance; or
- e) in some circumstances, prior to Your entry into the policy or when You apply for cover for Your Existing Medical Conditions, whichever occurs later, We may impose an extra or increased excess for claims arising from Existing Medical Conditions. We will inform You in writing if this applies: These will be set out in Your Certificate of Insurance or in a letter from Our medical assessment team.

3. Claims

- a) You must report any loss or theft of luggage, personal effects, travel documents or money to the police, the Transport Provider or accommodation provider as relevant within 7 days of You first becoming aware of the loss or theft. You should obtain a report confirming the incident to submit to Us with Your claim.
- b) You must take all reasonable steps to prevent or minimise a claim.
- c) You must not make any offer, promise of payment or admit any liability without Our consent.

- d) You must advise Us of any claim or occurrence which may give rise to a claim as soon as possible and within 60 days of the return date shown on Your Certificate of Insurance by sending a completed claim form.
- e) You must at Your own expense, supply any documents in support of Your claim which We may request, such as a police report, a Property Irregularity Report (PIR), receipts, valuations, a repair quote, a death certificate and/or medical certificate.
- f) You must co-operate fully in the assessment or investigation of Your claim.
- g) When making a claim, You are responsible for assisting Us and acting in an honest and truthful manner. If You make or try to make a false, exaggerated or fraudulent claim or use any false, exaggerated or fraudulent means in trying to make a claim, We will not pay Your claim, Your cover under this policy will be voided (without any return of the amount You have paid), We may report You to the appropriate authorities and You may be prosecuted.
- h) Where You are a registered entity on a Domestic or Domestic Cancellation Plan You may be entitled to an input tax credit for Your Amount Payable and/or for things covered by this policy. You must disclose these entitlements to Us if You make a claim under Your policy.
- i) If We agree to pay a claim under Your policy We will base any claim payment on the Goods and Services Tax (GST) inclusive costs (up to the relevant limits of liability). However, We will reduce any claim payment by any input tax credit You are, or would be, entitled to for the repair or replacement of insured property or for other things covered by this policy.
- j) We will be entitled, at Our expense, to have You medically examined or, in the event of death, a post-mortem examination carried out. We will give You or Your legal representative reasonable notice of the medical examination.

4. If You Are Able To Claim From A Statutory Fund, Compensation Scheme Or Transport Provider

If You are able to claim from a statutory fund, compensation scheme (for example a private health fund or workers compensation scheme) or Transport Provider for monies otherwise payable under this policy You must do so and the policy will only cover the remaining amount.

5. You Must Help Us To Make Any Recoveries

We have the right to sue any other party in Your name to recover money payable under the policy or to choose to defend any action brought against You. You must provide reasonable assistance to Us.

6. Claims Payable In Australian Dollars

All amounts payable and claims are payable in Australian dollars at the rate of exchange applicable at the time the expenses were incurred.

7. Policy Interpretation

The policy shall be interpreted in accordance with the law of the Australian State or Territory in which it is issued.

8. Emergency Assistance

- a) Where Your claim is excluded or falls outside the policy coverage, the giving of emergency assistance will not in itself be an admission of liability.
- b) The medical standards, sanitary conditions, reliability of telephone systems and facilities for urgent medical evacuations differ from country to country. Responsibility for any loss, medical complication or death resulting from any factor reasonably beyond Our control cannot be accepted by Australia Post Corporation, Our emergency assistance, Travel Insurance Partners or Us.

9. Free Extension Of Insurance

Where Your Journey is necessarily extended due to an unforeseeable circumstance outside Your control, Your Period of Insurance will be extended until You are physically able to travel Home by the quickest and most direct route. The Period of Insurance will not be extended for any other reason.

10. Special Conditions, Limitations, Excesses And Amounts Payable

If You:

- a) want cover for an Existing Medical Condition or pregnancy which does not satisfy the provisions set out on pages 18-28, You will need to complete a health assessment. We will notify You of the outcome.

If We are able to approve cover for the condition(s) or pregnancy You must pay an extra premium to Us. Cover may be subject to special conditions, limitations, limits, and excesses; or

- b) in the last 5 years have:
 - (i) made 3 or more travel insurance claims;
 - (ii) had insurance declined or cancelled or had a renewal refused or claim rejected; or
 - (iii) been in prison or had any criminal conviction (other than driving offences)

cover must be separately applied for and accepted by Us, and it may be subject to special conditions, limitations, excesses and amounts payable.

We will notify You in writing of these before We issue the policy.

11. Automatic Reinstatement Of Sums Insured

If You purchase the Annual Multi-Trip policy the sums insured under each Section of the policy are automatically reinstated on completion of each Journey and in respect of Section 4, also once on each Journey.

12. Policy Conditions applying to Section 1 and 2 only

- a) We have the option of returning You to Australia if the cost of medical and/or Additional expenses overseas are likely to exceed the cost of returning You to Australia subject always to medical advice. We also have the option of evacuating You to another country.
- b) In all cases the cost of evacuation or to bring You back to Australia will only be met if Your claim is approved by Us and it was arranged by and deemed necessary by Our emergency assistance network.

- c) If We request that You be moved to another hospital, return to Australia or be evacuated to another country and You refuse, We will only consider:
 - (i) Your costs and expenses per Sections 1 and 2 (as applicable) incurred up to the time of Our request; and
 - (ii) the lesser of:
 - an amount equivalent to the costs and expenses per Sections 1 and 2 (as applicable) that You would have incurred after Our request had You moved to another hospital, returned to Australia or been evacuated to another country as requested; or
 - Your costs and expenses actually incurred after Our request.
- d) If You are hospitalised We will pay for a share room. If a share room is not available We will pay to upgrade You to a single room.
- e) If You do not hold a return airline ticket an amount equal to the cost of an economy class one way ticket will be deducted from Your claim for repatriation expenses.

13. Policy Conditions Applying To Sections 13, 14 And 15 Only

- a) If the conveyance You are travelling in disappears, sinks or crashes and Your body has not been found after 12 months You will be presumed to have died.
- b) You must obtain and follow advice and treatment given by a qualified medical practitioner as soon as possible after suffering a disabling injury, during the Period of Insurance.

14. Already travelling

If You purchase this policy on Your trip after leaving Home, this cover is subject to a 3 day no-cover period. This means there is no cover under any section of the policy for any event that has occurred already or that arises within the first 3 days of buying the policy.

15. Sanctions regulation

Notwithstanding any other terms or conditions under this policy, We shall not be deemed to provide coverage and will not make any payments nor provide any service or benefit to You or any other party to the extent that such cover, payment, service, benefit and/or activity of Yours would violate any applicable trade or economic sanctions, law or regulation.

The Benefits

Section 1: Overseas Medical and Dental Expenses (including emergency repatriation/evacuation)

Overseas Medical Expenses

If during the Period of Insurance You suffer a Disabling Injury, Sickness or Disease We will pay the usual and customary cost of medical treatment, ambulance transportation and emergency dental treatment provided outside Australia by or on the advice of a qualified medical practitioner or dentist.

This also includes the usual and customary cost of emergency repatriation or evacuation. In all cases the cost of evacuation or to bring You back to Australia will only be met if Your claim is approved by Us and it was arranged by and deemed necessary by Our emergency assistance network.

Overseas Dental Expenses

If during the Period of Insurance You suffer a Disabling Injury, Sickness or Disease We will pay up to \$2,000 for the usual and customary cost of emergency dental treatment provided outside Australia by or on the advice of a qualified medical practitioner or dentist to relieve pain or temporarily restore function. For example, if You have a sore tooth and need a regular filling or if a capped front tooth breaks and a temporary cap is required.

Please note

Cover applies for a maximum of 12 months from the date of suffering the Disabling Injury, Sickness or Disease.

If any costs or expenses are incurred without Our approval and before contacting Us, We will only cover any such costs or expenses or for any evacuation/repatriation or airfares if We would have approved them up to an amount We would have otherwise incurred, had contact been made and approval provided.

Overseas medical and dental expenses cover may end less than 12 months from the date of suffering the Disabling Injury, Sickness or Disease as We do not provide cover if these expenses are incurred outside the Period of Insurance. In certain circumstances The Period of Insurance will automatically extend for a period of time – see Policy condition 9. Free Extension Of Insurance on page 46 for more information.

