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QBE

TRAVEL INSURANCE

COMBINED PRODUCT DISCLOSURE STATEMENT, FINANCIAL SERVICES GUIDE AND POLICY WORDING.

Prepared 15 April 2013 and authorised for distribution by QBE Insurance.
QM2360 0413

AUSTRALIAN SCHEDULE OF BENEFITS This list is a summary of some of the benefits covered by this policy and the ***applicable limits***. Please refer to the relevant sections in the Policy Wording for full details of cover. Other ***applicable limits*** may apply.		*APPLICABLE LIMITS*	AMOUNT PAYABLE POLICY CODE: D1 SINGLE
EVACUATION AND REPATRIATION	Section 1	$1,500	
CANCELLATION & ADDITIONAL EXPENSES	Section 2	$1,500	$29 (MAXIMUM DURATION OF 12 DAYS)
ACCIDENTAL DEATH	Section 4	$2,000	
LUGGAGE & PERSONAL EFFECTS ITEM LIMIT	Section 5	$500 $500	
PERSONAL LIABILITY	Section 6	$100,000	

Is This Policy Right For You?

This document contains information which can help you decide. Any advice in this document is of a general nature only and has not considered your objectives, financial situation or needs. You should carefully read and consider the information provided having regard to your personal circumstances to decide if this insurance is right for you. You are of course free to arrange insurance with any other insurer of your choice.

This booklet contains the following sections which provide:

- Part 1 – information about this travel insurance product (Product Disclosure Statement – PDS)
- Part 2 – information about the financial service being provided to you by our Authorised Representative (Financial Services Guide - FSG)
- Part 3 – the detailed terms and conditions (Policy Wording)

About QBE Travel Insurance

QBE Travel Insurance is a division of:
QBE Insurance (Australia) Limited.
ABN 78 003 191 035
A.F.S. Licence No. 239545
82 Pitt Street Sydney NSW 2000

Enquiries and Assistance

For any enquiries and assistance please contact our Customer Service Centre on 1300 555 017 or email travel.service@qbe.com.

Please note that calls to QBE Travel Insurance will be recorded for training and verification purposes.

PART 1 - PRODUCT DISCLOSURE STATEMENT

Some Words Have Special Meanings

Throughout the PDS and Policy Wording words highlighted in bold and italic have specific meanings. These meanings are set out in the Definitions section of the Policy Wording. For example: ***relative***

TRAVEL INSURANCE GUIDELINES

Here is a summary of some of the guidelines relating to this travel insurance.

- This travel insurance is only available to ***residents of Australia*** and must be issued prior to the commencement of ***your trip***.
- Cover is only available to the person named on the Certificate of Insurance.
- Insurance is not available to travellers outside Australia.
- The terms and conditions of the policy are subject to the laws of the Australian state or territory where the Certificate of Insurance is issued. ***You*** agree to submit to the jurisdiction of the courts of that state or territory.
- This policy ends once ***you*** have returned to ***your*** normal place of residence within Australia.
- There is no provision to suspend this policy during the period of insurance.
- There is no cover under this policy for an ***existing medical condition(s)***. Please refer to the Section headed Existing Medical Condition(s).

Applying For Travel Insurance

To apply for insurance, please complete the online application.

If ***your*** application is approved ***our*** Authorised Representative will issue ***your*** policy and provide ***you*** with a Certificate of Insurance. ***Your*** certificate confirms the cover ***you*** have chosen, the total amount paid by ***you***, and information about the terms of ***your*** policy.

SIGNIFICANT RISKS

This Policy May Not Match Your Expectations

This policy may not match ***your*** expectations (for example; because an exclusion applies). ***You*** should therefore read this PDS and Policy Wording carefully. Please ask ***our*** Authorised Representative or ***us*** if ***you*** are unsure about any aspect of the policy.

Are You Sure You Have The Right Level Of Cover?

You need to make sure the limits of cover are appropriate for ***your*** needs. Otherwise ***you*** may be under insured and have to bear part of any loss that exceeds the limits ***yourself***. Please refer to the ***applicable limits*** as set out in the Schedule of Benefits

A Claim May Be Refused

We may refuse to pay or reduce the amount ***we*** pay under a claim if ***you*** do not comply with the policy conditions, if ***you*** do not comply with ***your*** Duty of Disclosure or make a misrepresentation, or if ***you*** make a fraudulent claim.

EXISTING MEDICAL CONDITION(S)

There is no cover under this policy for an ***existing medical condition(s)***. Provided the following ***existing medical conditions*** are stable and ***you*** or anyone else to be covered are not waiting for treatment, on a hospital waiting list or awaiting results of medical tests or investigations in relation to any of these conditions, cover is provided without application.

- Acne
- Allergies - such as allergic rhinitis, chronic rhinitis, hayfever, sinusitis, anaphylaxis, dermatitis, eczema, psoriasis, urticaria, food intolerance, latex allergy
- Anaemia - including iron deficiency anaemia, B12 deficiency, folate deficiency, pernicious anaemia
- Asthma - not requiring cortisone medication or hospitalisation for the past 12 months including as an outpatient
- Bell's palsy
- Benign breast or renal cysts
- Bunions
- Carpal Tunnel syndrome
- Cataracts, dry eye syndrome, glaucoma, macular degeneration
- Coeliac disease
- Colonic polyps
- Congenital blindness/deafness
- Diabetes Mellitus Types 1 and 2 - where you have no known cardiovascular, hypertensive, vascular disease, no related kidney, eye or neuropathy complications
- Epilepsy - you have been seizure free for the past 12 months and do not require more than 1 anti-seizure medication
- Goitre, hypothyroidism, Hashimoto's disease, Graves' disease
- Gout
- Hiatus hernia/Gastro-oesophageal reflux disease, Peptic ulcer disease
- High Cholesterol (Hypercholesterolaemia)
- High Lipids (Hyperlipidaemia)
- Insulin resistance, impaired glucose tolerance
- Incontinence
- Meniere's disease, Tinnitus
- Menopause
- Migraines except where you have been hospitalised in the past 12 months
- Nocturnal cramps
- Osteoporosis - where there have been no fractures and you do not require more than 1 medication
- Plantar fasciitis
- Raynaud's Disease
- Routine screening tests where no underlying disease has been detected
- Sleep apnoea
- Stable High Blood Pressure (Hypertension)
- Trigeminal neuralgia
- Trigger finger

