

# GoSafe travel insurance



**PRODUCT DISCLOSURE STATEMENT  
POLICY WORDING  
FINANCIAL SERVICES GUIDE**

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## PART 1 - PRODUCT DISCLOSURE STATEMENT

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### WELCOME TO GOSAFE TRAVEL INSURANCE

To help **You** understand **Our** travel insurance, **We** have produced this Product Disclosure Statement (PDS) which provides **You** with some important information to enable **You** to compare and make an informed decision about this policy.

### ABOUT US

This insurance is issued by Chase Underwriting Solutions Pty Ltd (AFSL number 454344). Chase Underwriting Solutions Pty Ltd (Chase Underwriting) is an Australian Financial Services Licensee and is authorised by ASIC to issue, deal in and provide general advice on general insurance products. Chase Underwriting has under binding authority authorised by certain underwriters at Lloyd's of London (Insurer) to act on its behalf in arranging, issuing, varying, cancelling and providing general advice in relation to the Insurer's travel insurance products. Chase Underwriting issues Certificates of Insurance under a binding authority with Lloyd's of London which means it can enter into, vary or cancel these products on the Insurer's behalf without reference to the Insurer provided it acts within the binding authority. Chase Underwriting acts for the Insurer and not **You**.

Chase Underwriting is located at Level 1, 68 Clarke Street, Southbank, Victoria 3006.

### ABOUT YOUR TRAVEL INSURANCE POLICY

**Your** policy is a contract between the Insurer and **You**. **Your** insurance policy is comprised of:

- **Your** application for insurance;
- **Your** Certificate of Insurance;
- The Policy Wording including the Product Disclosure Statement and the Schedule of Cover; and
- Any written endorsements **We** provide to **You**.

These items make up **Your** policy and should be carefully read together. It is important that they are kept in a safe place.

### THE COST OF THIS INSURANCE

When calculating the cost of **Your** travel insurance, **We** take a number of factors into account, including:

- Where **You** are travelling to;
- How long **You** are travelling;
- The level of cover **You** have chosen;
- How old **You** are; and
- If **You** have selected any additional cover such as snow sports

The amount payable by **You** for the travel plan selected and any additional cover **You** choose will be shown on **Your** Certificate of Insurance, including compulsory government charges. This policy is only valid when **You** pay the amount payable and a Certificate of Insurance is issued to **You**.

### WHO CAN BUY THIS INSURANCE

This travel insurance is available for Australian citizens who maintain domiciled status in Australia and for non Australian Citizens who have been resident in Australia for a period of not less than 3 months. **You** do not have domiciled status if **You** have permanently migrated to another country or **Your** permanent place of abode is outside Australia. This travel insurance is only available for people aged 65 or under at the time of buying this policy.

### AREA OF TRAVEL

**You** are covered for **Trips** to countries within the following areas provided that **You** have paid the appropriate premium, as shown in **Your** Certificate of Insurance. **You** must select the area that covers **Your** entire **Trip**:

- Worldwide \*
- Worldwide excluding USA and Canada †\*
- Pacific including New Zealand, Fiji and Bali †
- Australia only

† other than stopovers in other areas not exceeding 48 hours

\* this policy will not cover any benefit, loss, cost or expense arising directly or indirectly from travel in, to or through Belarus, Iran, North Korea, Russia, Ukraine or any other country which is sanctioned by European Union, OFAC (United States of America), United Kingdom, the United Nations or Australia from time to time.

It is **Your** responsibility to ensure that **You** have chosen the correct area of travel.

Travellers on domestic cruises within Australian waters, should select their area of travel as 'Pacific Including New Zealand, Fiji and Bali' to ensure that cover is available for emergency medical assistance and expenses.

### 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 purchase this insurance. Once an application has been accepted and a Certificate of Insurance issued, the Policy Wording in the PDS in force at the time of the application is the basis of the cover.

### DATE THIS PDS WAS PREPARED

This PDS was prepared on **31 December 2025** and remains valid until a further PDS is issued to replace it.

### COOLING OFF PERIOD / PREMIUM REFUND

If, having purchased the policy, **You** want to cancel it, **You** can do so within 14 business days of receiving the Certificate of Insurance and obtain a full refund, provided **You** have not made a claim and **Your Trip** has not commenced. GoSafe Travel Insurance will arrange for a

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refund of the amount payable within 15 business days of **You** cancelling **Your** policy. **We** can only accept a request for cancellation via **Our** website. Please visit **Our** contact **Us** page at [www.gosafeinsurance.com.au](http://www.gosafeinsurance.com.au)

### CANCELLATION BY US

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

- Failed to comply with **Your** duty to take reasonable care not to make a misrepresentation to an Insurer;
- Failed at any time to comply with **Your** duty of utmost good faith;
- Failed to pay the amount payable;
- Made a fraudulent claim under the policy;
- 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** a minimum of 3 business day's written notice. **We** will deduct from the amount payable, an amount to cover the shortened period for which **You** have been insured by **Us** and refund the balance to **You**.

### CONFIRMING COVER

A Certificate of Insurance which is **Your** proof of insurance, will be issued and sent to **Your** nominated email address once **You** have completed **Your** online application and **You** have paid the appropriate amount.

### DUTY OF DISCLOSURE

Before you enter into an insurance contract, you have a duty to tell the insurer anything that you know, or could reasonably be expected to know, may affect their decision to insure you and on what terms. You have this duty until they agree to insure you. You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell the insurer anything that:

- reduces the risk they insure you for; or
- is common knowledge; or
- they know or should know as an insurer; or
- they waive your duty to tell them about.

If you do not tell the us something you are required to, we may cancel your contract or reduce the amount they will pay you if you make a claim, or both. If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

### YOUR DUTY TO TAKE REASONABLE CARE NOT TO MAKE A MISREPRESENTATION TO AN INSURER

**Your** application for insurance cover will be treated as if **You** are applying for a 'consumer insurance contract'. Before the contract of insurance is entered into, or **You** renew this contract, **You** have a legal duty to take reasonable care not to make a misrepresentation to the insurer under the Insurance Contracts Act 1984 (Cth).

It is very important that **You** comply with **Your** duty, as this may impact on **Your** insurance cover. A misrepresentation is an answer or statement that is not true, only partially true, or does not fairly reflect the truth.

When **You** apply for this insurance or apply to renew it, **We** will ask **You** clear and specific questions that are

relevant to **Our** decision to insure **You**. **Your** answers in response to **Our** questions are important as **We** use them to determine whether **We** can provide insurance cover to **You**, and if so, the terms of the policy and the premium **We** will charge. This means that when answering **Our** questions, **You** should respond fully, honestly and accurately.

The duty to take reasonable care not to make a misrepresentation applies anytime **You** answer **Our** questions as a part of an initial insurance application, when extending, making changes to or renewing an existing insurance, and reinstating any previous contract of insurance.

**We** may later investigate the answers **You** provide to us, for example, when a claim is made.

### Guidance for answering Our questions

Important: please ensure that **You** take care when providing **Your** answers in response to **Our** questions in relation to **Your** insurance application. **You** should respond fully, honestly and accurately. If **You** do not, it may affect **Your** insurance cover.

When answering **Our** questions, please:

- Think carefully about **Your** responses. If **You** do not understand the question or require further explanation, please ask **Us** before responding;
- Make sure **Your** responses are truthful, accurate and complete answers to every question that **We** ask **You**;
- Provide **Us** with all relevant information in response to **Our** questions. If **You** are unsure what information to include, please include it or check with us, **Your** broker or adviser;
- Do not assume that **We** will contact anyone else for the information **We** are asking **You** for; Review each answer **You** have provided on **Your** insurance application carefully and make any corrections (if necessary) before submitting it to us. **You** are responsible for the answers that **You** provide us, even if **You** have had help in preparing **Your** application, for example from **Your** broker, intermediary, advisor or someone else.

Before **Your** insurance cover starts, please tell **Us** of any changes that may be required to the answers **You** have given to **Our** questions. This may save time as any changes may require further investigation or assessment of the risk.

If, after **Your** insurance cover starts, **You** think **You** may not have complied with **Your** duty, please contact us, **Your** broker or advisor immediately and **We** will let **You** know whether it has any impact on **Your** cover.

**We** may contact **You** after **You** have submitted **Your** application to clarify or collect any information that **You** may not have included. The information **You** provide may be recorded and used by **Us** in assessing **Your** application. **Your** duty to take reasonable care not to make a misrepresentation applies to all types of communication with us, including written, electronic, online, when speaking with **Us** in person or on the telephone, or a mix of these.

### If You do not comply with Your duty

If **You** do not take reasonable care not to make a misrepresentation, it may have serious consequences for **Your** insurance. If **You** have failed to comply with **Your** duty, **We** have certain rights, which may depend on what **Your** insurance offer may have been had **You** not made a misrepresentation, and whether or not the misrepresentation was fraudulent. **We** have different

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actions available to us, for example, **We** may do one of the following:

- Avoid **Your** insurance cover. This means that **Your** insurance contract and cover will be treated as if it never existed;
- Change the amount of cover, for example the level of cover may be reduced;
- Change the terms of **Your** insurance contract, for example certain events may be excluded from being covered.

This may mean an insurance claim may not be paid, or the amount or benefit paid may be reduced, or premiums increased.

If **We** suspect that **You** may have breached **Your** duty to take reasonable care not to make a misrepresentation, before **We** exercise any of the actions available to us, **We** will:

- Explain **Our** reasons why **We** believe **You** have breached **Your** duty; and
- Provide **You** with an opportunity to respond and provide **Us** with further information.

If **We** decide to make changes to **Your** cover, **We** will notify **You** of **Our** decision and provide **You** with the review process and complaints procedure to follow if **You** disagree with **Our** decision.

### If **You** need help

It is very important that **You** understand this information, the questions that **We** ask **You** and **Your** duty. If **You** are having difficulty for any reason, such as a disability, English language, or require further support such as a support person **You** trust, please contact **Us** so that **We** may tell **You** how **We** may assist in providing additional support.

If **You** have any questions, please contact us, **Your** broker or advisor.

### GROUP BOOKINGS

The person purchasing an insurance policy on behalf of a group must ensure that every person to be insured has been advised to read this PDS and their attention drawn to the exclusions and conditions contained herein. The person purchasing the policy is required to answer all questions on behalf of all persons to be insured to the best of their knowledge and belief and should undertake all reasonable steps to obtain the required information in respect of each and every person to be insured.

### GENERAL INSURANCE CODE OF PRACTICE

The Insurance Council of Australia Limited has developed the General Insurance Code of Practice (Code), which is a self regulatory code for use by all Insurers. The Insurer is a member of the Insurance Council of Australia, and a signatory to the Code. The Insurer and Chase Underwriting support the Code, the objective of which is to raise the levels of practice and service in the general insurance industry. For more information visit [www.codeofpractice.com.au](http://www.codeofpractice.com.au).

### COMPLAINTS OR DISPUTES

**We** view seriously any complaint about **Our** products or services and will deal with it promptly and fairly. There are established procedures for dealing with complaints and disputes regarding **Your** insurance or claim as set out below.

#### Stage 1

If **You** have any concerns or wish to make a complaint in relation to this policy, **Our** services or **Your** insurance claim, please let **Us** know and **We** will attempt to resolve concerns in accordance with **Our** Internal Dispute Resolution process. Please contact Chase Underwriting in the first instance:

The Complaints Officer

#### Chase Underwriting Solutions Pty Ltd

A: Level 1, 68 Clarke Street  
Southbank VIC 3006 Australia  
E: [complaints@chaseunderwriting.com.au](mailto:complaints@chaseunderwriting.com.au)

**We** will acknowledge receipt of **Your** complaint and do **Our** utmost to resolve the complaint to **Your** satisfaction within 10 business days. If **You** would like to communicate with a complaints officer via telephone, please reach out to **Us** at +61 (0)7 3303 0801. **We** will promptly organise for an appropriate representative to return **Your** call.

