

Australian Snow Holiday Insurance



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



Effective Date 4 October 2010

Contents

	Page
Financial Services Guide.....	1
About this Product Disclosure Statement	3
Summary of Benefits.....	5
Table of Benefits.....	6
Additional Options	7
Pre-existing Medical Conditions.....	8
Important Matters	14
Words with Special Meanings	20
Your Policy Cover	23
General Exclusions Applicable to all Sections	34
Claims	37
Contact Details / Application Form	Back Cover

FINANCIAL SERVICES GUIDE

This Financial Services Guide (FSG) has been designed to help you make an informed decision about the financial services that the Authorised Representative and Mondial Assistance can provide to you. It also contains information about how they and others are remunerated for providing these financial services and how your complaints are dealt with.

Where they arrange an insurance policy for you, they will give you a Product Disclosure Statement (PDS) when required. The PDS is designed to provide important information on the significant features and benefits of the policy and is designed to assist you in making an informed decision about whether to buy the product. It may consist of more than one document.

Any advice that is provided to you is general in nature and does not take into account your individual objectives, financial circumstances or needs. Before you make any decisions about the product, you should read the PDS carefully to ensure that it is suitable for you.

ABOUT MONDIAL ASSISTANCE

Mondial Assistance (a trading name of ETI Australia Pty Ltd ABN 52 097 227 177 AFS Licence No 245631) of 74 High Street, Toowong, Queensland 4066 Telephone 1300 667 132 is an Australian Financial Services Licensee authorised to deal in and provide general advice on general insurance products.

Mondial Assistance has been authorised by the insurer, Allianz Australia Insurance Limited (Allianz) ABN 15 000 122 850 AFS Licence No 234708 of 2 Market Street, Sydney, New South Wales, 2000 Telephone 13 26 64, to act on its behalf to deal in and provide general advice and handle and settle claims in relation to travel insurance products underwritten by Allianz.

Mondial Assistance has a binding authority which means it can enter into, vary or cancel these insurance products and handle and settle claims without reference to Allianz provided it acts within the binding authority. When providing these services, Mondial Assistance acts for Allianz and does not act on your behalf.

AUSSIETRAVELCOVER AND THE AUTHORISED REPRESENTATIVE

Aussietravelcover Pty Ltd (Aussietravelcover) ABN 32 002 517 740 Authorised Representative Number 269305 of 10/9 Bungan Street, Mona Vale, New South Wales 2103 Telephone 1800 888 448 or 02 9979 8888 is an authorised representative of Mondial Assistance. Aussietravelcover is the authorised representative that provides the financial services when you purchase this product through the website at www.aussietravelcover.com.au or over the telephone.

If you purchase this product through a travel agent, other than Aussietravelcover, the full details of the Authorised Representative that provides the financial services to you is set out on the back cover of this Combined Financial Services Guide and Product Disclosure Statement. If no details are provided, please ask the travel agent to provide you with these details.

Aussietravelcover and the Authorised Representative are authorised by Mondial Assistance to deal in and provide general advice on travel insurance products underwritten by Allianz. Aussietravelcover and

the Authorised Representative act for Mondial Assistance and do not act on your behalf. The distribution of this FSG has been authorised by Mondial Assistance.

PROFESSIONAL INDEMNITY INSURANCE ARRANGEMENTS

Mondial Assistance and its representatives (including its authorised representatives) are covered under professional indemnity insurance that complies with the requirements of section 912B of the Corporations Act. The insurance (subject to its terms and conditions) will continue to cover claims in relation to Mondial Assistance's representatives/employees who no longer work for it (but who did at the time of the relevant conduct).

REMUNERATION

Aussietravelcover and the Authorised Representative receive a commission when you buy a policy from a travel agent, calculated as a percentage of the premium you pay for the insurance policy issued to you. It is only paid if you buy a policy.

Mondial Assistance is also remunerated by Allianz for providing services on behalf of Allianz. This is a percentage of the premium that you pay for an insurance policy and is only paid if you buy a policy.

Employees and representatives of Aussietravelcover, the Authorised Representative and Mondial Assistance receive an annual salary. Employees and representatives of Aussietravelcover and the Authorised Representative may also receive a bonus based on performance criteria which can include sales performance.

If you would like more information about the remuneration that the Authorised Representative receives, please ask them.

If you would like more information about the remuneration that Mondial Assistance and Aussietravelcover receives, please ask them. This request should be made within a reasonable time after this FSG is provided to you and before the financial services are provided to you.

IF YOU HAVE A COMPLAINT

Should you have a complaint or dispute arising out of this insurance, or our employees, authorised representatives or service providers, please call Mondial Assistance on 1300 667 132 or put the complaint in writing and send it to PO Box 162, Toowong, Queensland 4066.

A dispute may also be referred to the Financial Ombudsman Service Limited (FOS), which is an independent external dispute resolution body.