Medical And Ancillary Costs

There is no cover for medical or ancillary costs incurred within Australia.

Unattended Luggage And Personal Effects

There is no cover under this policy for luggage and personal effects that are left ***unattended***. Please refer to the definition of ***unattended*** in the Policy Wording and Losses We Do Not Cover Under Section 5.

THE COST OF THIS INSURANCE

What You Have To Pay

The ***premium*** paid by ***you*** for the policy will be shown on ***your*** Certificate of Insurance, including compulsory government charges (including Stamp Duty and GST where applicable).

This policy is only valid when ***you*** pay the ***premium*** and ***our*** Authorised Representative issues a Certificate of Insurance to ***you***.

Service Fees

We or ***our*** Authorised Representative may charge a fee for additional services provided to ***you*** after ***you*** have been issued with a Certificate of Insurance. This may include but is not limited to alterations and other changes ***you*** ask ***us*** to make to ***your*** policy. The amount of the service fee will be shown on the Certificate of Insurance and ***we*** or ***our*** Authorised Representative will notify ***you*** of any fee at the time you make a request for additional services.

Policy Extensions

The policy can be issued for a maximum duration of 12 days and cannot be extended beyond the period of the ***trip*** stated in the original Certificate of Insurance.

Amendment Of Travel Details

If ***you*** wish to change ***your*** personal details or travel dates after ***your*** Certificate of Insurance has been issued, please contact ***our*** Authorised Representative. They will either amend the policy over the telephone or in certain circumstances they may ask ***you*** to complete and submit to ***us*** a Policy Amendment Form which needs to be assessed and approved prior to any amendment to ***your*** policy.

Excesses

Standard Excess

We will not pay the first $25 (the excess) for any one event except in relation to a claim under Section 4.

Sporting Equipment Excess

An additional excess of $100 applies to loss of, theft of or damage to sporting equipment. This excess is in addition to any other excesses imposed.

MATTERS YOU NEED TO KNOW ABOUT

Your Policy

Your policy is a contract between QBE Insurance (Australia) Limited and ***you***. ***Your*** agreement with ***us*** is set out in:

- the Policy Wording;
- the Schedule of Benefits;
- ***your*** Certificate of Insurance; and
- any written endorsements ***we*** provide to ***you***.

These documents make up ***your*** policy and should be carefully read together. It is important that they are kept in a safe place, together with evidence as to the value of any insured items.

Cooling Off Period

If, having purchased the policy, ***you*** want to return it, ***you*** can do so within 21 days of receiving the Certificate of Insurance and obtain a full refund, provided no right or power has been exercised under it by ***you*** (eg no claim has been made) and ***your trip*** has not commenced.

Our Authorised Representative will arrange for a refund of the ***premium*** within 15 business days of ***you*** cancelling ***your*** policy.

Confirming Transactions

A Certificate of Insurance must be issued once ***you*** have completed ***your*** online application and paid the appropriate ***premium***. If ***you*** want to confirm a transaction, for example whether the Certificate of Insurance has been issued, ***you*** may contact ***us*** in writing or by phone.

Cancellation

By You

You may only cancel this policy during the 21 day Cooling Off Period. See the Cooling Off Period section for further details.

By Us

We can cancel ***your*** insurance in any way permitted by law, including if ***you*** have:

- failed to comply with ***your*** Duty of Disclosure; or
- made a misrepresentation to ***us*** before the policy was entered in to; or
- failed to comply with a provision of a policy, including failure to pay the ***premium***; or
- made a fraudulent claim under this policy or any other current policy; or
- failed to notify ***us*** of a specific act or omission as required by the policy.

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

Updating This PDS

We will update the information in this PDS when necessary. A paper copy of any updated information is available to ***you*** at no cost by calling ***us***. ***We*** will issue ***you*** with a new PDS or a supplementary PDS, where the update is to correct a misleading or deceptive statement or an omission, which is materially adverse from the point of view of a reasonable person deciding whether to obtain this insurance.

CLAIMS LODGEMENT

To lodge ***your*** online claim go to https://travel.qbe.com/ qbe/claims. To help us speed up the processing of ***your*** claim, follow the instructions and provide all requested documentation to support ***your*** claim.

Alternatively, ***you*** can contact ***us*** for a claim form on 1300 555 017 and send ***your*** claim form and supporting documentation to:

QBE Travel Insurance

PO Box 12090,

Melbourne VIC 8006

Claims Enquiries: 1300 555 017 or (03) 8523 2777

Email: travel.claims@qbe.com

Claims Service Standard

Our claims service standard is to settle ***your*** claims within 10 working days upon the receipt of a completed claim form and all necessary supporting information.

If more information is required ***we*** will contact ***you*** within 10 days.