#### Stage 2

If **We** cannot resolve **Your** complaint to **Your** satisfaction, **We** will escalate **Your** matter to Lloyd's Australia who will determine whether it will be reviewed by their office or the Lloyd's UK Complaints Team. Lloyd's contact details are:

#### Lloyd's Australia Limited

A: Level 32, 225 George Street,  
Sydney NSW 2000  
Australia  
T: +61 (0)2 8298 0783  
E: [idraustralia@lloyds.com](mailto:idraustralia@lloyds.com)

A final decision will be provided to **You** within 30 calendar days of the date on which **You** first made the complaint unless certain exceptions apply.

### EXTERNAL DISPUTE RESOLUTION

**You** may refer **Your** complaint to the Australian Financial Complaints Authority (AFCA), if **Your** complaint is not resolved to **Your** satisfaction within 30 calendar days of the date on which **You** first made the complaint or at any time. AFCA can be contacted as follows:

Australian Financial Complaints Authority GPO  
Box 3,  
Melbourne VIC 3001 Australia T:  
1800 931 678  
E: [info@afca.org.au](mailto:info@afca.org.au)  
W: [www.afca.org.au](http://www.afca.org.au)

AFCA is an independent body that operates nationally in Australia and aims to resolve disputes between **You** and **Your** Insurer. AFCA provides fair and independent financial services complaint resolution that is free of charge to consumers. Determinations made by AFCA are binding upon **Us**. **Your** complaint must be referred to AFCA within 2 years of the final decision, unless AFCA considers special circumstances apply. If **Your** complaint is not eligible for consideration by AFCA, **You** may be referred to the Financial Ombudsman Services (UK) or **You** may seek independent legal advice. **You** can also access any other external dispute resolution or other options that may be available to **You**.

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### HOW TO MAKE A CLAIM

Please refer to the details on page 22.

### HOW WE PROTECT YOUR PRIVACY

Please refer to **Our** Privacy Notice on page 24.

### TAXATION IMPLICATIONS / GOODS AND SERVICES

#### TAX (GST)

International travel insurance is GST exempt. However, if **You** are registered for GST, **You** should tell us the

percentage of GST **You** are able to claim back on normal business purchases. If **You** suffer a loss and replace the lost item or are provided with goods or services in respect of the loss after **You** return to Australia, **We** will only reimburse **You** the amount of **Your** loss in accordance with this policy, less any entitlement **You** have to an Input Tax Credit on the amount.

### AMENDMENT OF PERSONAL OR TRAVEL DETAILS

**We** can only accept a request to change **Your** personal or travel details via **Our** website. Please visit **Our** contact **Us** page at [www.gosafeinsurance.com.au/page/contact/](http://www.gosafeinsurance.com.au/page/contact/).

**We** will either amend the policy if there is no additional premium to be paid or will contact **You** directly to discuss further.

### SOME OF THE THINGS OUR TRAVEL INSURANCE COVERS

Cancellation or Curtailment Expenses  
Overseas Medical and Dental Expenses  
Medical Evacuation or Repatriation  
Personal Liability  
Missed Departure  
Delayed or Lost Baggage  
Personal Money  
Travel Delay  
Holiday Abandonment  
Personal Accident  
Hospital Cash Allowance  
Hijack  
Rental Vehicle Excess

Terms, conditions and limits apply so please read the PDS for full details.

### SOME THINGS ARE NOT COVERED BY THIS TRAVEL INSURANCE

In certain circumstances, exclusions may apply and **Your** travel insurance will not cover **You**. **You** should read the PDS and Policy Wording carefully to ensure **You** understand the exclusions and conditions which apply to **Your** policy. For example, there is no cover for snow sports unless **You** have selected to include this when purchasing the policy and it is noted on **Your** Certificate of Insurance.

There is also no cover for any loss **You** may suffer as a result of any **Pre-existing Medical Condition** as detailed below.

**A Pre-existing Medical Condition** means:

- a. An ongoing medical or dental condition of which **You** are aware or related complication **You** have, or the symptoms of which **You** are aware in the 12 months prior to the issue of the policy;
- b. A medical or dental condition that is currently being, or has been investigated or treated by a health

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professional (including dentist or chiropractor) at any time in the past, prior to policy purchase;

- c. Any condition for which **You** take prescribed medicine;
- d. Any condition for which **You** have had surgery at any time in the past, prior to policy purchase;
- e. Any condition for which **You** see or have seen a medical specialist at any time in the past, prior to policy purchase; or
- f. Pregnancy

The above definition applies to **You**, **Your** travelling companion, a **Relative**, or any other person.

### PRE-EXISTING MEDICAL CONDITIONS COVERED IF YOU HAVE NOT BEEN HOSPITALISED IN THE LAST 24 MONTHS - TIER 1

Notwithstanding the above **Pre-existing Medical Condition** definition, there are certain **Pre-existing Medical Conditions** that **We** are able to cover if it is described below, and provided that **You** have not been hospitalised (including Day Surgery or Emergency Department attendance) for that condition in the past 24 months.

- 1. Acne
- 2. Allergies, limited to Rhinitis, Chronic Sinusitis, Eczema, Food Intolerance, Hay Fever
- 3. Asthma – providing that **You**:
  - a. have no other lung disease, and
  - b. are under 50 years of age at the date of policy purchase
- 4. Benign Positional Vertigo
- 5. Bunions
- 6. Carpal Tunnel Syndrome
- 7. Cataracts
- 8. Coeliac Disease
- 9. Congenital Blindness
- 10. Congenital Deafness
- 11. \*Diabetes Mellitus (Type I) – providing **You**:
  - a. were diagnosed over 12 months ago; and
  - b. have no eye, kidney, nerve or vascular complications; and
  - c. do not also suffer from a known cardiovascular disease, hypertension, hyperlipidaemia or hypercholesterolemia; and
  - d. are under 50 years of age at the date of policy purchase
- 12. \*Diabetes Mellitus (Type II) – providing **You**:
  - a. were diagnosed over 12 months ago; and
  - b. have no eye, kidney, nerve or vascular complications; and
  - c. do not also suffer from a known cardiovascular disease, hypertension, hyperlipidaemia or hypercholesterolemia
- 13. Dry Eye Syndrome
- 14. Epilepsy – providing there has been no change to **Your** medication regime in the past 12 months
- 15. Folate Deficiency
- 16. Gastric Reflux
- 17. Goitre
- 18. Glaucoma
- 19. Graves' Disease
- 20. Hiatus Hernia
- 21. \*Hypercholesterolemia (High Cholesterol) – provided **You** do not also suffer from a known cardiovascular disease and/or Diabetes
- 22. \*Hyperlipidaemia (High Blood Lipids) – provided **You** do not also suffer from a known cardiovascular disease and/or Diabetes
- 23. \*Hypertension (High Blood Pressure) – provided **You** do not also suffer from a known cardiovascular disease and/or Diabetes
- 24. Hypothyroidism, including Hashimoto's Disease
- 25. Impaired Glucose Tolerance
- 26. Incontinence
- 27. Insulin Resistance
- 28. Iron Deficiency Anaemia
- 29. Macular Degeneration
- 30. Meniere's Disease
- 31. Migraine
- 32. Nocturnal Cramps
- 33. Osteopenia
- 34. Osteoporosis
- 35. Pernicious Anaemia
- 36. Pregnancy – Pregnancy up to 22 weeks gestation from the date the policy ends, where no complications exist relating to this pregnancy, it is not a multiple pregnancy, and the pregnancy is not the result of assisted reproductive programs.
- 37. Cover is only provided for serious complications of pregnancy that could not reasonably have been predicted to occur by a healthcare practitioner in possession of the insured person's current and prior medical history. A serious complication is one likely to pose a threat to the life of the mother or unborn child, or likely to lead to a permanent disablement of the unborn child if left untreated. In no event is there any cover for:
  - Childbirth at any gestation
  - Regular antenatal care
  - Care of the new born child
- 38. Plantar Fasciitis
- 39. Raynaud's Disease
- 40. Sleep Apnoea
- 41. Solar Keratosis
- 42. Trigeminal Neuralgia
- 43. Trigger Finger
- 44. Vitamin B12 Deficiency

\* Diabetes (Type I and Type II), Hypertension, Hypercholesterolemia and Hyperlipidaemia are risk factors for cardiovascular disease. If **You** have a history of cardiovascular disease, and it is a **Pre-existing Medical Condition**, cover for these conditions are also excluded.

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### PRE-EXISTING MEDICAL CONDITIONS WHERE THERE IS NO MEDICAL EXPENSES, CANCELLATION COSTS OR ADDITIONAL EXPENSES COVER - **TIER 2**

The following is a list of **Pre-existing Medical Conditions** for which there is no cover for medical expenses, cancellation costs or additional expenses arising from or related to these particular conditions.

1. Any type of cancer that **You** have previously been diagnosed with, or secondaries from that cancer
2. Any condition for which surgery/treatment procedure is planned, including any fertility treatment
3. Any condition which arises from signs or symptoms that **You** are currently aware of, but:
  - a. **You** have not yet sought a medical opinion regarding the cause; or
  - b. **You** are currently under investigation to define a diagnosis; or
  - c. **You** are awaiting specialist opinion
4. Any condition for which **You** have been hospitalised (including Day Surgery) or attended the Emergency Department in the last 24 months unless specified in Tier 3 (**Pre-existing Medical Conditions** always excluded)
5. Any condition for which **You** have ever required spinal or brain surgery
6. Any condition which has caused a seizure in the past 12 months
7. Any Chronic or recurring pain (including back pain) requiring regular medication or other ongoing treatment such as physiotherapy or chiropractic treatment
8. Any condition that requires ongoing treatment with immunosuppressant therapy\* (e.g. Arthritis, Colitis, Chronic Respiratory Disease)
9. HIV infection
10. Anxiety, depression, mental **Illness** or stress suffered by **You** and diagnosed by a registered Psychiatrist or Psychologist as a **Pre-existing Medical Condition**.
11. Any new Deep Vein Thrombosis (DVT) or Pulmonary Embolism (PE), if **You** have been diagnosed with one of these clots in the past, and do not take preventative measures (as prescribed by a medical practitioner) for this **Trip**
12. Any Heart or Cardiovascular Disease (CVD) if **You** have ever needed to see a specialist cardiologist, or been diagnosed with a form of CVD such as (but not limited to):
  - Aneurysms
  - Angina (chest pain)
  - Cardiomyopathy
  - Cerebrovascular Accident (stroke)
  - Disturbances in heart rhythm (cardiac arrhythmias)
  - Previous heart surgery (including valve replacements, bypass surgery, stents)
  - Myocardial Infarction (heart attack)

- Transient Ischaemic Attack (TIA)

Medical conditions involving the heart and blood vessels are collectively called cardiovascular disease (CVD). All such conditions are interrelated. **You** will not have cover for any claims relating to the heart/cardiovascular system (including heart attacks and strokes) if there is any history of any form of CVD. All CVD is excluded from the policy.