For more information or to access the FOS process please call 1300 780 808. Alternatively you can write to the FOS at GPO Box 3, Melbourne Victoria 3001. Access to the FOS is free.

HOW TO CONTACT US

You can give us instructions using the contact details outlined in this FSG. Please retain this document in a safe place for your future reference.

DATE PREPARED

This FSG was prepared on 4 October 2010.

ABOUT THIS PRODUCT DISCLOSURE STATEMENT

A Product Disclosure Statement (PDS) is a document required by the Corporations Act 2001 (Cth) and contains information designed to help you decide whether to buy the policy.

This PDS sets out the cover available and the terms and conditions which apply. You need to read it carefully to make sure you understand it and that it meets your needs.

This PDS, together with the Certificate of Insurance and any written endorsements by us, make up your contract with Allianz. Please retain these documents in a safe place.

UNDERSTANDING YOUR POLICY AND ITS IMPORTANT TERMS AND CONDITIONS

To properly understand this policy's significant features, benefits and risks you need to carefully read:

- The benefit limits provided in the “**Table of Benefits**” page 6, when *We will pay* a claim under each Section (“**Your Policy Cover**” pages 23 to 33), any endorsements under “**Additional Options**” page 7 and “**Pre-existing Medical Conditions**” pages 8 to 13 (remember, certain words have special meanings – see “**Words with Special Meanings**” pages 20 to 22);
- “**Important Matters**” (pages 14 to 19) - this contains important information on applicable Excesses, the period of cover and extensions of cover, the cooling-off period, your Duty of Disclosure (including how the Duty applies to you and what happens if you breach the Duty), our privacy notice and dispute resolution process, and more;
- When *We will not pay* a claim under each Section (“**Your Policy Cover**” pages 23 to 33) and “**General Exclusions Applicable to all Sections**” pages 34 to 36 (this restricts the cover and benefits); and
- “**Claims**” (pages 37 to 38) - this sets out certain obligations that you and we have. If you do not meet them we may refuse to pay a claim.

APPLYING FOR COVER

When you apply for the policy, we will confirm with you things such as the period of cover, your premium, what cover options and Excesses will apply and whether any standard terms are to be varied (this may be by way of an endorsement). These details will be recorded on the Certificate of Insurance issued to you.

This PDS sets out the cover we are able to provide you with. You need to decide if the benefit limits, type and level of cover are appropriate for you and will cover your potential loss.

If you have any queries, want further information about the policy or want to confirm a transaction, please use the contact details on the back cover of this PDS.

ABOUT YOUR PREMIUM

You will be told the premium payable for the policy when you apply. It is based on a number of factors such as the length of Journey, number of persons covered, your age, Pre-existing Medical Conditions and any Additional Options selected. The higher the risk, the higher the premium is.

Your premium also includes amounts that take into account our obligation to pay any relevant compulsory government charges, taxes or levies (e.g. Stamp Duty and GST) in relation to your policy. These amounts are included on your Certificate of Insurance as part of the total premium.

COOLING-OFF PERIOD

Even after you have purchased your policy, you have cooling-off period rights (see page 15 of “**Important Matters**” for details).

WHO IS YOUR INSURER?

This policy is underwritten by Allianz Australia Insurance Limited (Allianz) ABN 15 000 122 850 AFS Licence 234708.

WHO IS MONDIAL ASSISTANCE?

Mondial Assistance is a trading name of ETI Australia Pty Ltd. Mondial Assistance has been authorised by Allianz to enter into and arrange the policy and deal with and settle any claims under it, as the agent of Allianz, not as your agent. Mondial Assistance acts under a binder which means that it can do these things as if it were the insurer. It administers all emergency assistance services and benefits of this insurance. You may contact Mondial Assistance in an emergency 24 hours a day, 7 days a week.

UPDATING THE PDS

We may need to update this PDS from time to time if certain changes occur where required and permitted by law. We will issue you with a new PDS to update the relevant information except in limited cases. Where the information is not something that would be materially adverse from the point of view of a reasonable person considering whether to buy this product, we may issue you with notice of this information in other forms or keep an internal record of such changes (you can get a paper copy free of charge by calling us).

PREPARATION DATE

The preparation date of this PDS is 4 October 2010.

SUMMARY OF BENEFITS

This is only a summary of the benefits. Please read this PDS carefully for complete details of what *We will pay* and what *We will not pay* (see pages 23 to 33). Importantly, please note that exclusions do apply, as well as limits to cover.

1(A) CANCELLATION FEES AND LOST DEPOSITS (PG. 23 TO 25)

Cover for cancellation fees and lost deposits for pre-paid travel arrangements due to unforeseen circumstances neither expected nor intended by you and which are outside your control, such as:

- Sickness – Injuries – Strikes – Collisions – Retrenchment
- Natural Disasters.

1(B) TRAVEL SERVICES PROVIDER INSOLVENCY (PG. 25)

Financial loss due to the Insolvency of a Travel Services Provider.