IMPORTANT NOTICES

Duty Of Disclosure - What You Must Tell Us

You have a Duty of Disclosure under the Insurance Contracts Act 1984 (Cth) that requires ***you*** to tell ***us*** certain things. Before ***you*** enter into a policy with ***us***, ***we*** will ask ***you*** a series of questions. ***You*** must tell ***us*** everything ***you*** know or which a reasonable person in the circumstances would be expected to know in answer to the questions in the online application. Before ***you*** vary a policy, ***you*** must tell ***us*** everything ***you*** know or which a reasonable person in the circumstances would be expected to know, for ***us*** to decide:

- whether ***we*** will insure ***you***;
- the ***premium we*** will charge ***you***; and
- whether any special conditions will apply to ***your*** policy.

You do not have to tell ***us*** about any matter:

- that diminishes the risk;
- that is of common knowledge;
- that ***we*** know or should know in the ordinary course of ***our*** business as an insurer; or
- which ***we*** indicate ***we*** do not want to know.

Everyone who is insured under the policy must comply with the Duty. If ***you*** provide information about another insured, ***you*** do this on their behalf. If ***you*** (or they) don't comply with the Duty of Disclosure, ***we*** may reduce the amount of any claim and/or cancel ***your*** insurance. If fraud is involved, ***we*** may treat ***your*** insurance as void from the beginning.

Our Privacy Policy

The Privacy Act 1988 (Cth) (the Act) regulates the way organisations such as QBE collect, use, protect and disclose personal information. ***We*** are committed to safeguarding ***your*** privacy and the confidentiality of ***your*** personal information.

QBE collects only that personal information necessary for it to assess and manage ***your*** insurance application or policy, including any claim that may be made under the policy. ***We*** will only use and disclose ***your*** personal information for a purpose ***you*** would reasonably expect. ***We*** will request ***your*** consent to any other purpose.

If ***you*** do not provide QBE with this personal information ***we*** may not be able to process ***your*** application for insurance cover or process ***your*** claim.

We or ***our*** authorised agent may disclose ***your*** personal information to:

- any person authorised by ***you***;
- a financial services provider or ***our*** agent who is arranging ***your*** insurance (for the purpose of confirming ***your*** personal and insurance details);
- another person named as a co-insured on ***your*** policy (for the purpose of confirming if full disclosure has been made to ***us***);
- another insurer (for the purpose of seeking recovery from them or to assess insurance risks or to assist with an investigation);
- an organisation who provides ***you*** with banking facilities (for the purpose of confirming payments made by ***you*** to ***us***);
- an airline, medical practitioner, treating doctor or emergency assistance provider (to establish ***your*** medical status and fitness to travel);
- a dispute resolution organisation, such as the Insurance Ombudsman Service (for the purpose of resolving disputes between QBE and ***you*** or between QBE and a third party);
- a family member, in the case of a medical or other emergency;
- ***our*** reinsurers, who may be located overseas;
- a related company that may provide computer hosting and support services that may be located overseas;
- a mailing house, records management company or technology service provider (for printing and/or delivery of mail, including secure storage and management of ***our*** records);
- ***our*** related entities, so that ***we*** may offer ***you*** other products and services;
- a company to conduct surveys on ***our*** behalf for the purposes of improved customer services and
- an insurance reference bureau (to record any claims ***you*** make upon ***us***).

In addition to the above, in the event of a claim, QBE or ***our*** authorised agent may disclose ***your*** personal information:

- to a repairer or supplier (for the purpose of repairing or replacing ***your*** insured items);
- to an investigator, assessor, state or federal authority, medical practitioners, hospitals or other professional advisers (for the purpose of investigating or assessing ***your*** claim);
- a lawyer or recovery agent (for the purpose of defending an action by a third party against ***you*** or recovering ***our*** costs including ***your*** excess);
- to a witness to a claim (for the purpose of obtaining a witness statement);
- to another party in a claim (for the purpose of obtaining a statement from them or seeking recovery from them or to defend an action by a third party).

Personal information (about ***you***) may also be obtained from the above people or organisations.

In addition ***we*** will:

- give ***you*** the opportunity to find out what personal information ***we*** hold about ***you*** and, when necessary, correct any errors in this information. Generally ***we*** will do this without restriction or charge.
- provide ***our*** dispute resolution procedures to ***you***, should ***you*** wish to complain about how ***we*** handle ***your*** personal information.

Our aim is to always have accurate and up-to-date information. When ***you*** receive a Certificate of Insurance or other documents from ***us***, ***you*** should contact ***us*** if the information is not correct. Where reasonably possible ***we*** will correct the information on ***our*** systems or held on file.

If ***you*** have a complaint or want more information about how QBE is managing ***your*** personal information, please contact the Compliance Manager using the contact details provided below. For security reasons, any request for details of personal information held by ***us*** should be made in writing.

The Compliance Manager
QBE Insurance (Australia) Limited
GPO Box 82
Sydney NSW 2001
Email: compliance.manager@qbe.com

Our Dispute Resolution Process

If a complaint arises during ***your*** dealings with ***us*** or ***our*** representatives, ***you*** should first discuss the matter with the person with whom ***you*** have been dealing. Where ***your*** complaint is not resolved to ***your*** satisfaction ***you*** should request that the matter be dealt with by ***our*** Internal Complaints Handling Process. ***Our*** Authorised Representative can assist ***you*** to lodge ***your*** complaint or ***our*** Customer Service Centre 1300 555 017 can take the details for ***you***. ***You*** will be provided with a copy of ***our*** brochure detailing ***our*** complaints handling process. ***Your*** complaint will be handled by a person with authority to resolve the matter. ***Your*** complaint will be dealt with within 15 business days unless ***we*** notify ***you*** of the reasons why it cannot be dealt with within that time.