Any Chronic Lung Disease, its exacerbation, or new airways infections, if **You** have ever been diagnosed with a Chronic Lung Disease (including, but not limited to):

- Emphysema
- Chronic Bronchitis
- Bronchiectasis
- Chronic Obstructive Airways Disease (COAD)
- Chronic Obstructive Pulmonary Disease (COPD)
- Pulmonary Fibrosis or
- Asthma (in persons over 60 years of age)

\* “Immunosuppressive Therapy” means drugs prescribed to inhibit or prevent activity of the immune system. Clinically, they are used to:

- Prevent the rejection of transplanted organs and tissues (e.g. bone marrow, heart, kidney, liver)
- Treat autoimmune diseases or diseases that are most likely of autoimmune origin (e.g. Rheumatoid Arthritis, Myasthenia Gravis, Systemic Lupus Erythematosus, Crohn’s Disease and Ulcerative Colitis)
- Treat some other non-autoimmune inflammatory diseases (e.g. long term Allergic Asthma control and other Respiratory Diseases)

### PRE-EXISTING MEDICAL CONDITIONS ALWAYS EXCLUDED - **TIER 3**

Circumstances where there is no cover whatsoever: **You** have been given a terminal prognosis for any condition with a life expectancy of under 24 months

1. **You** require home oxygen therapy or **You** will require oxygen for the **Trip**
2. **You** have Chronic Renal Failure treated by haemodialysis or peritoneal dialysis
3. **You** have been diagnosed with congestive heart failure
4. Any AIDS-defining **Illness** or any condition associated with immunocompromise
5. **You** have had, or are on a waiting list for, an organ transplant

Warfarin Use: Please note that taking the medication Warfarin (also known under the brand names of Coumadin, Jantoven, Marevan, and Waran) has a complex range of serious complications and side effects and is excluded under General Exclusion 27. This means that **We** will not pay for any conditions that are otherwise covered.

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If **You** have a **Pre-existing Medical Condition** that is not included in either **Our** auto covered (Tier 1) or excluded list of conditions (Tier 2), **You** are required to obtain a certificate of fitness to travel from **Your** doctor in order to cover events arising from this condition. **You** don't need to tell us about the condition unless **You** have a claim involving the condition. The certificate should state: "This is to confirm that (name of insured person) is fit to undertake the planned **Trip** and I do not foresee why they should require any medical treatment for their condition whilst overseas." **You** should retain this certificate as it may be requested in the event of a claim.

If **You** choose not to obtain a doctor's certificate, **Your** policy will exclude any event arising directly or indirectly from the **Pre-existing Medical Condition(s)**. It is important to understand the terms and conditions detailed above, as they form a part of **Our** agreement with **You**, should **You** continue and purchase this insurance. If **You** do not obtain a doctor's certificate, this medical approval is void.

Please read "Part 2 – Policy Wording" of this document carefully as it tells **You** what **You** are and are not covered for.

### **SPORTS / LEISURE ACTIVITIES**

We provide cover for **Your** amateur participation in a wide range of sports and leisure activities worldwide including whilst officially competing in individual and or team events up to amateur regional club level. Competing as a representative at state or national level competition may only be included after declaration to and acceptance by the Insurer. Please note that there is no cover for **Your** participation as a professional sportsman (i.e. where **You** the insured receives any form of remuneration for **Your** participation in sport by way of wages, endorsements, sponsorship or prize monies).

### **SPORTS / LEISURE ACTIVITIES AUTOMATICALLY INCLUDED:**

Abseiling (see note 1 below), Adventure Racing, Angling, Archery, Athletics, Aussie Rules, Badminton, Bamboo Rafting, Banana Boating, Baseball, Basketball, Beach Volleyball, Biathlon (non-snow), Biking, BMX riding (no stunts/obstacles), Boardsailing/Windsurfing, Bowling, Bowls, Bridge Swinging, Bungee Jumping (to a maximum of two per person, per **Trip**), Bushwalking, Camel Riding, Canoeing, Canyoning (see note 1 below), Catamaran Sailing (within territorial waters), Clay Pigeon Shooting, Climbing (indoor), Cricket, Cross Country Running, Curling, Cycling, Cyclo-Cross, Deep Sea Fishing, Dinghy Sailing, Diving (High Diving), Dog Sledding, Dragon Boat Racing (including international competition), Dry Slope Skiing/Boarding, Elephant Trekking/Riding, Endurance Tests, Expeditions, Fell Running, Fell Walking, Fencing, Fishing,

Fives, Floorball, Football (not American), Gaelic Football, Go-Karting, Golf, Gymnastics, Handball, Hiking up to 6,000m, Hockey, Horse Riding (excluding racing, jumping or competing) Hot Air Ballooning (see note 1 below), Hurling, Ice Skating excluding Speed Skating, Inline Skating, Jet Boating, Jet Skiing, Jogging, Kayaking (up to grade 3 rivers), Kendo, Kite Surfing, Lacrosse, Marathon Running, Martial Arts not involving intentional bodily contact, Modern Pentathlon, Motor Cycling (if **You** hold a current and appropriate motorcycle licence), Mountain Biking (recreational), Netball, Orienteering, Outdoor Endurance Events, Outrigging, Overland Trips, Paintballing (see note 1 below), Parachute Jumping - static line - (see note 1 below), Paragliding (see note 1 below), Parapenting (see note 1 below), Parasailing (see note 1 below), Parascending (see note 1 below), Pistol Shooting, Pony Trekking, Quad Biking, Racketball, Rackets, Rambling, Rap Jumping (see note 1 below), Reenacting (excludes use of live ammunition), Rifle Shooting, Ringos, Roller Blading, Roller Hockey, Rounders, Rowing, Rugby League, Rugby Union, Rugby Sevens, Running, Safari Trekking (see note 1 below), Sail Boarding, Sailing/Yachting (recreational within territorial waters), Sand Dune Surfing/Skiing, Scrambling, Scuba Diving (up to 30m depth, subject to the restrictions shown in General Exclusion 13), Sea Canoeing, Sea Kayaking, Shark Diving - in cage - (see note 1 below), Shinty, Shooting, Skate Boarding, Sky Diving - Tandem (see note 1 below), Snorkeling, Snow Sports Activities (refer below), Soccer, Softball, Squash, Street Hockey, Summer Tobogganing, Surfing, Swimming, Table Tennis, Tennis, Tobogganing, Touch Football, Tramping, Trampolining, Trekking (up to 6,000m without ropes, picks or other specialist climbing equipment); Triathlon, Tug-of-War, Via Ferrata (using established routes and fixed apparatus), Volleyball, Wakeboarding, Walking, War Games, Water Polo, Water Skiing, White Water Canoeing/Rafting (up to and including Grade 4), Windsurfing, Zip Lining (see note 1 below), Zorbing.

**Note 1** - Provided by a licenced commercial operator. Cover for these activities is not available in the USA or Canada.

However **Your** participation in any activity not shown above is specifically excluded.

### **SNOW SPORTS**

The following snow sports activities are covered, subject to **You** selecting to include this when purchasing the policy and it is noted on **Your** Certificate of Insurance.

Back Country Skiing and Snowboarding  
Biathlon (ski)  
Snowcat Skiing/Boarding  
Cross Country Skiing

## PART 1 - PRODUCT DISCLOSURE STATEMENT

Glacier Skiing  
 Glacier Walking  
 Snow Monoskiing  
 Ski Randonnee  
 Ski Touring  
 Skiing – snow (on piste)  
 Snowblading  
 Snowboarding (on piste)

At no time is cover granted for ski, snow board, snow blade, or skibob racing in competitive events, ski jumping, ice-hockey or the use of skeletons or bobsleighs.

### TRAVEL ADVICE

The Australian Government website [www.smartraveller.gov.au](http://www.smartraveller.gov.au) provides detailed travel advice about all worldwide destinations. It is important that **You** refer to this as the policy may exclude cover if **You** travel to a destination where the Government is advising "do not travel".

### AUSTRALIANS ALREADY OVERSEAS

Our insurance is appropriate if **You** are an Australian resident and are overseas intending to return to Australia on the date **Your** policy ends.

### AUTOMATIC EXTENSION OF COVER

If **You** have not completed **Your** travel before the expiry date of the insurance for reasons which are beyond **Your** control, this insurance will remain in force until completion not exceeding a further 21 days without additional premium. In the event of **You** being hijacked or held to ransom, cover shall continue whilst **You** are subject to the control of the person(s) or their associates making the hijack or ransom demand, and during travel direct to **Your** domicile and/or original destination for a period not exceeding 12 months from the date of the hijack or ransom.

### AUTOMATIC REINSTATEMENT OF SUMS INSURED

The amount **You** are covered for under sections 5 and 6 only as shown in the Schedule of Cover shall be reinstated following the first valid claim under such section. Thereafter the amount payable shall be reduced by the amount of any subsequent valid claims.

### PERIOD OF INSURANCE

Except as stated below, cover for each separate **Trip** under this insurance starts when **You** leave **Your** home or place of business in **Your Normal Country of Residence** at the start of **Your Trip**, and finishes immediately when **You** return to **Your** home or place of business in **Your Normal Country of Residence** for any reason, or on the nominated expiry date shown on **Your** travel insurance certificate, whichever is the sooner.

For cancellation only (Section 1), cover starts from the date shown on **Your** Certificate of Insurance or the date **You** book **Your Trip**, whichever is the later. **Personal Money** (Section 6) will be covered from the time of collection from the Bank, 72 hours prior to departure or issue of this policy, whichever is the later.

### LIMITS OF COVER

Our total liability is limited to the amounts shown in the Schedule of Cover on page 10.

### EXCESS WAIVER

If an additional premium has been paid for the group to remove the excess, the first part of each and every claim as shown in the Schedule of Cover (the excess) will be removed.

### CURRENCY CONVERSION

Settlement of claims for expenditure incurred overseas will be made at the rate of conversion applicable at the time of the loss or expense.



## PART 2 - POLICY WORDING

SCHEDULE OF COVER			
SECTION	BENEFIT	GROUP PLUS (PER PERSON)	EXCESS
1	Cancellation Fees, Lost Deposits & Curtailment	\$7,500	\$135*
2	Overseas Emergency Medical Assistance Overseas Emergency Medical Expenses Emergency Dental Treatment Additional Expenses	\$Unlimited** \$Unlimited** \$500 \$50,000	\$135
3	Hospital Cash	\$5,000	Nil
4	Permanent Disability Benefit Accidental Death Benefit Accidental Death Benefit (under 18 years)	\$25,000 \$75,000 \$20,000	Nil
5	Baggage and Personal Effects Total Limit for Valuables*** Maximum Per Item, Pair or Set Luggage Delay Expenses	\$5,000 \$750 \$500 \$250	\$135
6	Travel Documents, Personal Money and Traveller's Cheques Cash Cash (under 18 years)	\$5,000 \$500 \$250	\$135
7	Travel Delay Benefit	\$1,000	Nil
8	Alternative Transport Expenses	\$5,000	\$50
9	Hijack Benefit	\$5,000	Nil
10	Kidnap and Ransom Kidnap and Ransom (under 18 years)	\$250,000 \$20,000	Nil
11	Rental Vehicle Excess	\$5,000	Nil
12	Personal Liability	\$7,500,000	\$135
13	OPTIONAL ADDITIONAL BENEFIT - The following benefit limit only applies where <b>You</b> have selected to include this cover and <b>Your Certificate of Insurance</b> specifically notes this is included.  Covid -19 Cancellation Fees and Lost Deposits	\$2,500	\$135

Benefit limits are in Australian dollars.

\* 15% of excess to apply in respect of loss of deposit claims

\*\* Overseas emergency medical expenses and assistance must be incurred within 12 consecutive months from the date the first expense was incurred.