The maximum benefit limit for this section is:

Comprehensive Plan:	Basic Plan:	Domestic Plan:
Overseas Medical – \$Unlimited	Overseas Medical – \$Unlimited	No Cover
Overseas Dental – \$2,000	Overseas Dental – \$2,000	

We Will Not Pay For:

1. medical treatment, dental treatment or ambulance transportation provided in Australia.

If You are cruising for less than 2 nights or and have paid the additional premium required for multi-night Cruise Cover, this exclusion does not apply to medical treatment provided whilst on a ship (including cruise ship, passenger ship or passenger ferry) even if that ship is within Australian territorial waters. However, this additional benefit does not apply to any medical treatment provided on Australian inland waterways or whilst the ship is tied up in an Australian port.
2. dental expenses involving the use of precious metals, teeth whitening or involving cosmetic dentistry.
3. the continuation or follow-up of treatment (including medication and ongoing immunisations) started prior to Your Journey.
4. routine medical or dental treatment or prenatal visits.

5. private medical or hospital treatment where public funded services or care is available, including medical or hospital treatment under any Reciprocal Health Agreement between Australia and the Government of any other country unless We agree to the private treatment.

Also refer to: General Exclusions – pages 77-81.
Policy Conditions – pages 43-49.

Section 2: Additional Expenses

1. If You Become Sick

Cover is subject to the written advice of the treating qualified medical practitioner and acceptance by Our emergency assistance team. If Your claim is coverable, We or Our emergency assistance team will not unreasonably withhold or delay Our acceptance.

If during the Period of Insurance You suffer a Disabling Injury, Sickness or Disease, We will pay the reasonable Additional accommodation (room rate only) expenses and Additional transport expenses, at the same fare class and accommodation standard as originally booked, incurred by:

- a) You. The benefit ceases when You are able to continue Your Journey, travel Home or on the completion of the Period of Insurance, whichever is the earlier.
- b) Your travelling companion who remains with or escorts You until You are able to continue Your Journey, travel Home or on the completion of the Period of Insurance, whichever is the earlier.
- c) one person (e.g. a Relative) (if You don't have a travelling companion with You already) who travels to and remains with You following You being hospitalised as an inpatient. The benefit ceases when You are able to continue Your Journey, travel Home or on the completion of the Period of Insurance, whichever is the earlier.

Room rate only means that other expenses You may incur such as food, drinks, groceries, laundry etc. are not included.

We will also pay the reasonable expenses incurred in returning Your Rental Car to the nearest depot if You suffer a Disabling Injury, Sickness or Disease provided that, on the written advice of the treating qualified medical practitioner, You are unfit to drive it.

We Will Not Pay For:

1. any costs or expenses incurred prior to You being certified by a qualified medical practitioner as unfit to travel.

2. If You Die

We will pay reasonable overseas funeral or cremation expenses or the cost of returning Your remains to Australia if:

- a) You die during the Period of Insurance. In either event the maximum amount We will pay in total will not exceed \$20,000; or
- b) You hold a valid Schengen Visa and You die in a Schengen member state during the Period of Insurance. In either event the maximum amount We will pay in total will not exceed 30,000EUR for expenses incurred in that Schengen member state.

3. If a Relative or Your business partner not travelling with You becomes sick

We will pay reasonable Additional transport expenses at the same fare class as originally booked if You are required to return Home due to the sudden Disabling Injury, Sickness or Disease or death of a Relative or Your business partner.

4. If Your Home Is Destroyed By Fire, Earthquake Or Flood

We will pay the reasonable Additional transport expenses for Your early return Home in Australia if it is totally destroyed by fire, earthquake or flood while You are on Your Journey.

5. Other Circumstances

We will pay Your reasonable Additional accommodation (room rate only) and Additional transport expenses, at the same fare class and accommodation standard as originally booked, incurred on the Journey due to an unforeseeable circumstance outside Your control and resulting from:

- a) disruption of Your scheduled transport because of riot, strike or civil commotion occurring after the commencement of the Journey provided You act reasonably in avoiding Additional costs;

- b) disruption of Your scheduled transport because of a Cyber Incident provided You act reasonably in avoiding Additional costs;
- c) loss of passport or travel documents except involving government confiscation or articles sent through the mail;
- d) a Natural Disaster;
- e) a collision of a motor vehicle, watercraft, aircraft or train in which You are travelling;
- f) Your scheduled transport being delayed for at least 12 hours due to severe weather conditions. We will pay up to \$300 providing confirmation from the Transport Provider has been obtained.

If You are unable to provide Us with a copy of the relevant report confirming the delay, You must provide Us with a reasonable explanation and details of the time and place the delay occurred, including any contact details You were provided with for the provider of the scheduled transport.

Room rate only means that other expenses You may incur such as food, drinks, groceries, laundry etc. are not included.

The maximum benefit limit for this section is:

Comprehensive Plan: \$Unlimited	Basic Plan: \$Unlimited	Domestic Plan: \$10,000
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For approved claims under this Section and Section 3 for the same or similar Additional expenses or prepaid travel costs over the same period, We pay the higher of the 2 amounts claimed, not both.

We will not pay for claims (under Section 2.3) caused by:

1. an Epidemic, Pandemic or outbreak of an infectious disease or any derivative or mutation of such viruses.
2. the sudden disabling injury, sickness or disease or death of a Relative or Your business partner who is not travelling, unless at the Relevant Time that person:
 - a) in the last 12 months, had not been hospitalised (including day surgery or emergency department attendance) for a condition that was in any way related to, or exacerbated by, the condition that gave rise to the claim;

- b) was not residing in a facility such as a nursing home, an aged care facility, a residential aged care home, a high and/or low care facility, a privately owned accommodation facility such as Supported Residential Services or Facilities (SRS/SRF) or, a residential care facility;
- c) was residing independently at home or in a retirement home or village, including independent living arrangements, and they did not require home care or flexible care services;
- d) was not on a waiting list for, or did not know (they needed surgery, inpatient treatment or tests at a hospital or clinic);
- e) did not have a drug or alcohol addiction; and
- f) did not have a Terminal Illness.

If any point a)-f) cannot be met e.g. if Your non-travelling Relative was in a nursing home or did have a Terminal Illness, which means Your claim would otherwise be excluded, We will pay no more than \$1,000 under all Sections of the policy combined.

Also refer to: General Exclusions – pages 77-81.
Policy Conditions – pages 43-49.

Section 3: Amendment or Cancellation

If due to circumstances outside Your control and unforeseeable at the Relevant Time:

1. You have to rearrange Your Journey prior to leaving Home, We will pay the reasonable cost of doing so (We will not pay more for rearranging Your Journey than the cancellation costs which would have been incurred had the Journey been cancelled); or
2. You have to cancel the Journey (where You cannot rearrange it prior to leaving Home) We will pay You:
 - a) the value of the unused portion of Your prepaid travel or accommodation arrangements that are non-refundable and not recoverable in any other way;
 - b) the travel agent’s commission (this is limited to the lesser of \$1,500 or the amount of commission the agent had earned on the prepaid refundable amount of the cancelled travel arrangements); and

- c) the value of frequent flyer or similar flight reward points, air miles, redeemable vouchers or similar schemes lost by You following cancellation of the services paid for with those points, if You cannot recover Your loss in any other way. The amount We will pay is calculated as follows:
 - i) For frequent flyer or similar flight reward points, loyalty card points, air miles:
 - The cost of an equivalent booking, based on the same advance booking period as Your original booking. We will deduct any payment You made towards the booking and multiply it by the total number of points or air miles lost, divided by the total number of points or air miles used to make the booking
 - ii) For vouchers, the face value of the voucher up to the current market value of an equivalent booking.

The proportion of any trip costs for a travelling companion not insured on this policy is not claimable. This applies even if the trip was paid for by someone insured on this policy.

The maximum benefit limit for this section is:

Comprehensive Plan: Cover chosen	Basic Plan: No Cover	Domestic Plan: \$10,000
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For approved claims under this Section and Section 2 for the same or similar Additional expenses or prepaid travel costs over the same period, We pay the higher of the 2 amounts claimed, not both.