If the complaint remains unresolved to ***your*** satisfaction, ***you*** can request that it be reviewed by Financial Ombudsman Service (FOS). FOS resolves certain insurance disputes between consumers and insurers and will provide an independent review at no cost to ***you***. QBE Insurance is bound by the determination of FOS but the determination is not binding on ***you***.

The General Insurance Code Of Practice

QBE Insurance is a signatory to the General Insurance Code of Practice.

The Code aims to:

(a) promote better, more informed relations between insurers and their customers;
(b) improve consumer confidence in the general insurance industry;
(c) provide better mechanisms for the resolution of complaints and disputes between insurers and their customers; and
(d) commit insurers and the professionals they rely upon to higher standards of customer service.

To obtain a copy of the General Insurance Code of Practice go to www.codeofpractice.com.au

PART 2 – FINANCIAL SERVICES GUIDE (FSG)

This Financial Services Guide (FSG) is designed to assist you in deciding whether to use the Financial Services provided by us ie arranging travel insurance for you. It explains the kind of financial services we offer. It also contains general information about who we are, how we are paid and how to make a complaint.

About Us

BookSchoolies.com is an Authorised Representative of QBE Insurance. BookSchoolies.com are authorised by QBE Insurance to deal in QBE travel insurance products on their behalf. We can directly issue, vary or cancel QBE travel insurance as their agent in accordance with their underwriting guidelines (this is called a binder authority). In some cases we may need to arrange for QBE Insurance to do this if we are not able to act under our binder authority. QBE Insurance as the insurer of the product and we as their agent do not act on your behalf. The BookSchoolies.com adviser providing you with this FSG is authorised by us to act on our behalf in providing the services we are authorised to provide for QBE Insurance. We and our travel advisers do not have any authority to give you any advice (i.e. recommendation or opinion about the financial product). We can provide you with factual information on the product to help you decide if it is right for you. The choice is yours.

This FSG was prepared on 1 July 2009 and authorised for distribution by QBE Insurance.

Contacting Us

If you have any queries, contact your BookSchoolies.com adviser, or contact us at the address detailed above.

Contact Details

Group Travel Manager Pty Ltd
Trading As schoolies.com
ABN: 51 132 055 077
Authorised Representative No: 338 244
PO Box 621
Mermaid Beach QLD 4218
Phone: (07) 5572 7627
Fax (07) 5575 1509

Our Remuneration

Our representative receives commission from ***us*** which is a percentage of the total premium paid by ***you*** to ***us*** for the product. The commission is paid monthly by ***us*** based on policies issued. ***You*** can request full details of the remuneration payable to ***our representative*** for the issue of ***your*** policy by asking ***our representative*** at any time until the end of ***your*** cooling off period (refer Cooling off period).

If You Have A Complaint

If you ever have a complaint, you should ask your BookSchoolies.com adviser for assistance or you can write to or call BookSchoolies.com, using the contact details above. We have procedures in place to help resolve any issues you may have. If your complaint is not resolved to your satisfaction, you may request that your complaint be referred to QBE Insurance and handled under their dispute resolution process.

PART 3 - POLICY WORDING

TERMS AND CONDITIONS

This section provides the terms and conditions of the contract between ***you*** and QBE Insurance. It is important that ***you*** read this very carefully.

If ***you*** have any questions regarding ***our*** policy, please telephone ***our*** Customer Service Centre on 1300 555 017.

DEFINITIONS

Applicable limit(s) means the sum insured specified in the Schedule of Benefits or Policy Wording.

Existing medical condition(s) means:

a. any chronic or ongoing (whether chronic or otherwise) medical or dental condition, illness or disease of which ***you*** were aware or should reasonably have been aware, and which is medically documented or under investigation prior to the issue of the Certificate of Insurance; or
b. any physical, ***mental illness*** or medical condition (including pregnancy), defect, illness or disease of which ***you*** were aware or should reasonably have been aware, and for which treatment, medication, preventative medication, advice, preventative advice or investigation has been received or prescribed by a medical or dental adviser in the 60 days prior to the issue of the Certificate of Insurance

Note:

- Where any condition is the subject of an investigation, that condition falls within this definition, regardless of whether or not a diagnosis of the condition has been made.
- This definition applies to ***you***, ***your travelling party***, ***your*** relatives, ***your*** business colleague, or any other person ***you*** have a relationship with whose state of health could impact ***your*** travel plans.

Injury means a bodily injury that is caused solely and directly by external and visible means as a result of an accident and which does not result from an illness or disease.

Mental illness means a condition characterised by the presence of symptoms such as delusions, hallucinations, disorder of thought form, disturbance of mood, or sustained or repeated irrational behaviour, which impairs, either temporarily or permanently, the mental functioning of a person.

Personal computer means laptops, notebooks, tablet PCs, personal digital assistants (PDA's), smartphones, and any other hand-held wireless devices that have the capacity to convey data or information.

Premium means the total amount payable for the insurance. It includes amounts payable to ***our*** Authorised Representative, stamp duty, GST and the premium payable to ***us***.

Professional sporting activity means an activity for which ***you*** receive financial reward, or benefits from participating in that sporting activity, regardless of whether or not ***you*** are a professional sports person.