\*\*\* This limit is increased to \$2,000 in respect of each camera, video camera, laptop, notebook or hand held computer. Musical instruments are covered up to \$1,000

## PART 2 - POLICY WORDING

Provided **You** have paid the appropriate premium as shown in **Your** travel insurance certificate, **You** are covered in accordance with the full wording shown herein up to the limits indicated in the Schedule of Cover. The limits apply per person.

### APPLICATION OF EXCESSES

The excess applies for each person and each section of each claim unless otherwise stated or an additional premium has been paid for the group to remove the excess.

### DEFINITIONS

Listed below are certain words that appear throughout the policy. In all cases they will have the meanings shown below.

**Accident** means a single sudden and unexpected event, which occurs at an identifiable time and place and which causes unexpected **Bodily Injury** at the time it occurs.

**Bodily Injury** means a specific physical injury caused by an **Accident**. An injury is a **Bodily Injury** only if it is the direct consequence of an **Accident** and is not the accumulation of a series of accidents or traumas and if it is not directly or indirectly caused by, contributed to by and/or aggravated by any physical impairment, defect, degenerative process or infirmity existing prior to the inception of this policy.

**Breakdown** (for the purpose of Section 8) means that the vehicle in which **You** are travelling stops as a result of mechanical or electrical failure due to any cause other than lack of fuel, oil or water.

**Business Colleague** means any person that **You** work closely with whose absence for a period of one or more complete days necessitates the cancellation or **Curtailment** of the **Trip** as certified by a director of the business.

**Curtail/Curtailment/Curtailed** means cutting your planned **Trip** short by early return to your **Normal Country of Residence**, admission to an overseas hospital as an in-patient or prevention of further travel so that **You** lose the benefit of **Your** pre-paid accommodation.

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

**Illness** means a sickness, disease or malady. Sickness or disease shall not include osteoarthritis, arthritis or any other degenerative process of the joints, bones, tendons or ligaments unless first diagnosed or **Manifesting** itself during the policy period.

**Left Behind** means not taken by the insured person when vacating or leaving any hotel accommodation, restaurant, cafe, bar or any other **Public Place**.

**Manifest/Manifestation/Manifesting** means the date when a sickness or disease is reasonably capable of diagnosis by a health care practitioner.

**Motor Car Accident** (for the purpose of Section 11) means a single sudden and unexpected event involving collision with another vehicle, another road user or stationary object which occurs at an identifiable time and place and causes damage to the hire vehicle.

**Normal Country of Residence** means the country where **You** are permanently residing at the date of issue of the Certificate of Insurance, or where **You** are temporarily residing for a period of more than 3 months and to where **You** will be repatriated if medically necessary except for medical repatriation under a one way travel policy.

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

**Personal Effects** means personal belongings, including clothing worn and personal luggage owned by **You** that **You** take with **You** on your **Trip**.

**Personal Money** means cash (banknotes and coins), travellers' cheques, postal orders, travel tickets and accommodation vouchers carried by **You** for **Your** personal use.

**Pre-existing Medical Condition** means:

- a. An ongoing medical or dental condition of which **You** are aware, or related complication **You** have, or the symptoms of which **You** are aware in the 12 months prior to the issue of the policy.
- b. A medical or dental condition that is currently being, or has been investigated or treated by a health professional (including dentist or chiropractor) at any time in the past, prior to policy purchase;
- c. Any condition for which **You** take prescribed medicine;
- d. Any condition for which **You** have had surgery at any time in the past, prior to policy purchase;
- e. Any condition for which **You** see or have seen a medical specialist at any time in the past, prior to policy purchase; or
- f. Pregnancy.

The above definition applies to **You**, **Your** travelling companion, a **Relative**, or any other person.

## PART 2 - POLICY WORDING

Notwithstanding the above, there are certain pre-existing medical conditions that **We** are able to cover automatically and which are shown on page 6 and 7 of this PDS/Policy Wording.

**Public Place** means any place to which the public has access, except:

- a. A place where only **You**, **Your** travelling companion or **Your** accommodation providers have access, or
- b. The locked storage area of **Your** accommodation or transport provider after **You** have given them your **Personal Effects** for safe keeping.

**Public Transport** means any aircraft, ship, train, coach or similar mode of transport on which **You** are booked to travel.

**Relative** means any of the following who is under 85 years and is resident in Australia or New Zealand; husband or wife (or de facto partner with whom **You** are living permanently at the same address), parent, grandparent, parent-in-law, brother, sister, child, grandchild, brother-in-law, sister-in-law, son-in-law, daughter-in-law or fiancé(e).

**Trip** means any holiday/leisure **Trip** or business **Trip** for which **You** have paid the appropriate premium.

**Travel Carrier** means any airline, cruise or ferry company, railway or coach company licenced for passenger carriage.

**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.

**Valuables** means cameras and other photographic equipment; audio and video equipment; computers; all discs, CDs, tapes and cassettes; mobile telephones; other electronic or electrical equipment of any kind; musical instruments; spectacles and/or sunglasses; telescopes and binoculars; works of art; jewellery; watches; furs and items made of or containing precious or semi-precious stones or metals.

**We**, **Us** and **Our** means the Insurer.

**You** and **Your** means each person shown in the Certificate of Insurance. Each person is separately insured.

A reference to legislation, statutory order, section, subsidiary instrument or part in this document includes a reference to any replacement or re-enacting or amending or equivalent legislation, statutory order, section, subsidiary instrument or part.

### SECTION 1: CANCELLATION FEES, LOST DEPOSITS AND CURTAILMENT

**We** will cover **You** up to the amount shown in the Schedule of Cover in the event **Your Trip** is necessarily and unavoidably cancelled prior to departure or **Curtailed** before completion because of any of the following events first occurring during the period of insurance:

- a. The accidental serious injury, serious **Illness** or death of **You**, **Your Relative**, **Your** travelling companion, **Your Business Colleague** or person with whom **You** intend to stay at the **Trip** destination.
- b. Medical complications related to a pregnancy, as certified by **Your Doctor**, where the expected birth is more than 18 weeks after **You** are booked to return home.
- c. Pregnancy that is confirmed during the period of insurance, where the expected birth is less than 18 weeks after **You** are booked to return home.
- d. **Your** receipt of a summons for jury service, being subpoenaed as a court witness or being placed in compulsory quarantine.
- e. **Your** unexpected requirement for emergency and unavoidable duty as a member of the armed forces, police, fire, nursing, ambulance or coastguard services resulting in cancellation of previously agreed leave.
- f. **Your** redundancy, provided that **You** are entitled to payment under the current redundancy payments legislation and that at the time of booking **Your Trip** **You** had no reason to believe that **You** would be made redundant.
- g. **Your** presence being required to make **Your** property safe and secure following fire, flood or burglary that causes serious damage to **Your** home occurring within 48 hours of departure, or whilst **You** are away.
- h. A Level 4 warning ("do not travel") issued by the Australian Government on the [www.smartraveller.gov.au](http://www.smartraveller.gov.au) website advising against travel to or through a country which forms a major part of **Your** itinerary or prevention of access by the government of the country in question. Such advice against travel must be first issued after the date that **You** booked **Your Trip** or purchased **Your** policy from **Us**, whichever is the latter and still be in place 14 days prior to **Your** scheduled travel to the country in question for this section to respond.

#### FOR CANCELLATION PRE-DEPARTURE:

In the event **You** necessarily cancel **Your** planned **Trip** due to any of the above noted reasons, **You** are covered in respect of either (1) irrecoverable deposits or payments made for unused travel and accommodation paid in advance or contracted to be paid; or (2) at **Our** option, for the additional costs for alternative transport incurred to travel at a later date or by another route to reach **Your** destination.

## PART 2 - POLICY WORDING

### FOR CURTAILMENT POST-DEPARTURE:

You are covered in respect of reasonable additional costs for travel and accommodation, a proportionate refund of unused and irrecoverable travel bookings and the original value of unused airfares which cannot be used excluding airfares for an Insured Person to return to their **Normal Country of Residence** in the event You necessarily **Curtail Your Trip** due to any of the above noted reasons.

### WE WILL NOT COVER YOU FOR:

- a. Any claim which is excluded under the General Exclusions applicable to this policy.
- b. Any expenses that would normally have been incurred during **Your Trip** if there had been no cancellation or **Curtailment** post-departure.
- c. The first \$135 of each and every claim (the excess) applicable to this section, or the amount as shown in your Certificate of Insurance if You have selected to vary **Your** excess at the time of taking out **Your** policy.
- d. An **Epidemic, Pandemic** or outbreak of an infectious disease or any derivative or mutation of such viruses (or arising directly or indirectly from these) or the threat, or perceived threat, of any of these.
- e. Any claim arising out of pregnancy where You are travelling against **Your** doctor's advice and/or if expecting to give birth within 18 weeks of completing **Your Trip** and/or pregnancy up to 22 weeks gestation at the date the policy ends, where complications exist relating to this pregnancy, it is a multiple pregnancy and/or the pregnancy is the result of assisted reproductive programs.
- f. Any claim which results from any condition or circumstance known to You at the time of applying for insurance where this condition or circumstance could reasonably be expected to result in the cancellation or **Curtailment of Your Trip**.
- g. Any cost incurred in respect of visas required in connection with the **Trip**. The provision, loss or subsequent replacement of visas or passports, other than as specifically included under Section 6 hereunder.
- h. Pre-travel inoculations.
- i. **Your** disinclination to travel or **Your** loss of enjoyment.

### CONDITIONS

1. Frequent flyer or similar flight reward programs claims for points lost due to the cancellation of **Your** airline ticket will be reimbursed based on the nominated cash value for those points given by the reward program operator. **We** will not provide cover if the loss of such points or their value can be recovered from any other source.
2. It is a requirement of this insurance that if You:
  - a. Become aware of any circumstances which make it necessary for You to cancel **Your Trip** prior to departure, You must advise **Your** travel providers

in writing within 48 hours. The maximum amount **We** will pay will be limited to the applicable cancellation charges at the time.

- b. Wish to return home differently to **Your** original plans and claim any additional costs under this insurance, **You** must contact **Our** nominated emergency service and obtain their agreement to the new arrangements. Failure to do so may affect the assessment of **Your** claim.

Please also refer to the General Exclusions and Conditions of this policy.

## SECTION 2: MEDICAL EXPENSES AND ASSISTANCE

**We** will cover **You** up to the amount shown in the Schedule of Cover for necessary and reasonable costs incurred as a result of your **Bodily Injury, Illness** or death during **Your Trip** in respect of:

- a. Overseas emergency medical, surgical and hospital treatment and transportation. At the sole discretion of the Insurer, which reserves the right to make the final decision as to whether or not it is medically necessary, this also includes the cost of repatriation to **Your Normal Country of Residence**, by whatever means deemed medically necessary. The cost of emergency dental treatment to natural teeth is covered up to the amount shown in the Schedule of Cover provided that it is only for the immediate relief of pain.
- b. Additional travel and accommodation expenses (to a level comparable with **Your** pre-booked travel and accommodation) to enable **You** to return home if **You** are unable to continue **Your Trip** as originally planned and where **Your** return home is certified by a doctor to be strictly necessary on medical grounds.
- c. Additional travel and accommodation expenses (comparable with **Your** pre-booked travel and accommodation) in circumstances where it is not medically necessary for **You** to return home but where **You** are certified medically unfit to travel and/or continue **Your Trip** as originally planned. Such costs must be additional and where **Your Illness/injury** causes **You** to lose the benefit of prepaid accommodation elsewhere.
- d. Additional travel and accommodation expenses (to a level comparable with **Your** pre-booked travel and accommodation) for:
  - i. A travelling companion to stay with **You** and accompany **You** home where their presence is certified by a doctor to be strictly necessary on medical grounds; or
  - ii. A **Relative** or friend to travel from **Your Normal Country of Residence** to stay with **You** and accompany **You** home where their presence is certified by a doctor to be strictly necessary on medical grounds.

