# Travel Insurance

## Combined Financial Services Guide And Product Disclosure Statement (including Policy Wording)

Effective 19 November 2026

# Table of Contents


**Product Disclosure Statement** ..... 1
- About this document ..... 1
- About *Tokio Marine & Nichido* ..... 1
- About *RACT* ..... 1
- *Your* contract with *Us* ..... 1
- Contacting *RACT* ..... 1
- Contacting *Tokio Marine & Nichido* ..... 1
- 24 Hour Emergency Assistance while overseas ..... 1

**Summary of Cover** ..... 2
- Plan types ..... 2
- Information about cruising ..... 3
- COVID-19 ..... 3
- International plan benefits table ..... 4
- Domestic plan benefits table ..... 5
- *Luggage* item benefits table ..... 6

**Before *You* buy** ..... 7
- *Your* Duty to take reasonable care not to make a misrepresentation ..... 7
- Who can purchase this policy ..... 7
- When are benefits available ..... 7
- Cancelling *Your* policy ..... 7
- Making changes to *Your* policy ..... 8

***Medical Conditions*** ..... 9

**Sports and Activities** ..... 12

**While *You* are travelling** ..... 13
- Overseas Emergency Assistance ..... 13
- Extending *Your* cover ..... 13

**Policy Wording** ..... 14

Policy Benefit sections ..... 14
- Section 1: Cancellation Fees and Lost Deposits and exclusions ..... 14
- Section 2: Overseas Medical, Hospital, Cash in Hospital, Dental and Related Expenses and exclusions ..... 16
- Section 3: *Luggage* and *Personal Money* and exclusions ..... 17
- Section 4: Emergency Expenses and exclusions ..... 19
- Section 5: Accidental Death and exclusions ..... 20
- Section 6: Accidental Disability and exclusions ..... 21
- Section 7: *Your* Legal Liability and exclusions ..... 21
- Section 8: Rental Car *Excess* and exclusions ..... 21
- Section 9: Loss of Income from Injury and exclusions ..... 22
- Section 10: *Financial Default* and exclusions ..... 22
- Section 11: Domestic Pets and exclusions ..... 23
- Section 12: Domestic Services and exclusions ..... 23
- Section 13: Travel Delay and exclusions ..... 23
- Section 14: Hijack and Kidnap and exclusions ..... 24
- Sections 15–20: Ski & *Winter Sports* option and exclusions ..... 24
- Section 21: *Cruise* Benefits option and exclusions ..... 27

***General Exclusions*** ..... 29

**Words with special meanings** ..... 32

**Important Matters** ..... 35
- The Insurer and *RACT* ..... 35
- The Financial Claims Scheme ..... 35
- Code of Practice ..... 35
- How *Your Premium* is calculated ..... 35
- How *Your* claim payment is calculated ..... 35
- *Your* privacy ..... 35
- Complaints and dispute resolution ..... 36
- Claims Information ..... 36

**Financial Services Guide** ..... 39
- What services are provided, and who provides them? ..... 39
- Remuneration ..... 39
- If *You* have a complaint ..... 39
- How to contact *Us* or *RACT* ..... 39

# Product Disclosure Statement

## About this document

Please take the time to read all information contained in this booklet. It includes important details that *You* should read which will assist *You* to decide if this product is right for *You*.

This Product Disclosure Statement is part of a combined Product Disclosure Statement and Financial Services Guide (including Policy Wording) (the Combined *PDS/FSG*).

### Changes to these documents

*We* may change parts of this Combined *PDS/FSG* from time to time. If *We* make changes, *We* will either:

- issue a new Combined *PDS/FSG* or a supplementary *PDS* or *FSG* or other document to update the relevant information, except in limited cases, or
- where the update is not materially adverse to *You*, from the view of a reasonable person deciding whether to buy this policy, *We* will publish details of those changes on *Our* website. Alternatively, *You* can receive a paper or electronic copy of any updated information without charge by calling *Us* on *Our* contact number below.

## About *Tokio Marine & Nichido*

This insurance is issued by *Us*, Tokio Marine & Nichido Fire Insurance Co., Ltd. (*Tokio Marine & Nichido*) ABN 80 000 438 291, AFSL 246548. This means that *We* are the insurer. *Tokio Marine & Nichido* is a part of the Tokio Marine Group, a global insurance group operating in 46 countries with over 40,000 employees.

*Our* managing agent and corporate authorised representative Tokio Marine Management (Australasia) Pty Ltd ABN 69 001 488 455, AR 1313066 (TMMA) is authorised to act on *Our* behalf to provide *Our* policies and handle and settle claims in relation to those policies.

When *We* reference the words *Us*, *We* and *Our*, *We* are referring to *Tokio Marine & Nichido*.

*Tokio Marine & Nichido* is responsible for the contents of this Product Disclosure Statement (*PDS*).

## About *RACT*

The Royal Automobile Club of Tasmania Limited ABN 62 009 475 861 AR 228578 (*RACT*) wants *You*, *Your* family and loved ones to be safe when *You* travel. The first priority is to members. *RACT* has partnered with *Tokio Marine & Nichido* to offer *You* 24 hour emergency assistance and protection when *You* travel overseas, as well as quality care for *Trips* taken within Australia.

## *Your* contract with *Us*

If a policy is purchased for an individual who is under 18 years of age and is not travelling as a *Dependant*, there are additional criteria that apply when buying the policy. For more information, please contact *Us*. If such a policy is purchased, only the parent or legal guardian of the individual listed on the *COI* can make changes to the policy.

Upon the purchase of a policy *You* will be issued with a *Certificate of Insurance* (*COI*). The *COI* will outline what *You* told *Us* at the time of finalising *Your* policy and confirms *You* have entered into a contract with *Us*. Any *Adult* that is named on the *COI* can make changes on behalf of any listed *Adult* and *Dependant*.

The *COI*, along with the Combined *PDS/FSG* (including Policy Wording) sets out the terms and conditions of the insurance *We* provide to *You* when *You* purchase a policy. These documents explain:

- Things to know **before *You* buy**
- **What** the policy covers and does not cover (known as exclusions and *General Exclusions*)
- **Limits** under each section of cover
- *Your* **obligations**, including what *You* need to tell *Us* when *You* apply, and what to do when *You* need to make a claim; and
- **Other things *You* need to know** about *Your* insurance.

## Contacting *RACT*

Obtain a quote for RACT Travel Insurance at www.ract.com.au/travel-insurance.

## Contacting *Tokio Marine & Nichido*

**Online:** travelinsurance.ract.com.au/how-to-claim
**Phone:** 1300 406 752
**Email:** ractclaims@tmnfatravelinsurance.com.au
**Mail:** RACT Travel Insurance c/o TMNFA - GPO Box 4616, Sydney NSW 2001

## 24 Hour Emergency Assistance while overseas

**Phone:** +61 2 8055 1627 (reverse charges accepted from the overseas operator)

## Words with special meanings

Within *Your* travel policy, certain words that are capitalised and in italics have definite meanings. It is important that *You* are aware of them. Words that are capitalised and in bold refer to corresponding headings within this policy.

## Smart Traveller

For international travel, it is always a good idea to register *Your* details with Smart Traveller before *You* depart, at smartraveller.gov.au.

# Summary of Cover

*We* know that all travellers do not have the same needs, which is why *We* have designed a number of leisure travel insurance plans including International, Annual Multi-Trip and Domestic, as well as giving *You* the ability to add optional extras. All plans cover up to 2 *Adults* and unlimited *Dependants* who are named on the *COI*. Leisure travel does not include travel for corporate or business purposes.

| Plan types | Key benefits# | Limits |
|---|---|---|
| **3 International Single Trip options**<br>• Comprehensive<br>• Essentials<br>• Saver<br>**1 Annual Multi-Trip option**<br>**3 Domestic Single Trip options**<br>• Domestic<br>• Domestic Cancellation<br>• Rental Car *Excess* | • 24 hour emergency assistance<br>• New for old replacement of *Luggage*<br>• Sports and activities included<br>• No additional *Premium* for *Motorcycle, Moped* and *Scooter*<br>• *Dependants* covered up to 25 years of age<br>#limits, *Sub-Limits*, exclusions and conditions apply. See details in next column. | Each section has limits and *Sub-Limits* that *You* should be aware of.<br>A *Sub-Limit* is a subset of the overall policy benefit section, and is the maximum amount which *We* will pay for any one and all claims made under that sub-section. |
| **Choice of** | **Additional *Premium* options** | **Exclusions - things will not cover** |
| *You* can choose to vary *Your Excess*, which is the amount *You* must pay if *You* have a claim. The *Excess You* choose will either increase or reduce *Your Premium*. The plan type *You* select has the following *Excess* options:<br>• Single Trip International policies $0, $100, $250, $500 or $1,000<br>• Annual Multi-Trip policy is $0, $100 or $250<br>• Domestic $0 or $100<br>*Your Excess* will be shown on *Your COI*. | *Medical Conditions* that are not automatically covered but *You* want included in *Your* policy may incur an additional *Premium*. Refer to the *Medical Conditions* section for full details.<br>'Ski and *Winter Sports* option' must be chosen to cover an *Accidental Injury* or *Accidental Damage* that occurs while participating in *Skiing* or *Winter Sports*.<br>Please see the 'Information about cruising' section for when *You* need to select this option. | Each section has exclusions, which are things *We* will not cover.<br>There are also *General Exclusions* which apply to all sections of the policy.<br>It is important *You* understand what the policy covers and does not cover so please read all exclusions and the *General Exclusions* carefully. |

## Plan types

### International Single Trip

Designed for single use *Trips* when *You* are departing from and returning to Australia, including a maximum of up to 5 days of any domestic portion of *Your* international *Trip*. For any part of *Your Trip* that is in Australia, *You* are not covered for medical, hospital, dental or evacuation cover.

When *You* purchase *Your* policy, please include the countries and regions to where *You* are travelling, excluding stop-overs under 24 hours. If *You* are travelling domestically within Australia for a maximum of 5 days in combination with *Your* international *Trip*, *You* do not need to add Australia as a destination. This will determine the locations *You* are covered for and the *Premium You* pay.

### Annual Multi-Trip

*Your* Annual Multi-Trip policy covers *You* for international *Trips* as well as *Trips* within Australia where the *Trip* is more than 250km from *Your Home*. For the part of *Your Trip* that is in Australia, *You* are not covered for medical, hospital, dental or evacuation cover.

When *You* purchase *Your* policy, please include the countries and regions to where *You* are travelling excluding stop-overs under 24 hours. This will determine the locations *You* are covered for and the *Premium You* pay.

If *You* need to make any additional changes to the countries and regions listed after *You* have purchased *Your* policy, please contact *Us* and if *We* agree to provide cover for that country or region, note there may be an impact on the *Premium You* pay. *Our* Annual Multi-Trip can be a good alternative if *You* plan to make multiple *Trips* over a 12 month period. Compare *Your* individual requirements before *You* choose *Your* plan.

The Annual Multi-Trip offers:

- Annual cover for an unlimited number of *Trips* over a 12 month period.
- A maximum duration limit of either 30, 45 or 60 days per *Trip* (or the maximum durations shown on *Your COI*).
- If *You* purchase the Annual Multi-Trip plan, the sums insured under each of the sections of the policy are automatically reinstated on the completion of each *Trip*.
- Insured *Adults* on the Annual Multi-Trip plan can travel independently of each other on a *Trip*. *Dependants* who are covered under the Annual Multi-Trip plan must travel with an insured *Adult* for the whole *Trip*.

Please note the Annual Multi-Trip plan is not available for travellers under 18 years of age unless travelling as a *Dependant*.

### Domestic Single Trip

This plan is a single use policy for travel within Australia while on *Your Trip*. Please note the domestic policy does not include any medical, hospital, dental or evacuation cover as *We* are a general insurer and cannot cover medical costs in Australia. Therefore, the domestic policy is not suitable for *Cruises* requiring the medical and evacuation benefit. See below.

## Information about cruising

### *Cruise* cover

If *You* require cover for a *Cruise*, please select the '*Cruise* Benefits option' when *You* purchase *Your* policy. This will determine the *Premium You* pay. For Single Trip plans the *Premium You* pay is based on the number of days cruising selected. In addition to the benefits as outlined in the Policy Wording Sections 1-14, *You* will also have cover for benefits up to the *Section Limits* shown in the table found in Section 21.

Cover for international and domestic river cruising is included automatically in *Your* policy and *You* do not need to select the '*Cruise* Benefits option'.

### *Open Water Sailing* – International or Domestic

There is an exclusion for any *Open Water Sailing*. This applies to a sailing vessel using either a motor or wind as its means of propulsion and *We* will not cover *You* on these types of vessels unless the vessel stays within 12 nautical miles of any landmass. For example, if *You* sail in a commercially operated sailing vessel along the coast of Croatia or The Whitsundays and always stay within 12 nautical miles of any landmass, this activity is automatically included in *Your* cover and there is no need to select the '*Cruise* Benefits option'.

### Going on an Ocean *Cruise* – International

If *You* are going on an international ocean *Cruise*, *You* will only be covered for this travel if *You* select the '*Cruise* Benefits option' and add all countries and regions being visited in the destination list at the time *You* purchase *Your* policy.

### Going on an Australian Cruise

#### Cruising to Australian plus international ports

Many cruises depart Australian ports to visit other Australian ports and then international ports of destination. For example, Sydney to Brisbane then to countries in the South Pacific.

For these types of cruises, at the time *You* purchase *Your* policy, please select 'Australian Cruise' and add all countries and regions being visited in the destination list - this will ensure *You* have cover for medical evacuation and medical costs while overseas or onboard, but please note any medical treatment received onshore in Australia is not covered as this is provided by Medicare.

#### Cruising to Australian ports or offshore islands

Many cruises depart from Australian ports to visit major city or regional ports, for example cruising from Sydney to Brisbane or cruising in the Kimberley region. For these sorts of cruises the below cover is available:

a) If *Your* cruise has medical facilities and medical providers onboard, and meets the definition of *Cruise*, at the time *You* purchase *Your* policy please select 'Australian Cruise'. This will ensure *You* have cover for any medical evacuation and medical costs while onboard, as some medical providers onboard are not registered with Medicare.

b) If *Your* cruise has no medical facilities and medical providers onboard at the time *You* purchase *Your* policy please select 'Australia – Domestic cover'. Please note that 'Australia – Domestic cover' will not cover cruising in international waters.

### Chartered or self-operating vessels in Australia

If *You* are chartering or self operating a vessel, please select 'Australia – Domestic cover' at the time *You* purchase *Your* policy. Please note the domestic policy does not include any medical, hospital, dental or evacuation cover.

## COVID-19

Cover is extended to include claims arising from COVID-19 in the sections listed below.

**Section 1** – Cancellation Fees and Lost Deposits

**Section 2** – Overseas Medical, Hospital, Cash in Hospital, Dental and Related Expenses

**Section 4** – Emergency Expenses

If *You* have selected the 'Ski and *Winter Sports* option', cover for claims arising from COVID-19 is available under the following sections:

**Section 17** – Ski Pack

If *You* have selected the '*Cruise* Benefits option', cover for claims arising from COVID-19 is available under the following sections:

**Section 21A** – Cabin Confinement

**Section 21C** – Missed Shore Excursion

Any medical diagnosis of COVID-19 must be provided by *Your Treating Doctor* or *Our Consulting Medical Officer*.

Terms, conditions, exclusions, limits and applicable *Sub-Limits* apply, dependent on the plan type purchased. Please refer to the *General Exclusions* section and the exclusions set out in each of the sections listed above. For all other sections and any other claim arising from, or related to *Pandemics* or *Epidemics*, cover is excluded.

## International plan benefits table

This table shows the maximum benefits payable in relation to each section of cover.
Please carefully read the details of cover in each section, as conditions, exclusions, *Section Limits* and *Sub-Limits* may apply as set out in each section. Additional *Sub-Limits* may apply in special circumstances.

| | Section | Policy Benefits | Comprehensive (per *Adult*) | Essentials (per *Adult*) | Saver (per *Adult*) | Annual Multi-Trip (per *Adult*) |
|---|---|---|---|---|---|---|
| | **Section 1: Cancellation Fees and Lost Deposits** | | | | | |
| | **1A** | Unforeseen Circumstances | $Choice of Limit | $Choice of Limit | Not Covered | $Choice of Limit |
| *Sub-Limits* | **1B** | Death, Injury or Illness of *Your Relative*, *Your Travelling Companion* or *Your Travelling Companion's Relative* | $1,000 | $1,000 | Not Covered | $1,000 |
| *Sub-Limits* | **1C** | Military and Emergency Worker Leave | $1,000 | $500 | Not Covered | $1,000 |
| *Sub-Limits* | **1E** | Travel Agent Fees | $4,000 | $2,000 | Not Covered | $4,000 |
| | **Section 2: Overseas Medical, Hospital, Cash in Hospital, Dental and Related Expenses** | | | | | |
| | **2A** | Overseas Medical and Hospital Expenses | $unlimited* | $unlimited* | $unlimited* | $unlimited* |
| *Sub-Limits* | **2B** | Cash in Hospital | $6,000~ | $3,500~ | $1,500~ | $6,000~ |
| *Sub-Limits* | **2C** | Overseas Dental | $unlimited* | $2,000 | $500 | $unlimited* |
| *Sub-Limits* | **2D** | Funeral Expenses Overseas | $20,000** | $15,000** | $10,000** | $20,000** |
| | **Section 3: *Luggage* and *Personal Money*** | | | | | |
| | **3A** | *Luggage* See specific *Luggage* item benefits table on page 6 | $15,000 | $7,500 | $2,000 | $15,000 |
| *Sub-Limits* | **3B** | Travel Documents | $5,000 | $1,500 | Not Covered | $5,000 |
| *Sub-Limits* | **3C** | *Luggage* Delay | $750 | $500 | Not Covered | $750 |
| *Sub-Limits* | **3D** | *Personal Money* | $500 | $250 | Not Covered | $500 |
| | **Section 4: Emergency Expenses** | | | | | |
| | **4A** | Emergency Expenses | $unlimited* | $25,000 | $5,000 | $unlimited* |
| *Sub-Limits* | **4B** | Resumption of Travel | $5,000 | $1,500 | Not Covered | $5,000 |
| *Sub-Limits* | **4C** | Emergency Expenses for Death, Injury or Illness of *Your Relative*, *Your Travelling Companion* or *Your Travelling Companion's Relative* | $5,000 | $1,500 | Not Covered | $5,000 |
| *Sub-Limits* | **4D** | Special Events | $5,000 | $2,000 | Not Covered | $5,000 |
| | **Section 5–24** | | | | | |
| | **5** | Accidental Death | $25,000** | $15,000** | Not Covered | $25,000** |
| | **6** | Accidental Disability | $25,000** | $15,000** | Not Covered | $25,000** |
| | **7** | *Your* Legal Liability | $10,000,000 | $10,000,000 | $10,000,000 | $10,000,000 |
| | **8** | Rental Car *Excess* | $8,000^ | $4,000^ | Not Covered | $8,000^ |
| | **9** | Loss of Income from Injury | $10,400 | $5,200 | Not Covered | $10,400 |
| | **10** | *Financial Default* | $10,000 | Not Covered+ | Not Covered | $10,000 |
| *Sub-Limit* | **10D** | Travel Agent Fees | $4,000 | $2,000 | Not Covered | $4,000 |
| | **11** | Domestic Pets | $650^~ | Not Covered | Not Covered | $650^~ |
| | **12** | Domestic Services | $1,500^~ | Not Covered | Not Covered | $1,500^~ |
| | **13** | Travel Delay | $3,000~ | $1,500~ | Not Covered | $3,000~ |
| | **14** | Hijack and Kidnap | $10,000**~ | $5,000**~ | Not Covered | $10,000**~ |
| | **Ski and *Winter Sports* option** | | | | | |
| | **15** | Ski and *Winter Sports* Overseas Medical and Hospital | $unlimited* | $unlimited* | Not Covered | $unlimited* |
| *Sub-Limits* | **15B** | Cash in Hospital | $6,000~ | $3,500~ | Not Covered | $6,000~ |
| *Sub-Limits* | **15C** | Overseas Dental | $unlimited* | $2,000 | Not Covered | $unlimited* |
| *Sub-Limits* | **15D** | Funeral Expenses Overseas | $20,000** | $15,000** | Not Covered | $20,000** |
| | **16** | Snow Ski Equipment Hire | $2,000^ | $1,000^ | Not Covered | $2,000^ |
| | **17** | Ski Pack | $1,000^ | $500^ | Not Covered | $1,000^ |
| | **18** | Piste Closure | $1,000^~ | $500^~ | Not Covered | $1,000^~ |
| | **19** | Bad Weather and Avalanche | $1,000^ | $500^ | Not Covered | $1,000^ |
| | **20** | Lift Pass | $500 | $250 | Not Covered | $500 |
| | ***Cruise* Benefits option** | | | | | |
| | **21A** | Cabin Confinement | $1,500~ | $1,500~ | $1,500~ | $1,500~ |
| | **21B** | Missed Port | $150 | $150 | $150 | $150 |
| | **21C** | Missed Shore Excursion | $1,500 | $1,500 | $1,500 | $1,500 |
| | **21D** | Marine Rescue Diversion | $500~ | $500~ | $500~ | $500~ |

*$unlimited means there is no cap on the maximum dollar amount which may be paid out for this benefit, noting that how much is payable for a benefit depends on the specific cover in the relevant section of the Policy Wording and any applicable exclusions. **These limits are per person listed in *Your COI*. ^These limits are per policy. ~Daily limits apply.
+Other than *Sub-Limit* in 10D.