Relative is limited to a relative of ***yours***, or of a member of the ***travelling party***, who is resident in Australia or New Zealand. It means a spouse, defacto partner, parent, parent in-law, daughter, son, daughter-in-law, son-in-law, brother, sister, brother-in-law, sister-in-law, grandchildren, grandparent, step-parent, step-children, fiance or fiancee, or guardian.

Rental vehicle means any car, campervan, motorcycle or boat ***you*** rent from a licenced rental vehicle company and have a signed contract with that company.

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

Single means a single person named on the Certificate of Insurance.

Travelling party means ***you*** and any travelling companion who has made arrangements to accompany ***you*** for at least 50% of the ***trip***.

Trip(s) means the period of travel stated in the Certificate of Insurance. The period begins on the date of departure, as stated in the Certificate of Insurance, from ***your*** normal place of residence in Australia and ends when ***you*** return to ***your*** normal place of residence in Australia, or when the period of the trip set out in the Certificate of Insurance ends, whichever happens first. The period of travel cannot be altered without ***our*** consent.

Unattended means leaving ***your*** luggage, either, with a person ***you*** have not previously met, or in a public place where it can be taken without ***your*** knowledge or at a distance from which ***you*** cannot prevent it from being taken.

We, ***our***, ***us***, refers to QBE Insurance (Australia) Limited ABN 78 003 191 035.

You, ***your***, ***yours***, ***yourself*** means the person named in the Certificate of Insurance.

WHEN DOES THE COVER BEGIN AND END?

1. This insurance is only valid when ***you*** pay the ***premium*** and ***our*** Authorised Representative issues a Certificate of Insurance to ***you***.
2. This insurance under all applicable sections except Section 2A (Cancellation Or Holiday Deferment Costs), Section 2B (Agents Cancellation Fees) and Section 2C (Loss Of Reward Points) covers ***you*** for the period of the ***trip***. Sections 2A, 2B and 2C cover ***you*** from the time ***you*** pay the ***premium***, until the period of the ***trip*** ends.
3. If the scheduled transport in which ***you*** are to travel is delayed, or the delay is caused by an event that entitles ***you*** to make a claim under this policy, the insurance is automatically extended beyond the period of the ***trip***. The extension lasts until ***you*** are capable of travelling to ***your*** final destination, including the journey there, or for a period of 6 months, whichever happens first.
4. This insurance is only valid for the period of the ***trip***. That period cannot be changed without ***our*** consent. If ***you*** wish to defer or alter the period of travel, ***we*** may require ***you*** to submit a Policy Amendment Form and ***our*** decision whether or not to agree to alter the period of the ***trip*** will depend upon ***our*** assessment of that form. If ***we*** do not agree, a refund of the ***premium*** will be made to ***you***.

LOSSES WE DO NOT COVER AT ALL

1. ***We*** **will not pay** the first $25 (the excess) for any one event except in relation to a claim under Section 4.
2. ***We*** **will not pay** the first $100 (the excess) for the loss of, theft of, or damage to sporting equipment. This excess is in addition to any other excess.
3. In all sections of this policy, ***we*** **will pay** only up to the ***applicable limit*** unless a sub-limit is specified in the relevant section.
4. There are General Exclusions, which apply to all types of cover. Particular Exclusions apply to specific sections of cover under this policy and are listed following the relevant types of cover. Please read them carefully.

GENERAL EXCLUSIONS

We **will not pay** for any of the following losses:

1. A loss which is recoverable under some other scheme. For example, Medicare, a private health fund, workers compensation scheme, travel compensation fund or accident compensation scheme.
2. Consequential loss of any nature.
3. A loss caused by, arising directly or indirectly from or in any way connected with a criminal or dishonest act by ***you*** or by a person with whom ***you*** are in collusion.
4. A loss caused by, arising directly or indirectly from or in any way connected with war, invasion, act of a foreign enemy, hostilities (whether war is declared or not), civil war, rebellion, revolution, insurrection, military or usurped power, or popular uprising.
5. A loss caused by, arising directly or indirectly from or in any way connected with the use, existence or escape of nuclear weapons material, or ionising radiation from, or contamination by, radioactivity from any nuclear fuel, or nuclear waste from the combustion of nuclear fuel.
6. A loss caused by, arising directly or indirectly from or in any way connected with any Government intervention, prohibition, or regulation.
7. A loss caused by, arising directly or indirectly from or in any way connected with an act or threat of terrorism. This exclusion does not apply to Section 1 Evacuation And Repatriation and Section 5 Luggage And Personal Effects.
8. A loss caused by, arising directly or indirectly from or in any way connected with the cancellation of travel arrangements due to mechanical breakdown of transportation.
9. Any claim arising from illness or ***injury*** where a metastatic or terminal prognosis was made, in relation to any medical condition, whether related or not to the cause of the claim, prior to the issue of the Certificate of Insurance.
10. Any claim arising directly or indirectly as a result of a member of the ***travelling party***:
    (a) deliberately injures themself; or
    (b) being under the influence of, or is addicted to, intoxicating liquor or a drug, except a drug taken in accordance with the advice of a registered medical practitioner; or
    (c) suffers any ***mental illness*** including dementia, depression, anxiety, stress, bipolar, mania, schizophrenia or other nervous disorder; or
    (d) suffers HIV with AIDS related infection or illness.
11. the illness, injury or death of a person who is not a member of your travelling party and is 80 years of age or over at the time the Certificate of Insurance is issued.
12. you are not insured under any section of this policy where a claim payment breeches any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations, of Australia, the European Union, United Kingdom or United States of America.