We Will Not Pay For Claims Caused By:

1. Transport Provider caused cancellations, delays or rescheduling other than when caused by strikes.
2. Your or any other person’s unwillingness or reluctance to proceed with the Journey or deciding to change plans.
3. You cancelling or amending Your Journey prior to being certified by a qualified medical practitioner as unfit to travel.
4. the death or sudden disabling injury, sickness or disease of a Relative or Your business partner who is not travelling, unless at the Relevant Time that person:

- a) in the last 12 months, had not been hospitalised (including day surgery or emergency department attendance) for a condition that was in any way related to, or exacerbated by, the condition that gave rise to the claim;
 - b) was not residing in a facility such as a nursing home, an aged care facility, a residential aged care home, a high and/or low care facility, a privately owned accommodation facility such as Supported Residential Services or Facilities (SRS/SRF) or, a residential care facility);
 - c) was residing independently at home or in a retirement home or village, including independent living arrangements, and they did not require home care or flexible care services;
 - d) was not on a waiting list for, or did not know they needed surgery, inpatient treatment or tests at a hospital or clinic;
 - e) did not have a drug or alcohol addiction; and
 - f) did not have a Terminal Illness.
- If any point a)-f) cannot be met e.g. if Your non-travelling Relative was in a nursing home or did have a Terminal Illness, which means Your claim would otherwise be excluded, We will pay no more than \$1,000 under all Sections of the policy combined.
5. the health or death of any other person (not listed in point 4).
 6. any contractual or business obligation or Your financial situation. This exclusion does not apply to claims where You are involuntarily made redundant from Your permanent full-time or permanent part-time employment in Australia and where You would not have been aware before, or at the Relevant Time, that the redundancy was to occur.
 7. failure by You or another person to obtain the relevant visa, passport or travel documents.
 8. errors or omissions by You or another person in a booking arrangement.
 9. the standards or expectations of Your prepaid travel arrangements being below or not meeting the standard expected.
 10. the failure of Your travel agent, Our agent who issued this policy, any tour operator, transport or accommodation supplier or provider (including but not limited to peer to peer service such as Airbnb and Uber), person or agency to pass on monies to operators or to deliver promised services.
 11. a request by Your employer, Your leave application being denied, or Your leave being revoked. This exclusion does not apply if You are a full-time member of the Australian Defence Force or of federal, state or territory emergency services (e.g. police, fire, ambulance, paramedic) and Your leave is revoked.
 12. a lack in the number of persons required to commence any tour, conference, accommodation or travel arrangements or due to the negligence of a wholesaler or operator.
- However, if a tour or river cruise, that is prepaid and overnight, is cancelled due to a lack of numbers We will pay in respect of Your other prepaid arrangements the lesser of:
- a) necessary amendment costs; or
 - b) the non-refundable unused portion of costs if You cancel the trip.
- In any case the most We will pay is the lesser of \$800 or Your sum insured under this section of the policy.
13. customs and immigration officials acting in the course of their duties or You travelling on incorrect travel documents.
 14. an Act of Terrorism.
 15. an Epidemic, Pandemic or outbreak of an infectious disease or any derivative or mutation of such viruses.

Also refer to: General Exclusions – pages 77-81.
Policy Conditions – pages 43-49.

Section 4: Luggage and Personal Effects

1. Loss, Theft Or Damage

If during the Period of Insurance Your luggage or personal effects are lost, stolen or damaged, after deducting depreciation as shown in the depreciation table, We will repair the item if it is practical and economic to do so. If it is not practical and economic to repair the item and depreciation is not applicable, We will replace the item or provide You with a replacement voucher if the item is available from Our usual suppliers. If the above do not apply, We will pay You the monetary value of the item.

If Your prescription medication is lost, stolen or damaged during the Period of Insurance We will also pay up to \$500 for expenses incurred overseas to replace that prescription medication.

If Your claim for loss or theft can be approved but Your items are found in the meantime and can be posted to You, We will instead pay up to \$500 for postage costs so You can get Your items back.

It is Your responsibility to provide Us with evidence to support Your claim for an item. This is 'proof of ownership'.

- We will accept the original or a copy of a purchase receipt, invoice and/or bank statement showing the purchase, the date of the purchase and the amount paid.
- We may consider valuation certificates (issued prior to the Relevant Time), ATM receipts and warranty cards with accompanying bank statement of purchases.
- We will not accept photographs, packaging or instruction manuals as proof of ownership.

Depreciation table

This policy operates on an indemnity basis which means settlement of Your claim is based on the value of an item at the time of the loss.

Depreciation takes into account the amount paid originally for the item, its age, wear and tear and advances in technology.

We will reduce the value of the items because of age, wear and tear, and advances in technology according to the table following:

Age of item and depreciation that applies	Items		
	Jewellery (not watches or costume jewellery)	Communication devices, all computers, electrical devices, electronics equipment, phones, all, photographic equipment, smart watches, tablet computers	Any other items
New-24 months	0%	0%	0%
25-36 months	0%	60%	36%
More than 36 months	0%	60%	60%

Item limits

Our payment will not exceed the original purchase price of an item with a limit for any one item, set or pair of items including attached and unattached accessories of:

Items	International Comprehensive Plan	Domestic Plan
Phone	\$1,000	\$1,000
Smart watch	\$1,000	\$1,000
Camera	\$4,000	\$3,500
Video camera	\$4,000	\$3,500
Drone (with or without camera)	\$1,000	\$1,000
Laptop computer	\$3,000	\$3,000
Tablet computer	\$3,000	\$3,000
Artificial limb	\$1,000	\$1,000
Dentures (full or partial)	\$1,000	\$1,000
Removable dental appliance	\$1,000	\$1,000
Medical device	\$1,000	\$1,000
Jewellery	\$1,000	\$1,000
Watch	\$1,000	\$1,000
Any other item	\$1,000	\$1,000

The following are examples of items considered as one item for the purpose of this insurance (an item limit will apply):

- Camera, lenses, tripods and camera accessories (attached or not)
- Smart phone and cover/case
- Matched or unmatched set of golf clubs, golf bag and buggy
- Necklace and pendant
- Charm bracelet and charms.

Claim example

A phone purchased for \$1,300 was 28 months old when it was stolen. An excess of \$100 applies. A claim would be calculated as follows.

Item

Phone cost \$1,300 when purchased over 2 years ago.

Depreciation

Minus \$780 depreciation ($\$1,300 \times 60\%$) = \$520

Excess

Minus policy excess \$100 (where applicable)

Total

The total in this case is \$420

2. Automatic Reinstatement Of Sum Insured

In the event that a claimable loss, or damage to Your luggage and personal effects is incurred, We will allow You one automatic reinstatement of the sum insured stated in the Plan selected whilst on Your Journey.

The maximum benefit limit for this section is:

Comprehensive Plan: \$12,000	Basic Plan: No Cover	Domestic Plan: \$6,000
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We Will Not Pay For:

1. loss or theft that is not reported to the:
 - a) police or security personnel;
 - b) responsible Transport Provider (if Your items are lost or stolen while travelling with a Transport Provider); or
 - c) accommodation provider.
2. damage, loss or theft of Valuables placed in the care of a Transport Provider unless security regulations prevented You from keeping the Valuables with You.
3. items left Unattended in any motor vehicle (for example, a car, campervan or motorhome) or towed land vehicle overnight even if they were in a Concealed Storage Compartment.
4. items left Unattended in any motor vehicle (for example, a car, campervan or motorhome) or towed land vehicle during daylight hours, unless they were stored in a Concealed Storage Compartment of a locked motor vehicle or towed land vehicle and forced entry was gained.
5. any amount exceeding \$500 per item and \$2,000 in total for all items left Unattended in any motor vehicle (for example, a car, campervan or motorhome) or towed land vehicle.
6. items left Unattended in a Public Place.
7. loss, theft or damage to drones (including attached and unattached accessories) while in use.
8. sporting equipment (including bicycles) damaged, lost or stolen while in use.
9. items sent under the provisions of any freight contract or any luggage forwarded in advance or which is unaccompanied. This exclusion for unaccompanied items will be waived if Your claim for lost stolen items can be approved but Your items are found in the meantime and can be posted to You.
10. surfboards or waterborne craft of any description. This exclusion does not apply if the item is lost, stolen or damaged while in the custody of a Transport Provider.
11. damage to fragile or brittle articles unless caused by a fire or motor vehicle collision. This exclusion does not apply to spectacles; lenses in cameras and video cameras; laptop and tablet computers; or binoculars.

All cases of loss or theft must be reported as soon as possible and within 7 days. A copy of the relevant report must be submitted for any claim involving loss or theft. If You are unable to provide Us with a copy of the relevant report, You must provide Us with a reasonable explanation and details of the time and place You made the report, including their contact details.