## Domestic plan benefits table

This table shows the maximum benefits payable in relation to each section of cover.
Please carefully read the details of cover in each section, as conditions, exclusions, *Section Limits* and *Sub-Limits* may apply as set out in each section. Additional *Sub-Limits* may apply in special circumstances.

| Section | | Policy Benefits | Domestic (per *Adult*) | Domestic Cancellation (per *Adult*) | Rental Car Excess (per policy) |
|---|---|---|---|---|---|
| **Section 1: Cancellation Fees and Lost Deposits** | | | | | |
| | 1A | Unforeseen Circumstances | $Choice of Limit | $1,000 | Not Covered |
| *Sub-Limits* | 1B | Death, Injury or Illness of *Your Relative*, *Your Travelling Companion* or *Your Travelling Companion's Relative* | $1,000 | Not Covered | Not Covered |
| | 1C | Military and Emergency Worker Leave | $750 | Not Covered | Not Covered |
| | 1E | Travel Agent Fees | $2,000 | Not Covered | Not Covered |
| **Section 2: Overseas Medical, Hospital, Cash in Hospital, Dental and Related Expenses** | | | Not Covered | Not Covered | Not Covered |
| **Section 3: *Luggage* and *Personal Money*** | | | | | |
| | 3A | *Luggage* - See specific *Luggage* item benefits table on page 6 | $7,500 | Not Covered | Not Covered |
| *Sub-Limits* | 3B | Travel Documents | Not Covered | Not Covered | Not Covered |
| | 3C | *Luggage* Delay | $500 | Not Covered | Not Covered |
| | 3D | *Personal Money* | $250 | Not Covered | Not Covered |
| **Section 4: Emergency Expenses** | | | | | |
| | 4A | Emergency Expenses | $25,000 | Not Covered | Not Covered |
| *Sub-Limits* | 4B<br>4C<br>4D | Resumption of Travel / Emergency Expenses for Death, Injury or Illness of *Your Relative*, *Your Travelling Companion* or *Your Travelling Companion's Relative* / Special Events | Not Covered | Not Covered | Not Covered |
| **Section 5–24** | | | | | |
| | 5 | Accidental Death | $25,000** | Not Covered | Not Covered |
| | 6 | Accidental Disability | $25,000** | Not Covered | Not Covered |
| | 7 | *Your* Legal Liability | $10,000,000 | Not Covered | Not Covered |
| | 8 | Rental Car *Excess* | $5,000^ | Not Covered | Choice of *Excess*<br>$1,000^<br>$2,000^<br>$3,000^<br>$4,000^<br>$5,000^<br>$6,000^<br>$7,000^<br>$8,000^ |
| | 9 | Loss of Income from Injury | $5,200 | Not Covered | Not Covered |
| | 10 | *Financial Default* | $3,000 | Not Covered | Not Covered |
| *Sub-Limit* | 10D | Travel Agent Fees | $1,500 | Not Covered | Not Covered |
| | 11<br>12 | Domestic Pets / Domestic Services | Not Covered | Not Covered | Not Covered |
| | 13 | Travel Delay | $1,500~ | Not Covered | Not Covered |
| | 14 | Hijack and Kidnap | Not Covered | Not Covered | Not Covered |
| **Ski and *Winter Sports* option** | | | | | |
| | 15 | Ski and *Winter Sports* Overseas Medical, Hospital, Cash in Hospital, Dental and Related Expenses | Not Covered | Not Covered | Not Covered |
| | 16 | Snow Ski Equipment Hire | $1,000^ | Not Covered | Not Covered |
| | 17 | Ski Pack | $500^ | Not Covered | Not Covered |
| | 18 | Piste Closure | Not Covered | Not Covered | Not Covered |
| | 19 | Bad Weather and Avalanche | $500^ | Not Covered | Not Covered |
| | 20 | Lift Pass | $250 | Not Covered | Not Covered |
| ***Cruise* Benefits option** | | | | | |
| | 21A | Cabin Confinement | Not Covered | Not Covered | Not Covered |
| | 21B | Missed Port | Not Covered | Not Covered | Not Covered |
| | 21C | Missed Shore Excursion | Not Covered | Not Covered | Not Covered |
| | 21D | Marine Rescue Diversion | Not Covered | Not Covered | Not Covered |

**This cover is per person listed in *Your* policy. ^This cover is per policy. ~Daily limits apply.

## Section 3 *Luggage* item benefits table

This table shows the maximum benefits payable in relation to *Luggage* items, unless *You* have selected the option to specify a *Luggage* item and limit.

The following limits apply to any one item, set or pair of items (including accessories).

| Item | Comprehensive and Annual Multi-Trip | Essentials | Saver | Domestic |
|---|---|---|---|---|
| Cameras and Video Cameras | $3,000 | $1,500 | $750 | $1,500 |
| Laptops and Tablets | $3,000 | $1,500 | $750 | $1,500 |
| Sporting Equipment | $3,000 | $1,500 | $750 | $1,500 |
| Medical Devices | $3,000 | $1,500 | $750 | $1,500 |
| Smart Phones | $1,000 | $500 | $350 | $500 |
| Dental Prostheses | $1,000 | $500 | $350 | $500 |
| Other items | $1,000 | $500 | $350 | $500 |

### Option to increase *Luggage* item limits on the Comprehensive and Annual Multi-Trip plans

*You* can choose to specify a single *Luggage* item or multiple items at a higher limit than the maximum benefits payable (shown in the table above) by choosing an increased limit for *Your Luggage* item and paying an additional *Premium* at the time of policy purchase. The increased benefit limit will be shown on *Your COI* and is the additional amount payable for that item, above the standard single item benefit limit. Please note the total limit for all items cannot exceed $15,000 per *Adult*. In the event of a claim, proof of value for specified items must be provided.

# Before *You* buy

Here is some important information *You* should know before *You* buy this policy and before *You* leave for *Your Trip*.

## *Your* Duty to take reasonable care not to make a misrepresentation

Before *You* start, reinstate, extend, or vary a policy with *Us*, *You* have a duty to take reasonable care not to make a misrepresentation to *Us* ("*Your* Duty").

When *You* ask for cover or request *Your* cover to be altered, *You* must answer all the specific questions that *We* ask accurately, honestly and with reasonable care, to the best of *Your* knowledge. This may mean, for example, that *You* should take reasonable steps to find out the answer to a question if *You* do not already know the answer before responding to the question. *We* rely on the information that *You* provide to *Us* to decide whether or not to insure *You* and, if so, on what terms (including the cost). *Your* Duty applies to everyone who will be insured under the policy and *Your* answers to *Our* questions on their behalf will be treated as their representations.

*Your* Duty ends once *We* agree, in writing, to insure *You*. Whether or not *You* have taken reasonable care not to make a misrepresentation to *Us* will be determined with regard to all the relevant circumstances, including any of *Your* particular characteristics or circumstances which *We* were (or ought to have been) aware of. It may also include the type of insurance cover that *You* have asked for and who it is intended to be sold to, and whether or not someone was acting on *Your* behalf when *You* asked for cover.

If *You* do not take reasonable care not to make a misrepresentation, *We* may be entitled to reduce or deny any claim *You* may make or cancel the policy altogether. If *Your* failure to comply with *Your* Duty is fraudulent, *We* may choose to avoid the contract from the beginning, which means treating it as though *Your* policy never existed.

If *You* are uncertain about whether or not a particular matter should be disclosed to *Us*, please contact *Us* and *We* will try and assist *You*.

## Who can purchase this policy

### Cover is available:

For persons up to 110 years of age for Single Trip policies and between 18 and 75 years of age for the Annual Multi-Trip policy provided that:

– *You* either:

- are an Australian citizen or permanent resident of Australia; or
- hold a current Australian visa - but not a tourist, study or working holiday visa - that will remain valid beyond the period of *Your* return from *Your Trip*, and *You* also hold a return ticket back to Australia (for International plans), a valid Australian Medicare card and have a primary place of residence in Australia;

and

- *You* purchase *Your* policy for *Your* whole *Trip* before *You* begin *Your Trip*;

and

- for international cover, *Your Trip* begins and ends in Australia, and for domestic cover, *Your Trip* is wholly within Australia.

## When are benefits available

Cover for Cancellation Fees and Lost Deposits (Section 1), and *Financial Default* (Section 10) begins immediately after *You* purchase *Your* policy and this policy is issued to *You*.

Cover for all other benefits commences on the date *Your Trip* begins, and terminates at the earliest of:

- completion of *Your Trip*;
- expiry of the *Period of Insurance* shown on *Your COI*;
- in the case of an Annual Multi-Trip policy, expiry of 30, 45 or 60 days (depending on the level of cover *You* purchased) from the date *Your Trip* begins.

If *You* suffer a loss during the *Period of Insurance* due to an *Insured Event*, *You* can submit a claim under this policy.

## Cancelling *Your* policy

### Cancelling within the cooling-off period

*You* have 21 days from the day *You* purchase *Your* policy to decide if the cover is right for *You* and suits *Your* needs. *You* can cancel *Your* policy within this cooling-off period for a full refund, provided that *You*:

- Haven't started *Your Trip*;
- Haven't made a claim; and
- Don't intend to make a claim or exercise any other rights under *Your* policy.

Simply contact *Us* on 02 8055 1641 within the cooling-off period and *We* can arrange this for *You*.

### Cancellation outside the cooling-off period

If *You* would like to cancel *Your* policy outside the cooling-off period then *You* can request *Us* to consider this.

*We* may at *Our* discretion consider agreeing to a cancellation if *You*:

- Haven't started *Your Trip*;
- Haven't made a claim; and
- Don't intend to make a claim or exercise any other rights under *Your* policy.

*We* may at *Our* discretion provide *You* with a pro-rata refund.

*Our* decision on whether to cancel *Your* policy outside the cooling-off period and provide a refund will be based on numerous factors including:

- The level of cover/policy type chosen;
- The date *You* purchased *Your* policy and the date the *Trip* would have begun; and
- Any other circumstances.

## Making changes to *Your* policy

*You* can ask for changes to *Your* policy provided that *You* do not want to make a claim in relation to the information that has since been changed, and provided that *You* give *Us* reasonable notice. If changes are made to the *Trip* length, the *Period of Insurance* on *Your* new *COI*, when added to the period on *Your* original *COI*, cannot exceed a combined maximum period of 12 months.

Once *Your Trip* has commenced, no changes can be made to *Your* policy without *Our* approval.

Any change made, if agreed by *Us*, may incur an additional *Premium*.

# *Medical Conditions*

Having a *Medical Condition* can make treatment more complex, potentially prolong *Your* recovery, and result in greater medical expenses if *You* fall ill or are injured overseas. The likelihood of needing to cancel *Your* holiday for health reasons is also a possibility. It is important to clearly understand what this policy covers when it comes to *Your* health. Carefully consider *Your* medical history, as well as the health of *Your Travelling Companions* and *Your Relatives*. Not all *Medical Conditions* are automatically covered, and some are unable to be covered at all. Refer to *General Exclusions* on pages 29–31 which apply to all sections of cover.

Having a *Medical Condition* does not prevent *You* from purchasing this policy. Please read the following sections for more information on *Medical Conditions*:

a. What is a *Medical Condition*;
b. *Medical Conditions We* do not cover;
c. *Medical Conditions* that are under or awaiting further investigation or other treatment;
d. *Medical Conditions We* automatically cover;
e. *Medical Conditions We* need to assess for cover;
f. Changes in *Your* health;
g. What cover is there where the health of *Relatives* impacts *Your Trip*?
h. Pregnancy.

If *You* have a *Medical Condition* that is not automatically covered, and *You* want cover for that *Medical Condition*, *You* must tell *Us* about that *Medical Condition* and have it assessed. If *You* do not tell *Us* about any *Medical Condition* that is not automatically covered under this policy, that *Medical Condition* may not be covered, and a claim relating to that *Medical Condition* may be reduced or denied.

## What is a *Medical Condition*?

A *Medical Condition* is defined in this policy as any health issue, illness, disease, disability, or *Mental Illness*, which at the *Relevant Time*, *You* were aware of, or a reasonable person in *Your* circumstances would have been aware of, and:

1. is chronic and ongoing; or
2. is terminal; or
3. is a condition diagnosed by a *Treating Doctor* about the heart, brain, or cancer; or
4. in the last 24 months has:
   a. been diagnosed, treated or treatment was recommended by a *Treating Doctor*; or
   b. presented symptoms which would have caused an ordinarily prudent person to seek medical opinion or treatment.

Treatment under 4.a. directly above does not include *Your* annual or routine medical check-ups, routine blood testing, routine medication, or visits to a *Treating Doctor* to obtain a repeat prescription.

## *Medical Conditions We* do not cover

There is no cover under this policy for any claims arising from, related to or associated with a *Medical Condition* that:

1. *You* are travelling to seek medical treatment for or review of;
2. is under or awaiting further investigation, test results, surgery, treatment, diagnosis or specialist consultation (see section below); or
3. has been assessed by *Us* and:
   a. *We* declined to provide cover for that *Medical Condition*; or
   b. *We* agreed to provide cover for that *Medical Condition* but *You* chose not to accept the cover or *You* did not pay any additional *Premium* for the cover.

## *Medical Conditions* that are under or awaiting further investigation or other treatment

*We* do not offer cover for any *Medical Condition* which at the *Relevant Time*:

1. *You* are currently under investigation and are awaiting a diagnosis; or
2. *You* are awaiting:
   a. specialist opinion; or
   b. tests or surgery; or
   c. other treatment recommended by *Your Treating Doctor*.

Treatment under 2.c. directly above does not include *Your* annual or routine medical check-up, routine blood testing, routine medication, or a visit to a medical practitioner to obtain a repeat prescription.

If any of the above apply, *You* will not be covered for that *Medical Condition*, and there will be no cover for claims which in any way relate to, or made worse by, that *Medical Condition*. This does not affect *Your* eligibility for other benefits provided by the policy.

If *You* receive a diagnosis after *You* purchased *Your* policy and before *You* depart on *Your Trip*, and *You* want that *Medical Condition* included in *Your* cover, *You* can apply for a medical assessment. If *Your* medical assessment is approved, *We* will add that *Medical Condition* to *Your* policy, provided *You* pay *Us* any required additional *Premium*.

## *Medical Conditions We* automatically cover

This section outlines those *Medical Conditions* automatically included in *Your* cover (*Auto Covered Medical Condition*), provided that *You*, at the *Relevant Time*, meet the following criteria:

a. the *Auto Covered Medical Condition* has not required admission to hospital or treatment (where treatment does not include *Your* annual

or routine medical check-up, routine blood testing, routine medication or a visit to a medical practitioner to obtain a repeat prescription) by any *Treating Doctor* within the last 24 months; and

b. *You* meet any additional criteria set out in the *Auto Covered Medical Conditions We* automatically cover listed below.

If the criteria in a. and b. above are satisfied, then cover is automatically included for the following *Auto Covered Medical Conditions*:

1. Acne
2. Allergies limited to Rhinitis, Chronic Sinusitis, Eczema, Food Intolerance, Hay Fever, however this excludes any Anaphylaxis as part of any such condition
3. Asthma, provided that *You*:
   a. have no other lung disease; and
   b. are under 60 years of age at time *You* purchase the policy
4. Bell's Palsy
5. Benign Positional Vertigo
6. Bunions
7. Carpal Tunnel Syndrome
8. Cataracts
9. Coeliac Disease
10. Congenital Blindness
11. Congenital Deafness
12. Diabetes Mellitus (Type 1), provided that *You*:
    a. were diagnosed over 24 months ago;
    b. have no eye, kidney, nerve or vascular complications;
    c. do not also suffer from a known cardiovascular disease, Hypertension or Hypercholesterolaemia; and
    d. are under 50 years of age at the date of policy purchase
13. Diabetes Mellitus (Type 2), provided that *You*:
    a. were diagnosed over 24 months ago;
    b. have no eye, kidney, nerve or vascular complications;
    c. do not also suffer from a known cardiovascular disease, Hypertension or Hypercholesterolaemia; and
    d. are under 50 years of age at the date of policy purchase
14. Dry Eye Syndrome
15. Epilepsy, provided that:
    a. there has been no change to *Your* medication regime in the past 24 months; and
    b. *You* are on no more than one anticonvulsant medication
16. Gastric Reflux
17. Gastric/Peptic Ulcer
18. Glaucoma
19. Gout
20. Graves' Disease
21. Hiatus Hernia
22. Hip/Knee replacement if performed more than 24 months ago but less than 10 years ago
23. Hypercholesterolaemia (High Cholesterol), provided that *You* do not also suffer from a known cardiovascular disease or Diabetes
24. Hyperlipidaemia (High Blood Lipids), provided that *You* do not also suffer from a known cardiovascular disease or Diabetes
25. Hypertension (High Blood Pressure), provided that *You* do not also suffer from a known cardiovascular disease or Diabetes
26. Hypothyroidism, including Hashimoto's Disease
27. Incontinence
28. Insulin Resistance
29. Macular Degeneration
30. Meniere's Disease
31. Migraine
32. Nocturnal Cramps
33. Plantar Fasciitis
34. Raynaud's Disease
35. Sleep Apnoea
36. Solar Keratosis
37. Trigeminal Neuralgia
38. Trigger Finger.

*You* do not need to have any medical assessment for *Your Medical Condition* if it is listed above, meets all the criteria noted above, as it is an *Auto Covered Medical Condition*.

If you decide to have an *Auto Covered Medical Condition* medically assessed, *You* may be charged an additional *Premium*.