4 ADDITIONAL EXPENSES (PG. 25 TO 28)

Cover for additional accommodation and travel expenses caused by your health problems or someone else's resulting from:

- Sickness – Injury – Death.

Also cover for your Travelling Companion's or Relative's accommodation and travel expenses to travel to, stay near or escort you resulting from:

- Hospitalisation – Medical Evacuation.

6 ACCIDENTAL DEATH (PG. 28 & 29)

A death benefit is payable if you die because of an Injury you sustained during your Journey within 12 months of that Injury.

11 LUGGAGE AND PERSONAL EFFECTS (PG. 29 TO 31)

Cover for replacing Luggage and Personal Effects stolen or reimbursing repair cost for accidentally damaged items, including:

- Luggage – Spectacles – Personal Effects – Personal Computers
- Cameras.

13 TRAVEL DELAY EXPENSES (PG. 31 & 32)

Cover for additional meals and accommodation expenses, after an initial 6 hour delay, if your Journey is disrupted due to circumstances beyond your control.

15 PERSONAL LIABILITY (PG. 32 & 33)

Cover for legal liability including legal expenses for bodily injuries or damage to property of other persons as a result of a claim made against you.

16 RENTAL VEHICLE EXCESS (PG. 33)

Cover for the excess payable on your Rental Vehicle's motor vehicle insurance resulting from the Rental Vehicle being:

- Stolen – Crashed – Damaged

and/or:

the cost of returning the Rental Vehicle due to you being unfit to do so.

TABLE OF BENEFITS

Section & Benefit Type		Sum Insured	
		Single	Family
1A *	Cancellation Fees and Lost Deposits	\$20,000	\$40,000
1B	Travel Services Provider Insolvency	\$10,000	\$20,000
4*	Additional Expenses	\$10,000	\$20,000
6*	Accidental Death	\$5,000	\$10,000
11*	Luggage and Personal Effects	\$2,000	\$4,000
13*	Travel Delay Expenses	\$750	\$1,500
15	Personal Liability	\$1 million	\$1 million
16*	Rental Vehicle Excess	\$3,000	\$3,000

* Sub-limits apply.

All benefits, Excesses and premiums are in Australian Dollars. Amount payable includes premium, stamp duty and GST where applicable.

DUO COVERS - SAVE 5%

If you are travelling with a friend, both of you can save by deducting 5% off the Family premium. Cover is for 2 adults - no cover for Dependents.

TRAVELLERS 51 YEARS AND OVER

The following additional premiums apply to travellers aged 51 years and over where applicable (note: an additional surcharge for Pre-existing Medical Conditions may also apply).

For travellers 81 years and over, a Medical Declaration Form is required to be submitted for assessment before a policy can be offered. We have the absolute right to accept or decline cover, or impose special conditions such as an Excess or reduced benefits.

Travellers aged 51-60 years: +15% of premium

Travellers aged 61-70 years: +30% of premium

Travellers aged 71-75 years: +90% of premium

Travellers aged 76-80 years: +150% of premium

Travellers aged 81-89 years: +375% of premium

Travellers aged 90 years and over: +450% of premium

BONUS DAYS (PREMIUM CALCULATION ONLY)

Period of Cover

5 days to 24 days 1 day

28 days to 49 days 3 days

PLEASE NOTE: Day of travel and day of return are counted as days. The return date shown on your Certificate of Insurance is the expiry date - bonus days do not extend beyond the expiry date shown on your Certificate.

Period up to	Single Premium	Family Premium
5 days	\$67	\$134
8 days	\$82	\$164
12 days	\$88	\$176
16 days	\$98	\$196
20 days	\$105	\$210
24 days	\$113	\$226
28 days	\$121	\$242
34 days	\$129	\$258
42 days	\$144	\$288
49 days	\$175	\$350

ADDITIONAL OPTIONS

SPECIFIED LUGGAGE AND PERSONAL EFFECTS COVER

Please Note:

- *"specified items"* refers to Luggage and Personal Effects that have been listed as covered on your Certificate of Insurance with a nominated sum insured.
- *"unspecified items"* refers to Luggage and Personal Effects that have not been listed as covered on your Certificate of Insurance with a nominated sum insured.

Cover for unspecified items is limited to:

- \$4,000 for personal computers, video recorders or cameras
- \$2,000 for golf clubs
- \$1,000 for mobile phones (including PDAs and any items with phone capabilities)
- \$750 for all other unspecified items

The maximum amount we will pay for all claims combined under Section 11 (*Luggage and Personal Effects*) is shown under the **"Table of Benefits"** on page 6.

Additional cover can be purchased for specified items (excluding jewellery, bicycles and watercraft other than surfboards) up to a total amount of \$5,000 by paying an additional premium. Depreciation and the standard item limits shown above and under Section 11.1 b) will not apply to these specified items. Your nominated limit for *"Specified Luggage and Personal Effects Cover"* will be shown on your Certificate of Insurance. Receipts and/or valuations must be provided in the event of a claim.