12. damage caused by atmospheric or climatic conditions, wear and tear, vermin or any process of cleaning, repairing, restoring or alteration.
13. electrical or mechanical fault or breakdown.
14. information stored on any electronic device or other media, including digital photos, downloaded files, electronic applications, programmed data, software or any other intangible asset.
15. bonds, coupons, gift cards, stamps, vouchers, warranties, pre-loaded or rechargeable cards including but not limited to phone, debit or stored value cards.
16. bullion, deeds, insurance premiums, manuscripts, negotiable instruments, precious metals or securities.
17. items described in Section 7 Money.

Also refer to: General Exclusions – pages 77-81.
Policy Conditions – pages 43-49.

Section 5: Travel Documents, Passports, Credit Cards

We will pay You for the cost of replacing travel documents and credit cards lost or stolen on the Journey. We will also pay for Your legal liability arising from their illegal use. You must however, comply with all the conditions of the issue of the document prior to and after the loss or theft.

The maximum benefit limit for this section is:

Comprehensive Plan: \$5,000	Basic Plan: No Cover	Domestic Plan: \$4,000
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We Will Not Pay For:

1. loss or theft that is not reported to the:
 - a) police or security personnel;
 - b) responsible Transport Provider (if Your items are lost or stolen while travelling with a Transport Provider); or
 - c) accommodation provider.

All cases of loss or theft must be reported as soon as possible and within 7 days. A copy of the relevant report must be submitted for any claim involving loss or theft. If You are unable to provide Us with a copy of the relevant report, You must provide Us with a reasonable explanation and details of the time and place You made the report, including their contact details.

2. items left Unattended in any motor vehicle (for example, a car, campervan or motorhome) or towed land vehicle overnight even if they were in a Concealed Storage Compartment.
3. items left Unattended in any motor vehicle (for example, a car, campervan or motorhome) or towed land vehicle during daylight hours, unless they were stored in a Concealed Storage Compartment of a locked motor vehicle or towed land vehicle and forced entry was gained.
4. any amount exceeding \$500 per item and \$2,000 in total for all items left Unattended in any motor vehicle (for example, a car, campervan or motorhome) or towed land vehicle.
5. items left Unattended in a Public Place.
6. items sent under the provisions of any freight contract or any luggage forwarded in advance or which is unaccompanied.

Also refer to: General Exclusions – pages 77-81.
Policy Conditions – pages 43-49.

Section 6: Delayed Luggage Allowance

If all Your luggage is delayed by a Transport Provider during the Journey for more than 12 hours We will reimburse You up to:

- \$300 per item (\$1,000 in total) for underwear, socks, toiletries, non-prescription medication and change of shoes and clothing (and a bag) You bought after a 12 hour delay and before the luggage was returned to You
- \$100 for transport to retrieve Your luggage.

The original receipts for the items and confirmation of the length of delay from the Transport Provider must be produced in support of Your claim.

This section does not apply on the leg of the Journey that returns You Home.

What You must do if You want to make a claim

- Notify Your Transport Provider or their handling agents of the situation as soon as possible after arriving at the destination. The quicker You report the fact Your luggage has been delayed, the better chance the Transport Provider has of finding it and reuniting it with You promptly.

- Obtain a report from them as soon as possible to give to Us with Your claim so We have evidence of what happened.
- Get receipts for the essential items You bought to tide You over. You need to give Us the receipts proving the amount You spent and that You waited at least 12 hours before buying essential items. We need receipts so We can reimburse You.

The maximum benefit limit for this section is:

Comprehensive Plan: \$1,100	Basic Plan: No Cover	Domestic Plan: No Cover
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We Will Not Pay For:

1. delay that is not reported to the responsible Transport Provider. All reports must be confirmed in writing by the Transport Provider at the time of making the report. If You are unable to provide Us with a copy of the Transport Provider's report, You must provide Us with a reasonable explanation and details of the time and place You made the report, including their contact details.

Also refer to: General Exclusions – pages 77-81.
Policy Conditions – pages 43-49.

Section 7: Money

We will reimburse You for cash, bank or currency notes, postal or money orders accidentally lost or stolen from Your person, or stolen from a locked safe or safety deposit box, during the Period of Insurance.

The maximum benefit limit for this section is:

Comprehensive Plan: \$250	Basic Plan: No Cover	Domestic Plan: No Cover
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We Will Not Pay For:

1. loss or theft that is not reported to the:
 - a) police or security personnel;
 - b) responsible Transport Provider (if Your items are lost or stolen while travelling with a Transport Provider); or
 - c) accommodation provider.

All cases of loss or theft must be reported as soon as possible and within 7 days. A copy of the relevant report must be submitted for any claim involving loss or theft. If You are unable to provide Us with a copy of the relevant report, You must provide Us with a reasonable explanation and details of the time and place You made the report, including their contact details.

2. loss or theft of cash, bank or currency notes, postal or money orders unless carried on Your person or stored in a locked safe or safety deposit box.

Also refer to: General Exclusions – pages 77-81.
Policy Conditions – pages 43-49.

Section 8: Rental Car Insurance Excess

This cover applies if You:

- a) hire a Rental Car;
- b) are the nominated driver on the Rental Car agreement; and
- c) have comprehensive motor vehicle insurance for the Rental Car for the hire period.

If the Rental Car is damaged or stolen whilst in Your control during the Journey We will pay the lower of the Rental Car insurance excess or the repair costs to the Rental Car that You become liable to pay.

It is Your responsibility to provide the final loss/repair report to substantiate Your claim.

If You paid for the motorcycle/moped riding cover option, We will also include cover for the insurance excess You become liable to pay for damage to or theft of a motorcycle or moped rented from a licensed motor vehicle rental company. The word "Rental Car" should be interpreted to include motorcycle or moped.

The maximum benefit limit for this section is:

Comprehensive Plan: \$10,000	Basic Plan: No Cover	Domestic Plan: \$10,000
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We Will Not Pay For:

- 1 damage or theft, arising from the operation of a Rental Car in violation of the terms of the rental agreement.
2. damage sustained to a Rental Car while it is being driven on an unsealed surface.
3. administration costs or loss of use penalties.

Also refer to: General Exclusions – pages 77-81.
Policy Conditions – pages 43-49.

Domestic Plan: Bonus cover for the insurance excess on Your personal vehicle

This cover applies if You have comprehensive car or motorcycle insurance on Your own vehicle.

If Your personal car or motorcycle is damaged or stolen while in Your control during the Period of Insurance, We will reimburse You up to \$2,500 for:

- a) the prescribed excess paid under Your comprehensive personal car or motorcycle policy of insurance, relative to the loss or damage to Your own car or motorcycle and which is not legally recoverable from any other source; or
- b) the actual costs paid for any repairs to Your own car or motorcycle should they be less than the prescribed excess applicable under the Your comprehensive personal car or motorcycle policy of insurance, relative to the damage to Your own car or motorcycle and which is not legally recoverable from any other source.

Also refer to: General Exclusions – pages 77-81.
Policy Conditions – pages 43-49.

Section 9: Travel Delay

If Your prebooked, prepaid transport is temporarily delayed during the Journey for at least 6 hours due to an unforeseeable circumstance outside Your control (including a Cyber Incident),

We will reimburse You:

1. the reasonable Additional accommodation (room rate only) expenses You incur; and
2. the cost of the unused, prepaid accommodation (if You have to pay for new accommodation) less any refund You are entitled to from the supplier of the original accommodation.

Our reimbursement will be up to \$300 on the International Comprehensive Plan or Domestic Plan. We will also reimburse up to \$300 again for each full 24 hour period that the delay continues beyond the initial 6 hour delay.

You must claim from the Transport Provider first, and provide Us with confirmation from the Transport Provider of the cause and period of the delay and the amount of compensation offered by them. If You are unable to obtain confirmation from the Transport Provider, You must provide Us with a reasonable explanation and details on Your request of this information, including their contact details.

You must also provide Us with receipts for the Additional accommodation (room rate only) expenses incurred. Room rate only means that other expenses You may incur such as food, drinks, groceries, laundry etc. are not included.

The maximum benefit limit for this section is:

Comprehensive Plan: \$2,000	Basic Plan: No Cover	Domestic Plan: \$1,000
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We Will Not Pay For Claims Caused By:

1. an Epidemic, Pandemic or outbreak of an infectious disease or any derivative or mutation of such viruses.