## *Medical Conditions We* need to assess for cover

If *Your Medical Condition*:

1. is not one of the 38 *Auto Covered Medical Conditions* listed above; or
2. is one of the 38 *Auto Covered Medical Conditions* listed above, but it does not meet the specific criteria for an *Auto Covered Medical Condition*;

then *Your Medical Condition* is not automatically covered under this policy.

If *You* want cover for this *Medical Condition*, *You* will need to complete *Our* online medical assessment located in the purchase path, so that *We* can assess whether:

1. *We* can cover the *Medical Condition* – in which case an additional *Premium* may be payable and the *Medical Condition* will be listed on *Your COI*; or
2. *We* can't cover the *Medical Condition* – in which case the *Medical Condition* will be noted on *Your COI* as excluded.

## Changes in *Your* health

After *You* purchase *Your* policy but before starting *Your Trip*, if *You* become aware of, or a reasonable person in *Your* circumstances would have become aware of, a change in *Your* health:

1. that has, or is likely to have, an effect on the diagnosis, severity, or management of a *Medical Condition*, such

as a change in treatment, medication or dosage, a new symptom or change of a condition of a *Medical Condition*, that *We* have accepted on *Your COI*; or

2. which is a new *Medical Condition*,

and *You* want the *Medical Condition* to be covered, then *You* must tell *Us* as soon as reasonably practicable and prior to starting *Your Trip*.

*We* will assess the change to determine if *We* can offer *You* cover, as outlined in the '*Medical Conditions* we need to assess for cover' section above.

If *We* consider any change in health no longer satisfies the conditions *We* offer under the policy because it substantially increases the risk of loss, damage, illness, injury or liability, then *We* will let *You* know and decline or withdraw coverage for the *Medical Condition*, as applicable, by issuing *You* an updated *COI* with any applicable changes to *Medical Conditions* that are or are not covered by the policy.

If *We* withdraw or decline cover for the *Medical Condition* and as a result:

1. *You* decide to cancel *Your Trip*, cover is available under Section 1 Cancellation Fees and Lost Deposits on page 14, subject to policy terms and conditions.
2. *You* decide to cancel *Your* policy prior to starting *Your Trip* and have not and will not make a claim under the policy, *We* will refund *Your Premium* in full, even if this is outside the cooling off period.

If *You* fail to tell *Us* about a change in *Your* health as set out above, *We* may refuse coverage or refuse to pay *Your* claim, in whole or in part, to the extent that *We* have been prejudiced as a result of *Your* failure to notify *Us*. *We* may also be entitled to cancel *Your* policy.

## What cover is there where the health of *Relatives* impacts *Your Trip*?

There is limited cover under 'Section 1: Cancellation Fees and Lost Deposits' and 'Section 4: Emergency Expenses' for claims arising from, related to or associated with the death, injury, illness, *Medical Conditions* or serious pregnancy complication suffered by *Your Relative*, *Your Travelling Companion*, or *Your Travelling Companions*' *Relative* not listed on *Your COI*.

Other than this limited cover, there is no cover under this policy for any other claims arising from, related to or associated with, a *Medical Condition* suffered by people who aren't listed on *Your COI*.

## Pregnancy

### Automatic Pregnancy Cover

Cover is included automatically up to the end of the 25th week of *Your* pregnancy for:

1. unexpected pregnancy complications; and
2. childbirth which was accelerated by *Accidental Injury*.

### When Pregnancy is not Automatically Covered

If at the *Relevant Time*, *You* know *You* are pregnant and are aware of, or a reasonable person in *Your* circumstances would have been aware of, any of the following:

1. *You* have had pregnancy complications with this or a previous pregnancy of *Yours* (see below paragraph for more detail);
2. *You* are expecting a multiple pregnancy (such as triplets or twins); or
3. *You* have a *Medical Condition* which could have an adverse impact on *Your* health;

and *You* want *Your* pregnancy included in *Your* policy, then *You* will need to apply for cover for *Your* pregnancy.

Pregnancy complications are considered *Medical Conditions* and need to be disclosed and assessed by *Us* if *You* want cover for these conditions whilst on *Your Trip* up to the end of the 25th week of gestation. Pregnancy complications include those that occur during pregnancy or may be caused by *Medical Conditions* that already existed prior to the pregnancy, such as previous high risk of miscarriage, gestational diabetes, hyperemesis (severe morning sickness) or pre-eclampsia. Pregnancy complications don't include complications prior to becoming pregnant.

If *You* have pregnancy complications, in addition to seeking medical assessment for the complication to be included in *Your* policy, *We* recommend that *You* contact *Your Treating Doctor* and obtain written confirmation that *You* are fit to travel before commencing *Your* planned *Trip*.

### Applying for Medical Assessment for Pregnancy

If *Your* pregnancy is not automatically covered, and *You* would like it covered, *You* can apply for cover by completing *Our* online medical assessment at the *Relevant Time*, so that *We* can assess whether:

1. *We* can cover *Your* pregnancy – in which case an additional *Premium* may be payable and *Your* pregnancy will be listed on *Your COI*; or
2. *We* can't cover *Your* pregnancy – in which case the pregnancy will be noted on *Your COI* as excluded.

If *You* are unsure whether *You* need to complete a medical assessment for *Your* pregnancy, please call 02 8055 1641 for additional assistance.

## Pregnancy Exclusions

There is no cover under this policy for:

1. pregnancy once it is beyond the 25th week of gestation;
2. pregnancy complications within the first 48 hours of the policy purchase, unless the *Trip* is booked at the same time of the policy purchase;
3. childbirth at any stage of the pregnancy, other than as a result of an *Accidental Injury* occurring prior to the end of the 25th week of *Your* pregnancy which causes *You* to give birth prematurely;
4. medical care of a newborn child, irrespective of the stage of pregnancy when the child is born; or
5. regular antenatal care.

Please also refer to *General Exclusions* on pages 29–31 which apply to all sections of cover including pregnancy.

# Sports and Activities

## Sports and activities included in *Your* cover

Most amateur sporting and adventure activities are covered at no additional cost provided:

1. *You* act in a reasonable way to protect *Yourself*; and
2. for activities *You* undertake through a commercial operator, *You* follow their instructions and comply with any rules and guidelines for the sport or activity.

### *Mopeds, Scooters* and *Motorcycles*

*We* cover *Mopeds*, *Scooters* and *Motorcycles* at no additional cost however please refer to *General Exclusions* on pages 29–31 which apply to all sections of cover.

## Activities not covered

The following activities are not covered under any of *Our* policies and are listed on pages 29–31 under *General Exclusions*:

- trekking, mountain biking or motorcycle riding over 3,000 metres above sea level
- *Skiing* or snowboarding (unless *You* have purchased *Our* 'Ski and *Winter Sports* option')
- any kind of mechanised snow-mobiles except as provided by the recognised piste authorities for transport to and from areas designed for recreational *Skiing* (unless *You* have purchased *Our* 'Ski and *Winter Sports* option')
- bob sleighing, snow rafting, parapenting, heli-*Skiing*, aerobatic *Skiing*, skijoring, *Skiing* with any form of power-assisted equipment
- *Backcountry Skiing*
- racing or participating in any timed event (other than on foot)
- any kind of professional sport
- hunting
- *Open Water Sailing*
- *You* operating or travelling on any privately registered vessel in international waters
- participating in any rodeo activity, either as an amateur or as a professional
- mountaineering or rock climbing using ropes or climbing equipment (other than for hiking)
- parachuting, sky diving or base jumping
- hang gliding or paragliding
- travel in any air supported device, other than as a passenger, in a licensed aircraft operated by an airline or charter company. This does not apply to regulated or licensed ballooning
- diving underwater unlicensed using an artificial breathing apparatus, unless the conditions outlined above are met
- polo
- horse jumping
- running with the bulls and similar events or activities in confined spaces with unrestrained large animals
- freestyle BMX
- motocross or dirt bike riding or racing
- canoeing, kayaking or whitewater rafting grade 5 rapids and above.

# While *You* are travelling

## Overseas Emergency Assistance

If something unexpected happens while *You* are overseas, *We* want to ensure *We* can help make it as stress-free as possible. If *You* have an emergency medical situation, *Our* team will help to keep *You* in touch with *Your* family and colleagues and assist in locating embassies and consulates around the world.

### For overseas medical and repatriation emergencies

Contact *Our* assistance team immediately, 24 hours a day, 7 days a week on: +61 2 8055 1627 (reverse charges accepted from the overseas operator).

If *You*:

- are hospitalised; or
- *You* are being treated as an outpatient and the total cost of any consultation or treatment will exceed $2,000

then *You*, a member of *Your* travelling party, or another person acting on *Your* behalf, should contact *Us* as soon as reasonably practicable.

If *You* do not contact *Us*, and incur costs without *Our* consent *We* may limit the amount payable under a claim to the amount *We* would have paid towards any expenses (including medical) or for any evacuation/ repatriation or airfares that have not been approved or arranged by *Us*.

### For all other claim enquiries and questions while on *Your Trip*

For general claim enquiries, policy extensions, *Luggage* claims, flight delays, or other non-emergency claims please contact *Our* team on +61 2 8055 1641 on Mon-Fri 8am-9pm (AEST), Sat-Sun 9am-6pm (AEST) or email ractclaims@tmnfatravelinsurance.com.au.

*You* will need to pay all non-medical out-of-pocket expenses upfront first, then follow the process outlined in the section 'How to make a claim' for reimbursement for these expenses.

## Extending *Your* cover

*We* will extend the term of *Your* cover for no additional cost if any delay is due to circumstances which are covered under *Your* policy. In these circumstances, *We* will extend the term for as long as is reasonably necessary but in any event the total term of *Your* cover will not exceed 12 months. In the event of a delay for any other reason (e.g. where the cause of the delay is not yet known), *We* may agree to extend the term of *Your* cover for an additional *Premium*, which *We* will refund if *You* later become entitled to cover for the delay.

For all other circumstances where *You* may wish to extend *Your* cover, *You* can apply to extend *Your* Single Trip policy by contacting *Us* as soon as reasonably practicable prior to the original expiry of *Your Period of Insurance* date of *Your* policy.

Extension of cover is subject to *Our* approval (which will not be unreasonably withheld) and *Your* payment of any additional *Premium*. There may be circumstances where *We* are not able to extend *Your* cover based on *Your* circumstances and this will be discussed with *You*.

*You* cannot extend cover:

1. for any *Medical Condition*, except where:
   a. it qualifies as an *Auto Covered Medical Condition*; or
   b. it has been medically assessed by *Us* and added to *Your COI* and *You* have paid any additional *Premium*;
2. for new conditions *You* suffered during the term of *Your* original policy;
3. where *You* haven't told *Us* about any circumstances that *You* knew or a reasonable person in *Your* position would have known, have caused or may cause a claim under *Your* policy; or
4. under *Our* Annual Multi-Trip plan.

Where *We* have agreed to extend cover, *We* will issue *You* with a new *COI*. The *Period of Insurance* on *Your* new *COI*, when added to the period on *Your* original *COI*, cannot exceed a combined maximum period of 12 months.

# Policy Wording

## Policy Benefit sections

Please note that any *Section Limits* or *Sub-Limits* are applied per *Adult* and are not increased for *Dependants*, unless that Section or Sub Section is noted as a per person or per policy benefit.

## Section 1: Cancellation Fees and Lost Deposits

A default limit of cancellation cover is automatically included when *You* apply for cover unless *You* choose a different amount. *You* can change the amount of cancellation by selecting an amount from the options available at the time *You* apply for cover. The level of cancellation cover *You* choose will determine the *Premium You* pay. The level of cancellation cover will be shown on *Your COI*.

The maximum cancellation benefit *We* will pay for claims related to COVID-19 per *Adult* on the Comprehensive and Annual Multi-Trip plans is $10,000, on Essentials and Domestic plans is $5,000, for Domestic cancellation is $1,000 and no cover for the Saver plan.

The *Section Limit* below is the maximum benefit *We* will pay in relation to each *Adult* for any one and all claims made under this Section 1:

| Type of policy | *Section Limit* per *Adult* |
|---|---|
| Comprehensive | Choice of Limit |
| Essentials | Choice of Limit |
| Saver | Not Covered |
| Annual Multi-Trip plan | Choice of Limit |
| Domestic | Choice of Limit |
| Domestic cancellation | $1,000 |

Where a sub-section below specifies that a *Sub-Limit* applies to the benefits in that sub-section, then that is the maximum amount that *We* will pay for any one and all claims in relation to that sub-section, whether or not they exceed the *Section Limit* above.

### Sub-Section 1A – Unforeseen Circumstances

*We* will pay *Your* cancellation fees and lost deposits for *Your* travel and accommodation arrangements, excursions, tours and other activities that *You* have pre-paid and which are non-refundable or *You* cannot reasonably recover (other than those covered by sub-sections 1B, 1C, 1D or 1E) if *Your Trip* is rescheduled, cancelled or cut short at any time due to circumstances beyond *Your* control (including any COVID-19 related event) which *You* did not foresee, and a reasonable person in *Your* position would not have foreseen at the *Relevant Time*.

### Sub-Section 1B – Death, Injury or Illness of *Your Relative, Your Travelling Companion* or *Your Travelling Companion's Relative*

*We* will pay *Your* cancellation fees and lost deposits for *Your* travel and accommodation arrangements, excursions, tours and other activities that *You* have pre-paid and which are non-refundable or *You* cannot reasonably recover (other than those covered by sub-sections 1A, 1C, 1D or 1E) if *Your Trip* is rescheduled, cancelled or cut short at any time because of the death, injury or illness of *Your Relative*, *Your Travelling Companion* or *Your Travelling Companion's Relative*, where, at the *Relevant Time* that person:

a. had a medical condition that caused their death, injury or illness;
b. had a terminal illness;
c. had a serious pregnancy complication; or
d. was receiving assistance with daily living while residing in a nursing home or receiving similar home care.

#### Sub-Section 1B *Sub-Limit*

The maximum benefit *We* will pay for any one and all claims is:

- $1,000 per *Adult*, subject to
- a total combined *Sub-Limit* of $2,000.

### Sub-Section 1C – Military and Emergency Worker Leave

*We* will pay *Your* cancellation fees and lost deposits for *Your* travel and accommodation arrangements, excursions, tours and other activities that *You* have pre-paid and which are non-refundable or *You* cannot reasonably recover (other than those covered by sub-sections 1A, 1B, 1D or 1E) if *Your* travel is re-scheduled, cancelled or cut short prior to the commencement of *Your Trip* because *Your* annual leave is cancelled by *Your* employer after *You* have booked *Your* holiday, provided that:

1. *You* are a member of the Australian Defence Force (ADF) or an employee of a police, fire or ambulance service; and
2. the ADF or *Your* employer cancels *Your* leave:
   a. so *You* can attend an unforeseen emergency; or
   b. to relocate *You* overseas unexpectedly.

#### Sub-Section 1C *Sub-Limit*

The *Sub-Limit* below is the maximum benefit *We* will pay in relation to any *Adult* for any one and all claims under this sub-section 1C:

| Type of policy | *Sub-Limit* per *Adult* |
|---|---|
| Comprehensive | $1,000 |
| Essentials | $500 |
| Saver | Not Covered |
| Annual Multi-Trip plan | $1,000 |
| Domestic | $750 |

### Sub-Section 1D: Frequent Flyer Points

Where an airline ticket was purchased using frequent flyer or similar air points, *We* will pay *You* for frequent flyer or similar air points lost following cancellation of *Your* air ticket. The amount payable will be calculated as follows:

- if the airline will not refund *Your* points, and *You* fully paid for the air ticket with points, *We* will refund to *You* the cost of the equivalent class air ticket based on the quoted retail price at the time the ticket was issued.

- if the airline will not refund *Your* points, and *You* partly paid for the air ticket with points, under this Sub-Section 1D *We* will refund to *You* the portion of the cost of the equivalent class air ticket that was paid for with points, based on the quoted retail price at the time the ticket was issued.
- if the airline will only refund a portion of *Your* points, *We* will refund to *You* the cost of the equivalent class air ticket based on the quoted retail price at the time the ticket was issued, less the value of the portion of *Your* points refunded back to *You*.

For this benefit to become payable:

a. the reason for cancellation must be covered under this section 1 of the policy;

b. the loss of such points cannot reasonably be recovered by *You* from any other source; and

c. before *You* submit a claim under this section *You* must first request the airline refund *Your* points.

### Sub-Section 1E – Travel Agent Fees

*We* will pay fees that *You* have been charged by *Your* travel agent in relation to *Your Trip* and which are non-refundable or *You* cannot reasonably recover if *Your Trip* is rescheduled, cancelled or cut short at any time, due to circumstances beyond *Your* control (including any COVID-19 related event) which *You* did not foresee, and a reasonable person in *Your* position would not have foreseen.

#### Sub-Section 1E *Sub-Limit*

The *Sub-Limit* below is the maximum benefit *We* will pay in relation to any *Adult* for any one and all claims under this sub-section 1E:

| Type of policy | *Sub-Limit* per *Adult* |
|---|---|
| Comprehensive | $4,000 |
| Essentials | $2,000 |
| Saver | Not Covered |
| Annual Multi-Trip plan | $4,000 |
| Domestic | $2,000 |

### Section 1 Exclusions

These exclusions apply to all of Section 1.

*We* will not cover *You* for losses, liability or expenses that are for, related to or as a result of:

1.1 *You*, *Your Travelling Companion* or any other person's change of mind, disinclination or reluctance to undertake the *Trip*.

1.2 The breakdown or dissolution of any personal or family relationship.

1.3 *You* not travelling due to issues relating to *Your Home* or business (other than severe damage to *Your Home* or business premises) or employment, including not being able to take leave from that employment. This exclusion will not apply to *You* being involuntarily retrenched from *Your* usual permanent employment in Australia nor will it apply to benefits available under Military and Emergency Worker Leave sub-section 1C on page 14.

1.4 *You* not complying with *Your* ticket conditions.

1.5 Tours being cancelled because there were not enough people to commence the tour. This does not apply in relation to pre-paid travel arrangements purchased separately to get to or from *Your* destination.

1.6 *You* being aware at the time of purchasing the policy of circumstances that would give rise to *You* making a claim under this policy or *You* had booked *Your Trip* to arrange to travel where *You* knew or a reasonable person in *Your* position would have known, of circumstances that may lead to *Your Trip* being disrupted or cancelled. The exclusion does not apply to *Sub-Section* 1B.

1.7 Cancellation, delays or rescheduling caused by *Your Transport Provider* or *Travel Services Provider*.

1.8 Mechanical breakdown of any means of transport.

1.9 The government of any country not allowing *You* to enter or stay in that country.

1.10 The cost of a return ticket if *You* have not purchased a return air ticket to Australia.

1.11 Any *Terrorist Act*, threat of a *Terrorist Act* or any loss arising out of the intentional use of military force to intercept, prevent, or mitigate any known or suspected *Terrorist Act* unless the Department of Foreign Affairs and Trade (DFAT) issued a 'DO NOT TRAVEL' advisory in relation to *Your* country/region of intended travel after *You* purchased *Your* policy.

1.12 The non-refundable unused portion of travel or accommodation arrangements where additional travel or accommodation costs have been paid for by *Us* as part of a claim under this policy. This exclusion will not apply where the unused portion of the accommodation arrangements result directly from the hospitalisation or death of *You* or *Your Travelling Companion* and are agreed by *Us*.

1.13 The *Financial Default* of a *Travel Services Provider*, travel agent, tour wholesaler, tour operator or booking agent. Refer to *Financial Default* Section 10 on page 22.