Please Note: The **"General Exclusions Applicable to all Sections"** apply regardless of the limit of Specified Luggage and Personal Effects Cover purchased.

REMOVAL OF STANDARD EXCESS

You can remove the standard \$100 Excess by paying an additional premium of \$25.

PRE-EXISTING MEDICAL CONDITIONS

Pregnancy

This section outlines the cover available for medical expenses or cancellation costs arising from, or related to, pregnancy. There is no need to complete a medical declaration form for the cover detailed in the table below.

In any event we will not pay medical expenses for:

- regular antenatal care
- childbirth at any gestation
- care of the newborn child

No cover is available for your pregnancy if your Journey extends past the 26th week for a single pregnancy or past the 19th week for a multiple pregnancy.

Fertility Treatment	Outcome
You are not yet pregnant, however, you are undergoing fertility treatment, now, or before your Journey commences.	No cover is available under any Plan for this treatment or any resulting pregnancy.
Your Pregnancy	Outcome
You have a single, uncomplicated pregnancy, which did not Arise from services or treatment associated with an assisted reproduction program including but not limited to in vitro fertilisation	Cover is available under all Plans for Journeys ending on or before 26 weeks gestation.
You have a single, uncomplicated pregnancy, which Arises from services or treatment associated with an assisted reproduction program including but not limited to in vitro fertilisation	Cover is available if you pay an additional premium under a Pre-existing Medical Condition Plan for Journeys ending on or before 26 weeks gestation. Automatic Approval code PRGN
You have a multiple uncomplicated pregnancy, which does not Arise from services or treatment associated with an assisted reproduction program including but not limited to in vitro fertilisation	Cover is available if you pay an additional premium under a Pre-existing Medical Condition Plan for Journeys ending on or before 19 weeks gestation. Automatic Approval code PRGN
You have a multiple pregnancy, which Arises from services or treatment associated with an assisted reproduction program including but not limited to in vitro fertilisation	Cover is not available under any Plan.
You have experienced any pregnancy complications prior to your policy being issued	Cover is not available under any Plan.

Complications are defined as “Any secondary diagnosis occurring prior to, during the course of, concurrent with, or as a result of the pregnancy, which may adversely affect the pregnancy outcome.”

YOU MUST CHECK “GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS” PAGES 34 TO 36 FOR OTHER REASONS WHY WE WILL NOT PAY.

Pre-existing Medical Conditions Please read this section carefully.

Travel Insurance only provides cover for unforeseen medical events. Medical conditions that were pre-existing at the time of the policy being issued are not covered, unless they are a condition that we expressly agree to cover.

If you have a Pre-existing Medical Condition that is not covered, we will not pay any claims arising from, related to or associated with that condition.

What is a Pre-existing Medical Condition?

A “Pre-existing Medical Condition” means:

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

The above definition applies to you, your Travelling Companion, a Relative or any other person.

How do I obtain cover for my Pre-existing Medical Condition?

If you are aged 81 years or over, you must complete the ‘81 Years and Over Medical Declaration Form’ available from your travel agent or online at www.aussietravelcover.com.au. We have the absolute right to accept or decline cover, or impose special conditions such as an Excess or reduced benefits.

The remainder of this section does not apply to you.

If you have a Pre-existing Medical Condition and you want cover for that condition, read the following information. **If you have any Pre-existing medical questions, please contact us on 1800 227 771.**

Group 1 – Pre-existing Medical Conditions which are automatically excluded

We will not pay any costs or expenses arising directly or indirectly from any of the following Pre-existing Medical Conditions, e.g. cost of cancellation of your travel plans due to a change in health.

- Any type of cancer that you have previously been diagnosed with, or secondaries from that cancer
- Any condition for which surgery/treatment/procedure is planned

- Any condition which Arises from signs or symptoms that you are currently aware of, but:
 - You have not yet sought a medical opinion regarding the cause; or
 - You are currently under investigation to define a diagnosis; or
 - You are awaiting specialist opinion
- Any condition for which you have undergone surgery in the past 6 weeks
- Any condition for which you have ever required spinal or brain surgery
- Any condition which has caused a seizure in the past 12 months
- Any Chronic or recurring pain (including back pain) requiring regular medication or other ongoing treatment such as physiotherapy or chiropractic treatment
- Any mental illness as defined by DSM-IV including:
 - Dementia, depression, anxiety, stress or other nervous condition; or
 - Behavioural diagnoses such as autism; or
 - A therapeutic or illicit drug or alcohol addiction
- Any cardiovascular disease or cerebrovascular disease (see example) if you have:
 - Experienced angina (chest pain) within the past 6 months; or
 - Had a stroke (cerebrovascular accident or CVA) or a Transient Ischaemic Attack (TIA) within the past 12 months
- Any cardiac or respiratory condition (see examples) if you:
 - require home oxygen therapy; or
 - will require oxygen for the Journey; or
 - have been diagnosed with Congestive Heart Failure
- Chronic Renal Failure which is treated by haemodialysis or peritoneal dialysis
- Any AIDS defining illness or any condition associated with immunocompromise
- Organ transplantation, previous organ transplantation, or any condition for which you are awaiting organ transplantation
- Any condition for which you have been given a terminal prognosis for any condition with a life expectancy of under 24 months

Travel insurance is available to you, however there is no provision to claim for any of the medical conditions as listed in the above Group 1.