GENERAL CONDITIONS APPLICABLE TO ALL SECTIONS

1. ***You*** must:
    (a) give ***us*** written notice as soon as possible of an event that may result in a claim under this policy.
    (b) give ***us*** ***your*** Certificate of Insurance and any other documents, medical certificates, original receipts or information that ***we*** reasonably ask for.
    (c) not make any promise or offer of payment, or admit fault to anyone, or become involved in any litigation, in respect of an event that may result in a claim under this policy, without ***our*** consent.
    (d) in the event of a claim caused by a physical, mental or medical condition, obtain evidence from the treating doctor immediately that ***you*** are aware of signs or symptoms of the condition.
2. ***We*** may, at ***our*** expense, take proceedings in ***your*** name to recover compensation or enforce an indemnity against someone else in respect of a loss covered by this insurance in accordance with the law. Anything ***we*** recover belongs to ***us***.
3. Claims will be paid to ***you*** or ***your*** personal representative in Australian dollars on the basis of the exchange rate that applied at the time of the event that gave rise to the claim. ***We*** **will not pay** more than ***your*** actual loss.
4. Once the Certificate of Insurance has been issued ***you*** are not entitled to a refund of any part of the ***premium*** except as provided for in the section headed "Cooling Off Period".
5. ***You*** must tell ***us*** if ***you*** were entitled to claim an input tax credit on the ***premium*** at the time of making a claim under the policy. If ***you*** do not provide ***us*** with this information ***we*** may deduct up to 1/11th of the amount otherwise payable in settlement of ***your*** claim.
6. If ***we*** agree to pay a claim under ***your*** policy, this policy covers GST inclusive costs (up to the relevant policy limit). 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 the policy.
7. ***You*** must tell ***us*** if ***your*** entitlement to an input tax credit disclosed to ***us***:
    (i) is incorrect; or
    (ii) changes from what ***you*** have told ***us***, when ***you*** vary ***your*** policy.

SECTION 1: EVACUATION AND REPATRIATION

The most ***we*** will pay for all claims under this section is the ***applicable limit*** set out in the Schedule of Benefits or where no limit is listed, the specific amount set out in the relevant section.

We **will pay** ***you*** if ***you*** have to interrupt ***your trip*** after it has begun, for necessary medical evacuation or repatriation that ***you*** undertake with ***our*** consent. Travel expenses for ***your*** evacuation or repatriation are only covered if the attending physician advises ***us*** in writing that ***you*** are unfit to continue the ***trip***.

The following conditions apply:

(a) ***We*** **will not pay** for expenses incurred to resume the ***trip*** after ***you*** have returned to ***your*** normal place of residence within Australia.
(b) For repatriation, ***we*** **will not pay** more than the cost of repatriation within Australia.
(c) Additional travel must be at the fare class that ***you*** originally chose, except where ***we*** agree otherwise on the basis of a written recommendation by ***your*** attending physician.
(d) If ***you*** do not have a return ticket at the time of the event that causes a claim under this section, ***we*** will deduct the cost of an economy class airfare at the carrier's regular published rates for the return journey.

CANCELLATION AND ADDITIONAL EXPENSES – EVENTS WE COVER UNDER SECTION 2

We will cover ***you*** for Cancellation And Additional Expenses (Section 2), in respect of ***your*** planned ***trip***, that result directly from one of the following events occurring after the Certificate of Insurance was issued subject to the exclusions detailed in "Losses We Do Not Cover Under Sections 1, 2, 3 And 4":

1. ***You*** being unable to start or finish the ***trip*** because of the death, sudden serious illness or serious ***injury*** arising before or during the ***trip*** of:
    - a member of ***your travelling party***; or
    - of a ***relative*** or business partner or person in the same employ as ***you***, who is resident in Australia or New Zealand.

    The following conditions apply;
    - the illness or ***injury*** requires hospitalisation or confinement;
    - in the case of a business partner or person in the same employ as ***you***, the person's absence made the cancellation or ending of the ***trip*** necessary, and ***you*** have written confirmation of that fact from a senior partner or director.
2. Cancellation or restriction of pre-paid scheduled public transport services caused by severe weather, natural disaster, riot, strike or civil commotion. ***You*** must have done everything reasonable to avoid the expenses. ***You*** must also get the carrier's written confirmation of ***your*** claim.
3. ***Your*** pre-paid accommodation being destroyed or uninhabitable due to severe weather or natural disaster and no alternative equivalent accommodation is available in the vicinity. ***You*** must have done everything reasonable to obtain alternative accommodation. ***You*** must also have written confirmation of ***your*** claim from an official of the hotel or government body where the incident took place.
4. A member of the ***travelling party*** being required to do jury service or being confined in compulsory quarantine.
5. ***You*** being involved in a motor vehicle, railway, air or marine accident. ***You*** must have written confirmation of the accident from an official body where the accident happened.
6. Loss (excluding Government confiscation) of ***your*** passport, travel documents or credit cards.
7. A member of ***your travelling party*** who is a full time student being required to sit supplementary examinations.
8. A member of ***your travelling party*** being made redundant from full time usual employment in Australia.

9. The cancellation of pre-arranged leave for full time employees of the police, fire, ambulance or emergency services.
10. ***Your*** normal place of residence in Australia being destroyed or rendered insecure due to a natural disaster.
11. The cancellation of a wedding, conference, pre-paid concert, course, tuition or sporting event and the sole purpose of the ***trip*** is to attend that wedding, conference, concert, course, tuition or sporting event.
12. A member of ***your travelling party*** being effected by any form of insolvency, administration or bankruptcy of their employer.
13. A tour operator or wholesaler cancelling a tour because there are not enough people to begin or complete the tour. Cover is limited to the pre-paid cost of the airline tickets purchased to reach the departure point of the tour.
14. The insolvency or financial default of scheduled service airlines, hotel and resort operators, car and campervan hire companies, cruise lines, railways operators and theme park operators excluding travel agents. Cover is limited to $1,500.