1.14 Pre-paid costs relating to the arrangement of a special event like a wedding, significant occasion, funeral, conference, musical festival or sporting event. Refer to Special Events sub-section 4D on page 20.

1.15 The injury, illness or death of *Your* pet.

1.16 Any *Cyber Incident*.

Note: All *General Exclusions* on pages 29–31 also apply to Section 1.

# Section 2: Overseas Medical, Hospital, Cash in Hospital, Dental and Related Expenses

The *Section Limit* below is the maximum benefit *We* will pay in relation to each *Adult* for any one and all claims made under this Section 2.

| Type of policy | *Section Limit* per *Adult* |
|---|---|
| Comprehensive | $unlimited* |
| Essentials | $unlimited* |
| Saver | $unlimited* |
| Annual Multi-Trip plan | $unlimited* |
| Domestic | Not Covered |

*$unlimited means there is no cap on the maximum dollar amount which may be paid out for this benefit, noting that how much is payable for a benefit depends on the specific cover in the relevant section of the Policy Wording and any applicable exclusions.

Where a sub-section below specifies that a *Sub-Limit* applies to the benefits in that sub-section, then that *Sub-Limit* is the maximum amount that *We* will pay for any one and all claims in relation to that sub-section, whether or not they exceed the *Section Limit* above.

Where *You* may need medical evacuation or repatriation or *You* ask to move facilities, *We* will decide on which action to take subject to medical restraints and as agreed by *Our Consulting Medical Officer,* whether that be bringing *You Home* to Australia or moving *You* to another country if it is medically necessary. If *We* bring *You Home* to Australia *We* will use the refundable portion of *Your* return ticket towards *Our* costs. Any refund or credit *You* are entitled to will be deducted from any settlement.

*We* will pay the *Additional Accommodation, Meal and Travelling Expenses* incurred by *Your Travelling Companion* or *Relative* when they:

1. travel to see *You*;
2. stay with *You* until *You* are able to resume *Your Trip*; and/or
3. escort *You Home*;

if *We* agree with *Your Treating Doctor* or *Our Consulting Medical Officer* that this was necessary.

If *You* are hospitalised, die or are evacuated, and *Your Dependants* 16 years or under are left without supervision while on *Your Trip*, *We* will provide care for them until *We* can arrange:

- their return to Australia; or
- for a *Relative* to arrive to care for them.

This benefit is only provided if *You*, *Your Travelling Companion* or a *Relative* contacts *Us* as soon as reasonably practicable and obtains *Our* agreement.

If *Your Treating Doctor* certifies that *You* are unfit to drive, *We* will pay up to $500 to return *Your Rental Vehicle* to the owner's nearest depot. This does not apply to the Saver plan.

**Please note that *We* do not cover any medical costs incurred in Australia.**

## Sub-Section 2A – Overseas Medical and Hospital Expenses

*We* will pay *Your* reasonable overseas medical, hospital, evacuation and repatriation expenses *You* have to pay as a result of an injury or illness (including diagnosis of COVID-19) (other than those covered by a later sub-section of this Section 2) that *You* incurred/sustained (including injury arising from a *Terrorist Act*) and of which *You* became aware or a reasonable person in *Your* position would have been aware during the *Period of Insurance*.

*You* must tell *Us* as soon as practicable of *Your* admittance to hospital. All medical treatments must be provided by *Your Treating Doctor* or *Our Consulting Medical Officer*. *We* will pay for expenses incurred up to 12 months from the time *You* first received treatment for the injury or illness.

## Sub-Section 2B – Cash in Hospital

If *You* are hospitalised overseas continuously for more than 48 hours, *We* will also pay *You* $50 for each 24-hour period *You* are in hospital from the first day of hospitalisation up to the *Sub-Limits* shown in the table below. *You* must tell *Us* as soon as practicable of *Your* admittance to hospital.

### Sub-Section 2B *Sub-Limit*

The *Sub-Limit* below is the maximum benefit *We* will pay in relation to any *Adult* for any one and all claims under this sub-section 2B:

| Type of policy | *Sub-Limit* per *Adult* |
|---|---|
| Comprehensive | $6,000 |
| Essentials | $3,500 |
| Saver | $1,500 |
| Annual Multi-Trip plan | $6,000 |
| Domestic | Not Covered |

## Sub-Section 2C – Overseas Dental

### Dental Injury

*We* will pay *Your* reasonable emergency overseas dental expenses incurred where sound and natural teeth are *Accidentally Injured*, but not treatment that can be reasonably delayed until *You* return to Australia.

### Dental Pain

*We* will pay up to $500 for necessary emergency dental costs for relief of sudden and acute pain, given or prescribed by *Your Treating Doctor* and incurred outside Australia. This cover does not apply where *You* claim for Dental Injury above.

### Sub-Section 2C *Sub-Limit*

The *Sub-Limit* below is the maximum benefit *We* will pay in relation to any *Adult* for any one and all claims under this sub-section 2C:

| Type of policy | *Sub-Limit* per *Adult* |
|---|---|
| Comprehensive | $unlimited* |
| Essentials | $2,000 |
| Saver | $500 |
| Annual Multi-Trip plan | $unlimited* |
| Domestic | Not Covered |

*$unlimited means there is no cap on the maximum dollar amount which may be paid out for this benefit, noting that how much is payable for a benefit depends on the specific cover in the relevant section of the Policy Wording and any applicable exclusions.

### Sub-Section 2D Funeral Expenses Overseas

If *You* die unexpectedly (including from COVID-19) while on *Your Trip*, *We* will pay the reasonable cost for *Your* funeral/cremation overseas or the return of *Your* remains to Australia.

#### Sub-Section 2D *Sub-Limit*

The *Sub-Limit* below is the maximum *We* will pay in relation to any person for any one and all claims under this sub-section 2D:

| Type of policy | *Sub-Limit* per *person* |
|---|---|
| Comprehensive | $20,000 |
| Essentials | $15,000 |
| Saver | $10,000 |
| Annual Multi-Trip plan | $20,000 |
| Domestic | Not Covered |

### Section 2 Exclusions

These exclusions apply to all of Section 2.

*We* will not cover *You* for losses, liability or expenses that are for, related to or as a result of:

2.1 Any *Medical Conditions* (except as specified under '*Medical Conditions*' on pages 9-11) unless *We* have assessed and accepted *Your* condition and where required, an additional *Premium* has been paid.

2.2 An *Accidental Injury* that occurs while participating in *Skiing* or a *Winter* Sport unless *You* have purchased the 'Ski and *Winter Sports* option'.

2.3 Any medical or dental problem of *Yours* that *You* told *Us* about when *You* purchased this policy and *We* told *You* that *We* would not cover it.

2.4 Medical, hospital, dental, evacuation costs, or any ancillary benefits expenses incurred in Australia or for which *We* are prevented from paying by reason of any statutory legislation or government regulation.

2.5 Expenses incurred for dental treatment due to normal wear and tear or the normal maintenance of dental health.

2.6 Medical, hospital, dental or any ancillary benefits or expenses incurred more than 12 months from the time *You* first received treatment for the injury or illness.

2.7 *You* intentionally injuring *Yourself*.

2.8 The cost of a return ticket if *You* have not purchased a return air ticket to Australia. *We* will deduct from *Your* claim the cost of the fare between *Your* last intended place of departure back to Australia, at the same cabin class as *Your* initial departure fare.

2.9 *You* unreasonably choose not to follow the medical advice obtained in consultation with *Your Treating Doctor* or *Our Consulting Medical Officer*, in which case any subsequent medical, hospital or evacuation expenses may be reduced or denied, to the extent that *We* have been prejudiced by *Your* decision to not follow this medical advice.

2.10 *You* have not notified *Us* as soon as reasonably practicable of *Your* admittance to hospital.

2.11 *You* have received medical treatment under a reciprocal national health scheme and *You* have not been charged. Please visit www.dfat.gov.au for details of such reciprocal schemes with Australia.

Note: All *General Exclusions* on pages 29–31 also apply to this section 2.

## Section 3: *Luggage* and *Personal Money*

The *Section Limit* below is the maximum benefit *We* will pay in relation to each *Adult* for any one and all claims made under this Section 3:

| Type of policy | *Section Limit* per *Adult* |
|---|---|
| Comprehensive | $15,000 |
| Essentials | $7,500 |
| Saver | $2,000 |
| Annual Multi-Trip plan | $15,000 |
| Domestic | $7,500 |

Where a sub-section below specifies that a *Sub-Limit* applies to the benefits in that sub-section, then that *Sub-Limit* is the maximum amount that *We* will pay for any one and all claims in relation to that sub-section, whether or not they exceed the *Section Limit* above.

### Sub-Section 3A – *Luggage*

*We* will pay *You* for the reasonable repair or replacement cost for *Your Luggage* that is lost, stolen or damaged and which has not been left *Unattended*.

At *Our* sole discretion *We* also have the option to repair or replace the *Luggage*. If *We* decide to replace *Your Luggage* it will be with new *Luggage*.

A pair or set of items is treated as one item (e.g. a pair of earrings, a camera body and its standard lens and accessories, or a set of golf clubs or a drone with its camera). Hearing aids for each ear are considered separate items.

*Luggage* left in a motor vehicle is only covered if it is completely obstructed from view or is locked in the boot or locked luggage compartment and there is evidence of forced entry to that motor vehicle.

If *We* have paid *Your* claim for delayed *Luggage* and *You* later also claim for lost *Luggage*, *We* will deduct the delayed *Luggage* settlement portion from the lost *Luggage* claim.

If *Your* golf equipment is lost, stolen or damaged while on *Your Trip* (other than while in use), *We* will pay the reasonable cost of hiring replacement equipment up to the amount of $250 per *Adult* for any one and all

claims. Any claim must be supported by receipts. This additional benefit does not apply if *You* have purchased the Saver cover.

*Luggage* that is skis, poles and snowboards is only covered where *You* have taken all reasonable care to protect them and have left them in a locked ski rack between the hours of 8am and 6pm, provided *You* have purchased *Our* 'Ski and *Winter Sports* option'.

### Sub-Section 3A *Sub-Limits*

The *Sub-Limit* below is the maximum benefit *We* will pay for any one item under this sub-section 3A, unless *You* have selected the option to specify a higher *Luggage* item limit, as outlined on page 6:

| Item | Comprehensive and Annual Multi-Trip | Essentials | Saver | Domestic |
|---|---|---|---|---|
| Cameras and Video Cameras | $3,000 | $1,500 | $750 | $1,500 |
| Laptops and Tablets | $3,000 | $1,500 | $750 | $1,500 |
| Sporting Equipment | $3,000 | $1,500 | $750 | $1,500 |
| Medical Devices | $3,000 | $1,500 | $750 | $1,500 |
| Smart Phones | $1,000 | $500 | $350 | $500 |
| Dental Prostheses | $1,000 | $500 | $350 | $500 |
| Other items | $1,000 | $500 | $350 | $500 |

## Sub-Section 3B – Travel Documents

If *Your* travel documents, credit or payment cards or traveller's cheques carried with *You* are lost or illegally used by someone other than *You*, *Your Relative* or *Travelling Companion, We* will pay for the reasonable costs of their replacement.

### Sub-Section 3B *Sub-Limit*

The *Sub-Limit* below is the maximum benefit *We* will pay for any one and all claims under this sub-section 3B:

| Type of policy | *Sub-Limit* per *Adult* |
|---|---|
| Comprehensive | $5,000 |
| Essentials | $1,500 |
| Saver | Not Covered |
| Annual Multi-Trip plan | $5,000 |
| Domestic | Not Covered |

## Sub-Section 3C – *Luggage* Delay

If *Your Luggage* carried by *Your Transport Provider* is delayed during *Your Trip* by more than 10 hours, other than on the return leg of *Your Trip*, and *You* have to buy essential clothing and personal items, *We* will pay the reasonable costs of buying those essential and personal items. Receipts must be provided as proof of purchase of such items including evidence that these items were purchased prior to the recovery of *Your* delayed *Luggage*. For cover under this sub-section, essential clothing and personal items are deemed to be toiletries, underwear, socks and a change of clothes and shoes.

### Sub-Section 3C *Sub-Limit*

The *Sub-Limit* below is the maximum benefit *We* will pay for any one and all claims under this sub-section 3C:

| Type of policy | *Sub-Limit* per *Adult* |
|---|---|
| Comprehensive | $750 |
| Essentials | $500 |
| Saver | Not Covered |
| Annual Multi-Trip plan | $750 |
| Domestic | $500 |

Following *Our* payment of a loss under this policy section, on settlement *We* will allow one automatic reinstatement of the *Sub-Limit*.

## Sub-Section 3D – *Personal Money*

If *Your Personal Money* is stolen during *Your Trip*, then *We* will pay the value of this *Personal Money*. It is *Your* responsibility to provide proof of ownership of any stolen *Personal Money* and *We* are under no obligation to make payment without this proof of ownership.

### Sub-Section 3D *Sub-Limit*

The *Sub-Limit* below is the maximum benefit *We* will pay for any one and all claims under this sub-section:

| Type of policy | *Sub-Limit* per *Adult* |
|---|---|
| Comprehensive | $500 |
| Essentials | $250 |
| Saver | Not Covered |
| Annual Multi-Trip plan | $500 |
| Domestic | $250 |

## Section 3 Exclusions

These exclusions apply to all of Section 3.

*We* will not cover *You* for losses or expenses that are for, related to or as a result of:

3.1 Items for trade, trade samples or *Your* tools of trade or profession.

3.2 Brittle or fragile items like glassware, china, ceramics, pottery etc., or an electronic component that becomes broken or scratched unless it is either:

- the lens of spectacles, laptop computers, binoculars, photographic, video equipment; or
- a breakage or scratch caused by *Accidental Damage* involving any vehicle *You* were travelling in.

3.3 Any claim where *Your* financial services provider has not paid and *You* have not abided by their terms and conditions.

3.4 Negotiable instruments and items including cheques, promissory notes or money orders, gold or precious metals, precious unset or uncut gemstones.

3.5 *Your Luggage* being *Unattended*.

3.6 *Your Luggage* was:

- left in an unlocked motor vehicle; or
- not completely obstructed from view even if the motor vehicle is locked; or
- left overnight in a motor vehicle.

3.7 *Your* ski sports equipment was:

- *Unattended*; or
- left in an unlocked motor vehicle; or
- not completely obstructed from view even if the motor vehicle is locked; or
- left overnight in a motor vehicle.

This exclusion does not apply where skis, poles and snowboards are left in a locked ski rack between 8am and 6pm, as detailed in Sub-Section 3A on page 17.

3.8 *Valuables* left *Unattended* in a motor vehicle at any time or in the cargo hold of any aircraft, ship, boat, train or bus, unless security regulations prevented *You* from keeping the *Valuables* with *You*, in which case this exclusion does not apply to any loss from the point of check-in until *You* receive the goods.

3.9 *Luggage* that *You* send or leave somewhere else and that will not be travelling with *You* on *Your Trip*.

3.10 Sporting equipment, including surfboards, snowboards, sailboards and boogie boards, and *Valuables* including drones and radio-controlled/remote-controlled vehicles including model cars, planes, boats and the like while they are in use.

3.11 Electrical or mechanical breakdown of any item of *Luggage*.

3.12 Normal wear and tear, deterioration or losses caused by atmospheric or climatic conditions, mould or fungus, insects, rodents, vermin or any process of cleaning, ironing, repairing, restoring or alteration.

3.13 The cost of consultation fees to replace prescription medication.

3.14 Loss of or damage to *Luggage* not reported to the *Transport Provider*, police, hotel or appropriate authority within 24 hours or as soon as reasonably practicable of *You* becoming aware of the loss or damage and where no written evidence of that reporting is provided to *Us*.

3.15 The repair or replacement cost of *Your Luggage* that is damaged to the extent that the *Transport Provider* or *Travel Services Provider* has already provided compensation for that *Luggage* damage to *You*.

3.16 Loss of value of money or shortages of money caused by mistakes of any person.

3.17 Losses due to devaluation or depreciation of currency.

3.18 *Personal Money* not carried on *Your* person unless secured in a safe or strong room.

3.19 *We* will not pay to the extent that *You* are entitled to compensation from the *Transport Provider You* were travelling on for the relevant amount claimed. However, if *You* are not reimbursed the full amount by *Your Transport Provider*, *We* will pay the difference between the amount of *Your* expenses and what *You* were reimbursed, up to the limit of *Your* cover.

Note: All *General Exclusions* on pages 29–31 also apply to this section 3.

## Section 4: Emergency Expenses

The *Section Limit* below is the maximum benefit *We* will pay in relation to each *Adult* for any one and all claims under this Section 4:

| Type of policy | *Section Limit per Adult* |
|---|---|
| Comprehensive | $unlimited* |
| Essentials | $25,000 |
| Saver | $5,000 |
| Annual Multi-Trip plan | $unlimited* |
| Domestic | $25,000 |

*$unlimited means there is no cap on the maximum dollar amount which may be paid out for this benefit, noting that how much is payable for a benefit depends on the specific cover in the relevant section of the Policy Wording and any applicable exclusions.

Where a sub-section below specifies that a *Sub-Limit* applies to the benefits in that sub-section, then that is the maximum amount that *We* will pay for any one and all claims in relation to that sub-section, whether or not they exceed the *Section Limit* above.

### Sub-Section 4A – Emergency Expenses – general

If *Your Trip* is disrupted, cancelled, delayed, or diverted because of the following events:

a. *Your* passport or travel documents are lost or stolen or *Accidentally Damaged* while on *Your Trip*, provided they are not left *Unattended*;

b. *You* unintentionally break any quarantine regulation;

c. *Natural Disaster*, severe weather condition;

d. *Your Home* or business premises in Australia is destroyed by fire, storm, earthquake or flood rendering *Your Home* or business premises uninhabitable or unoccupiable;

e. *Your Treating Doctor* or *Our Consulting Medical Officer* certify that *You* or *Your Travelling Companion* are unfit to continue with *Your Trip* original itinerary or an amended itinerary, including a COVID-19 diagnosis;

f. *Accidental Damage* involving *Your* means of transport; or

g. a power failure, riot, strike or civil commotion,

then *We* will cover *Your Additional Accommodation, Meal* and *Travel Expenses* incurred directly as a result of the disruption, cancellation, delay or diversion which are an equivalent standard to *Your* pre-booked arrangements, provided that *You* cannot reasonably practicably recover such expenses from someone else.

### Sub-Section 4B – Resumption of Travel

*We* will pay *Your* reasonable transport costs to resume *Your* original overseas *Trip* if *You* rejoin it within 60 days of returning to Australia for a reason described in sub-section 4A, provided there were at least 7 days of *Your Trip* remaining at the time *You* returned to Australia.

#### Sub-Section 4B *Sub-Limit*

The *Sub-Limit* below is the maximum benefit *We* will pay for any one and all claims under this sub-section 4B:

| Type of policy | *Sub-Limit* per *Adult* |
|---|---|
| Comprehensive | $5,000 |
| Essentials | $1,500 |
| Saver | Not Covered |
| Annual Multi-Trip plan | $5,000 |
| Domestic | Not Covered |

### Sub-Section 4C – Emergency Expenses for Death, Injury or Illness of *Your Relative, Your Travelling Companion* or *Your Travelling Companion's Relative*

*We* will pay *Your* reasonable and necessary emergency expenses if *Your Trip* is rescheduled, cancelled or cut short because of the death, injury or illness (including a COVID-19 diagnosis) of *Your Relative*, *Your Travelling Companion* or *Your Travelling Companion's Relative*, which at the *Relevant Time You* did not foresee, and a reasonable person in *Your* position would not have foreseen and, at the *Relevant Time*, that person:

a. did not have a medical condition that caused or contributed to their death, injury or illness;
b. did not have a terminal illness; or
c. did not have a serious pregnancy complication; or
d. was not receiving assistance with daily living while residing in a nursing home or receiving similar home care.

up to the *Sub-Limits* outlined in the table below.