## PART 2 - POLICY WORDING

- e. Returning **Your** remains to **Your** home or a funeral in the country where **You** died, up to the equivalent cost of returning **Your** remains to **Your Normal Country of Residence**.

The maximum payable under parts b, c, d and e is \$50,000.

### WE WILL NOT COVER YOU FOR:

- a. Any claim which is excluded under the General Exclusions applicable to this policy.
- b. The first \$135 of each and every claim (the excess) applicable to this section, or the amount as shown in **Your Certificate of Insurance** if **You** have selected to vary **Your** excess at the time of taking out **Your** policy.
- c. Medical treatment, dental treatment or ambulance transportation provided in Australia.
- d. Any claim arising out of pregnancy where **You** are travelling against your doctor's advice and/or if expecting to give birth within 18 weeks of completing **Your Trip** and/or pregnancy up to 22 weeks gestation at the date the policy ends, where complications exist relating to this pregnancy, it is a multiple pregnancy and/or the pregnancy is the result of assisted reproductive programs.
- e. Any treatment or surgery;
  - i. Which is not immediately necessary and can wait until **You** return home.
  - ii. Which in the opinion of **Our** nominated emergency service is considered to be cosmetic, experimental, preventive or elective.
  - iii. Carried out in **Your Normal Country of Residence** or more than 12 months from the date of the **Accident** or commencement of **Illness**.
  - iv. Which is not obtained within the terms of any reciprocal health agreements, wherever such agreements exist.
- f. Exploratory tests unless they are normally conducted as a direct result of the condition which required referral to medical facilities.
- g. The additional cost of accommodation in a single or private room, unless it is medically necessary or there is no alternative.
- h. The continued treatment, investigation or medication of a condition that existed or was being treated prior to departure.
- i. The cost of installing, replacing or repairing false teeth, crowns and bridges or dental work involving the use of precious metals.
- j. Additional accommodation expenses where **You** claim under Section 1 for forfeited accommodation in the corresponding period due to the injury/**Illness** giving rise to **Your** claim.
- k. Any expenses incurred more than 12 months from the time **You** first received treatment for the injury or **Illness**.

### CONDITIONS

- 1. If **You** are admitted to hospital and **You** are likely to remain in hospital for more than 24 hours, **You** must contact **Our** nominated emergency service immediately. If **You** do not, this could mean **We** could reduce the amount **We** pay for medical expenses or **We** could reduce **Our** cover to reflect the prejudice **We** have suffered by **Your** failure to comply with this condition. If you receive medical treatment overseas and costs are likely to exceed A\$1,000, or the equivalent in local currency, **You** must notify **Our** nominated emergency service.
- 2. If **You** have to return to **Your Normal Country of Residence** under Section 1 (Cancellation and Curtailment), or Section 2 (Emergency Overseas Medical Expenses) **Our** nominated emergency service must authorise this. If they do not, this could mean that **We** will not provide cover or **We** may reduce the amount **We** pay for **Your** return home.
- 3. Wherever possible **You** must use medical facilities that entitle **You** to the benefits of any reciprocal health agreements.
- 4. **We** reserve the right to repatriate **You** to your **Normal Country of Residence** when, in the opinion of the doctor in attendance and **Our** medical advisers, **You** are fit to travel.

Please also refer to the General Exclusions and Conditions of this policy.

## SECTION 3: HOSPITAL CASH

**We** will cover **You** if **You** are receiving in-patient hospital treatment in a country outside of **Your Normal Country of Residence** for more than 48 hours for a benefit payment of \$150 for the subsequent 24 hour period and a further \$150 for each subsequent and complete 24 hour period up to the maximum shown in the Schedule of Cover. This benefit is only available where **Your** claim has been accepted under Section 2 (Overseas Medical Expenses and Assistance) of this policy.

### WE WILL NOT COVER YOU FOR:

- a. Any claim which is excluded under the General Exclusions applicable to this policy.
- b. Any claim which is excluded under the Exclusions applicable to Section 2 or where **You** have not complied with relevant policy conditions.
- c. An **Epidemic**, **Pandemic** or outbreak of an infectious disease or any derivative or mutation of such viruses (or arising directly or indirectly from these) or the threat, or perceived threat, of any of these.

## PART 2 - POLICY WORDING

Please also refer to the General Exclusions and Conditions of this policy.

### SECTION 4: PERMANENT DISABILITY BENEFIT AND PERSONAL DEATH BENEFIT

**We** will cover **You** in addition to any medical expenses claim paid under Section 2 for the amount shown in the Schedule of Cover if **You** have an **Accident** whilst **You** are on **Your Trip** and which is the sole and independent cause of **Your** death, **Permanent Total Disablement**, **Loss of Sight** or **Loss of Limb(s)** within 12 months of the **Accident**.

Payment under this Section in respect of all the consequences of an **Accident** shall be limited in total to the amount shown in the Schedule of Cover. In the event of **Your** death within 12 months of the **Accident**, the total payment will be limited to the amount shown for death.

**Permanent Total Disablement** means that for the 12 months following **Your Accident** **You** are totally unable to work in any occupation for which **You** are suited by experience, education or training and at the end of that time there is no prospect of improvement.

**Loss of Limb(s)** means complete physical loss of a hand or foot or complete loss of use of a hand, arm, foot or leg.

**Loss of Sight** means complete and permanent loss of sight in one or both eyes.

#### WE WILL NOT COVER YOU FOR:

- a. Any claim which is excluded under the General Exclusions applicable to this policy.
- b. Claims resulting from motorcycling and quad biking.
- c. Claims arising out of manual and/or hazardous labour.
- d. Claims arising out of disease, **Illness**, self injury or natural causes.
- e. Claims arising out of surgery unless as a direct result of the **Accident**.
- f. A claim for **Permanent Total Disablement** if at the date of the **Accident** **You** are over the statutory retirement age and are not in full time paid employment.

Please also refer to the General Exclusions and Conditions of this policy.

### SECTION 5: BAGGAGE AND PERSONAL EFFECTS

**We** will cover **You** up to the amounts shown in the Schedule of Cover, after making reasonable allowance for wear, tear and depreciation for the loss, theft or damage to:

- a. **Your Personal Effects**.
- b. **Your Valuables**.

**You** are also covered up to the amount shown in the

Schedule of Cover in respect of emergency purchases for the reasonable cost of buying immediate necessities if **Your** luggage is lost, misdirected or misplaced by a **Travel Carrier** for at least 24 hours on an outward leg of **Your Trip**. **You** must provide original receipts for the items that **You** buy. If **Your** baggage is permanently lost, any amount that **We** pay for emergency purchases will be deducted from the total claim.

#### WE WILL NOT COVER YOU FOR:

- a. Any claim which is excluded under the General Exclusions applicable to this policy.
- b. The first \$135 of each and every claim (the excess) applicable to this section, or the amount as shown in **Your** Certificate of Insurance if **You** have selected to vary **Your** excess at the time of taking out **Your** policy. There is no excess to pay for emergency purchase claims.
- c. More than the amount shown in the Schedule of Cover for any one item, pair or set in respect of **Personal Effects** and **Valuables**.
- d. Any additional value an item may have had because it formed part of a pair or set.
- e. Breakage of fragile articles unless caused by fire or by an **Accident** to the aircraft, ship or vehicle in which they are being carried.
- f. Any claim for loss, theft or damage to **Valuables** (except musical instruments that are packed in appropriate carrier approved protection) which have been checked-in and/or transported in the cargo hold of any aircraft, ship, bus, ferry, train or similar transport.
- g. Loss or theft of or damage to:
  - i. Household goods, bicycles, waterborne craft and their fittings of any kind.
  - ii. Motor vehicles, trailers or caravans or any fixtures, fittings or accessories therein or thereon.
  - iii. Watersports and snow sport equipment.
  - iv. Contact or corneal lenses, dentures and hearing aids.
  - v. Business or professional goods, equipment and samples.
  - vi. Property hired or loaned to **You**.
  - vii. **Personal Effects**, **Valuables** or baggage in transit unless reported to the carrier immediately and a written Property Irregularity Report is obtained.
  - viii. **Personal Effects** sent by post, freight or any other form of unaccompanied transit.
  - ix. Sports clothes and equipment whilst in use
- h. Damage or loss caused by moth or vermin, atmospheric or weather conditions or by gradual wear and tear in normal use.
- i. Damage caused by any process of cleaning, repair, restoration or alteration.
- j. Damage caused by leakage of powder or fluid from containers carried in your baggage.

## PART 2 - POLICY WORDING

- k. Mechanical or electrical breakdown or derangement.
- l. More than \$100 in respect of non-prescription sunglasses unless substantiated by the original purchase receipt predating the loss.
- m. Any GST liability or any fine, charge or penalty for which **You** are liable because of a failure to fully disclose your input tax credit entitlement to **Us**.

Please also refer to the General Exclusions and Conditions of this policy.

### SECTION 6: TRAVEL DOCUMENTS, PERSONAL MONEY AND TRAVELLER'S CHEQUES

We will cover **You** up to the amount shown in the Schedule of Cover for:

- a. Theft of **Personal Money**.
- b. Loss, theft or damage to passport or visas in respect of the cost of emergency replacement or temporary passport or visas obtained whilst abroad including reasonable and receipted travelling and additional accommodation expenses to obtain these documents.
- c. Additional travel and accommodation expenses (to a level comparable with **Your** pre-booked travel and accommodation) for an adult travelling companion to stay with **You** (an unaccompanied minor under 18 years of age) and accompany **You** home where their presence is certified necessary by **Our** nominated emergency service, if **You** have lost or had **Your** passport stolen and are unable to board **Your** scheduled transport back to **Your Normal Country of Residence**.

Cover under this section in respect of **Personal Money** starts at the time of collection from the bank, 72 hours prior to departure or issue of this policy, whichever is the later.

#### WE WILL NOT COVER YOU FOR:

- a. Any claim which is excluded under the General Exclusions applicable to this policy.
- b. The first \$135 of each and every claim (the excess) applicable to this section, or the amount as shown in

**Your** Certificate of Insurance if **You** have selected to vary **Your** excess at the time of taking out **Your** policy.

- c. More than the amount shown in the Schedule of Cover in respect of all cash carried by **You** whoever it may belong to.
- d. Any loss resulting from shortages due to error, omission or depreciation in value.

### SPECIAL EXCLUSIONS APPLICABLE TO SECTIONS 5 AND 6

#### WE WILL NOT COVER YOU FOR:

- a. More than \$250 in total under these sections in respect

of loss or theft of **Personal Effects** left **Unattended** in a **Public Place**, including on a beach.

- b. Loss or theft of **Valuables**, **Personal Money**, passport and/or any item valued over \$250 unless reported to the police or other relevant authority within 24 hours of discovering the loss and a written report obtained.
- c. **Valuables**, passport and **Personal Money** stolen from an **Unattended** motor vehicle, motor home, camper van or caravan.
- d. Loss or theft or damage to **Valuables**, passports and / or **Personal Money** which have been **Left Behind**, left **Unattended** in a **Public Place** (which includes dormitory type accommodation which may be shared with persons not in **Your** immediate travel party) or otherwise outside **Your** immediate control and supervision unless in a locked hotel safe (or equivalent facility) or locked in **Your** private accommodation other than any motor vehicle, motor home, camper van or caravan irrespective of whether such vehicle is acting as **Your** private accommodation.
- e. Loss of bonds or securities of any kind.
- f. Delay, detention, seizure or confiscation by customs or other officials.
- g. Unauthorized use of travellers cheques and/or credit cards/debit cards.