Group 2 - Pre-existing Medical Conditions which are automatically covered - no additional premium is payable

You are automatically covered if your Pre-existing Medical Condition is described below, provided that you have not been hospitalised (including Day Surgery or Emergency Department attendance) for that condition in the past 18 months.

- Acne
- Allergies limited to Rhinitis, Chronic Sinusitis, Eczema, Food Intolerance, Hay Fever

3. Asthma – providing that you
 - a] have no other lung disease and
 - b] are less than 60 years of age at the date of policy purchase.
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 I) – providing you:
 - a] were diagnosed over 12 months ago, and
 - b] have no eye, kidney, nerve or vascular complications, and
 - c] do not also suffer from a known cardiovascular disease, hypertension, hyperlipidaemia or hypercholesterolaemia, and
 - d] are under 50 years of age at the date of policy purchase.
13. *Diabetes Mellitus (Type II) – providing you:
 - a] were diagnosed over 12 months ago, and
 - b] have no eye, kidney, nerve or vascular complications, and
 - c] do not also suffer from a known cardiovascular disease, hypertension, hyperlipidaemia or hypercholesterolaemia.
14. Dry eye syndrome
15. Epilepsy – providing there has been no change to your medication regime in the past 12 months
16. Folate Deficiency
17. Gastric Reflux
18. Goitre
19. Glaucoma
20. Graves' Disease
21. Hiatus Hernia
22. *Hypercholesterolaemia (High Cholesterol) – provided you do not also suffer from a known cardiovascular disease and/or diabetes
23. *Hyperlipidaemia (High Blood Lipids) – provided you do not also suffer from a known cardiovascular disease and/or diabetes
24. *Hypertension (High Blood Pressure) – provided you do not also suffer from a known cardiovascular disease and/or diabetes
25. Hypothyroidism, including Hashimoto's Disease
26. Impaired Glucose Tolerance
27. Incontinence
28. Insulin Resistance
29. Iron Deficiency Anaemia
30. Macular Degeneration
31. Meniere's Disease
32. Migraine
33. Nocturnal cramps

34. Osteopaenia
35. Osteoporosis
36. Pernicious Anaemia
37. Plantar fasciitis
38. Raynaud's Disease
39. Sleep apnoea
40. Solar keratosis
41. Trigeminal Neuralgia
42. Trigger finger
43. Vitamin B12 Deficiency

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

If hospitalisation has occurred, or your condition does not meet the description above, cover is not automatic. You are required to submit a completed Medical Declaration Form, as explained in Group 3.

Group 3 – Pre-existing Medical Conditions about which we need further information – require approval and an additional premium is payable

If your Pre-existing Medical Condition does not fall within Group 1 or 2 and you would like to apply for cover for your Pre-existing Medical Condition, we will require you to complete a Medical Declaration Form and send it to us for consideration. We will respond within 1 business day.

Examples of three (3) common Pre-existing Medical Conditions are set out below:

Cardiovascular disease:

Medical conditions involving the heart and blood vessels are collectively called cardiovascular disease (CVD). All such conditions are interrelated. If you have ever needed to see a specialist cardiologist, or been diagnosed with a form of CVD such as (but not limited to):

1. Aneurysms
2. Angina
3. Cardiomyopathy
4. Cerebrovascular Accident (Stroke)
5. Disturbances in heart rhythm (cardiac arrhythmias)
6. Previous heart surgery (including valve replacements, bypass surgery, stents)
7. Myocardial infarction (heart attack)
8. Transient Ischaemic Attack

and you do not purchase adequate cover for CVD, you may not be covered for any claims relating to the heart/cardiovascular system (including heart attacks and strokes). If any of these conditions are expressly excluded from the policy, all CVD is excluded.

Warfarin Use:

Taking the medication Warfarin (also known under the brand names of Coumadin, Jantoven, Marevan, and Waran) has a complex range of serious complications and side effects. These risks are in excess of those associated with the underlying condition for which you take this medication.

If you are currently prescribed the drug, you must complete a Medical Declaration Form (even if you decide not to apply for cover for a Pre-existing Medical Condition) and we must agree in writing to provide cover.

If you do not submit a completed Medical Declaration Form, the General Exclusion in clause 17 will apply and you will not have cover.