In circumstances where a. b. c. or d. above does not apply (e.g. *Your Relative* was in a nursing home), and a benefit would otherwise have been payable under this sub-section, *We* will still pay a benefit under this sub-section but the maximum benefit *We* will pay for any one and all claims is $1,000 per *Adult*.

#### Sub-Section 4C *Sub-Limit*

The *Sub-Limit* below is the maximum benefit *We* will pay for any one and all claims under this sub-section 4C:

| Type of policy | *Sub-Limit* per *Adult* |
|---|---|
| Comprehensive | $5,000 |
| Essentials | $1,500 |
| Saver | Not Covered |
| Annual Multi-Trip plan | $5,000 |
| Domestic | Not Covered |

### Sub-Section 4D – Special Events

If *Your Trip* is for the purpose of attending a prearranged special event like a wedding, significant occasion, funeral, conference, musical festival or sporting event which cannot be delayed due to *Your* late arrival and the *Trip* is delayed because of something unexpected and outside *Your* control, *We* will pay *You* the reasonable additional cost of using alternative transport to arrive at *Your* destination on time.

#### Sub-Section 4D *Sub-Limit*

The *Sub-Limit* below is the maximum benefit *We* will pay for any one and all claims under this sub-section 4D:

| Type of policy | *Sub-Limit* per *Adult* |
|---|---|
| Comprehensive | $5,000 |
| Essentials | $2,000 |
| Saver | Not Covered |
| Annual Multi-Trip plan | $5,000 |
| Domestic | Not Covered |

### Section 4 Exclusions

These exclusions apply to all of Section 4.

*We* will not cover *You* for losses, liability or expenses that are for, related to or as a result of:

4.1 The cost of a return ticket if *You* have not purchased a return air ticket to Australia. *We* will deduct from *Your* claim the cost of the fare between *Your* last intended place of departure back to Australia, at the same cabin class as *Your* initial departure fare.

4.2 *Additional Accommodation, Meal and Travelling Expenses* where *We* have also paid a claim for the cost of cancellation fees or lost deposits on bookings in respect of the same period. This exclusion will not apply where the *Additional Accommodation, Meal and Travelling Expenses* are incurred directly as a result of the hospital admission or death of *You* or *Your Travelling Companion*, and *You* or *Your Travelling Companion* are not fit to travel as documented by the *Treating Doctor* and those expenses are reasonably agreed by *Us*.

4.3 Resumption of Travel costs where *We* have also paid a claim for the cost of cancellation fees or lost deposits under Section 1 on bookings in respect of the original *Trip*.

4.4 Any *Cyber Incident*.

Note: All *General Exclusions* on pages 29–31 also apply to this section 4.

## Section 5: Accidental Death

*We* will pay *You* or *Your* estate a lump sum benefit in the event of:

- the death of *You* or *Your Dependant* if it occurs within 12 months of *Your Trip* as a result to and as a result of a *Terrorist Act* or *You* being *Accidentally Injured* during *Your Trip*; or
- the disappearance of *You* or *Your Dependant* because *Your* means of transport disappeared, sank or was wrecked and *You* or *Your Dependant*'s bodies have not been found 12 months later.

All persons listed on *Your COI* are covered, per person, for the amount shown in the table below.

| Type of policy | Benefit per person |
|---|---|
| Comprehensive | $25,000 |
| Essentials | $15,000 |
| Saver | Not Covered |
| Annual Multi-Trip plan | $25,000 |
| Domestic | $25,000 |

### Section 5 Exclusions

*We* will not cover *You* for losses that are for, related to or as a result of death caused by illness, disease or suicide.

Note: All General Exclusions on pages 29–31 also apply to this section 5.

## Section 6: Accidental Disability

*We* will pay *You* a lump sum benefit if, during *Your Trip*, *You* suffer an *Accidental Injury* that within 12 months of the date of the *Accidental Injury* results in *Your Permanent*:

1. loss of sight in one or both eyes; or
2. loss of use of one or more *Limbs*; or
3. brain injury.

All persons listed on *Your COI* are covered, per person, for the amount shown in the table below.

| Type of policy | Benefit per person |
|---|---|
| Comprehensive | $25,000 |
| Essentials | $15,000 |
| Saver | Not Covered |
| Annual Multi-Trip plan | $25,000 |
| Domestic | $25,000 |

### Section 6 Exclusions

*We* will not cover *You* for losses that are for, related to or as a result of:

6.1 *You* intentionally injuring *Yourself*.

6.2 Disability caused by illness or disease.

Note: All General Exclusions on pages 29–31 also apply to this section 6.

## Section 7: *Your* Legal Liability

*We* will cover *You* for:

- Compensatory damages *You* become legally liable to pay because *Your* negligence during *Your Trip* caused injury to or death of a person or loss or damage to someone's property and a claim was made against *You*; and
- *Your* reasonable legal costs and expenses for defending or settling the above claim made against *You* as long as *You* have incurred them with *Our* prior approval.

The *Section Limit* below is the maximum benefit *We* will pay in relation to each *Adult* for any one and all claims under this Section 7:

| Type of policy | *Section Limit* per *Adult* |
|---|---|
| Comprehensive | $10,000,000 |
| Essentials | $10,000,000 |
| Saver | $10,000,000 |
| Annual Multi-Trip plan | $10,000,000 |
| Domestic | $10,000,000 |

### Section 7 Exclusions

*We* will not cover *You* for losses, liability or expenses that are for, related to or as a result of:

7.1 Injury to *Your Travelling Companion*, *Your Relative* or *Your* employee or *Your Travelling Companion's Relative* or employee.

7.2 Loss of or damage to property belonging to or in the care or control of *You*, a *Relative*, *Your Travelling Companion*, or an employee of any of the aforementioned.

7.3 A claim against *You* arising out of ownership, custody, or use of any motor vehicle or mechanically propelled vehicle, any aircraft, watercraft, firearms, drone, or radio-controlled/ remote-controlled vehicles including model cars, planes and boats.

7.4 A claim arising from the conduct of a business, profession or trade, including *You* providing professional advice or service.

7.5 Any fine or penalty, punitive, aggravated or exemplary damages.

7.6 Any conduct arising from the intentional, unlawful, wilfully negligent, reckless or malicious act of *You* or any person acting with *Your* knowledge, consent or connivance.

7.7 Any *Terrorist Act* or any loss arising out of the intentional use of military force to intercept, prevent, or mitigate any known or suspected *Terrorist Act*.

7.8 Disease that is transmitted by *You*.

7.9 Assault or battery committed by *You* or at *Your* direction.

Note: All General Exclusions on pages 29–31 also apply to this section 7.

## Section 8: Rental Car *Excess*

If *You* hire a *Rental Vehicle* under a binding legal agreement and that *Rental Vehicle* is *Accidentally Damaged* or is stolen while in *Your* control and *You* are legally liable to pay an insurance excess under the *Rental Vehicle* agreement, *We* will cover *You* for the *Rental Vehicle* insurance excess, or for the reasonable cost of repairs of the *Rental Vehicle* where the cost of repairs do not exceed the *Rental Vehicle* insurance excess. *We* will also pay the costs of repair following *Accidental Damage* to windscreens and tyres where *You* are responsible for those costs under the terms of *Your Rental Vehicle* agreement.

*We* will cover all drivers accepted by the rental company and listed on *Your Rental Vehicle* agreement.

This cover does not replace *Rental Vehicle* insurance and only provides cover for the excess component, and *Accidental Damage* to windscreen and tyres as set out within this section 8, up to the applicable *Section Limit* below.

The *Section Limit* below is the maximum benefit *We* will pay for any one and all claims per policy under this Section 8:

| Type of policy | *Section Limit* per policy |
|---|---|
| Comprehensive | $8,000 |
| Essentials | $4,000 |
| Saver | Not Covered |
| Annual Multi-Trip plan | $8,000 |
| Domestic | $5,000 |
| Rental Car *Excess* plan | $limit chosen |

### Section 8 Exclusions

*We* will not cover *You* for *Your* claim under this Section 8 that is for, related to or as a result of:

8.1 Any costs *You* become liable for if the *Rental Vehicle* agreement does not include comprehensive insurance with an applicable excess.

8.2 Any loss or damage arising from the operation of the *Rental Vehicle* in violation of the terms and conditions of the *Rental Vehicle* agreement or loss or damage which occurs beyond the limits of any public roadway.

8.3 Any loss or damage arising from the operation of the *Rental Vehicle* while affected by alcohol or any other drug in a way that is against the law of the place *You* are in.

8.4 Any loss or damage that falls outside of *Your Rental Vehicle* insurance excess.

Note: All *General Exclusions* on pages 29–31 also apply to this section 8.

## Section 9: Loss of Income from Injury

If *You* are injured in a *Terrorist Act* or *You* suffer an *Accidental Injury* while on *Your Trip* and *Your Treating Doctor* certifies that *You* are unfit to commence or resume *Your* ordinary employment (by either a reduction of hours or duty) in Australia within 90 days of the injury occurring, then until *You* can return to work (for *Your* ordinary hours or duty) or *Your* return to Australia, whichever is sooner, *We* will pay *You Your* average weekly income up to the maximum weekly *Section Limit* until *You* can return to work or for a maximum period of 26 weeks, whichever occurs first.

*We* will not pay for any period *You* did not intend to work and for the first 28 days after *You* intended to return to work.

The *Section Limits* below are the maximum benefit and maximum weekly benefit *We* will pay for any one and all claims in relation to each *Adult* for this Section 9:

| Type of policy | *Section Limit* per *Adult* | Weekly *Section Limit* per *Adult* |
|---|---|---|
| Comprehensive | $10,400 | $400 |
| Essentials | $5,200 | $200 |
| Saver | Not Covered | Not Covered |
| Annual Multi-Trip plan | $10,400 | $400 |
| Domestic | $5,200 | $200 |

### Section 9 Exclusions

*We* will not cover *You* for loss of income where:

9.1 *You* are unable to return to work for a reason not related to the injury, including due to an illness or disease which has arisen independently of the *Accidental Injury* or *Terrorist Act*.

9.2 The loss of income is from employment outside of Australia.

Note: All *General Exclusions* on pages 29–31 also apply to this section 9.

## Section 10: *Financial Default*

The *Section Limit* below is the maximum benefit *We* will pay in relation to each *Adult* for any one and all claims made under this Section 10:

| Type of policy | *Section Limit* per *Adult* |
|---|---|
| Comprehensive | $10,000 |
| Essentials | Not Covered+ |
| Saver | Not Covered |
| Annual Multi-Trip plan | $10,000 |
| Domestic | $3,000 |

+Other than *Sub-Limit* in 10D.

Where a sub-section below specifies that a *Sub-Limit* applies to the benefits in that sub-section, then that *Sub-Limit* is the maximum amount that *We* will pay for any one and all claims in relation to that sub-section, whether or not they exceed the *Section Limit* above.

### Sub-Section 10A – Rearrangement costs

If due to a *Financial Default* of a *Travel Services Provider You* have to re-arrange *Your Trip*, *We* will pay the reasonable costs (other than those covered by a later sub-section of this Section 10) for *You* to arrange the same or similar standard of transport and accommodation, provided that *You* cannot reasonably practicably recover such expenses from someone else.

### Sub-Section 10B – Cancellation costs

If due to the *Financial Default* of a *Travel Services Provider Your Trip* is cancelled because *You* cannot rearrange it, *We* will pay the non-recoverable unused portion of *Your* pre-paid travel costs.

### Sub-Section 10C – Return costs

If *You* have to return *Home* due to a *Financial Default* of a *Travel Services Provider* covered by this Section 10 and *You* have incurred necessary additional expenses in doing so, *We* will pay the *Additional Accommodation, Meal and Travelling Expenses* that *You* incurred directly as a result.

### Sub-Section 10D – Travel Agent Fees

If due to the *Financial Default* of a *Travel Services Provider Your Trip* is cancelled, *We* will pay for the cancellation fee charged by *Your* travel agent.

The *Sub-Limit* below is the maximum benefit *We* will pay for any one and all claims in relation to each *Adult* under this sub-section 10D:

| Type of policy | *Sub-Limit* per *Adult* |
|---|---|
| Comprehensive | $4,000 |
| Essentials | $2,000 |
| Saver | Not Covered |
| Annual Multi-Trip plan | $4,000 |
| Domestic | $1,500 |

### Section 10 Exclusions

These exclusions apply to all of Section 10.

*We* will not cover *You* for *Your* claim that is for, related to or as a result of:

10.1 The *Financial Default* of any travel agent, tour wholesaler, tour operator or booking agent.

10.2 *Financial Default of a Travel Services Provider,* if it had already occurred at the time *Your Certificate of Insurance* was issued or the date *Your Trip* was paid for, whichever occurs last.

10.3 *Your* failure to take reasonable precautions to avoid a financial loss after a notice of liquidation of a *Travel Services Provider* is published, unless *You* purchased *Your Trip* within 24 hours of that notice being published.

10.4 Accommodation expenses incurred after the date *You* originally planned to return *Home*.

10.5 Any amount greater than the loss of the normal remuneration payable to the travel agent had the *Trip* gone ahead as planned.

Note: All *General Exclusions* on pages 29–31 also apply to this section 10.

## Section 11: Domestic Pets

The *Section Limit* below is the maximum benefit *We* will pay for any one and all claims made per policy under this Section 11:

| Type of policy | *Section Limit* per policy |
|---|---|
| Comprehensive | $650 |
| Essentials | Not Covered |
| Saver | Not Covered |
| Annual Multi-Trip plan | $650 |
| Domestic | Not Covered |

Where a sub-section below specifies that a *Sub-Limit* applies to the benefits in that sub-section, then that *Sub-Limit* is the maximum amount that *We* will pay for any one and all claims in relation to that sub-section, whether or not they exceed the *Section Limit* above.

### Sub-Section 11A – Veterinary treatment

If *Your* domestic pet suffers an injury during *Your Trip* and requires veterinary treatment, *We* will pay the reasonable costs of that treatment provided that, at the time of the injury, *Your* domestic pet was not travelling with *You* and was in the care of a *Relative*, friend, pet sitter, boarding kennel or cattery.

### Sub-Section 11B – Kennel/cattery costs

*We* will pay up to $25 for each 24 hour period in respect of additional pet sitting, boarding kennel or cattery fees for domestic dogs and cats owned by *You*, if *You* are delayed beyond *Your* original return date due to an event covered under this policy.

### Section 11 Exclusions

These exclusions apply to all of Section 11.

*We* will not cover *You* for *Your* claim that is for, related to or as a result of:

11.1 Any boarding kennel or cattery fees incurred outside of Australia.

11.2 Any domestic pets located outside of Australia.

Note: All *General Exclusions* on pages 29–31 also apply to this section 11.

## Section 12: Domestic Services

If *You* are injured during *Your Trip* and become disabled as a result of the injury and the disablement continues after *You* return *Home*, *We* will reimburse *You* up to $50 per day in respect of expenses reasonably incurred in the provision of housekeeping services that *You* are unable to perform to the normal extent by *Yourself*.

The *Section Limit* below is the maximum benefit *We* will pay for any one and all claims made per policy under this Section 12.

| Type of policy | *Section Limit* per policy |
|---|---|
| Comprehensive | $1,500 |
| Essentials | Not Covered |
| Saver | Not Covered |
| Annual Multi-Trip plan | $1,500 |
| Domestic | Not Covered |

### Section 12 Exclusions

*We* will not cover *You* if *You* do not have a medical certificate from *Your Treating Doctor* confirming *Your* disablement and verifying the need for housekeeping services as a result of *Your* disablement.

Note: All *General Exclusions* on pages 29–31 also apply to this section 12.

## Section 13: Travel Delay

If *Your* pre-booked, prepaid transport with *Your Transport Provider* is temporarily delayed during *Your Trip* for at least 6 hours due to a reason outside *Your* control (including a *Cyber Incident*), *We* will reimburse *You* for one of the following incurred directly as a result:

- *Additional Accommodation, Meal and Travelling Expenses* including emergency personal telephone calls;

or

- the reasonable cost of the unused, prepaid accommodation (if *You* have to pay for new accommodation) less any refund *You* are entitled to from the supplier of the original accommodation.

The *Section Limits* below are the maximum benefit *We* will pay for any one and all claims in relation to each *Adult* made under this Section 13:

| Type of policy | *Section Limit* per *Adult* | *Section Limit* per 24 Hour period per *Adult* |
|---|---|---|
| Comprehensive | $3,000 | $500 |
| Essentials | $1,500 | $250 |
| Saver | Not Covered | Not Covered |
| Annual Multi-Trip plan | $3,000 | $500 |
| Domestic | $1,500 | $250 |

### Section 13 Exclusions

*We* will not cover *You* for *Your* claim that is for, related to or as a result of:

13.1 *Additional Accommodation, Meal and Travelling Expenses* where *We* have also paid a claim for the cost of cancellation fees or lost deposits on bookings in respect of the same period. This exclusion will not apply where the *Additional Accommodation, Meal and Travelling Expenses* are incurred directly as a result of the hospitalisation or death of *You* or *Your Travelling Companion* and are agreed by *Us*.

13.2 *Additional Accommodation, Meal and Travelling Expenses You* were paid as a result of a claim under Emergency Expenses Section 4A on page 19.

13.3 Any Act of terrorism except for a terrorist event that is a *Cyber Incident*.

Note: All *General Exclusions* on pages 29–31 also apply to this section 13.

## Section 14: Hijack and Kidnap

If *You* are hijacked or kidnapped *We* will pay up to the daily limits for each day that *You* or *Your Dependants* are held captive.

The *Section Limits* below are the maximum benefit *We* will pay for any one and all claims made per person under this Section 14:

| Type of policy | *Section Limit* per person | *Section Limit* per day per person |
|---|---|---|
| Comprehensive | $10,000 | $1,000 |
| Essentials | $5,000 | $500 |
| Saver | Not Covered | Not Covered |
| Annual Multi-Trip plan | $10,000 | $1,000 |
| Domestic | Not Covered | Not Covered |

Note: All *General Exclusions* on pages 29–31 also apply to this section 14.

## Ski and *Winter Sports* option

**This cover is in addition to other cover provided elsewhere in the Policy Wording.**

If *You* want Ski and *Winter Sports* cover, *You* will need to select this option when *You* purchase *Your* policy. This will determine the *Premium You* pay. For the Single Trip plans, *Your* Ski and *Winter Sports* cover only applies to the ski dates you have selected.

The 'Ski and *Winter Sports* option' is only available to *You* if *You* are 85 years or under at the time *You* purchase *Your* policy.

**IMPORTANT: *You* must purchase the 'Ski and *Winter Sports* option' in order to be covered for overseas medical and hospital expenses that are incurred following an *Accidental Injury* that takes place while participating in *Skiing* or a *Winter Sport*. Not all *Winter Sports* are covered and these are explained in the Sports and Activities section on page 12.**

The 'Ski and *Winter Sports* option' covers: leisure bigfoot *Skiing*, cat *Skiing*, cross country *Skiing* (along a designated cross country ski route only), glacier *Skiing*, ice hockey, ice skating, luging (on ice only), and mono *Skiing*, *Off-piste Skiing* (with a professional guide only), recreational Ski racing, and recreational *Skiing*, snowmobiling and tobogganing. In all cases "*Skiing*" includes snowboarding.