Also refer to: General Exclusions – pages 77-81.
Policy Conditions – pages 43-49.

Section 10: Resumption of Journey

If You are required to return Home during the Journey due to the sudden serious injury, sickness, disease or death of a Relative or Your business partner and the exclusions on Section 2.3 do not apply to Your claim under this section, We will pay for the economy class transport costs You incur to return overseas provided:

- a) Your Period of Insurance was at least 23 days;
- b) less than 50% of the Period of Insurance had elapsed at the time of the onset of the sudden serious injury, sickness, disease or death of a Relative or Your business partner;
- c) Your return overseas occurs prior to the original expiry date of Your cover for Your original Journey;
- d) no claim due to the same event is made under Section 3 of this policy;

- e) the death was not caused by an illness or injury appearing prior to the commencement of Your original Journey; and
- f) the onset of the illness or injury did not occur prior to the commencement of Your original Journey.

The maximum benefit limit for this section is:

Comprehensive Plan: \$3,000	Basic Plan: No Cover	Domestic Plan: No Cover
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Also refer to: General Exclusions – pages 77-81.
Policy Conditions – pages 43-49.

Section 11: Special Events

If due to an unforeseeable circumstance outside Your control Your Journey would otherwise be delayed resulting in You being unable to arrive in time to attend a wedding, funeral, 25th or 50th wedding anniversary or, a prepaid conference, concert, music festival or sporting event, which cannot be delayed due to Your late arrival, We will pay for:

1. the reasonable Additional cost of using alternative public transport to arrive at Your destination on time; and
2. the cost of the unused connection (if You have to buy a new connection) less any refund or credit You are entitled to from the supplier of that connection.

Comprehensive Plan: \$5,000	Basic Plan: No Cover	Domestic Plan: No Cover
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We Will Not Pay For Claims Caused By:

1. an Epidemic, Pandemic or outbreak of an infectious disease or any derivative or mutation of such viruses.

Also refer to: General Exclusions – pages 77-81.
Policy Conditions – pages 43-49.

Section 12: Hospital Incidentals

If You are hospitalised overseas and Your claim is approved under Section 1: Overseas medical and dental expenses (including emergency repatriation/evacuation), We will reimburse You for incidentals such as phone calls and magazines.

The amount We will pay is limited to \$50 for each night You are hospitalised overseas as a result of a Disabling Injury, Sickness or Disease, provided that the period of confinement is at least 48 hours. Original receipts for these expenses must be produced in support of Your claim.

The maximum benefit limit for this section is:

Comprehensive Plan: \$5,000	Basic Plan: No Cover	Domestic Plan: No Cover
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Also refer to: General Exclusions – pages 77-81.
Policy Conditions – pages 43-49.

Section 13: Loss of Income

If during the Period of Insurance You suffer an injury caused solely and directly by violent, accidental, visible and external means (not caused by a sickness or disease) resulting in You losing income because You are unable to return to Your usual place of employment in Australia, We will pay You up to \$1,666.66 per month on the Comprehensive Plan for Your monthly net of income tax wage, but not in respect of the first 30 days after You originally planned to resume Your work in Australia.

The benefit is only payable if Your disability occurs within 30 days of the accident.

The maximum limit in respect of Accompanied Children is \$1,000 for each child. Cover for loss of income is limited to 6 months.

The maximum benefit limit for this section is:

Comprehensive Plan: \$10,000*	Basic Plan: No Cover	Domestic Plan: No Cover
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*Maximum liability collectively for Sections 13, 14 and 15:
Comprehensive Plan – \$25,000, Domestic Plan – \$10,000

Also refer to: General Exclusions – pages 77-81.
Policy Conditions – pages 43-49.

Section 14: Disability

If during the Period of Insurance You suffer an injury caused solely and directly by violent, accidental, visible and external means (not caused by a sickness or disease) resulting in Your Permanent total loss of sight in one or both eyes or the Permanent total loss of use of one or more Limbs within one year of the date of the accident, We will pay You the amount shown in the Plan purchased.

The maximum limit in respect of Accompanied Children is \$10,000 for each child.

The maximum benefit limit for this section is:

Comprehensive Plan: \$25,000*	Basic Plan: \$10,000	Domestic Plan: \$10,000*
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*Maximum liability collectively for Sections 13, 14 and 15:
Comprehensive Plan – \$25,000, Domestic Plan – \$10,000

Also refer to: General Exclusions – pages 77-81.
Policy Conditions – pages 43-49.

Section 15: Accidental Death

If during the Period of Insurance You suffer an injury caused solely and directly by violent, accidental, visible and external means (not caused by a sickness or disease) resulting in Your death, We will pay Your estate the amount shown in the Plan purchased provided Your death occurs within one year of the accident. Our limit in respect of Accompanied Children is \$1,000 for each child.

The maximum benefit limit for this section is:

Comprehensive Plan: \$25,000*	Basic Plan: \$10,000	Domestic Plan: \$10,000*
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*Maximum liability collectively for Sections 13, 14 and 15:
Comprehensive Plan – \$25,000, Domestic Plan – \$10,000

Also refer to: General Exclusions – pages 77-81.
Policy Conditions – pages 43-49.

Section 16: Personal Liability

We will provide cover if, as a result of Your negligent act occurring during the Period of Insurance, You become unintentionally legally liable to pay compensation in respect to damage caused to someone else's property or the injury or death of someone else.

The maximum benefit limit for this section is:

Comprehensive Plan: \$5,000,000	Basic Plan: \$5,000,000	Domestic Plan: \$5,000,000
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We Will Not Pay For:

1. liability You become liable to pay to somebody who is a member of Your family or travelling party or employed by You or deemed to be employed by You.
2. liability arising from loss or damage to property which is in Your legal custody or control.
3. liability arising from the conduct by You of any profession, trade or business.
4. liability arising out of the use or ownership by You of any aircraft, drone, firearm, waterborne craft or mechanically propelled vehicle.
5. liability arising out of occupation or ownership of any land, buildings or immobile property.
6. liability arising out of any wilful or malicious act.
7. liability arising out of the transmission of an illness, sickness or disease.
8. liability involving punitive, exemplary or aggravated damages or any fine or penalty.
9. liability arising out of Your liability under a contract or agreement unless You would be liable if that contract or agreement did not exist.

Also refer to: General Exclusions – pages 77-81.
Policy Conditions – pages 43-49.

Section 17: COVID-19 Benefits

Cover under this policy is extended under the policy Sections listed to include claims arising from COVID-19 in the circumstances, and under the conditions, listed.

Please note:

- Some benefits only apply if You are travelling in Australia and New Zealand.
- This policy does not cover claims relating to government travel bans; “Do not travel” warnings; government directed border closure; or mandatory quarantine or self-isolation requirements related to cross area, border, region or territory travel.
- This policy does not cover claims for amendment or cancellation costs caused by, or related to, COVID-19.
- **Cruise Travel:** There is no cover for claims caused by COVID-19 while travelling on a multi-night cruise.

Special excess applicable to COVID-19 claims

In addition to Your chosen excess or the excess on the Domestic plan, a special excess will apply to:

- Section 2: Additional Expenses if You are diagnosed with COVID-19 on Your trip: All plans – \$250.

The special excess applies in addition to any other excess. You cannot remove this special excess.

What that means is, for example, if You chose a \$250 excess on the International Comprehensive plan, and claim for Additional accommodation costs because You were diagnosed with COVID-19 on Your overseas trip, We would deduct an excess of \$500 in total from Your claim. (\$250 excess + \$250 special excess).

Section 1: Overseas Medical and Dental (including emergency repatriation/evacuation)

The maximum benefit limit for this section is:

Comprehensive Plan: \$Unlimited-	Basic Plan: \$Unlimited-	Domestic Plan: No Cover
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~ Cover will not exceed 12 months from onset of the illness.

If You are diagnosed with COVID-19

This section is extended to include cover if You are overseas and diagnosed with COVID-19 by a qualified medical practitioner during the Period of Insurance. However, there is no cover while travelling on a multi-night cruise.

We will not pay for:

- claims arising from COVID-19 if the country or part of the country You travelled to was subject to “Do not travel” advice on the smartraveller.gov.au website at the time You entered the country or part of the country. (This exclusion only applies if the (or one of the) reason(s) for the advice was the presence of COVID-19). This exclusion will not apply if Your trip destination is Australia or New Zealand.
- claims caused by COVID-19 while travelling on a multi-night cruise.