Chronic Lung Disease:

If you have ever been diagnosed with a Chronic lung disease including (but not limited to) Emphysema and Chronic Bronchitis, Bronchiectasis, Chronic Obstructive Airways Disease (COAD), Chronic Obstructive Pulmonary Disease (COPD) or Asthma (if you have another lung disease and are 60 years of age or over at the date of policy issue), and you do not purchase adequate cover for your respiratory disease, you may not be covered for any claims relating to a new airways infection.

If a Chronic lung condition is expressly excluded under your policy, all new respiratory infections are also excluded.

If you have a Pre-existing Medical Condition and:

- (i) you do not apply for cover (or you apply for cover and we do not agree to provide cover); or
- (ii) you do not pay the relevant additional premium,

we **will not** pay any claims arising from or related to your Pre-existing Medical condition.

PLEASE ALSO READ THE "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" ON PAGES 34 TO 36 AND THE SECTION-SPECIFIC EXCLUSIONS ON PAGES 23 TO 33.

You cannot apply for cover for conditions outlined in Group 1 (pages 9 & 10 of this PDS).

A Medical Declaration form is available from your travel agent or online at www.aussietravelcover.com.au. In most cases it can be completed entirely by you.

In some cases we will also need a Doctor's Declaration to be completed by your regular treating doctor, but this is explained in more detail in the Medical Declaration Form.

IMPORTANT MATTERS

Under your policy there are rights and responsibilities which you and we have. You must read this PDS in full for more details, but here are some you should be aware of:

WHO CAN PURCHASE THIS POLICY?

Cover is only available if:

- you are a Resident of Australia; and
- you purchase your policy before you commence your Journey; and
- your Journey commences and ends in Australia.

AGE LIMITS

Age limits are as at the date of issue of your Certificate of Insurance.

This policy is available to travellers of all ages, subject to the following conditions:

Travellers 81 Years and Over

For travellers aged 81 years or over, this policy is available on application. A Medical Declaration Form is required to be submitted for assessment before a policy can be offered. We have the absolute right to accept or decline cover, or impose special conditions such as an Excess or reduced benefits.

Travellers aged 81 to 89 years

A \$1,000 Excess applies for all claims arising from, related to or associated with an Injury or Sickness, regardless of the Section that applies to the claim. For all other claims, refer to the "Excess" heading on page 18.

A maximum benefit limit of \$150,000 applies for all claims combined, for claims arising from, related to or associated with an Injury or Sickness under:

- Section 1A (Cancellation Fees and Lost Deposits)
- Section 4 (Additional Expenses)

Travellers aged 90 years and over

A \$5,000 Excess applies for all claims arising from, related to or associated with an Injury or Sickness, regardless of the Section that applies to the claim. For all other claims, refer to the "Excess" heading on page 18.

A maximum benefit limit of \$50,000 applies for all claims combined, for claims arising from, related to or associated with an Injury or Sickness under:

- Section 1A (Cancellation Fees and Lost Deposits)
- Section 4 (Additional Expenses)

The following additional premiums apply to travellers aged 51 years or over where applicable as at the date of Certificate issue.

Travellers aged 51-60 years: +15% of premium
Travellers aged 61-70 years: +30% of premium
Travellers aged 71-75 years: +90% of premium
Travellers aged 76-80 years: +150% of premium
Travellers aged 81-89 years: +375% of premium
Travellers aged 90 years and over: +450% of premium

Please Note: An additional surcharge for Pre-existing Medical Conditions may also apply.

PERIOD OF COVER

You are not covered until we issue a Certificate of Insurance. That Certificate forms part of your policy. The period you are insured for is set out in the Certificate.

- The cover for cancellation fees and lost deposits (Section 1A) begins from the time the policy is issued.
- Cover for all other Sections begins on the date of departure as stated on your Certificate of Insurance.
- Cover ends when you return to your Home, or on the date of return set out on your Certificate of Insurance, whichever happens first.

COOLING-OFF PERIOD

If you decide that you do not want this policy, you may cancel it within 14 days after you are issued your Certificate of Insurance and PDS. You will be given a full refund of the premium you paid, provided you have not started your Journey and you do not want to make a claim or to exercise any other right under the policy.

After this period you can still cancel your policy, but we will not refund any part of your premium if you do.

EXTENSION OF COVER

You may extend your cover free of charge if you find that your return has been delayed because of one or more of the following:

- a bus line, airline, shipping line or rail authority you are travelling on, or that has accepted your fare or Luggage and Personal Effects, is delayed; or
- the delay is due to a reason for which you can claim under your policy (subject to our written approval).

If the delay is for any other reason, we must receive your request to extend cover at least 7 days before your original policy expires if you send your request by post. All other requests to extend cover must be received prior to your original policy expiry date. Cover will be extended subject to our written approval, and your payment of the additional premium.

Where we have agreed to extend cover, we will issue you with a new Certificate of Insurance. The period of cover on your new Certificate cannot exceed 12 months.