### SPECIAL CONDITIONS APPLICABLE TO SECTIONS 5 AND 6

It is a requirement of this insurance that:

- 1. In the event of a claim, **You** must retain any damaged items for **Our** inspection, and provide receipts or other documentation to prove ownership and value, especially in respect of **Valuables** and any item for which **You** are claiming more than \$250. Where this is not done **Our** maximum liability in respect of all **Valuables** and / or items valued more than \$250, will be limited to \$250 in total.
- 2. **You** take care of **Your** property at all times and take all practical steps to recover any item lost or stolen. Failure to exercise all reasonable care may result in **Your** claim being reduced or declined.

Please also refer to the General Exclusions and Conditions of this policy.

### SECTION 7: TRAVEL DELAY AND ABANDONMENT OF TRIP

We will cover **You** up to the amounts shown in the Schedule of Cover if the arrival of the **Public Transport** on which **You** are booked to travel is delayed by at least 6 hours for a benefit payment of \$75 for the first 6 hours and a further \$50 for each subsequent and complete 12 hour period up to the maximum shown in the Schedule of Cover.

However, if **Your** departure is delayed for more than 24 hours and **You** choose to abandon **Your Trip** in its entirety,

## PART 2 - POLICY WORDING

**You** are covered for the irrecoverable cost of the **Trip**, up to the maximum claimable under the abandonment of **Trip** sub-limit.

### WE WILL NOT COVER YOU FOR:

- a. Any claim which is excluded under the General Exclusions applicable to this policy.
- b. The first \$135 of each and every claim (the excess) applicable to this section if **Your** departure is delayed for more than 24 hours and **You** choose to abandon **Your Trip** in its entirety, or the amount as shown in **Your Certificate of Insurance** if **You** have selected to vary **Your** excess at the time of taking out **Your** policy.
- c. An **Epidemic, Pandemic** or outbreak of an infectious disease or any derivative or mutation of such viruses (or arising directly or indirectly from these) or the threat, or perceived threat, of any of these.
- d. For a claim caused by an event, occurrence or strike if it had started or been announced before **You** arranged this insurance or booked **Your Trip**, whichever is the latter.
- e. If **You** fail to check-in on time.
- f. If transport services are withdrawn as the result of a recommendation or instruction from a government authority.
- g. Any claim under this section if **You** have also claimed under Section 8 from the same cause.

### CONDITIONS

**You** must provide a written report from the **Travel Carrier**, police or relevant transport authority confirming the delay and stating its cause.

Please also refer to the General Exclusions and Conditions of this policy.

## SECTION 8: ALTERNATIVE TRANSPORT EXPENSES

**We** will cover **You** up to the amount shown in the Schedule of Cover for necessary additional accommodation and travel expenses that **You** incur in reaching **Your** destination if **You** arrive at any departure point shown on **Your** pre-booked itinerary too late to board the **Public Transport** on which **You** are booked to travel as a result of:

- a. The failure of **Public Transport**, or
- b. A road traffic **Accident** or vehicle **Breakdown** delaying the vehicle in which **You** are travelling.

### WE WILL NOT COVER YOU FOR:

- a. Any claim which is excluded under the General Exclusions applicable to this policy.
- b. A claim caused by an event, occurrence or strike if it had started or been announced before **You** arranged this insurance or booked **Your Trip**, whichever is the

latter.

- c. Any claim under this section if **You** have also claimed under Section 7 from the same cause.
- d. Any claim for more than the cost of the original booked **Trip**.

### CONDITIONS

It is a condition of this insurance that **You** must:

1. Plan to arrive at **Your** departure point in advance of the **Travel Carrier(s)** earliest scheduled check-in time and provide a written report from the **Travel Carrier(s)**, police or relevant transport authority confirming the delay and stating its cause.
2. Obtain a report from repairers if **Your** claim is because of **Breakdown** or **Accident** to **Your** vehicle.

Please also refer to the General Exclusions and Conditions of this policy.

## SECTION 9: HIJACK BENEFIT

**We** will cover **You** for the amount shown in the Schedule of Cover for each full 24 hour period that the **Public Transport** in which **You** are travelling is hijacked on the original pre-booked outward or return **Trip** for a period in excess of 24 hours.

### WE WILL NOT COVER YOU FOR:

- a. Any claim which is excluded under the General Exclusions applicable to this policy.
- b. Any claim resulting from **Your** voluntary exposure to unnecessary risk or danger.

### SPECIAL CONDITION

It is a condition of the cover provided under this section that **You** must give **Us** a written statement from an appropriate authority confirming the hijack and how long it lasted.

Please also refer to the General Exclusions and Conditions of this policy.

## SECTION 10: KIDNAP AND RANSOM

**We** will cover **You** up to the amount shown in the Schedule of Cover for certain **Ransom/Extortion Monies** and other amounts if **You** are the subject of a covered **Kidnapping** or **Extortion** whilst on an insured **Trip**.

### YOU ARE ALSO COVERED FOR

- a. Loss due to destruction, disappearance, seizure or usurpation of **Extortion/Ransom Monies** while being delivered to a person demanding those **Monies** by anyone who is authorised by **You** to have custody thereof, provided however, that the **Kidnap** or **Extortion** which gave rise to the delivery is insured hereunder; and
- b. The amount paid by **You** for expenses resulting

## PART 2 - POLICY WORDING

directly from a **Kidnap** or **Extortion** occurring during the period of insurance and;

- c. Reasonable costs of retaining independent security consultants for the exclusive function of investigating the **Kidnap**, negotiating **Your** release, paying any **Ransom** or recovery of **You** provided that **We** have given **Our** prior written consent to the use of such consultants.
- d. The payments in paragraphs a, b and c above shall be inclusive of and not in addition to, the benefit amount shown in the Schedule of Cover.

### WE WILL NOT COVER YOU FOR:

- a. Loss which is covered under any other insurance, or which would be if this policy did not exist.
- b. Loss caused by or arising from or attributable to any fraudulent, or criminal act by **You** or an insured person(s), whether acting alone or in collusion with others.
- c. Loss caused by or arising from or attributable to any insured person(s) taking part in the operations of any governmental or private police, guard, security or armed forces.
- d. Loss or damage arising directly or indirectly from nuclear reaction, nuclear radiation or radioactive contamination; however such nuclear reaction, nuclear radiation or radioactive contamination may have been caused.
- e. The actual or threatened malicious use of pathogenic or poisonous biological or chemical materials.
- f. Loss which results from a detention arising from the failure by an insured person to procure properly or maintain immigration, work, residence, travel or similar visas, permits or other documentation.
- g. Loss where the first of a series of insured events carried out in furtherance of one another began before the period of insurance.

### DEFINITIONS:

**Expenses** means any of the following:

- 1. Reasonable payment made by **You** to a person providing information which leads to the arrest of the individuals responsible for a **Kidnap** or **Extortion** insured hereunder;
- 2. Reasonable and customary loan costs incurred by **You** from a financial institution providing money to be used for payment of **Extortion/Ransom Monies**;
- 3. Reasonable and customary travel and accommodation costs incurred by **You** as a result of a **Kidnap** or **Extortion**; of a **Kidnap** or **Extortion** for up to:
  - a. 30 days after **Your** release from a **Kidnap**;
  - b. Discovery of **Your** death; or
  - c. 120 days after **You** receive the last credible evidence that the insured is still alive; or
  - d. 60 months from the date of the **Kidnap**, if the

victim has not been released.

- 4. Personal financial loss suffered by **You**;
- 5. **Your** travel costs if are the victim of a **Kidnap** to join **Your** immediate family upon **Your** release. Travel costs will be at economy fare;
- 6. Reasonable and customary fees and expenses of a qualified interpreter assisting **You** in the event of a **Kidnap** or **Extortion**; and
- 7. Any other reasonable and customary expenses incurred by **You** with **Our** prior approval in resolving a **Kidnap** or **Extortion** insured hereunder.

**Detention/Detained** means the holding under duress of insured person for whatever reason, whether by governmental authorities or by others, other than **Kidnap**, for a period of 24 consecutive hours or more.

**Extortion** means to intimidate by a threat or series of threats to **Kidnap** or cause **Bodily Injury**.

**Extortion/Ransom Monies** means a consideration paid for the return of a **Kidnap** victim or consideration paid to terminate or end an **Extortion**, to a person believed to be responsible for the **Kidnap** or **Extortion** and includes but is not limited to cash, securities, marketable goods or services, property or monetary instruments.

**Kidnap** means the illegal abduction and holding hostage of one or more insured persons for the purpose of demanding **Extortion/Ransom Monies** as a condition of release. A **Kidnap** in which more than one covered person is abducted shall be considered a single **Kidnap**.

## SECTION 11: RENTAL VEHICLE EXCESS

We will cover **You** for the amount shown in the Schedule of Cover for reimbursement of car rental insurance excess or the cost of repairing the rental car, whichever is the lower amount, if **You** rent a car from a rental company and it is involved in a **Motor Car Accident** whilst **You** are the driver or it is stolen during the journey. **You** must provide a copy of the repair account and/or quotation.

This cover does not take the place of rental car insurance and only provides cover in respect of damage to the hire car for which **You** are legally liable up to the applicable section limit.

### WE WILL NOT COVER YOU FOR:

- a. Any claim which is excluded under the General Exclusions applicable to this policy.
- b. Any claim arising directly or indirectly from **You** operating a rental car in violation of the rental agreement or whilst affected by alcohol or any other drug with the exception of medically prescribed drugs used in accordance with dosage and directions provided to **You** by **Your** medical practitioner.

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- c. Any claim arising directly or indirectly from wear, tear, gradual deterioration, insects and vermin, wilful damage by **You** or latent defect/damage.
- d. Any claim resulting from **Your** use of the car without an appropriate licence.
- e. Any claims arising directly or indirectly from **You** hiring a motorcycle, scooter, motor home or camper van.
- f. Any claims arising solely from damage to windows, windscreen or tyres.

Please also refer to the General Exclusions and Conditions of this policy.

### SECTION 12: PERSONAL LIABILITY

We will cover **You** up to the amount shown in the Schedule of Cover, plus legal costs incurred with **Our** written consent, if **You** are held legally liable for causing:

- a. Accidental **Bodily Injury** to someone else, and/or
- b. Accidental loss or damage to someone else's property, including **Your** temporary holiday accommodation and its contents.

### WE WILL NOT COVER YOU FOR:

- a. Any claim which is excluded under the General Exclusions applicable to this policy.
- b. The first \$135 of each and every claim (the excess) applicable to this section, or the amount as shown in **Your** Certificate of Insurance if **You** have selected to vary **Your** excess at the time of taking out **Your** policy.
- c. Any liability arising from loss or damage to property that is;
  - i. Owned by **You** or a member of **Your** family or **Your** travelling companion(s), or
  - ii. In **Your** care, custody or control, other than **Your** temporary holiday accommodation and its contents, not owned by **You** or a member of **Your** family or **Your** travelling companion(s).
- d. Any liability for **Bodily Injury**, loss or damage;
  - i. To **Your** employees or members of **Your** family or household or **Your** travelling companion(s) or to their property.
  - ii. Arising out of or in connection with **Your** trade, profession or business, or assumed under contract.
  - iii. Arising out of the ownership, possession, use or occupation of land or buildings other than temporary holiday accommodation.
  - iv. Arising out of the ownership, possession or use of motorised vehicles, yachts or motorised waterborne craft, airborne craft of any description, animals or firearms and weapons.
  - v. Arising out of **Your** criminal, malicious or deliberate acts.
  - vi. Arising out of dangerous sports or pastimes

including contact sports unless declared to and accepted by **Us**.