Section 2: Additional Expenses

The maximum benefit limit for this section is:

Comprehensive Plan: \$Unlimited	Basic Plan: \$Unlimited	Domestic Plan: \$10,000
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2.1a. If You are diagnosed with COVID-19 on Your trip and admitted to hospital

This section is extended to include cover if You are diagnosed with COVID-19 during the Period of Insurance and are hospitalised as a result.

Cover is for reasonable Additional accommodation expenses (room rate only) and Additional transport expenses, at the same accommodation standard and fare class as originally booked. Room rate only means that other expenses You may incur such as food, drinks, groceries, laundry etc. are not included.

However, there is no cover while travelling on a multi-night cruise.

In addition to Your chosen excess or the excess on the Domestic plan, a special excess will apply to Section 2: Additional Expenses if You are diagnosed with COVID-19 on Your trip: All plans – \$250. The special excess applies in addition to any other excess. You cannot remove this special excess.

We will not pay for:

- claims arising from COVID-19 if the country or part of the country You travelled to was subject to “Do not travel” advice on the smartraveller.gov.au website at the time You entered the country or part of the country. (This exclusion only applies if the (or one of the) reason(s) for the advice was the presence of COVID-19). This exclusion will not apply if Your trip destination is Australia or New Zealand.
- claims caused by COVID-19 while travelling on a multi-night cruise.

Section 2: Additional Expenses

The maximum benefit limit for this section is:

Comprehensive Plan: \$2,500	Basic Plan: \$2,500	Domestic Plan: \$2,500
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Cover is for reasonable Additional accommodation expenses (room rate only) and Additional transport expenses, at the same accommodation standard and fare class as originally booked, up to the limit shown in the table above. Room rate only means that other expenses You may incur such as food, drinks, groceries, laundry etc. are not included.

2.1b. If You test positive to COVID-19 and need to self-isolate

This section is extended to include cover if You test positive to COVID-19 during the Period of Insurance and You are required to self-isolate as per the current local health authority regulations.

However, there is no cover while travelling on a multi-night cruise.

In addition to Your chosen excess or the excess on the Domestic plan, a special excess will apply to Section 2: Additional Expenses if You are diagnosed with COVID-19 on Your trip: All plans – \$250. The special excess applies in addition to any other excess. You cannot remove this special excess.

2.2 If You die as the result of COVID-19

This section is extended to include cover if the cause of death is COVID-19. See point 2. If You Die on page 52 for the benefit limit. However, there is no cover while travelling on a multi-night cruise.

In addition to Your chosen excess or the excess on the Domestic plan, a special excess will apply to Section 2: Additional Expenses if You are diagnosed with COVID-19 on Your trip: All plans – \$250. The special excess applies in addition to any other excess. You cannot remove this special excess.

2.3. If a Relative or Your business partner not travelling with You becomes sick

This section is extended to include cover if Your non-travelling Relative or business partner who resides in Australia or New Zealand is diagnosed with COVID-19 and the treating doctor confirms in writing the level of infection is life threatening. You must obtain and provide Us with evidence from the qualified medical practitioner and receipts. Exclusions 1 and 2 of ‘We will not pay for claims (under Section 2.3) caused by’ on page 28 will be waived in this event.

We will not pay for (under 2.1b and 2.2):

- claims arising from COVID-19 if the country or part of the country You travelled to was subject to “Do not travel” advice on the smartraveller.gov.au website at the time You entered the country or part of the country. (This exclusion only applies if the (or one of the) reason(s) for the advice was the presence of COVID-19). This exclusion will not apply if Your trip destination is Australia or New Zealand.
- claims caused by COVID-19 while travelling on a multi-night cruise.

2.5. Other Circumstances

This section is extended to include cover for the following COVID-19 related circumstances.

If the person You were due to stay with in Australia or New Zealand has COVID-19

This section is extended to include cover if the person You were due to stay with in Australia or New Zealand is diagnosed with COVID-19 and is directed or required to enter into a period of quarantine because of this and You can no longer stay with them, and this was unforeseeable

at the Relevant Time. We will pay up to \$150 per night for Additional accommodation expenses that You incur for alternative accommodation.

Exclusions 1 and 2 of 'We will not pay for claims (under 2.3) caused by' on pages 53-54 will be waived in this event.

You must obtain and provide Us with evidence from the qualified medical practitioner or relevant local authority (as applicable), evidence of Your original accommodation arrangements and receipts for the new accommodation.

If Your prepaid accommodation in Australia or New Zealand is shut down

This section is extended to include cover if, after the Relevant Time, the prepaid accommodation You had planned to stay at in Australia or New Zealand is shut down or closed due to a COVID-19 outbreak on the premises and hygiene measures are required, which was unforeseeable at the Relevant Time, We will pay Additional expenses (in the same class as originally booked) that You incur for alternative accommodation. A letter or email from the accommodation provider and receipts are required to support a claim.

We will not pay for (under 2.5) claims caused by:

- or arising from COVID-19 when You are travelling to any country other than Australia or New Zealand.

End of Section 17: COVID-19 Benefits

General Exclusions

Unless otherwise indicated these general exclusions on pages 77-81 apply to all Sections of the policy. They are listed in no particular order.

We Will Not Pay For:

1. any other loss, damage or additional expenses following on from the event for which You are claiming that is not covered under this insurance. Examples of such loss, damage or additional expense would be the cost of replacing locks after losing keys, costs incurred in preparing a claim or loss of enjoyment.
2. claims arising from loss, theft or damage to property, or death, illness or bodily injury if You fail to take reasonable care or put Yourself in a situation where a reasonable person could foresee that loss, theft or damage to property, or a death, illness or bodily injury might happen.
3. claims involving air travel other than as a passenger on a fully licensed passenger carrying aircraft operated by an airline or an air charter company.
4. claims arising as a result of war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection or military or usurped power.
5. claims which in any way relate to ionising radiation or radioactive contamination caused by nuclear fuel or waste, or the radioactive, toxic explosive or other dangerous properties of any explosive nuclear equipment.
6. claims arising from biological and/or chemical materials, substances, compounds or the like used directly for the purpose to harm or to destroy human life and/or create public fear.
7. loss or damage caused by detention, confiscation or destruction by customs or other officials or authorities.
8. claims arising from any unlawful act committed by You.
9. claims arising from any government intervention, prohibition, sanction, regulation or restriction or court order.

10. claims which in any way relate to circumstances You knew of, or a person in Your circumstances would have reasonably known or foreseen, at the Relevant Time, that could lead to the Journey being delayed, abandoned or cancelled.
11. claims which in any way relate to, or are exacerbated by, any physiological or psychological signs or symptoms that You were aware of or a person in Your circumstances reasonably should have been aware of at or before the Relevant Time, if You:
 - a) had not yet sought a medical opinion regarding the cause;
 - b) were currently under investigation to obtain a diagnosis; or
 - c) were awaiting specialist opinion.
12. claims arising from travel booked or undertaken by You:
 - a) even though You knew, or a reasonable person in Your circumstances would know, You were unfit to travel, whether or not You had sought medical advice;
 - b) against the advice of a medical practitioner;
 - c) to seek, or obtain, medical or dental advice, treatment or review; or
 - d) to participate in a clinical trial.
13. claims which in any way relate to, or are exacerbated by, any Existing Medical Condition You or Your travelling companion has.
14. claims arising from pregnancy of You or any other person if You are aware of the pregnancy at the Relevant Time and:
 - a) where complications of this pregnancy or any previous pregnancy had occurred prior to this time;
 - b) it was a multiple pregnancy e.g. twins or triplets; or
 - c) where the conception was medically assisted e.g. using assisted fertility treatment including hormone therapies or IVF.
15. claims arising from:
 - a) pregnancy of You or any other person after the start of the 24th week of pregnancy; or
 - b) pregnancy of You or any other person where the problem arising is not an unexpected serious medical complication.
16. claims arising from childbirth or the health of a newborn child whatever the proximate cause of the claim is. This exclusion applies irrespective of the stage of pregnancy at which the child is born.
17. claims arising from You having elective medical or dental treatment or surgery, a cosmetic procedure or body modification (e.g. tattoos and piercings) during the Journey, such as any complication, even if Your Existing Medical Condition has been approved by Us.
18. claims which in any way relate to Your wilful or self-inflicted injury or illness, suicide or attempted suicide.
19. claims which in any way relate to Your:
 - a) chronic use of alcohol;
 - b) substance abuse, drug abuse (whether over the counter, prescription or otherwise); or
 - c) ingestion of any non-prescription drug or substance (e.g. marijuana, ecstasy, heroin).
20. claims involving, arising from or related to Your impairment due to You drinking too much alcohol:
 - a) which is evidenced by the results of a blood test which show that Your blood alcohol concentration level is 0.19% or above. (The level of alcohol in Your blood is called blood alcohol concentration (BAC). As a point of reference, a BAC of 0.19% is almost four times the legal driving BAC limit range in Australia which is currently 0.05%); or
 - b) taking into account the following, where available:
 - (i) the report of a medical practitioner or forensic expert;
 - (ii) the witness report of a third party;
 - (iii) Your own admission; or
 - (iv) the description of events You described to Us or the treating medical professional (e.g. paramedic, nurse, doctor) as documented in their records.