If *You* take part in any of the above-mentioned activities, it is a condition of cover that *You* act in a responsible way to protect *Yourself* and that:

1. *You* are on-piste (or, if *Off-piste*, *You* are with a professional guide at all times);
2. *You* follow the safety guidelines for the *Skiing* and *Winter Sports* concerned and where applicable, *You* use the appropriate and recommended safety equipment;
3. the *Skiing* and *Winter Sports* are:
   - not part of a competition or tournament, including training or practising;
   - not undertaken on a professional basis; and
   - not excluded by the policy or listed in the *General Exclusions*.

Please remember that there are exclusions on *Winter Sports* equipment under the *Luggage* Section 3. These exclusions will not apply for skis, poles and snowboards that *You* have taken all reasonable care to protect and have left in a locked ski rack between the hours of 8am and 6pm. These may be covered under Section 3.

Note: The cover described in section 15 to section 20 is only available if the 'Ski and *Winter Sports* Option' is shown on *Your COI*.

## Section 15: Ski & *Winter Sports* Overseas Medical and Hospital

This Section 15 including all sub-sections only applies if the 'Ski and *Winter Sports* Option' is shown on *Your COI*.

This Section 15 covers an injury while participating in *Skiing* or *Winter Sports*, which first occurs after the departure date as shown on *Your COI*.

The *Section Limit* below is the maximum benefit *We* will pay in relation to each *Adult* for any one and all claims made under this Section 15:

| Type of policy | *Section Limit* per *Adult* |
|---|---|
| Comprehensive | $unlimited* |
| Essentials | $unlimited* |
| Saver | Not Covered |
| Annual Multi-Trip plan | $unlimited* |
| Domestic | Not Covered |

*$unlimited means there is no cap on the maximum dollar amount which may be paid out for this benefit, noting that how much is payable for a benefit depends on the specific cover in the relevant section of the Policy Wording and any applicable exclusions.

Where a sub-section below specifies that a *Sub-Limit* applies to the benefits in that sub-section, then that is the maximum amount that *We* will pay for any one and all claims in relation to that sub-section, whether or not they exceed the *Section Limit* above.

Where *You* may need medical evacuation or repatriation or *You* ask to move facilities, *We* will decide on which action to take subject to medical restraints and as agreed by *Our Consulting Medical Officer* whether that be bringing *You Home* to Australia or moving *You* to another country if it is medically necessary. If *We* bring *You Home* to Australia *We* will use the refundable portion of *Your* return ticket towards *Our* costs. Any refund or credit *You* are entitled to will be deducted from any settlement.

*We* will pay the *Additional Accommodation, Meal and Travelling Expenses* incurred by *Your Travelling Companion* or *Relative* to:

1. travel to see *You*;
2. stay with *You* until *You* are able to resume *Your Trip*; and/or
3. escort *You Home*;

if *We* agree with *Your Treating Doctor* or *Our Consulting Medical Officer* that this was necessary.

If *You* are hospitalised, die or are evacuated and *Your Dependants* 16 years or under are left without supervision whilst on *Your Trip*, *We* will provide care for them until *We* can arrange:

- their return to Australia; or
- for a *Relative* to arrive to care for them

This benefit is only provided if *You*, *Your Travelling Companion* or a *Relative* contacts *Us* as soon as reasonably practicable and obtains *Our* agreement.

### Sub-Section 15A – Overseas Medical and Hospital Expenses

*We* will pay *Your* reasonable overseas medical, hospital, evacuation and repatriation expenses that *You* have to pay (other than those covered by a later sub-section of this Section 15) as a result of an injury while participating in *Skiing* or *Winter Sports* which first occurs after the departure date as shown on *Your COI*.

*You* must tell *Us* as soon as practicable of *Your* admittance to hospital. All medical treatments must be provided by *Your Treating Doctor* or *Our Consulting Medical Officer*. *We* will pay for such expenses incurred up to 12 months from the time *You* first received treatment for the injury.

**Please note that *We* do not cover any medical costs incurred in Australia.**

### Sub-Section 15B – Cash in Hospital

If *You* are hospitalised overseas continuously for more than 48 hours, *We* will also pay $50 for each 24 hour period *You* are in hospital from the first day of hospitalisation up to the *Sub-Limits* shown in the table below.

*You* must tell *Us* as soon as practicable of *Your* admittance to hospital.

#### Sub-Section 15B *Sub-Limit*

The *Sub-Limit* below is the maximum benefit *We* will pay in relation to any *Adult* for any one and all claims under this sub-section 15B:

| Type of policy | *Sub-Limit* per *Adult* |
|---|---|
| Comprehensive | $6,000 |
| Essentials | $3,500 |
| Saver | Not Covered |
| Annual Multi-Trip plan | $6,000 |
| Domestic | Not Covered |

### Sub-Section 15C – Overseas Dental

*We* will pay *Your* reasonable emergency overseas dental expenses incurred where sound and natural teeth are *Accidentally Injured*, but not treatment that can be reasonably delayed until *You* return to Australia.

*We* will pay for expenses incurred up to 12 months from the time *You* first received treatment for the injury.

#### Sub-Section 15C *Sub-Limit*

The *Sub-Limit* below is the maximum benefit *We* will pay per *Adult* in relation to any one and all claims in relation to each *Adult* under this sub-section 15C:

| Type of policy | *Sub-Limit* per *Adult* |
|---|---|
| Comprehensive | $unlimited* |
| Essentials | $2,000 |
| Saver | Not Covered |
| Annual Multi-Trip plan | $unlimited* |
| Domestic | Not Covered |

*$unlimited means there is no cap on the maximum dollar amount which may be paid out for this benefit, noting that how much is payable for a benefit depends on the specific cover in the relevant section of the Policy Wording and any applicable exclusions.

### Sub-Section 15D – Funeral Expenses Overseas

If *You* die unexpectedly while on *Your Trip*, *We* will pay the reasonable cost of *Your* funeral/cremation overseas or the return of *Your* remains to Australia.

#### Sub-Section 15D *Sub-Limit*

The *Sub-Limit* below is the maximum benefit *We* will pay in relation to any person for any one and all claims under this sub-section 15D:

| Type of policy | *Sub-Limit* per person |
|---|---|
| Comprehensive | $20,000 |
| Essentials | $15,000 |
| Saver | Not Covered |
| Annual Multi-Trip plan | $20,000 |
| Domestic | Not Covered |

### Section 15 Exclusions

These exclusions apply to all of Section 15.

*We* will not cover *You* for losses, liability or expenses that are for, related to or as a result of:

15.1 Any *Medical Conditions* (except as specified under '*Medical Conditions*' on pages 9-11) unless *We* have assessed and accepted *Your* condition and where required, an additional *Premium* has been paid.

15.2 *Accidental Injury* or *Accidental Damage* that occurs while participating in *Skiing* or *Winter Sports* unless *You* have purchased the 'Ski and *Winter Sports* option'.

15.3 Any medical or dental problem of *Yours* that *You* told *Us* about when *You* purchased this policy and *We* told *You* that *We* would not cover it.

15.4 Medical, hospital, dental, evacuation costs, or any ancillary benefits expenses incurred in Australia or for which *We* are prevented from paying by reason of any statutory legislation or government regulation.

15.5 Expenses incurred for dental treatment due to normal wear and tear or the normal maintenance of dental health.

15.6 Medical, hospital, dental or any ancillary benefits or expenses incurred more than 12 months from the time *You* first received treatment for the injury or illness.

15.7 *You* intentionally injuring *Yourself*.

15.8 The cost of a return ticket if *You* have not purchased a return air ticket to Australia. *We* will deduct from *Your* claim the cost of the fare between *Your* last intended place of departure back to Australia, at the same cabin class as *Your* initial departure fare.

15.9 *You* unreasonably choose not to follow the medical advice obtained, in consultation with *Your Treating Doctor* or *Our Consulting Medical Officer*, in which case any subsequent medical, hospital or evacuation expenses may be reduced or denied, to the extent that *We* have been prejudiced by *Your* decision to not follow this medical advice.

15.10 *You* have not notified *Us* as soon as reasonably practicable of *Your* admittance to hospital.

15.11 *You* have received medical treatment under a reciprocal national health scheme and *You* have not been charged. Please visit www.dfat.gov.au for details of such reciprocal schemes with Australia.

Note: All *General Exclusions* on pages 29–31 also apply to this section 15.

## Section 16: Snow Ski Equipment Hire

This Section 16 only applies if the 'Ski and *Winter Sports* option' is shown on *Your COI*.

The *Section Limit* below is the maximum benefit *We* will pay for any one and all claims made per policy under this Section 16:

| Type of policy | *Section Limit* per policy |
|---|---|
| Comprehensive | $2,000 |
| Essentials | $1,000 |
| Saver | Not Covered |
| Annual Multi-Trip plan | $2,000 |
| Domestic | $1,000 |

*We* will pay for:

- The costs of hiring alternative *Skiing* equipment following *Accidental Damage* to, or loss or theft of *Your Skiing* equipment for which a claim has been accepted by *Us* under Section 3 of this policy. This excludes any payment already made to *You* for a claim under Section 3 of this policy.
- The misdirection or delay, for a period of more than 24 hours, of snow *Skiing* equipment owned by *You*.
- The reimbursement of the snow ski equipment hire insurance excess if *You* have chosen and paid for additional snow ski equipment hire excess cover.

### Section 16 Exclusions

*We* will not cover *You* for losses, liability or expenses that are for, related to or as a result of *Your* participation in bobsleighing, snow rafting, parapenting, heli-*Skiing*, aerobatic *Skiing*, *Backcountry Skiing*, skijoring, *Skiing* with any form of power assisted equipment.

Note: All *General Exclusions* on pages 29–31 also apply to this section 16.

## Section 17: Ski Pack

This Section 17 only applies if the 'Ski and *Winter Sports* option' is shown on *Your COI*.

If, as a result of *Your* illness or injury (including a COVID-19 diagnosis) during *Your Trip*, *You* are unable to utilise the full duration of *Your* pre-booked and pre-paid ski passes, ski hire, tuition fees or lift passes, *We* will reimburse *You* the un-recoverable cost of the unused portion. *You* must obtain a medical certificate from *Your Treating Doctor* or *Our Consulting Medical Officer* in support of *Your* claim for *Your* illness or injury.

The *Section Limit* below is the maximum benefit *We* will pay for any one and all claims made per policy under this Section 17:

| Type of policy | *Section Limit* per policy |
|---|---|
| Comprehensive | $1,000 |
| Essentials | $500 |
| Saver | Not Covered |
| Annual Multi-Trip plan | $1,000 |
| Domestic | $500 |

Note: All *General Exclusions* on pages 29–31 also apply to this section 17.

## Section 18: Piste Closure

This Section 18 only applies if the 'Ski and *Winter Sports* option' is shown on *Your COI*.

If, as a result of not enough snow, bad weather or power failure in *Your* pre-booked holiday resort the piste is closed for more than 24 hours, or all lift systems are closed for more than 24 hours, *We* will pay up to $100 per 24 hour period for either:

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

*You* need to obtain a written document or statement from the appropriate authority or weather information provider confirming the piste or lift system closure and how long it lasted, unless it was not reasonably practicable for *You* to obtain a written document or statement in light of all the circumstances.

The *Section Limit* below is the maximum benefit *We* will pay for any one and all claims made per policy under this Section 18:

| Type of policy | *Section Limit* per policy |
|---|---|
| Comprehensive | $1,000 |
| Essentials | $500 |
| Saver | Not Covered |
| Annual Multi-Trip plan | $1,000 |
| Domestic | Not Covered |

Note: All General Exclusions on pages 29–31 also apply to this section 18.

## Section 19: Bad Weather and Avalanche

This Section 19 only applies if the 'Ski and *Winter Sports* option' is shown on *Your COI*.

If *Your* pre-booked outward or return *Trip* is delayed for more than 12 hours from *Your* scheduled departure time because of an avalanche or bad weather, *We* will pay the *Additional Accommodation, Meal and Travelling Expenses* that *You* incurred directly as a result.

The *Section Limit* below is the maximum benefit *We* will pay for any one and all claims made per policy under this Section 19:

| Type of policy | *Section Limit* per policy |
|---|---|
| Comprehensive | $1,000 |
| Essentials | $500 |
| Saver | Not Covered |
| Annual Multi-Trip plan | $1,000 |
| Domestic | $500 |

### Section 19 Exclusions

*We* will not cover *You* for losses, liability or expenses that are for, related to or as a result of:

19.1 *Your* participation in bobsleighing, snow rafting, parapenting, heli-*Skiing*, aerobatic *Skiing*, *Backcountry Skiing*, skijoring, *Skiing* with any form of power assisted equipment.

19.2 *You* being unable to obtain a written document or statement from the appropriate authority or weather information provider confirming that the reason for the delay was related to either an avalanche or bad weather, and how long it lasted, unless it was not reasonably practicable for *You* to obtain a written document or statement in light of all the circumstances.

Note: All General Exclusions on pages 29–31 also apply to this section 19.

## Section 20: Lift Pass

This Section 20 only applies if the 'Ski and *Winter Sports* option' is shown on *Your COI*.

*We* will reimburse *You* for the loss or theft of *Your* lift pass. Claims under this section are calculated according to the expiry date of the lift pass and how many days are left to run on the lift pass. Any refund is pro-rata, based on the original value of the lift pass.

The *Section Limit* below is the maximum benefit *We* will pay for any one and all claims for each *Adult* made under this Section 20:

| Type of policy | *Section Limit* per *Adult* |
|---|---|
| Comprehensive | $500 |
| Essentials | $250 |
| Saver | Not Covered |
| Annual Multi-Trip plan | $500 |
| Domestic | $250 |

Note: All General Exclusions on pages 29–31 also apply to this section 20.

## Section 21: *Cruise* Benefits option

**This cover is in addition to other cover provided elsewhere in the Policy Wording.**

This Section 21 only applies if the '*Cruise* Benefits option' is shown on *Your COI*. For the Single Trip plans, this option only applies to the *Cruise* dates *You* have selected.

This section covers incidents occurring in connection with *Your Cruise* after the departure date as shown on *Your COI*.

The *Section Limit* below is the maximum benefit *We* will pay in relation to each *Adult* for any one and all claims made under this Section 21:

| Policy Benefit | *Section Limit* per *Adult* |
|---|---|
| Cabin Confinement | $100 per day up to $1,500 |
| Missed Port | $150 |
| Missed Shore Excursion | $1,500 |
| Marine Rescue Diversion | $100 per day up to $500 |

### Sub-section 21A – Cabin Confinement

If during *Your Trip You* suffer an injury or illness (including a COVID-19 diagnosis) and *Your Treating Doctor* on board the *Cruise* ship orders *You* to be confined to *Your* cabin, *We* will pay *You* a lump sum benefit of $100 per day provided that the period of confinement is at least 24 hours.

### Sub-section 21B – Missed Port

If during *Your Trip* the *Cruise* docks at fewer ports than the original number of ports scheduled, *We* will pay *You* a lump sum benefit of $150. This cover only applies if the total number of docked ports during *Your Cruise* is less than the number of ports scheduled.

### Sub-section 21C – Missed Shore Excursion

If due to circumstances beyond *Your* control which *You* did not foresee and a reasonable person in *Your* position would not have foreseen (including a COVID-19 diagnosis), *You* are unable to attend a shore excursion, tour and other activities that *You* have pre-paid, *We* will pay *You* a lump sum benefit equal to the non-refundable component of the cost of the unused activity.

### Sub-section 21D – Marine Rescue Diversion

In the event *Your Cruise* is required to divert from its scheduled course in order to carry out a marine search and rescue during the period of cover in accordance with obligations under international conventions governing the Law of the Sea, *We* will pay *You* a lump sum benefit of $100 for each day *Your Cruise* is diverted.

### Section 21 Exclusions

These exclusions apply to all of Section 21.

21.1 *We* will not cover *You* for losses, liability or expenses that are for, related to or as a result of pre-paid expenses under sub-section 21C if *You* have also been reimbursed for the same expense under Cancellation Fees and Lost Deposits Section 1 on page 14.

Note: All *General Exclusions* on pages 29–31 also apply to this section 21.

# General Exclusions

**Important: These *General Exclusions* apply to all sections of *Your* policy.**

**Each of the *General Exclusions* operates independently and more than one may apply.**

*You* should read these *General Exclusions* together with all policy benefit sections including any specific exclusions under each Policy Benefit section.

*We* will not cover any losses, liability or expenses or claim related to, arising from or as a result of the following:

1. Loss, theft, or damage to property, or death, illness or injury if *You* fail to take reasonable care or put *Yourself* in a situation where a reasonable person in *Your* position could foresee or ought to foresee that loss, theft or damage to property, or a death, illness or injury was likely to happen.
2. Consequential loss of any kind (which occurs as an indirect result of an event occurring), including loss of enjoyment or any loss of revenue, profit, depreciation, diminution in value or lost opportunity.
3. *You* being aware at the *Relevant Time*, or where a reasonable person in *Your* position would have been aware at the *Relevant Time*, of circumstances:
    a. that would give rise to *You* making a claim under this policy; or
    b. that may lead to *Your Trip* being disrupted or cancelled.
4. A 'Do Not Travel' advisory is issued by the Department of Foreign Affairs and Trade (DFAT) for *Your* intended destination:
    a. prior to the purchase of *Your* policy, and in this situation *You* are not covered for any events that occur while the 'Do Not Travel' advisory is in effect; or
    b. after *You* purchase *Your* policy and before *Your Trip* commences, and in this situation *You*:
        i. can still make claims for Cancellation Fees and Lost Deposits, or *Financial Default*; and
        ii. Other than i. above, *You* are not covered for any events that occur while the 'Do Not Travel' advisory is in effect.

    However, if the 'Do Not Travel' advisory is lifted before *Your Trip* commences, this exclusion will no longer apply from when it was lifted.
5. An *Epidemic* or *Pandemic* or outbreak of an *Infectious Disease* including any derivative or mutation of such disease, except to the extent that cover is expressly provided by:
    i. Section 1: Cancellation Fees and Lost Deposits
    ii. Section 2: Overseas Medical, Hospital, Cash in Hospital, Dental and Related Expenses
    iii. Section 4: Emergency Expenses
    iv. Section 17: Ski Pack
    v. Section 21A: Cabin Confinement
    vi. Section 21C: Missed Shore Excursion
6. *You* acting contrary to any of the following issued by the Australian government or by the government or other official body of *Your* destination or intended destination: travel advice, warnings or bans, 'Do not travel' warnings (except to the extent set out in General Exclusion 4 above); government-directed border closure; or mandatory quarantine or self-isolation requirements related to cross-border, region, or territory travel.
7. *You* are diagnosed with COVID-19 unless provided by *Your Treating Doctor* or *Our Consulting Medical Officer* or *We* are provided with evidence of *Your* diagnosis that may be reasonably requested and accepted by *Us*.
8. A loss which is recoverable by compensation under any workers compensation or transport accident laws, government sponsored fund, plan, or medical benefit scheme, or any other similar type of legislation required to be effected by or under a law.
9. Any errors or omissions in any booking arrangements, or any failures to obtain the relevant visa, passport or travel documents.
10. *You*, *Your Travelling Companion* or *Your Relative* acting illegally or breaking any government prohibitions, laws or regulations including visa requirements or a government authority detaining anyone or confiscating or destroying anything.
11. *You* driving a motor vehicle or riding a *Moped or Scooter* without a current Australian drivers licence (not including learners permit) or a valid drivers' licence for the country *You* are in, even if that country does not require *You* to hold a licence;

    *You* riding a *Motorcycle* without a current Australian motorcycle licence, even if the country *You* are in does not require *You* to hold a motorcycle licence;

    *You* travelling as a passenger on a *Motorcycle*, *Moped or Scooter* that is under the control of a person who does not hold a current motorcycle or drivers licence that is valid for the country *You* are in;

    *You* riding or travelling as a passenger on a *Motorcycle*, *Moped*, *Scooter* or *Quad Bike* without wearing a helmet.
12. Any act of *War*, whether declared or not, or from any rebellion, revolution, insurrection or taking of power by the military.
13. Any nuclear reaction or contamination from nuclear weapons or radioactivity, biological or chemical materials, substances, compounds, or the like are used directly or indirectly for the purpose of harming or destroying human life or creating public fear.
14. *You* not following the advice of authorities relating to safety while participating in *Skiing* or *Winter Sports*, for example the closure of ski runs due to insufficient snow cover.
15. Any loss, injury, damage or legal liability sustained directly or indirectly by *You* if *You* are determined by authorities to be a:
    - terrorist;
    - member of a terrorist organisation;

- narcotics trafficker; or
- trader in nuclear, chemical or biological weapons.