### CONDITIONS

If something happens that is likely to result in a claim, **You** must immediately notify the claims handlers in writing. **You** must not discuss or negotiate **Your** claim with any third party without the written consent of the claims handlers. Any related correspondence or documentation that **You** receive must be sent immediately, unanswered, to the claims handlers. Failure to comply with this condition could prejudice **Your** claim.

### Aggregate Liability

- a. Except as stated below, **Our** total liability for all claims arising under the policy during any one period of insurance shall not exceed \$7,500,000.
- b. In the event that claims are made under the policy which exceed the above aggregate limits of liability, **We** shall reduce the payments made with respect to each covered person in such manner as **We** may determine. The capital benefits would be reduced proportionately to ensure an entitlement is paid to each person up to a maximum of \$7,500,000.

Please also refer to the General Exclusions and Conditions of this policy.

### OPTIONAL ADDITIONAL BENEFIT 13:

The following Covid-19 Cancellation Fees and Lost Deposits only applies where you have selected to include this cover and **Your** Certificate of Insurance specifically notes this is included.

### SECTION 13: COVID-19 CANCELLATION FEES AND LOST DEPOSITS

Where **You** have selected to include this cover:

**We** will cover **You** for **Your** prepaid non refundable travel costs up to the amount shown in the Schedule of Cover in the event **Your Trip** is necessarily and unavoidably cancelled prior to departure because of any of the following events first occurring during the period of insurance:

- a. **You** have to cancel **Your Trip** when **You** or **Your** travelling companion(s) are diagnosed with Covid-19.
- b. **You** are certified as unfit to travel by a doctor due to **Your** Covid-19 diagnosis.
- c. **You** are unexpectedly required for emergency and unavoidable duty as a member of the armed forces, police, fire, nursing, ambulance or coastguard services resulting in cancellation of previously agreed leave.
- d. A **Relative** in Australia is unexpectedly hospitalised with Covid-19 or unexpectedly dies due to Covid-19.
- e. A level 4 warning ("do not travel") is issued by the Australian Government on the Smartraveller website

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([www.smartraveller.gov.au](http://www.smartraveller.gov.au)) advising against travel to a country which forms a major part of **Your** itinerary. Such advice against travel must be first issued after the date **You** booked **Your Trip** or purchased **Your** policy form **Us**, whichever is the latter and still be in place 14 days prior to **Your** scheduled travel to the country in question for this section to respond.

### WE WILL NOT COVER YOU FOR:

- a. Any claim which is excluded under the General Exclusions applicable to this policy.
- b. The first \$135 of each and every claim (the excess) applicable to this section, or the amount as shown in **Your** Certificate of Insurance if **You** have selected to vary **Your** excess at the time of taking out **Your** policy.
- c. Any costs associated with Covid-19 testing.
- d. Government enforced border closures or lockdowns.
- e. Mandatory quarantine or self-isolation related to government entry requirements.
- f. Any claim which results from any circumstance known to **You** at the time of applying for insurance where this circumstance could reasonably be expected to result in the cancellation of **Your Trip**.
- g. Any claims where **You** test positive to Covid-19 within 72 hours of the policy being purchased.
- h. **Your** disinclination to travel due to the threat, or perceived threat of an **Epidemic** or **Pandemic** outbreak where there has been no change to the government advisory website [www.smartraveller.gov.au](http://www.smartraveller.gov.au).

### CONDITIONS

- 1. A positive Covid-19 diagnosis must be confirmed in writing by **Your** treating doctor.
- 2. It is a requirement of this insurance that if **You** become aware of any circumstances which makes it necessary for **You** to cancel **Your Trip** prior to departure, **You** must advise **Your** travel providers as soon as practical. Refunds or credits **You** are eligible to receive will be deducted from the amount payable.

Please also refer to the General Exclusions and Conditions of this policy.

### **GENERAL EXCLUSIONS**

**You** are not covered for claims arising out of:

- 1. Loss or damage directly or indirectly occasioned by, happening through or in consequence of war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalisation, or requisition or destruction of or damage to property by or under the order of any government or public or local authority.
- 2. Loss, damage or expense incurred as a result of travelling to an area that the Australian Government has advised "do not travel" on the Smartraveller website ([www.smartraveller.gov.au](http://www.smartraveller.gov.au)) provided that such loss, damage or expense is directly or indirectly related to any such circumstances that are the reason for the advice.
- 3. Loss, damage, expense or indemnity directly or indirectly resulting from or attributable to the use, or threat of use, of any pathogenic or poisonous chemical biological, bio-chemical materials, nuclear reaction, radiation or radioactive contamination, or any weapon or device employing atomic or nuclear fission or fusion of any nature.
- 4. Loss, destruction or damage directly occasioned by pressure waves caused by aircraft and other flying objects travelling at sonic or supersonic speeds.
- 5. Any loss, damage, expense, indemnity or benefit under any section other than Sections 2, 9, & 10 that is contributed to or caused by the failure (or fear of failure) of any computer hardware or software or other electrical equipment to recognise or process any date as the true calendar date or to continue to function correctly beyond that date.
- 6. **You** travelling in an aircraft other than as a fare paying passenger in a fully licensed passenger carrying aircraft.
- 7. **Your** suicide or attempted suicide, intentional self injury or **Your** deliberate exposure to unnecessary danger (except in an attempt to save human life).
- 8. Anxiety, depression, mental **Illness** or stress suffered by **You**, a **Relative** or another person unless referred to and diagnosed by a registered psychiatrist or psychologist as a new condition (i.e. not a **Pre-existing Medical Condition**); and, for Cancellation claims under Section 1:
  - a. **You** are certified as unfit to travel by the treating registered psychiatrist or psychologist; or
  - b. The treating registered psychiatrist or psychologist certifies that it was medically necessary for **You** to amend or cancel **Your Trip** to assist a **Relative** or another person.
- 9. Sexually transmitted diseases.
- 10. Having a blood alcohol content over any prescribed legal limit for driving (whether the insured person is driving or otherwise but not where the insured person is a passenger in a vehicle or aircraft or other conveyance), or being under the influence of illegal non-prescription drugs, or abusing prescription drugs unless it was prescribed by a doctor and taken in accordance with the doctors advice.
- 11. **Your** participation in any sport not shown in the list of sport/leisure activities on page 8 without the prior agreement of the Insurer or, as a professional sportsperson (i.e. where **You** the insured receives any

## PART 2 - POLICY WORDING

form of remuneration for **Your** participation in sport by way of wages, endorsements, sponsorship or prize monies). Competing as a representative at state or national level competition may only be included after declaration to and acceptance by the Insurer.

12. Snow sports (other than curling, tobogganing and recreational ice-skating) unless **You** have selected to include snow sports when purchasing a policy and it is noted on **Your** Certificate of Insurance, or up to eight days in total if **You** are on a home stay non-specific snow sports **Trip**. At no time, however, is cover granted for ski, snowboard, snow blade or skibob racing in competitive major events, ski jumping, ice-hockey or the use of skeletons or bobsleighs.
13. Scuba diving if **You** are
  - i. Not qualified for the dive undertaken or accompanied by a properly qualified instructor, or
  - ii. Diving to a greater depth than 30 metres
  - iii. Diving alone
  - iv. Diving on or in wrecks or cave or ice diving
13. Racing of any kind (other than on foot).
14. **You** taking part in civil commotions or riots of any kind.
15. Any consequential loss of any kind, except as may be specifically provided for in this insurance.
16. **You** breaking or failing to comply with any law whatsoever.
17. Any financial incapacity or undertaking, whether directly or indirectly related to the claim.
18. The bankruptcy, negligence, default or insolvency of a tour operator, travel agent or accommodation supplier.
19. A tour operator failing to supply advertised facilities.
20. **You** breaking or failing to comply with any government regulation or Act.
21. **Pre-existing Medical Conditions** of **You**, **Your** travelling companion(s), any close **Relative** or any other person on whose state of health **Your Trip** depends, or where **You** or **Your** travelling companion(s) are travelling against medical advice.
22. Motorcycling if **You** as the driver, or the driver if **You** are a passenger are not holding a current and appropriate motorcycle licence.
23. An event that occurs in a country/geographical area for which **You** have not purchased insurance via **Us**.
24. Acquired Immune Deficiency Syndrome (AIDS), Human Immunodeficiency Virus (HIV) or AIDS Related Complex (ARC).
25. Errors or omissions in **Your** booking arrangements, **Your** failure to obtain appropriate visas and/or prevention of access by the government of a country into which **You** wish to enter.
26. **You** take a blood thinning prescription medication such as Warfarin (also known under the brand names Coumadin, Jantoven, Marevan and Waran)
27. Or involving a benefit, loss, cost or expense to the extent that trade or economic sanctions or other laws or regulations prohibit **Us** from providing the insurance

including, but not limited to, any sanction, prohibition or restriction under European Union, OFAC (United States of America), United Kingdom, the United Nations or Australia from time to time

### **GENERAL CONDITIONS**

1. **You** must tell **Us** as soon as possible about any change in risk which affects **Your** policy, including **You**, a person **You** are travelling with, a close **Business Colleague** or **Relative** receiving confirmation of a new or changed medical condition or currently being under medical investigation, change in sporting activity or leisure activities **You** intend to participate in during **Your Trip** or any additional person(s) to be insured under this policy. **We** have the right to re-assess **Your** coverage, policy terms and/or premium after **You** have advised **Us** of any material fact. If **You** do not advise **Us** of any change then any related claim may be reduced or rejected or **Your** policy may become invalid.
2. **You** must tell **Us** if **Your** plans for **Your Trip** include travel to areas affected or threatened by war or similar risks as set out in General Exclusion 1. **We** reserve the right not to cover such risks or, if **We** will cover them, to apply special terms or conditions and/or charge an additional premium as **We** think appropriate. No cover for such risks shall attach unless **You** accept such terms, including any additional premium, before **You** depart.
3. **You** must advise the claims handlers of any possible claim within 31 days of **Your** return home. **You** must supply them with full details of all the circumstances and any other information and documents **We** may require.
4. **You** must keep any damaged articles that **You** wish to claim for and, if requested, send them to the claims handlers at **Your** own expense. If **We** pay a claim for the full value of an article, it will become **Our** property.
5. **You** must agree to have medical examination(s) if required. In the event of **Your** death, **We** are entitled to have a postmortem examination. All such examinations will be at **Our** expense.
6. **You** must assist **Us** to obtain or pursue a recovery or contribution from any third party or other Insurers by providing all necessary details and by completing any forms.
7. **You** must pay **Us** back within 1 month of demand any amounts that **We** have paid on **Your** behalf that are not covered by this insurance.
8. **You** must take all reasonable steps to avoid or minimize any loss that might result in **You** making a claim under this insurance.
9. **You** must comply with all the terms, provisions,

## PART 2 - POLICY WORDING

conditions and endorsements of this insurance. Failure to do so may result in a claim being declined, or the amount payable under **Your** claim reduced by the amount of any prejudice **We** suffer as a result of **Your** failure.