21. claims arising from the failure of any travel agent, tour operator, accommodation provider, airline or other carrier, car rental agency or any other travel or tourism services provider to provide services or accommodation due to their Insolvency or the Insolvency of any person, company or organisation they deal with.
22. claims involving You travelling (during the Journey) in International Waters in a private sailing vessel or a privately registered vessel.
23. claims involving participation by You or Your travelling companion (during the Journey) in hunting; racing (other than on foot); polo playing; hang gliding; off-piste snow skiing or snowboarding; rodeo riding; BASE jumping; motocross; freestyle BMX riding; running with the bulls; sports activities in a Professional capacity; mountaineering or rock climbing using guides, ropes, rock climbing equipment or oxygen; scuba diving unless You hold an Open Water Diving Certificate or are diving with a qualified diving instructor.
24. claims involving participation by You (during the Journey) in motorcycling for any purpose.
(See Motorcycle/Moped Riding Cover pages 16-17 for details of optional cover available to purchase and the terms that apply.)
25. claims involving participation by You (during the Journey) in On-Piste snow skiing, On-Piste snowboarding or snowmobiling.
(See Snow Sports: Snow Skiing, Snowboarding and Snowmobiling Cover page 17 for details of optional cover available to purchase and the terms that apply.)
26. claims which in any way relate to Your cruise, any cruise travel or that arise whilst on a cruise.
(See Cruise Cover on page 5 for details of optional cover available to purchase and the terms that apply.)
27. any benefit, or provide cover, if the provision of a payment, benefit or cover would result in Us contravening the Health Insurance Act 1973 (Cth), the Private Health Insurance Act 2007 (Cth) or the National Health Act 1953 (Cth) or any applicable legislation (whether in Australia or not) or where We do not have the necessary licenses or authority to provide such cover.
28. any costs or expenses incurred if a government or public health authority mandatory quarantine or isolation order is imposed on You related to cross area, border, region or territory travel. This exclusion only applies to COVID-19 and applies regardless of You being diagnosed with COVID-19 or being directed by a local public health authority into a period of quarantine because they have classified You as having close contact with a person diagnosed with COVID-19.
29. claims arising from or caused by COVID-19, unless cover is extended as stated in Section 17: COVID-19 Benefits.
30. claims for costs or expenses incurred outside the Period of Insurance. This exclusion does not apply to benefit Sections Section 4: Luggage and travel documents, Section 7: Rental Car insurance excess, Section 9: Resumption of Journey and Section 16: Personal liability.

General Information

The Financial Claims Scheme

If the insurer becomes insolvent, You may be entitled to payment under the Financial Claims Scheme (FCS). Access to the FCS is subject to eligibility criteria. Please visit www.fcs.gov.au for information.

Additional Policy Information

The insurance We offer You is set out in the PDS and Policy Wording. It is important that You are aware of the:

- limits on the cover provided and the amounts We will pay You (including any excess that applies);
- Words With Special Meaning found in the Policy Wording on pages 38-43;
- maximum benefit limits shown in the Benefits Tables on pages 6-9; and
- Policy Conditions and General Exclusions found in the Policy Wording on pages 43-81.

Change Of Terms And Conditions

From time to time and where permitted by law, We may change parts of the PDS. We will issue You with a new PDS or a Supplementary PDS or other compliant document to update the relevant information except in limited cases. Any updates which are not materially adverse to You from the view of a reasonable person deciding whether to buy this insurance, may be found at www.auspost.com.au/travelinsurance. You can obtain a paper copy of any updated information without charge by calling 1300 728 015.

General Insurance Code Of Practice

We are a signatory to the General Insurance Code of Practice (the Code) and support the Code. The objectives of the Code are:

- to commit Us to high standards of service;
- to promote better, more informed relations between Us and You;
- to maintain and promote trust and confidence in the general insurance industry;
- to provide fair and effective mechanisms for the resolution of complaints and disputes You make about Us; and
- to promote continuous improvement of the general insurance industry through education and training.

The Code Governance Committee is an independent body that monitors and enforces insurers compliance with the Code.

Further information about the Code or the Code Governance Committee and Your rights under it is available at insurancecouncil.com.au/cop/ or by contacting us.

Cancelling Your Policy

If You cancel Your policy within a cooling-off period of 21 days after You are issued Your Certificate of Insurance, You will be given a full refund of the premium You paid, provided You have not started Your Journey or You do not want to make a claim.

After this period You can still cancel Your policy. We will refund to You a proportion of the premium for the unexpired period of cover (less any non-refundable government charges and taxes that We have paid and are not recoverable).

You are not entitled to a refund if You have started Your Journey, You want to make a claim, or exercise any other right under Your cover.

To cancel Your cover please contact Us by calling 1300 728 015 (within Australia), or email auspost@travelinsurancepartners.com.au.

Your Privacy

In this Privacy Notice the use of “we”, “our” or “us” means Travel Insurance Partners and the insurer, unless specified otherwise.

Why Your personal information is collected

We collect Your personal information (including sensitive information) for the purposes of:

- identifying You and conducting necessary checks;
- determining what services or products we can provide to You and/or others;
- issuing, managing and administering services and products provided to You and/or others including claims investigation, handling and payment; and
- improving services and products, e.g. training and development of representatives, product and service research, data analysis and business strategy development.

Travel Insurance Partners also collects Your personal information for the purpose of providing special offers of other services and products that might be of interest to You.

How Your personal information is collected

We may collect Your personal information through websites from data You, or Your travel consultant, input directly or through cookies and other web analytic tools, via email, by fax, by telephone or in writing.

We collect personal information directly from You unless:

- You have consented to collection from someone else;
- it is unreasonable or impracticable for us to do so; or
- the law permits us to collect from someone else.

We also collect additional personal information from other third parties to provide You with our services and products.

If You provide personal information to us about another person You must only do so with their consent and agree to make them aware of this Privacy Notice.

Who we disclose Your personal information to

We may disclose Your personal information to other parties and service providers for the purposes noted above.

The other parties and service providers include:

- insurers and reinsurers;
- medical providers, travel providers and Your travel consultant;
- our lawyers and other professional advisors;
- our related companies and other representatives or contractors who we have hired to provide services or to monitor the services provided by us or our agents, our products or operations; and/or
- other parties we may be able to claim or recover against or other parties where permitted or required by law.

Additional parties and service providers are detailed in the Travel Insurance Partners Privacy Policy and the insurer’s Privacy Statement.

The contractual arrangements that we have in place with these parties and service providers generally include an obligation for them to comply with Australian privacy laws.

We may need to disclose personal information about You to other parties and service providers, some of whom may be located in overseas countries. Who they are may change from time to time.

Generally these recipients will be located in the overseas countries You travelled to over the duration of Your policy and Your claim. These recipients would usually be service providers, such as medical providers, providers of travel related services, investigators, assessors and facilitators or our related entities that carry out services on our behalf in relation to Your policy and Your claim. Further details of these types of recipients are set out in the Travel Insurance Partners Privacy Policy and the insurer’s Privacy Statement.

We may not always be able to take reasonable steps to ensure that these recipients comply with the Privacy Act. Some of the countries where these recipients are based may not offer the same protection or obligations that are offered by the Act in Australia. By acquiring the services and products from us You agree that You may not be able to seek redress under the Act, or from us and/or from the recipients in overseas countries, or to the extent permitted by law.