16. Arising from or made worse by any *Medical Condition* of a *Relative*, *Travelling Companion* or any other person not listed on *Your COI*, except to the extent of *Sub-Limits* as expressly provided by Section 1B 'Death, Injury or Illness of *Your Relative*, *Your Travelling Companion* or *Your Travelling Companion's Relative*' and Section 4C 'Emergency Expenses for Death, Injury or Illness of *Your Relative*, *Your Travelling Companion* or *Your Travelling Companion's Relative*'.
17. To the extent permitted by law, any *Medical Condition* that *We* do not automatically cover, or that is otherwise not approved by *Us* and shown on *Your COI*. Please refer to '*Medical Conditions*' for more information.
18. Any condition or set of symptoms that are, at the *Relevant Time*, under or awaiting further investigation, tests, surgery or other treatment recommended by a medical practitioner.
19. Travel booked or undertaken against the advice of *Your Treating Doctor* or *Our Consulting Medical Officer*.
20. Travel booked or undertaken to seek medical treatment or review. Any claim in respect of travel booked or undertaken to participate in a clinical trial.
21. Travel booked or undertaken even though *You* knew, or a reasonable person in *Your* position would have been aware, on or before *Your Trip* departure date (as shown on *Your COI*) that *You* were unfit to travel, whether or not *You* had sought medical advice.
22. Associated with pregnancy, childbirth or related complication except as provided for on pages 9–11 under the '*Medical Conditions*' section, and if required where an additional *Premium* has been paid.
23. Arising from *Your* failure to:
    a. maintain a course of treatment during *Your Trip*; or
    b. take sufficient medication with *You* for the entirety of *Your Trip*,

    where that course of treatment or medication is in place at the time of *Your Trip* departure date (as shown in *Your COI*) or *You* knew or a reasonable person in *Your* position would have known that treatment or medication was needed by *You* during *Your Trip*.
24. *Your* suicide or attempted suicide. *You* deliberately injuring *Yourself* or putting *Yourself* in danger (unless *You* were trying to save a human life).
25. Treatment, procedure or any transmission of any sexually transmitted disease/virus unless *You* have obtained and paid for *Medical Conditions* cover.
26. *You* cause or contribute to any injury, loss or damage due to *You* being under the influence of alcohol or drugs where:
    a. *You* having a recorded blood alcohol concentration (BAC) greater than the legal limit while operating a motor vehicle, *Motorcycle*, *Scooter*, *Moped*, *Quad Bike* or any watercraft in the location *You* are in; or
    b. *Your* judgement or actions are impaired, as reasonably determined by *Us* having taken into account the following where available:
        i. *Your* BAC;
        ii. an expert's report, such as that of a medical practitioner or forensic expert;
        iii. any police reports;
        iv. any witness statements contained in a report of a third party;
        v. *Your* own statements;
        vi. any records, treatment notes or statements provided by any treating medical professional (such as a paramedic, nurse, doctor) or attending emergency service member; and
        vii. other relevant evidence such as CCTV footage.
27. Claims which in any way relate to *Your*:
    a. chronic use or addiction to alcohol; or
    b. drug abuse, substance abuse or addiction (regardless of whether they are over the counter or prescribed or otherwise); or
    c. use of any non-prescription drug or substance (such as heroin, marijuana, methamphetamines);
    d. attendance at facilities where *You* receive treatment or rehabilitation for drug and alcohol abuse or addiction, or are used as a place for nursing or convalescence.
28. *You* receiving private hospital or medical treatment where public funded services or care is available under any reciprocal national health scheme or agreement between the government of Australia and any other country, unless in consultation with *Your Treating Doctor* and/or *Our Consulting Medical Officer*, *We* agree that private treatment is necessary in all the circumstances.
29. *Your* elective surgery including cosmetic treatment, body piercing, or tattooing, or is a consequence of complications from medical, surgical or dental procedures or treatments that are not for an injury or illness that would otherwise be covered by this policy.
30. *You* hunting, racing or participating in any timed event (other than on foot), engaging in *Open Water Sailing*, participating in any rodeo activity (either as an amateur or professional), going mountaineering or rock climbing using ropes or climbing equipment (other than for hiking), trekking, mountain biking or motorcycle riding over 3,000 metres above sea level, taking part in any professional sport, parachuting, sky diving, base jumping, hang gliding, paragliding, polo, horse jumping, running with the bulls and similar events or activities in confined spaces with unrestrained large animals, freestyle BMX, motocross or dirt bike riding or racing, canoeing, kayaking, or whitewater rafting grade 5 rapids and above.
31. *You* operating heavy machinery or volunteering with wild animals.
32. *You* operating or travelling on any privately registered vessel in international waters.
33. *You* diving underwater using an artificial breathing apparatus unless *You* are:

a. a licensed diver; or

b. an unlicensed diver subject to the conditions outlined in section 'Sports and Activities included in *Your* cover' on page 12.

34. *You* travelling in any air supported device other than as a passenger in a licensed aircraft operated by an airline or charter company. This exclusion does not apply to regulated or licensed ballooning.

35. *You* participating in *Skiing Backcountry* or outside resort boundaries. This exclusion does not apply to *Off-piste Skiing* provided:

    a. *You* have purchased *Our* 'Ski and *Winter Sports* option'; and

    b. *You* are with a professional guide.

36. *Skiing* and *Winter Sports* unless *You* have paid for the 'Ski and *Winter Sports* option'.

37. *You Skiing* or the riding of any kind of mechanised snow-mobiles except as provided by the recognised piste authorities for transport to and from areas designed for recreational *Skiing* (unless *You* have purchased the 'Ski and *Winter Sports* option'), bob sleighing, snow rafting, parapenting, heli-*Skiing*, aerobatic *Skiing*, skijoring, *Skiing* with any form of power assisted equipment.

38. *Your Cruise Trip* unless *You* have paid for *Our Cruise* Benefits option. This exclusion does not apply if *You* are on a river cruise.

### Sanctions Regulation

In addition to the *General Exclusions* listed above, this policy does not cover any losses or expenses that are from, related to or directly or indirectly caused by any violation of, or exposure of *You* or *Us* to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom, United States of America or Commonwealth of Australia.

# Words with special meanings

Within *Your* travel policy, certain words that are capitalised and in italics have definite meanings. It is important that *You* are aware of them. Words that are capitalised and in bold refer to corresponding section headings within this policy.

***Accidental Damage*** or ***Accidentally Damaged*** means any unexpected, unintended or unforeseeable incident causing physical damage during *Your Trip*.

***Accidental Injury*** or ***Accidentally Injured*** means any unexpected, unintended or unforeseeable external physical force causing an injury and excludes injury or illness solely caused by a sickness or disease.

***Additional Accommodation, Meal and Travelling Expenses*** means reasonable expenses paid for accommodation, meals and travelling expenses. This includes emergency personal telephone calls, and excludes alcohol.

***Adult*** means a person who is listed on the *COI*, and is not defined as a *Dependant*.

***Auto Covered Medical Condition*** has the meaning given to that term under the *Medical Conditions* section on pages 9-11.

***Backcountry*** means *Skiing* in a sparsely inhabited rural region over ungroomed and unmarked slopes (i.e. marked pistes are not present) where fixed mechanical means of ascent are often not present.

***COI* or *Certificate of Insurance*** means the most recent certificate that *We* provide to *You*. It contains:

- the information *You* have given and on which *We* have issued *Your* insurance policy,
- the amount *You* are insured for, where *You* have applied for cover for a *Medical Condition*, whether that cover has been agreed by *Us* or not,
- *Excesses* that apply,
- optional cover *You* have chosen for the dates selected,
- the type of cover *You* have,
- when the policy starts and ends,
- the persons covered including *Dependants*.

If *You* vary this policy *We* will send *You* an updated *COI*.

***Computer System*** means any computer, hardware, software, communications system, electronic device (including smart phone, laptop, tablet, wearable device), server, cloud or microcontroller including any similar system or any configuration of the aforementioned and including any associated input, output, data storage device, networking equipment or back up facility, owned or operated by the coach, airline, shipping line, cruise line or railway company that *You* were due to travel on.

***Consulting Medical Officer*** means *Our* appointed medical practitioner/registered medical professional who advises *Us* on *Your* medical condition or injury.

***Cruise*** means an ocean voyage on a commercially operated vessel for more than one night.

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

***Cyber Incident*** means any

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

***Dependant*** means *Your* child or grandchild who is under the age of 25 years, not working full time, is travelling with *You* for the entire *Trip*, and is listed on the *COI* as a dependant.

***Epidemic*** means a rapidly spreading contagious or *Infectious Disease* or illness in a community or geographic area and includes the declaration of an epidemic by a government or a recognised public health authority.

***Excess*** means the agreed dollar amount, on the policy *You* have purchased, that will be subtracted from the assessed claimable amount on *Your* claim. This applies to each and every *Insured Event*.

***Financial Default*** means insolvency, bankruptcy, provisional liquidation, liquidation, financial collapse, appointment of a receiver, manager or administrator, entry into any official or unofficial scheme of arrangement, statutory protection, restructuring or composition with creditors, or the happening of anything of a similar nature under the laws of any jurisdiction.

***FSG*** means the Financial Services Guide found at the end of this document.

***General Exclusions*** means the exclusions listed in the *General Exclusions* section on pages 29–31.

***Home*** means *Your* permanent and usual place of residence in Australia.

***Infectious Disease*** means any disease which can be transmitted by means of any substance or agent from any organism to another organism where:

1. the substance or agent includes, but is not limited to, a virus, bacterium, parasite or other organism or any variation of them, whether living or not, and
2. the method of transmission, whether direct or indirect, includes but is not limited to, airborne transmission, bodily fluid transmission, transmission from or to any surface or object, solid, liquid or gas or between organisms, and
3. the disease, substance or agent can cause or threaten damage to human health or human welfare or can cause or threaten damage to, deterioration of, loss of value of, marketability of or loss of use of property insured under this policy.

***Insured Event*** means an event for which *We* have agreed to provide cover under this policy. It also means a single incident; or a single or number of incidents either having the same original cause or attributable to the one source.

***Limb(s)*** means any part of the arm between the shoulder and the wrist or any part of the leg between the hip and the ankle.

***Luggage*** means personal items, including *Valuables*, sporting equipment, medication prescribed to *You*, dentures and or dental prosthesis designed to be worn or carried by *You* which *You* take with *You* or buy during *Your Trip*, unless they are excluded under *General Exclusions* or Section 3 *Luggage* and *Personal Money*.

***Medical Condition*** has the meaning given to that term under the *Medical Conditions* section on pages 9-11.

***Mental Illness*** means any sickness, disorder or condition recognised or provided for in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders, where a clinical diagnosis has been made and treatment has been prescribed by a *Treating Doctor*, prior to the *Trip* departure. A clinical diagnosis for *Mental Illness* can also be made after the *Trip* departure by *Your Treating Doctor*.

***Moped or Scooter*** means any two or three wheeled motor vehicle (including e-scooters) with an engine capacity below 50cc or equivalent.

***Motorcycle*** means any two or three wheeled motor vehicle (including electronic versions) with an engine capacity equal to or greater than 50cc or equivalent.

***Natural Disaster*** means an extraordinary natural event, natural act or force of nature including floods, earthquakes, avalanches, forest fires, tsunamis, landslides, volcanic eruptions, cyclones or storms and other severe weather conditions but does not include an *Epidemic* or *Pandemic*.

***Off-piste*** means any *Skiing* outside of a ski resort's boundaries on unmarked and unpatrolled terrain that is not maintained by the ski resort.

***Open Water Sailing*** means sailing more than 12 nautical miles from any landmass.

***Pandemic*** means an *Epidemic* that spreads to a geographically large area, such as multiple countries, and includes the declaration of a pandemic or a public health emergency of international concern by the World Health Organisation or other recognised public health authority or government.

***PDS*** means this Product Disclosure Statement.

***Period of Insurance*** means the period during which *You* are insured and which is shown on *Your COI*. For *Cruise* Benefits option, and Ski and *Winter Sports* option, specific dates insured are shown on *Your COI* and may differ from the *Period of Insurance*.

***Permanent*** means a period of time lasting 12 consecutive months after the date of *Your* injury and there is no reasonable prospect of improvement as confirmed by *Your Treating Doctor*.

***Personal Money*** means cash that *You* take on *Your Trip* with *You* or access during *Your Trip*.

***Premium*** means the amount *You* pay for *Your* insurance.

***Public Place*** means any place the public has access to including airports, bus terminals, stations, buses, cruise ships, planes, taxis, trains, beaches, hostels, hotels, hotel foyers and grounds, galleries, museums, private car parks, public toilets, shops, malls, streets and restaurants.

***Quad Bike*** means any motorised vehicle designed to travel on four or more wheels with a seat straddled by the rider and a set of handlebars that are used for controlling the steering.

***RACT*** means The Royal Automobile Club of Tasmania Limited (ABN 62 009 475 861 AR 228578).

***Relative*** means *Your* spouse or fiancé (including de facto or same-sex partners); parent, parent in-law, daughter, son, daughter or son in-law, brother, sister, brother or sister in-law, niece or nephew, grandchild, grandparent, step-parent, stepchild, aunt, uncle, cousin, or guardian.

***Relevant Time*** means for:

a. Single Trip plans: at the time *You* purchase this policy; or
b. Annual Multi-Trip plan: the first time at which any part of the relevant *Trip* is paid for or the time at which the policy is issued, whichever occurs last; or
c. All plans: the time changes are made after *You* purchase this policy and before *Your Trip* commences.

***Rental Vehicle*** means a car (sedan, station wagon, coupe and hatchback), SUV, four-wheel drive, mini bus or a campervan/motorhome rented or hired by *You* from a motor vehicle rental company for the carriage of passengers and does not include any vehicle designed to be used for the carriage of commercial goods. Please note this definition does not include *Motorcycles*, *Mopeds or Scooters*, trucks, caravans, trailers, boats or jet skis.

***Section Limit*** means the maximum amount which *We* will pay for all claims made under a Policy Benefit section, as specified in that section, and varies according to the type of policy *You* purchase.

***Skiing*** means snow skiing and snowboarding.

***Sub-Limit*** means the maximum amount which *We* will pay for any one and all claims made under one or more sub-sections of a Policy Benefit section, as specified in that sub-section, and varies according to the type of policy *You* purchase.

***Table(s) of Benefits*** means the tables set out on pages 4-6 which sets out the maximum benefit payable in respect of each section of cover.

***Terrorist Act*** means any actual or threatened use of force or violence directed at or causing damage, injury, harm or disruption, or committing of an act dangerous to human life or property, against any individual, property or government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests, whether such interests are declared or not. Robberies or other criminal acts, primarily committed for personal gain and acts arising primarily from prior personal relationships between perpetrator(s) and victim(s) shall not be considered *Terrorist Acts. Terrorist Acts* shall also include any act that is verified or recognised by the relevant government as an act of terrorism.

***Tokio Marine & Nichido*** means Tokio Marine & Nichido Fire Insurance Co., Ltd. ABN 80 000 438 291, AFSL 246548.

***Transport Provider*** means any airline, bus line, shipping line, cruise line or railway that has accepted *Your* fare.

***Travelling Companion*** means a person who is not listed on *Your COI*, is to travel with *You* for at least 50% of the duration of *Your Trip* and who made arrangements to accompany *You* before *You* began *Your Trip*.

***Travel Services Provider*** means any scheduled service, airline, hotel, accommodation provider, motor vehicle rental or hire agency, bus line, shipping line, cruise line or railway company that owns and/or operates the assets.

***Treating Doctor*** means:

1. Whilst on *Your Trip* - the medical practitioner/ registered medical professional who is treating *You* for *Your* medical condition or injury,
2. If *You* have not left on *Your Trip* - the medical practitioner/registered medical professional who is treating *You* in Australia,

and is a person who is licensed to practise medicine in the location of *Your* treatment, for example a doctor, physician, surgeon, optometrist, psychologist or specialist; and their scope of practice is relevant to the circumstances of the claim.

*Treating Doctor* does not include a person who is related to *You*, *Your Relative* or a member of *Your* travelling party.

***Trip*** means:

1. For all plans (except the Annual Multi-Trip and Rental Car *Excess* plans) – means the travel *You* are undertaking and commences from the time *You* leave *Your Home* or place of departure in Australia to start *Your Trip* until *You* return *Home*, or until the end of the *Period of Insurance* shown as the return date on the *COI*, whichever is sooner.
2. For any Annual Multi-Trip plans – means the travel *You* are undertaking and commences from the time *You* leave *Your Home* or place of departure to start *Your Trip* until *You* return *Home* or until the end of the *Period of Insurance* as shown on the *COI*, whichever is sooner. The length of any one *Trip* cannot exceed 30, 45 or 60 days (depending on the option chosen) and must be at least 250km from *Your Home*.
3. For the Rental Car *Excess* plan – means the day *Your Rental Vehicle* agreement commences and the time *You* collect *Your Rental Vehicle* until the day *Your* agreement ends and *You* return *Your Rental Vehicle*, or until the end of the *Period of Insurance* as shown on the *COI*, whichever is sooner.

***Unattended*** means when an item is:

- not on *Your* person or under *Your* control, or the control of *Your Travelling Companion*, at the time of the loss, theft or damage, or
- left in a position where it can be taken or damaged without *Your* or *Your Travelling Companion's* knowledge, including on the beach or beside the pool while *You* swim, in a *Public Place* or leaving it where *You* or *Your Travelling Companion* are unable to prevent it from being unlawfully taken or damaged.

*Unattended* also means leaving an item behind, forgetting the item, walking away from it, or leaving it in a *Public Place*.

***Valuables*** means passport, travel documents, jewellery, watches, precious metals or semi-precious stones/ precious stones and items made from them, furs, binoculars, telescopes, computer games, any kind of photographic, audio or video equipment, computers, mobile phones, smart phones, tablets, electronic games, portable navigation equipment and any equipment or accessories related to these items, drones and radio-controlled/remote-controlled vehicles including model cars, planes, and boats and the like and any equipment or accessories related to these items.

***War*** means war, whether declared or not, or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.

***We, Our, Us*** means Tokio Marine & Nichido Fire Insurance Co., Ltd.

***Winter Sports*** means leisure bigfoot *Skiing*, cat *Skiing*, cross country *Skiing* (along a designated cross country ski route only), glacier *Skiing*, ice hockey, ice skating, luging (on ice only), mono *Skiing*, *Off-piste Skiing* (with a professional guide only), recreational *Skiing*, snowmobiling and tobogganing. It does not mean any of the above activities when they are undertaken for competition, including training or practising purposes.