10. Except for claims under sections 3, 4, and 7, this insurance shall only be liable for its proportionate share of any loss or damage that is covered by any other insurance.
11. **We** may take action in **Your** name but at **Our** own expense to recover for **Our** benefit the amount of any payment made under this insurance.
12. **We** may at **Our** option discharge any liability under this insurance by replacing or repairing any article or articles lost or damaged, or by issuing **You** with a credit voucher.
13. This insurance is non-transferable. If a **Trip** is cancelled for any reason other than that described in Section 1 then the cover for that **Trip** terminates immediately and no refund of premium in whole or part will be made.
14. If **You** or anyone acting on **Your** behalf makes any claim knowing it to be false or fraudulent in any way then this insurance shall become void, premiums non-refundable and all claims shall be forfeited.
15. If the insured **Trip** is **Curtailed** for any reason covered under this policy and the insured does not hold a ticket for onward travel to their nominated final destination in the case of one-way travel or a ticket for return travel to their **Normal Country of Residence** in the case of a return **Trip**, the insurer reserves the right to deduct the cost of a one way ticket per traveller to their ultimate destination. Travel to be comparable to the Insured's pre-booked travel arrangements.
16. Cyber Risks (**Bodily Injury** or **Illness**)
  - Any benefits for **Bodily Injury** or **Illness** due to:
    - a. the use of, or inability to use, any application, software, or programme in connection with any electronic equipment (for example a computer, smartphone, tablet or internet-capable electronic device);
    - b. any computer virus; or
    - c. any computer related hoax relating to a and/or b above,

are payable, subject to the terms, conditions, limitations and exclusions of this Policy

## WHAT TO DO IN AN EMERGENCY

The emergency service is available 24 hours a day, 365 days a year for assistance with medical emergencies. Please note that this is not for casual enquiries.

**You** must notify **Our** nominated emergency assistance service immediately of any serious **Illness** or injury whilst abroad which necessitates admittance to a hospital as an in-patient, or before any arrangements are made for repatriation. A travelling companion may do this for **You** although most hospitals have a set procedure in place.

The emergency assistance service is able to liaise with doctors and hospitals, worldwide to guarantee medical expenses, if medically necessary to arrange emergency repatriation with a medical escort, to give guidance and help to other members of the party, or to pass a message to **Relatives**.

This insurance does not cover treatment or surgery which in the opinion of the Insurer is not essential or can reasonably be delayed until **You** return to **Your Normal Country of Residence**.

Failure to notify **Our** nominated emergency assistance service in accordance with the terms stated above may result in the amount payable under **Your** claim being reduced.

Please have the following information available when calling the emergency assistance service:

- **Your** Certificate of Insurance number
- Dates of outward and inward travel
- Details of the problem including the name and address of patient and nature of **Illness/Accident**
- Name and telephone number of hospital and attending doctor
- Details of usual doctor/general practitioner.

For emergency assistance contact:

P: +61 (0) 2 9312 5168  
 E: [assistance@global24.com.au](mailto:assistance@global24.com.au)

## HOW TO MAKE A CLAIM

Any occurrence or loss, which may give rise to a claim, should be advised to **Our** appointed claims handlers.

The most efficient way to lodge **Your** claim is online. Online lodgment also provides **You** with the ability to track the progress of **Your** claim.

Please visit [www.gosafeinsurance.com.au/page/claimform](http://www.gosafeinsurance.com.au/page/claimform) and follow these steps;

1. Register with **Your** email address
2. Once registered **You** will receive an email to guide **You** to set up **Your** password.
3. Once **You** have logged in, complete **Your** claim details by answering all sections and submit **Your** claim.

## PART 2 - POLICY WORDING

4. **Your** claim will be assessed within 10 business days. **We** will let **You** know if any further information/documentation is required.

Alternatively, **You** can contact appointed claims handler during normal office hours 09:00 to 17:00 Monday to Friday Australian Eastern Standard Time on the details shown below. Please provide **Your** name, address, telephone number, Certificate of Insurance number and a brief description as to the nature of the claim.

PO Box 348  
South Melbourne  
Victoria, Australia 3205  
P: +61 (0) 3 8866 0785  
E: [claims@gosafetravelinsurance.com.au](mailto:claims@gosafetravelinsurance.com.au)

If medical attention has been received **You** should pay and obtain receipted accounts together with a certificate showing the nature of the injury or **Illness**.

In NO event should a claim be notified later than 31 days after the expiry of the **Trip** during which the claim occurred.

Important: Any loss or damage to baggage whilst in the custody of travel carriers (airline, bus company etc.) must be notified as soon as practicable in writing to such carriers, but in any event within 3 days, and a Property Irregularity Report (PIR) obtained. Any loss of money or personal baggage must be reported to the police within 24 hours of discovery and a written report obtained. Proof of ownership of personal belongings, if requested, must be supplied.



## PART 2 - POLICY WORDING

### **GENERAL POLICY ENQUIRIES**

GoSafe travel insurance is an online Insurer and **We** communicate by email, this helps to provide a more efficient service and ensures a formal response.

Please email **Us** at [travel@gosafetraveinsurance.com.au](mailto:travel@gosafetraveinsurance.com.au) and **We** will respond within 1 business day.

### **SERVICE OF SUIT**

The Underwriters accepting this insurance agree that:

1. If a dispute arises under this insurance, this insurance will be subject to Australian law and practice and the Underwriters will submit to the jurisdiction of any competent Court in the

Commonwealth of Australia;

Any summons notice or process to be served upon the Underwriters may be served upon:

Lloyd's Underwriters'  
General Representative in Australia  
Level 32, 225 George Street  
SYDNEY NSW 2000

whom have authority to accept service on the Underwriters behalf;

2. If a suit instituted against any of the Underwriters, all Underwriters participating in this insurance will abide by the final decision of such Court or any competent appellate Court.



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## PART 3 - FINANCIAL SERVICES GUIDE (FSG)

This FSG provides important information about the financial services offered by Chase Underwriting trading as GoSafe Travel Insurance. It contains information about remuneration that may be paid to Chase Underwriting and their employees in relation to the financial services offered and information about how complaints are addressed.

### ABOUT CHASE UNDERWRITING SOLUTIONS PTY LTD

Chase Underwriting Solutions Pty Ltd (ABN 50 156 554 808) AFS License No 454344 of PO Box 348, South Melbourne VIC 3205 is an Australian Financial Services Licensee (AFS Licensee) and is authorised by ASIC to issue, deal in and provide general advice on general insurance products. Chase Underwriting has been authorised by the Insurer to act on its behalf in arranging, issuing, varying, cancelling and providing general advice in relation to the Insurer's Travel Insurance products. Chase Underwriting will issue Certificates of Insurance under a binding authority with the Insurer. Chase Underwriting has a binding authority which means it can enter into, vary or cancel these products without reference to the Insurer provided it acts within the binding authority. Chase Underwriting acts for the Insurer and not **You**.

### HOW ARE WE REMUNERATED?

Chase Underwriting, trading as GoSafe Travel Insurance, receives a proportion of the premium from the Insurer for arranging and issuing insurance on their behalf. This amount is calculated as a percentage of the base premium (excluding taxes, stamp duty, GST or other fees). **Our** employees are paid a salary, however they may be paid a bonus based on the performance of the business.

If **You** are referred to GoSafe, the affiliate who refers **You** may receive a referral commission. This is calculated as a percentage of the base premium. This is at no extra cost to **You**. If **You** would like more information about the remuneration that Chase Underwriting receive for the insurance services **We** provide, **You** should contact **Us** within a reasonable time of being given this Financial Services Guide, and before **You** receive any of the financial services detailed in this Guide.

### PRIVACY NOTICE

To arrange and manage **Your** travel insurance, **We** (in this Privacy Notice "**We**", "**Our**" and "**Us**" includes Chase Underwriting trading as GoSafe Travel Insurance and its duly authorised representatives) collect personal information including sensitive information from **You** and those authorised by **You** such as: **Your** family members; travelling companions; tour organisers; **Your** doctors; hospitals; as well as from others **We** consider necessary

including **Our** agents. Any personal information provided to **Us** is used by **Us** to evaluate and arrange **Your** travel insurance.

**We** also use it to administer and provide the insurance services and manage **Your** and **Our** rights and obligations

in relation to those insurance services, including managing, processing and investigating claims. **We** may also collect, use and disclose it for product development, marketing, conducting customer research and analytics in relation to all of **Our** products and services. In addition, **We** may collect, use and disclose it for IT systems maintenance and development, recovery against third parties and for other purposes with **Your** consent or where authorised by law. This personal information may be disclosed to third parties involved in the above process, such as travel agents and consultants, travel insurance providers and intermediaries, authorised representatives, reinsurers, claims handlers and investigators, cost containment providers, medical and health service providers, overseas data storage and data handling providers, legal and other professional advisers, **Your** agents and **Our** related and group companies.

Some of these third parties may be located in other countries. Unless you opt out, **We** may contact **You** on an ongoing basis by electronic messages (including email), online and via other means with promotional material and offers of products or services that **We** consider may be relevant and of interest to **You**. If **You** do not want to receive such offers from **Us** **You** can opt out at any time by emailing **Us** at [travel@gosafetravelinsurance.com.au](mailto:travel@gosafetravelinsurance.com.au)

When **You** provide personal information about other individuals, **We** and **Our** agents rely on **You** to have made or make them aware:

- That **You** will or may provide their personal information to **Us**;
- Of the types of third parties to whom the personal information may be provided to;
- Of the relevant purposes **We** and the third parties **We** will disclose it to, will use it for;
- Of how they can access it; and
- Of the other matters in this Privacy Notice.

**We** rely on **You** to have obtained their consent on these matters. If **You** do not, you must tell **Us** before **You** provide the relevant information. **You** can seek access to and correct your personal information via **Our** website.

## PART 3 - FINANCIAL SERVICES GUIDE (FSG)

**You** may not access or correct personal information of others unless **You** have been authorized by their express consent or otherwise under law, or unless they are **Your** dependants under 16 years of age. If **You** have a complaint about **Your** privacy, please contact [privacy@chaseunderwriting.com.au](mailto:privacy@chaseunderwriting.com.au) or **You** can contact the Privacy Commissioner at the Office of The Australian Information Commissioner, GPO Box 2999 Canberra, ACT 2601. Canberra, ACT 2601.

For more information about Our handling of personal information, including further details about access, correction and complaints, please see Our privacy policy available on request or via <http://www.gosafeinsurance.com.au> If **You** do not agree to the above or will not provide **Us** with personal information, **We** may not be able to provide **You** with **Our** services or products or may not be able to process **Your** application nor issue **You** with a policy.

In cases where **We** do not agree to give **You** access to some personal information, **We** will give **You** reasons why.

### GENERAL ADVICE WARNING

The advice provided by GoSafe Travel Insurance is of a general nature only and does not take into account **Your** financial situation, needs and/ or objectives. **You** should carefully read the entire document to ensure that the policy is appropriate for **You**.

### PROFESSIONAL INDEMNITY INSURANCE ARRANGEMENTS

**We** and **Our** representatives are covered under professional indemnity insurance that complies with the requirements of section 912B of the Corporations Act.

The insurance (subject to its terms and conditions) will continue to cover claims in relation to **Our** representatives/ employees who no longer work for **Us** (but who did at the time of the relevant conduct).

### WHAT SHOULD I DO IF I HAVE A COMPLAINT?

Please refer to page 4 "Complaints or Disputes".

Chase Underwriting authorised the Financial Services Guide in this document. The Insurer authorised the Product Disclosure Statement in this document.

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