SECTION 2: CANCELLATION AND ADDITIONAL EXPENSES

Cover under this section is only provided for an event listed in Cancellation And Additional Expenses – Events We Cover Under Section 2.

The most ***we*** will pay for all claims under this section is the ***applicable limit*** set out in the Schedule of Benefits or where no limit is listed, the specific amount set out in the relevant section.

Section 2A: Cancellation Or Holiday Deferment Costs

We **will pay** the value of unused pre-paid travel arrangements, less any refunds due to ***you***, if ***you*** have to cancel these arrangements, or; the reasonable cost of rearranging ***your trip***, provided that this cost is not greater than the cancellation fees or lost deposits which would have been incurred had the ***trip*** been cancelled. ***We*** **will not pay** for the value of unused pre-paid transport costs where ***we*** have repatriated ***you*** a distance equivalent to, or greater than, the total distance remaining on ***your*** itinerary at the point of repatriation. Where the total distance of the repatriation is less than the unused travel arrangements ***we*** will calculate ***your*** entitlement on a pro-rata basis, taking into account the cost of ***your*** original ticket.

Section 2B: Agents Cancellation Fees

We **will pay** agent's cancellation fees up to $1,500 when full monies have been paid. If only a deposit has been paid at the time of cancellation, ***we*** **will pay** the agent's cancellation fees up to the maximum of the deposit. In any event, ***we*** **will not pay** more than the level of commission or service fees normally earned by the agent, had the ***trip*** not been cancelled.

Section 2C: Loss Of Reward Points

We **will pay** for frequent flyer or similar flight reward points lost due to the cancellation of ***your*** airline ticket. The amount ***we*** **will pay** is calculated as follows:

(a) the cost of the equivalent class airline ticket, based on the best available advance purchase airfare at the time of cancellation, less ***your*** financial contribution towards the airline ticket

multiplied by

(b) the total amount of points lost

divided by

(c) the total amount of points redeemed to obtain the airline ticket.

We will not provide cover if the loss of such points or their value can be recovered from any other source.

Section 2D: Emergency Travel Arrangements And Accommodation Expenses

We **will pay** ***you*** if ***you*** have to interrupt ***your trip*** after it has begun, for necessary additional travel, accommodation and meals that ***you*** undertake with ***our*** consent. Travel expenses for ***your*** return home are only covered if the attending physician advises ***us*** in writing that ***you*** are unfit to continue the ***trip***.

The following conditions apply:

(a) ***We*** **will not pay** for expenses incurred to resume the ***trip*** after ***you*** have returned to ***your*** normal place of residence within Australia.

(b) Additional travel must be at the fare class that ***you*** originally chose, except where ***we*** agree otherwise on the basis of a written recommendation by ***your*** attending physician.

(c) If ***you*** do not have a return ticket at the time of the event that causes the cancellation, ***we*** will deduct the cost of an economy class airfare at the carrier's regular published rates for the return journey.

(d) ***We*** **will not pay** for additional transport or accommodation expenses when a claim is made for cancelled transport or accommodation expenses covering the same period of time.

(e) ***We*** **will not pay** for accommodation expenses for periods where ***you*** have not forfeited pre-paid accommodation arrangements.

(f) ***We*** **will pay** ***you*** for necessary additional meals up to a maximum of $50 for each 24 hour period up to a maximum of $500.

(g) ***You*** must give ***us your*** receipts and written advice that ***you*** are unfit to continue the ***trip***.

SECTION 3: NON MEDICAL ATTENDANT

The most ***we*** will pay for all claims under this section is the ***applicable limit*** set out in the Schedule of Benefits or where no limit is listed, the specific amount set out in the relevant section.

We **will pay** an economy class airfare and necessary accommodation, for a relative or friend to travel to, remain with or escort ***you***, in place of a medical attendant if ***you*** are hospitalised as an in-patient as a result of suffering an ***injury*** or an illness, the symptoms of which ***you*** first became aware during the ***trip***. However, ***you*** must have written advice from the attending physician and ***you*** must also have ***our*** consent. Cover is limited to $1,500.

SECTION 4: ACCIDENTAL DEATH

The most ***we*** will pay for all claims under this section is the ***applicable limit*** set out in the Schedule of Benefits or where no limit is listed, the specific amount set out in the relevant section.

(No Excess Applies)

We **will pay** ***your*** Estate, if ***you*** are 18 years of age or over and during ***your trip you*** suffer an ***injury*** which results in ***your*** death within 12 months of the ***injury*** being sustained.