You and any other traveller included on the policy consent to this use and these disclosures unless You tell Travel Insurance Partners, using the contact details below.

Your choices

If You choose not to provide Your personal information and/or choose not to consent and/or withdraw Your consent to the use and disclosure of Your personal information set out in this Privacy Notice at any stage, we may not be able to provide our services or products or manage and administer services and products to You and/or others.

If You wish to withdraw Your consent including for things such as receiving information on products and offers or Your travel consultant receiving personal information about Your policy and coverage, please contact Travel Insurance Partners on 1300 728 015.

More information

For more information about how Your personal information is collected, used or disclosed, how to access or seek correction to Your personal information or how to make a complaint and how such a complaint will be handled, please contact us or refer to the relevant website.

Travel Insurance Partners Privacy Officer

Travel Insurance Partners Pty Limited
Mail: Private Bag 913
North Sydney NSW 2059
Australia

Email: privacy.officer@travelinsurancepartners.com.au

Call: 1300 131 746

Website:
travelinsurancepartners.com.au/privacy-statement

ZAIL Privacy Officer

Zurich Australian Insurance Limited
Mail: PO Box 677, North Sydney NSW 2059
Email: privacy.officer@zurich.com.au
Call: 132 687

Website:
www.zurich.com.au/important-information/privacy

Complaints and Disputes Resolution Process

We and Travel Insurance Partners are committed to resolving any complaint or dispute fairly.

If You have a complaint about an insurance product We issued or the service You have received (from us or one of our representatives), please contact us. We will put You in contact with someone who can help to resolve the complaint. You can talk over the phone, email or write:

- Call on 1300 728 015
- Write to the Customer Relations Manager
Post: PO Box 168, North Sydney NSW 2060
Email: auspost-customerrelations@travelinsurancepartners.com.au.

We will acknowledge receipt of Your complaint within 24 hours or as soon as practicable.

If You are not satisfied with our initial response, You may use our Internal Dispute resolution process. To obtain a copy of our procedures, please contact us.

We expect that our internal dispute resolution process will deal fairly and promptly with Your complaint, however, You may take Your complaint to the Australian Financial Complaints Authority (AFCA) at any time.

AFCA is an independent dispute resolution scheme. We are a member of this scheme and We agree to be bound by its determinations about a dispute. AFCA provides fair and independent financial services complaint resolution that is free to You.

Their contact details are:

Australian Financial Complaints Authority
Call: 1800 931 678
Address: GPO Box 3, Melbourne VIC 3001
Email: info@afca.org.au
Website: afca.org.au

If Your complaint or dispute falls outside the AFCA rules, You can seek independent legal advice or access any other external dispute resolution options that may be available to You.

Financial Services Guide Statement

This Financial Services Guide Statement (FSGS) is an important document and is designed to help You decide whether to use the financial services offered.

This document also contains important information about how Travel Insurance Partners Pty Limited (Travel Insurance Partners) ABN 73 144 049 230, AFSL 360138, Australian Postal Corporation ABN 28 864 970 579, AR 338646 (Australia Post), Australia Post Services Pty Ltd ABN 67 002 599 340 AFSL 457551 (Australia Post Services) and Australia Post's franchisees are paid and how any complaints are handled.

What Financial Services Are Provided?

Travel Insurance Partners, Australia Post, Australia Post Services or Australia Post's franchisees are not authorised to give You personal advice in relation to travel insurance. Any advice given to You about travel insurance will be of a general nature only and will not take account of Your personal objectives, financial situation or needs. You need to determine whether this product meets Your travel needs.

Travel Insurance Partners

Travel Insurance Partners holds an Australian Financial Services Licence that allows Travel Insurance Partners to provide You with general financial product advice about this travel insurance product and to issue this product to You. Travel Insurance Partners is responsible for the provision of these services.

Travel Insurance Partners acts under a binder authority from Zurich Australian Insurance Limited (the insurer). This means that Travel Insurance Partners can arrange, vary or cancel these policies and handle or settle claims on behalf of the insurer. Travel Insurance Partners acts for the insurer when providing these services. You can find full details of Travel Insurance Partners and the insurer on page 33 of the PDS.

Australia Post, Australia Post Services

Australia Post Services (holder of Australian Financial Services Licence No. 457551) and its Authorised Representative Australia Post (AR 338646) (on behalf of Australia Post Services) (together us, our or we) are authorised to provide financial services in relation to travel insurance.

We are authorised to arrange the issue of travel insurance when You purchase a travel insurance product online and We are also authorised to provide general advice in marketing materials about travel insurance. When You purchase this product over the counter at Your Australia Post store the person providing You with a receipt is not authorised to provide You with financial product advice about this product or to issue the travel insurance policy to You. Only Travel Insurance Partners may do this.

How Are We Paid?

Travel Insurance Partners

Travel Insurance Partners is paid a commission by the insurer when You buy this travel insurance policy. This commission is included in the premium that You pay and is received after You have paid the premium. This commission is a percentage of the premium. Travel Insurance Partners may also receive a share of the profit earned by the insurer if the insurer makes an underwriting profit in accordance with the underwriting targets it has set. This amount is calculated and paid retrospectively only when the insurer exceeds its underwriting targets in a given year.

Travel Insurance Partners employees are paid an annual salary and may be paid a bonus based on business performance.

Australia Post And It's Franchisees

Australia Post is paid a fee and/or commission by Travel Insurance Partners when You purchase the travel insurance at one of their outlets. This amount is paid out of the commission that Travel Insurance Partners receives from the insurer and it is variable as it depends on the distribution and other costs incurred by Australia Post and Travel Insurance Partners.

Australia Post may receive other financial and non-financial incentives from Travel Insurance Partners. Such incentives may be dependent on a number of performance related or other factors and may include, for example, prize pools, sponsorship of training events and conferences, marketing promotions and competitions.

Australia Post's employees may receive salaries, bonuses and/or company dividends in their own business depending on the nature of their employment. Bonuses may be linked to general overall performance, including sales performance and may include all or part of the commission received by Australia Post.

Australia Post may also pay their franchisees a fee or commission that is based on the number of policies sold.

Further Information

For more information about the remuneration or other benefits received for the financial services provided, please ask Australia Post or Travel Insurance Partners within a reasonable time of receiving this FSGS and before You choose to buy this product.

Complaints

If You have a complaint about the financial services provided by Travel Insurance Partners please refer to the PDS for details of the complaint resolution process.

Contact Details And Complaints For Australia Post Services And Australia Post

If You would like to contact Australia Post Services or Australia Post or have a complaint about the services provided by Australia Post Services, Australia Post or its franchisees, You should contact Australia Post by:

Call: 13 13 18 from Australia or +61 3 8847 9045 from overseas.

Mail: Australia Post
Customer Sales and Service
GPO Box 9911
Melbourne VIC 3001

Website: www.auspost.com.au

Our internal dispute resolution process requires that we aim to resolve most complaints within 10 working days. If we are unable to resolve Your complaint to Your satisfaction within 45 days, You may be eligible to escalate the complaint to our external dispute resolution service.

Australia Post Services uses the services of the Australian Financial Complaints Authority (AFCA) for external dispute resolution and their contact details are as follows:

Call: 1800 931 678

Address: GPO Box 3,
Melbourne VIC 3001

Email: info@afca.org.au

Website: afca.org.au

What Professional Indemnity Insurance Arrangements Do We Have In Place?

Australia Post Services holds professional indemnity insurance and other internal arrangements in place in respect of financial services provided to retail clients by Australia Post Services, Australia Post or Australia Post franchisees. Travel Insurance Partners also has professional indemnity insurance and compensation arrangements in place. Each of these arrangements meet the requirements of the Corporations Act.

Who Is Responsible For This Document?

Australia Post and Travel Insurance Partners are responsible for this FSGS and the insurer is responsible for the PDS. The issue of this FSGS has been authorised by Australia Post Services.

This document was prepared on 5 July 2022.

Notes

Notes

- ✓ Money Back Cooling-Off Period
(Up to 21 days from purchase. See page 4)
- ✓ 24 Hour Emergency Assistance
- ✓ Overseas Medical and Dental Cover
- ✓ Trip Cancellation and Amendment Cover*
- ✓ Luggage Cover*
- ✓ Rental Car Insurance Excess Cover*

*Available on the International Comprehensive Plan and Domestic Plan.

To find out more,



1300 728 015



auspost.com.au/travelinsurance

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