Extensions of cover are not available:

- for any Pre-existing Medical Condition, unless it is listed on pages 10 to 12 and you have not been hospitalised (including Day Surgery or Emergency Department attendance) for that condition in the past 18 months. This applies regardless of

whether your Pre-existing Medical Condition was covered under the original policy; or

- for conditions you suffered during the term of your original policy; or
- where you have not advised us of any circumstances that have given (or may give) rise to a claim under your original policy; or
- where at the time of extension you are aged 81 years or over.

CONFIRMATION OF COVER

To confirm any policy transaction, (if the Certificate of Insurance does not have all the information you require), call Aussietravelcover Worldwide Travel Insurance on 02 9979 8888 or 1800 888 448.

JURISDICTION AND CHOICE OF LAW

This contract of insurance is governed by and construed in accordance with the law of Queensland, Australia and you agree to submit to the exclusive jurisdiction of the courts of Queensland. You agree that it is your intention that this Jurisdiction and Choice of Law clause applies.

YOUR DUTY OF DISCLOSURE

Before you enter into this policy with us, the Insurance Contracts Act 1984 (Cth) requires you to provide us with the information we need to enable us to decide whether and on what terms your proposal for insurance is acceptable and to calculate how much premium is required for your insurance.

You will be asked various questions when you first apply for your policy. When you answer these questions, you must:

- give us honest and complete answers;
- tell us everything you know; and
- tell us everything that a reasonable person in the circumstances could be expected to tell us.

If you vary, extend, reinstate or replace the policy your duty is to tell us before that time, every matter known to you which:

- you know; or
- a reasonable person in the circumstances could be expected to know,

is relevant to our decision whether to insure you and whether any special conditions need to apply to your policy.

You do not need to tell us about any matter that:

- diminishes our risk;
- is of common knowledge;
- we know or should know as an insurer; or
- we tell you we do not need to know.

Who does the Duty apply to?

Everyone who is insured under the policy must comply with the Duty of Disclosure.

What happens if you or they breach the Duty?

If you or they do not comply with the Duty of Disclosure, we may cancel the policy or reduce the amount we pay if you make a claim. If fraud is involved, we may treat the policy as if it never existed and pay nothing.

GENERAL INSURANCE CODE OF PRACTICE

We proudly support the General Insurance Code of Practice. The Code sets out the minimum standards of practice in the general insurance industry. For more information on the Code please contact Mondial Assistance on 1300 667 132.

DISPUTE RESOLUTION PROCESS

If you are dissatisfied with our service in any way, contact us and we will attempt to resolve the matter in accordance with our Internal Dispute Resolution procedures. To obtain a copy of our procedures, please contact us.

A dispute can be referred to the Financial Ombudsman Service Limited (FOS), subject to its terms of reference. The FOS provides a free and independent dispute resolution service for consumers who have general insurance disputes falling with its terms. The contact details for the FOS are:

Financial Ombudsman Service Limited (FOS)

GPO Box 3, Melbourne Victoria 3001

Phone: 1300 780 808

Fax: (03) 9613 6399

Website: www.fos.org.au

Email: info@fos.org.au

PRIVACY NOTICE

To arrange and manage your travel insurance, we (in this Privacy Notice “we”, “our” and “us” includes Mondial Assistance and the Authorised Representative) collect personal information from you and others (including those authorised by you such as your doctors, hospitals and persons whom we consider necessary).

Any personal information you provide is used by us to evaluate and arrange your travel insurance. We also use it to administer and provide the insurance services and manage your and our rights and obligations in relation to the insurance services, including managing, processing and investigating claims.

We may also collect, use and disclose it for product development, marketing, research, IT systems maintenance and development, recovery against third parties and for any other purposes with your consent.

This personal information may be disclosed to (and received from) third parties in Australia or Overseas involved in the above process, such as travel consultants, travel insurance providers and intermediaries, authorised representatives, reinsurers, claims handlers and investigators, cost containment providers, medical and health service providers, legal and other professional advisers, your agents and our related companies.

The use and disclosure of such personal information will be provided to third parties for the primary purposes stated above. The personal information (but not sensitive information) may also be used for a secondary purpose, but only if you would reasonably expect us to use that information for such secondary purpose.

When you give personal information about other individuals, we and our agents rely on you to have made or make them aware:

- that you will or may provide their information to us;
- of the types of third parties to whom the information may be provided to;

- of the relevant purposes we and the third parties we will disclose it to will use it for; and
- of how they can access it.

We rely on you to have obtained their consent on these matters. If you have not done or will not do these things, you must tell us or our agents before you provide the relevant information.

You can seek access to and correct your personal information by contacting us. You may not access or correct personal information of others unless you have been authorised by their express consent or otherwise under law, or unless they are your Dependants under 16 years.

If you do not agree to the above or will not provide us with personal information, we may not be able to provide you with our services or products or may not be able to process your application nor issue you with a policy. In cases where we do not agree to give you access to some personal information, we will give you reasons why.

EXCESS

We will not pay the first \$100 for any one event under Sections 1A, 1B, 11, 15 & 16.