LOSSES WE DO NOT COVER UNDER SECTIONS 1, 2, 3 AND 4

We **will not pay** a claim that arises directly or indirectly because of any of the following:

1. A member of the ***travelling party***:
   (a) takes part in a riot or civil commotion;
   (b) acts maliciously;
   (c) races (except on foot); mountaineers or rock climbs using support ropes; or participates in basejumping, or takes part in a ***professional sporting activity***;
   (d) rides a motor cycle in excess of 100 cc (except as a pillion passenger) without a licence that is valid in Australia.
2. ***You*** travel even though ***you*** know ***you*** are unfit to travel. ***You*** travel against medical advice. ***You*** travel when ***you*** know ***you*** will have to consult a medical practitioner.
3. ***You*** arrange to travel when ***you*** know of circumstances that could lead to the ***trip*** being disrupted or cancelled.
4. Death, illness or ***injury***, caused or exacerbated by, traceable to, or related to, an ***existing medical condition***.
5. Death, illness or ***injury*** caused or exacerbated by or consequential upon any condition which has been the subject of a medical investigation within the period of 12 months prior to the issue of the Certificate of Insurance, in respect of which no diagnosis has been made.
6. Replacing medication in use at the time the ***trip*** began or maintaining a course of treatment ***you*** were on at the time.
7. The birth of a child, whatever the proximate cause is.
8. ***You*** fail to take reasonable precautions to avoid a financial loss after a public warning of a strike, riot, civil commotion, or natural disaster.
9. A member of the ***travelling party*** decides to change or not to continue with the ***trip***.
10. ***You*** operate a ***rental vehicle*** in violation of the rental agreement.
11. ***You*** incur medical, ambulance and ancillary expenses within Australia.
12. The insolvency or financial default of a travel agent, scheduled serviced airlines, hotel and resort operators, car and campervan hire companies, cruise lines, railway operators and theme park operators to the extent that ***your*** loss is covered by a scheme or fund (not a contract of insurance), or would be but for this insurance.
13. The insolvency, bankruptcy, provisional liquidation, financial collapse, appointment of receivers or any other form of insolvency administration of any person, company, organisation involved in ***your*** travel arrangements at the time the Certificate of Insurance was issued.

SECTION 5: LUGGAGE AND PERSONAL EFFECTS

The most ***we*** will pay for all claims under this section is the ***applicable limit*** set out in the Schedule of Benefits or where no limit is listed, the specific amount set out in the relevant section.

We **will pay** ***you*** for each of the following:

1. Accidental loss, theft of, or damage to, ***your*** luggage or personal effects including things ***you*** buy during the ***trip***, whilst they are accompanying ***you*** during ***your trip***. ***We*** are entitled to choose between repairing, or replacing the property, or paying ***you*** its value in cash, after allowing for wear, tear, and depreciation. The limits in total and the item limits are set out in the Schedule of Benefits. A pair or related set of items - for example, a camera, lenses (attached or not), tripod and accessories or a chain and pendant - are only one item for this purpose.
   However, ***we*** will only accept liability if ***you***:
   (a) within 24 hours of becoming aware of the loss, notify the police or the responsible officer, in the aircraft, vessel, train, or motor coach ***you*** are travelling in, or in the hotel in which ***you*** are staying and give ***us*** their written report of the incident when ***you*** make the claim.
   (b) keep receipts for goods ***you*** buy separate from the goods themselves.
   (c) keep any relevant ticket and luggage check and give them to ***us***.
   (d) provide evidence of the value and ***your*** ownership of the goods.
   (e) if an airline loses or damages ***your*** accompanying luggage, report it in writing to the airline within 3 days and send to ***us*** written confirmation of the report along with details of any settlement that they make in relation to the loss or damage.
2. Loss of, or damage to, dentures or dental prostheses during ***your trip***, up to $800.

LOSSES WE DO NOT COVER UNDER SECTION 5

We **will not** pay for any of the following:

1. Loss, theft of, or damage to:
   (a) cash, bank or currency notes, cheques or negotiable instruments.
   (b) watercraft of any type (excluding surfboards).
   (c) fragile or brittle items (eg. glass or china), except loss or damage caused by fire, or by accident to the transport carrying them.
   (d) damage to computer screens at any time.
   (e) unaccompanied luggage or personal effects.
   (f) property that ***you*** leave ***unattended*** or that occurs because ***you*** do not take reasonable care to protect it.
   (g) luggage or personal effects to the extent for which ***you*** are entitled to compensation from the carrier.
   (h) ***personal computer***, or communication, or photographic, or electronic equipment, or jewellery, or watches left unattended by you in a motor vehicle for any length of time, even if in the boot of the motor vehicle.
   (i) luggage or personal effects left ***unattended*** by ***you*** overnight in a motor vehicle for any length of time.
   (j) ***personal computer***, or communication, or photographic, or electronic equipment, or jewellery, or watches checked in as luggage.
2. Wear and tear or depreciation of property or damage by the action of insects or vermin, mildew, rust or corrosion.
3. Mechanical or electrical breakdown, or malfunction repair costs.

SECTION 6: PERSONAL LIABILITY

The most ***we*** will pay for all claims under this section is the ***applicable limit*** set out in the Schedule of Benefits or where no limit is listed, the specific amount set out in the relevant section.

We **will pay** ***you*** for ***your*** legal liability to pay damages or compensation because ***your*** negligence during the ***trip*** causes ***injury*** to a person who is not a member of ***your*** family or ***travelling party***; or loss or damage to property that is not owned by ***you*** or a member of ***your*** family or ***travelling party***, or is not in ***your*** or their custody or control. Provided ***our*** consent is obtained ***we*** will also pay ***your*** legal costs in relation to that liability. The ***applicable limit*** is a combined total for ***your*** liability and ***your*** costs.

LOSSES WE DO NOT COVER UNDER SECTION 6

We **will not pay** for a liability:

(a) arising out of ***your*** trade, business or profession;

(b) for ***injury*** to an employee arising out of, or in the course of, their employment by ***you***;

(c) arising out of an unlawful, wilful or malicious act by ***you***;

(d) arising out of ***your*** ownership, possession or use (including as a passenger) of a mechanically propelled vehicle, or any aircraft or watercraft; or

(e) arising out of ***you*** passing on an illness or disease to another person.