***You, Your, Yours, Yourself*** means the person or persons named on the *COI*.

### *Interpretation*

References to words such as 'including' or 'for example' and similar expressions are not words of limitation unless there is express wording to the contrary.

Other grammatical forms of defined terms have a corresponding meaning.

Headings are used for reference only and are not to be used for interpretation.

# Important Matters

## The Insurer and *RACT*

Please see the information on the first page of this Combined *PDS/FSG* (including Policy Wording) and in the *FSG* section for detail about the insurer *Tokio Marine & Nichido* and *RACT*.

## The Financial Claims Scheme

*You* may be entitled to payment under the Federal Government's Financial Claims Scheme in the unlikely event that *Tokio Marine & Nichido* is not able to meet its obligations under the policy. Access to the scheme is subject to eligibility criteria. Information about the scheme can be obtained from the APRA website at www.fcs.gov.au and the APRA hotline on 1300 55 88 49.

## Code of Practice

*We* are signatories to the General Insurance Code of Practice, which sets out a commitment by the general insurance industry to raise standards of service and to promote better relations between customers and insurers.

The Code describes standards in areas such as buying insurance, claims handling and dispute resolution. The Code Governance Committee (CGC) is an independent body that monitors and enforces compliance with the Code.

For more information on the Code or the CGC, *You* can call *Us* on +61 2 8055 1641, email *Us* at ractclaims@tmnfatravelinsurance.com.au or access a copy of the Code at www.codeofpractice.com.au.

## How *Your Premium* is calculated

The amount *We* charge *You* for this insurance policy is the total amount of *Premium* that *We* determine covers *Our* risk, associated costs and any government charges like Stamp Duty and GST. When *We* issue *Your* policy the total *Premium* and any government charges will be displayed on *Your COI*. If *You* change *Your* policy in any way, *You* may need to pay an additional amount or *You* may be entitled to a refund of part of *Your Premium*.

In order to calculate *Your Premium We* take a number of factors into consideration including:

- where *You* are travelling
- how long *You* are travelling for
- the number of travellers and their ages
- the plan *You* select
- the *Excess* level chosen
- *Medical Conditions* and pregnancy
- any other optional extras *You* choose.

For example:

- the plan – the higher the level of cover the higher *Your Premium* will be
- the length of *Your Trip* – in most cases the longer the *Trip* the higher *Your Premium* will be
- the *Excess You* select – the lower the *Excess You* choose the higher *Your Premium* will be
- coverage options – cover like 'Ski and *Winter Sports* option' and '*Cruise* Benefits option' will increase *Your Premium*.

## How *Your* claim payment is calculated

Factors that contribute to the calculation of the amount *We* will pay *You* for a claim include:

- the actual amount of the loss
- applying the various benefits and limits provided under the plan *You* have purchased
- less the *Excess You* have nominated on *Your COI*
- less any compensation, refund or credit *You* may have received from *Your* pre-paid booking for *Your Trip*.

For example -

*You* have purchased *Our* Comprehensive policy and *Your* camera is stolen from *You* at the local market. The following scenario applies:

- *You* paid $5,000 for *Your* camera when *You* bought it 2 years ago. *Our* policy covers new for old, so there is no depreciation to factor in
- The market organiser compensates *You* $500 for the inconvenience, leaving *Your* actual loss at $4,500
- The limit under this policy for an item like a camera is $3,000 and the overall limit for *Luggage* is $15,000
- *You* chose not to purchase any additional *Luggage* item limits for cameras
- *You* chose to pay the additional *Premium* when *You* bought the policy to reduce *Your Excess* to $100
- The result is, if *You* have met all the terms and conditions of the policy, *We* will replace *Your* camera or cash settle, up to the cost of an equivalent replacement to a maximum of $2,900, which is the camera limit less *Your* chosen *Excess*.

## *Your* privacy

*Your* privacy is important to *Us*. *Tokio Marine & Nichido* is bound in Australia by the Privacy Act 1988 (Cth) and its associated Australian Privacy Principles, along with any other applicable privacy laws and codes, when collecting, using, disclosing, holding, handling and transferring any personal information. *Tokio Marine & Nichido* has ongoing practices, procedures and systems in place to ensure that *We* manage personal information in an open and transparent way.

*We* may use *Your* personal information (such as *Your* name, date of birth, contact details, and in certain cases explained in *Our* Privacy Policy, sensitive information) for the following purposes:

- to determine whether and on what terms *We* might issue *You* an insurance policy
- to open and administer any products and services *You* may sign up for
- to help improve *Our* products and services
- to undertake market research, customer data analysis and direct marketing activities
- to manage and resolve complaints made
- to report information required by law or regulations
- to perform any other appropriately related functions.

If *You* don't provide all the personal information requested, the main consequence is that *We* may not be able to issue *You* with a policy or process *Your* claim.

Unless it is unreasonable or impracticable under the circumstances, *We* will collect *Your* personal information directly from *You*, *Your* advisor or someone authorised by *You*, for example, *Your* insurance broker, financial planner, legal services provider, agent or carer.

In issuing and managing *Your* policy or claim *We* may need to disclose *Your* personal information to *RACT* and third parties such as another insurer, *Our* reinsurers, an insurance broker, *Our* legal providers, *Our* accountants, loss investigators or adjusters, anyone acting as *Your* agent or regulatory bodies as well as *Our* various third party service providers described in *Our* Privacy Policy. *We* may also disclose *Your* information as required by law.

In providing *You* with *Our* services it may be necessary to disclose *Your* information overseas where *We* have a presence or engage such parties, including Japan, USA, Canada, Bermuda, New Zealand, Thailand, Hong Kong, Europe, The United Kingdom, Singapore and India.

*We* will otherwise collect, hold, use and disclose *Your* personal information in accordance with *Our* Privacy Policy, which set out how *You* may access and correct the personal information that *We* hold about *You* and how to lodge a complaint.

To learn more about collection and use of *Your* personal information, see *Our* Privacy Policy, which can be viewed at *Our* website www.tokiomarine.com.au and *RACT*'s Privacy Charter which can be viewed at www.ract.com.au.

## Complaints and dispute resolution

*You* are entitled to make a complaint to *Us* about any aspect of *Your* relationship with *Us*.

*We* are committed to resolving any complaint or dispute fairly and as quickly as possible. If *You* are dissatisfied with *Our* service in any way, please contact *Us* and *We* will do *Our* best to resolve *Your* concerns as soon as reasonably possible. If *We* are unable to or if *You* are still not satisfied, *Our* Customer Complaints Team will review *Your* complaint and provide *You* with a response.

When *You* make a complaint, please provide *Us* with as much information as possible. *You* can contact *Us* to make a complaint, or if *You* require assistance to lodge a complaint, on the contact details below:

**Post: GPO Box 4616, SYDNEY NSW 2001**
**Email:** complaints@tokiomarine.com.au
**Phone:** (02) 9225 7500

### If *Your* problem is not resolved

If *You* are not satisfied with *Our* response to *Your* complaint, or *We* have taken more than 30 days to respond to *You* from the date *You* first made *Your* complaint, *You* may be eligible to escalate the matter to the Australian Financial Complaints Authority (AFCA) if *Your* matter is within the jurisdiction as set out in their Rules. AFCA is an independent external disputes resolution provider who can assess *Your* matter free of charge and can issue a binding outcome on *Us*.

*You* can contact AFCA on 1800 931 678 (local call cost) or by email to info@afca.org.au. *You* can also visit the AFCA website at www.afca.org.au. *You* can also write to AFCA at GPO Box 3, Melbourne, Vic, 3001.

## Claims Information

### How to make a claim

*You* must let *Us* know of *Your* claim as soon as possible after *Your* return to Australia either by:

**Web:** travelinsurance.ract.com.au/how-to-claim
**Phone:** 1300 406 752
**Email:** ractclaims@tmnfatravelinsurance.com.au or
**Writing to *Us* at** GPO Box 4616 Sydney 2001.

*You* providing *Us* with the information *We* need helps *Us* to make timely and accurate decisions about *Your* claim. When *You* contact *Us*, *We* will let *You* know what *You* need to do and how the process will work. *We* will not be able to assess *Your* claim unless *You* provide *Us* with all the information *We* require. *We* can reduce *Your* claim by the amount of any prejudice *We* have suffered due to any delay by *You* in submitting the required information. Full details should be submitted within 30 days of *Your* return.

For all claims, *We* require: evidence of the *Insured Event You* are claiming for, including and not limited to; receipts, reports, proof of ownership, bank/credit card statements.

Any costs or expenses associated with obtaining these documents will be at *Your* own cost.

If *You* cannot provide supporting documents for *Your* claim, then *We* may reduce or refuse to pay *Your* claim.

When making a claim, any documents *You* provide (including receipts, invoices, medical certificates, reports, quotes, photographs or correspondence) must be genuine, accurate and unaltered records as originally issued.

*We* may verify any document directly with the business that issued it. If *We* are unable to verify a document, or if a document has been created, generated, edited or altered in a way that misrepresents its content, origin or authenticity (regardless of the tool, software, or method used to do so), *We* may request further evidence or decline to rely on that document as evidence.

***We* may also reduce or refuse to pay a claim under this policy if *You* do not observe any of the conditions of this policy.**

**Examples of supporting documents that may be required –**

For Cancellation Fees and Lost Deposit claims:

- full itinerary
- travel invoices for all pre-booked costs being claimed
- written confirmation of any compensation or refund applicable or any credits being held by *Your* transport or accommodation provider
- if *You* are claiming due to medical reasons, *We* will require a medical certificate from *Your Treating Doctor* confirming *You* are unfit to travel and stating the relevant medical condition; *We* may also request a copy of *Your* medical history

- if claiming due to the death or illness of a *Travelling Companion* or a *Relative*, *We* will require a copy of the death certificate or a medical report/certificate/history of that *Travelling Companion* or *Relative*
- if *You* are claiming due to *Accidental Injury* or *Accidental Damage*, *We* require a supporting incident report such as a workplace, police or ambulance report.

For Medical, Dental or Hospital claims:

- all medical and dental certificates and reports relevant to the claimed condition/illness
- *We* may also request a copy of *Your* medical history
- proof of expenses incurred.

For *Luggage* or *Personal Money* claims:

- if lost or stolen, please report it immediately to police, obtain and retain a written report of the incident
- if damage or misplacement occurs caused by an airline or any other operator or provider of accommodation, please report the incident to an appropriate official and obtain and retain a written report with any offer they might make for settlement
- proof of ownership e.g. receipts, bank statements, valuation certificates (issued prior to the date of loss)
- lost or stolen mobile phones – proof that *Your* phone has been blocked and the IMEI blocked
- If the claim is for damaged items, *We* require proof of damage and the repair report/invoice.

For Emergency Expenses or Travel Delay claims:

- documentation to substantiate the incident occurring e.g. loss report, medical report, police report, confirmation from the *Transport Provider* confirming cause
- receipt for all additional expenses being claimed
- itinerary/invoices showing original pre-paid arrangements
- written confirmation from the *Transport Provider* of the actual delay and actual delay time.

### What *You* must not do

In the event of a claim or circumstances that may give rise to a claim, *You* must not without *Us* authorising *You* beforehand:

1. make any promise or offer of payment, or admit fault to anyone (except as required by law), or become involved in any litigation in respect of an event that may result in a claim under this policy, without *Our* consent;
2. offer or negotiate to pay a claim or make repairs;
3. dispose of damaged items unless *We* have said *You* can;
4. delay telling *Us* about an incident, as that could prejudice *Our* rights and if so, it may reduce the amount *We* pay for *Your* claim; or
5. give *Us* false or misleading information.

### Claims are payable in Australian dollars

*We* will pay all claims to *You* in Australian dollars. All expense conversions will be calculated using the Oanda rate at the time *You* incurred the expense. Alternatively, *You* can provide a copy of *Your* credit card statement to show the conversion rate used by *Your* bank for the expense.

### *Excess*

If an *Excess* applies to *Your* claim, the *Excess* will be deducted from *Your* claim or *We* may request *You* pay to *Us* the *Excess* if *You* have no out of pocket expenses and *We* have approved and paid for *Your* overseas medical expenses. Any applicable *Excess* will apply to each and every *Insured Event*.

### Claims assessment

*We* will assess *Your* claim within 10 business days of *You* notifying *Us* and *You* providing *Us* with all the necessary supporting documentation. If *We* need any additional information, a written notification or phone call will be made to *You* within 10 business days.

### If *You* can claim from anyone else

If *You* can make a claim against someone else in relation to a loss or expense covered under this policy *You* must take reasonable steps to do so first. If they do not pay the full amount of *Your* loss or expense from *Your* claim, *We* will only pay the difference up to the policy limit.

If any part of *Your* claim is covered by other insurance, *You* must give *Us* details of that insurance and provide any assistance that *We* reasonably request to obtain contribution from the other insurer(s). Regardless of how many policies *You* hold, *You* cannot recover more than *Your* loss. If *You* have already claimed under other insurance but have not been paid *Your* full loss, *We* will pay the difference, subject to the terms of this policy.

### Subrogation

If *You* are aware of any person that *You* or *We* may recover money from, *You* must let *Us* know.

*We* may, at *Our* discretion and subject to applicable law, in *Your* name and on *Your* behalf, undertake, control and settle proceedings for *Our* own benefit to recover compensation or secure indemnity from anyone else in respect of anything covered by this policy.

*You* must provide reasonable assistance and permit to be done, all acts and things as required by *Us* for the purpose of recovering compensation or securing indemnity from someone else, including another insurer, to which *We* may become entitled or subrogated upon *Us* paying *Your* claim under this policy, regardless of whether *We* have yet paid *Your* claim in full and whether or not the amount *We* pay *You* is less than full compensation for *Your* loss.

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

1. to *Us*, *Our* costs (including administration and legal) arising from recovery

2. to *Us*, an amount equal to the amount that *We* paid to *You* under *Your* policy
3. to *You*, *Your* uninsured loss (less *Excess*)
4. to *You*, *Your Excess*.

If *We* have paid *Your* total loss and *You* receive a payment from someone else for that loss or damage, *You* must pay *Us* the amount of that payment up to the amount of the claim *We* paid *You*.

If *We* have paid *You* for lost or damaged property and *You* later recover the property or it is replaced by someone else, *You* must pay *Us* the amount of the claim *We* paid to *You*.

### Fraud

*We* will not pay if *Your* claim is fraudulent.

Insurance fraud places additional costs on honest policyholders. Fraudulent claims contribute to the rise in insurance *Premiums*. *We* encourage the community to assist in the prevention of insurance fraud. *You* can help by reporting insurance fraud to *Us* on 1300 406 752. All information will be treated as confidential and protected to the full extent of the law.

### GST
### Business Travellers – How GST affects *Your* claim

If *You* are entitled to claim an input tax credit in respect of a cost for which a claim is made, or would be entitled to an input tax credit if *You* were to incur the relevant cost (i.e. in replacing a lost or stolen item), the amount *We* would otherwise pay will be reduced by the amount of that input tax credit.

# Financial Services Guide

This Financial Services Guide explains who provides the financial services for the policy, and how they are paid. It also explains where to find information on how a complaint can be resolved. This *FSG* is designed to help *You* decide whether to buy the policy.

In this *FSG* words in capitals and italics are defined terms and where they are not defined here, they have the same meaning as in the Policy Wording and *PDS*.

This *FSG* is part of a combined *PDS* and *FSG*. The *PDS* contains important information to assist *You* in choosing an insurance product that suits *You*. The *PDS* provides details about the features and benefits of *Our* insurance products, what is covered, what is not, and how claims will be handled.

*You* should read this *FSG* carefully and contact *Us* if *You* have any questions.

## What services are provided, and who provides them?

*Tokio Marine & Nichido* is the insurer issuing this policy and *We* hold an Australian Financial Services Licence (AFSL) authorising *Us* to provide financial product advice about general insurance products, and to issue general insurance products. *We* are an insurer incorporated in Japan and authorised by the Australian Prudential Regulation Authority (APRA) to conduct general insurance business in Australia.

*We* have appointed *Our* wholly owned subsidiary Tokio Marine Management (Australasia) Pty Ltd, ABN 69 001 488 455 (*TMMA*) as *Our* managing agent for insurance business in Australia and *Our* corporate authorised representative (AR 1313066) to give general advice regarding the policy, deal in the policy, and handle and settle claims in relation to the policy.

When providing these services *TMMA* acts under a binder agreement with *Us*, meaning it can provide the services as if it was *Us*. This means that *TMMA* acts for *Us* and not *You*.

The Royal Automobile Club of Tasmania Limited ABN 62 009 475 861 AR 228578 is *Our* authorised representative and can provide general advice about and sell travel insurance on *Our* behalf.

## Remuneration

### How *We* and *TMMA* are paid

*We* will charge *You* a *Premium* for any policy issued by *Us* as described in the *PDS*.

*TMMA* receives a management fee for administering the policy, including claims services, which consists of the reimbursement of its expenses plus 3% of these expenses. This management fee is payable by *Us* to *TMMA*, and is at no extra cost to *You*.

### How *Our* staff are paid

All employees of *Tokio Marine & Nichido* and *TMMA* who provide a service do not receive specific payments or commissions for the giving of that service. *Our* employees are paid an annual salary which may include an annual bonus based on factors such as sales targets and other performance criteria.

### How *RACT* is paid

*We* pay a commission of between 0% and 44% to *RACT*, or AAA Travel Pty Ltd ABN 30 138 014 105 (*AAA Travel*) for issuing the policy to *You*. This is paid by *Us* from the *Premium You* pay to purchase the policy, and is at no extra cost to *You*.

*We* may pay *RACT* and *AAA Travel* an additional performance payment based on a formula with a variety of factors such as sales, premiums, targets, performance against targets, losses and deductions. This is paid by *Us* from the *Premium You* pay to purchase the policy, and is at no extra cost to *You*.

*RACT* may receive additional benefits such as marketing assistance. This is paid by *Us* from the *Premium You* pay to purchase the policy, and is at no extra cost to *You*.

From the commission *RACT* receives, it may pay a commission to employees and third party distributors based on how many of *Our* policies they sell, and this is at no extra cost to *You*. *RACT* employees may also receive discounted travel insurance from *Us*.

### How others are paid

If *You* purchase *Our* policy after *You* have been referred to *RACT* by an aggregator or a referrer, *RACT* may pay a referral fee to that aggregator or referrer, which is calculated as a percentage of *Your Premium* or as a flat fee and is at no extra cost to *You*.

### More information

If *You* would like more information on commissions or remuneration, please contact *Us* before *You* buy the policy and within a reasonable time after receiving this *FSG*.

## If *You* have a complaint

If *You* have a complaint about any aspect of the policy or a claim, please let *Us* know. *We* will review *Your* complaint and try to make things right.

Please see page 36 of the *PDS* for more detailed information on how *We* resolve complaints.

## How to contact *Us* or *RACT*

For general information *You* may contact *Us* or *TMMA* by:

**Phone:** +61 2 8055 1641
**Email:** ractclaims@tmnfatravelinsurance.com.au
**Mail:** GPO Box 4616, SYDNEY NSW 2001.

**Specific claims and service contact information for the policy *You* have purchased is contained in the *PDS*.**

## Date prepared

*Tokio Marine & Nichido* is responsible for the contents of this *FSG* which was prepared on 24th February 2026. *We* have authorised *RACT* to provide this *FSG*.

Version *RACT*/2026/2.0

ract.com.au