A NIL Excess applies to all other Sections.

You can remove the standard \$100 Excess by paying an additional premium (see “Additional Options” page 7).

Travellers aged 81 to 89 years

A \$1,000 Excess applies for all claims arising from, related to or associated with an Injury or Sickness. You cannot remove this Excess by paying an additional premium.

Refer to “Age Limits” on page 14 for the terms and conditions relating to travellers aged 81 to 89 years. For all other claims, refer to the wording above.

Travellers aged 90 years and over

A \$5,000 Excess applies for all claims arising from, related to or associated with an Injury or Sickness. You cannot remove this Excess by paying an additional premium.

Refer to “Age Limits” on page 14 for the terms and conditions relating to travellers aged 90 years and over. For all other claims, refer to the wording above.

Please Note: If any additional Excess applies to your policy, the amount is shown on the Certificate of Insurance, Pre-Existing Medical Conditions Letter or advised to you in writing before the Certificate is issued to you.

IN THE EVENT OF A CLAIM:

Immediate Notice

should be given to Mondial Assistance.

24 Hour Emergency Assistance call:

1800 010 075

PO Box 162, Toowong Qld 4066

Email: travelclaims@mondial-assistance.com.au



Please Note: For claims purposes, evidence of the value of the property insured or the amount of any loss must be kept.

CLAIMS PROCESSING

We will process your claim within 10 business days of receiving the completed claim form and all necessary documentation. If we need additional information, a written notification will be sent to you within 10 business days.

SAFEGUARDING YOUR LUGGAGE AND PERSONAL EFFECTS

You must take all reasonable precautions to safeguard your Luggage and Personal Effects. If you leave your Luggage and Personal Effects Unsupervised in a Public Place we will not pay your claim (for an explanation of what we mean by “Luggage and Personal Effects”, “Unsupervised” and “Public Place” – see pages 21 & 22).

WORDS WITH SPECIAL MEANINGS

Some words used in this PDS have a special meaning. When these words are used, they have the meaning set out below.

“Arise”, “Arises” or “Arising” means directly or indirectly arising or in any way connected with.

“Carrier” means an aircraft, vehicle, train, tram, vessel or other public transport operated under a licence for the purpose of transporting passengers. This definition excludes taxis.

“Chronic” means a persistent and lasting condition in medicine. We do not consider that chronic pain has to be ‘constant’ pain. In many situations it has a pattern of relapse and remission. The pain may be long-lasting, recurrent (occurred on more than 2 occasions) or characterised by long suffering.

“Dependant” means your children/grandchildren not in full time employment who are under the age of 21 and travelling with you on the Journey.

“DSM” means The Diagnostic and Statistical Manual of Mental Disorders. It is an American handbook for mental health professionals that lists different categories of mental disorders and the criteria for diagnosing them.

“Epidemic” means a sudden development and rapid spreading of a contagious disease in a region where it developed in a simply endemic state or within a previously unscathed community.

“Excess” means the amount which you must first pay for each claim arising from the one event before a claim can be made under your policy.

“Family” means you, your spouse (or legally recognised de facto) and your Dependants.

“Home” means the place where you normally live in Australia.

“Hospital” means an established hospital registered under any legislation that applies to it, that provides in-patient medical care.

“Injure” or “Injured” or “Injury” means bodily injury caused solely and directly by violent, accidental, visible and external means, which happens at a definite time and place during your period of cover and does not result from any illness, Sickness or disease.

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

“Journey” means your journey from the time when you leave your Home to go directly to the place you depart from on your travels, and ends when you return to your Home.

“Locked Storage Compartment” means a glove box, enclosed centre console, or concealed cargo area of a sedan, station wagon, hatchback, van or motorhome.

“Luggage and Personal Effects” means any personal items owned by you and that you take with you, or buy, on your Journey and which are designed to be worn or carried about with you. This includes items of clothing, personal jewellery, photographic and video equipment or personal computers, or electrical devices or portable equipment. However, it does not mean any business samples or items that you intend to trade.

“Medical Adviser” means a qualified doctor of medicine or dentist registered in the place where you received the services.

“Moped” or “Scooter” means any two-wheeled or three-wheeled motor vehicle with an engine displacement of not greater than 50cc.

“Motorcycle” means any two-wheeled or three-wheeled motor vehicle with an engine displacement greater than 50cc.

“Open Water Sailing” means sailing more than 10 nautical miles off any land mass.

“Pandemic” means a form of an Epidemic that extends throughout an entire continent, even the entire human race.

“Pre-existing Medical Condition” means:

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

The above definition applies to you, your Travelling Companion, a Relative or any other person.

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

“Reasonable” means, for medical or dental expenses, the standard level of care given in the country you are in or, for other expenses, the standard level you have booked for the rest of your Journey or, as determined by us.

“Relative” means any of the following who is under 85 years of age and who is resident in Australia or New Zealand. It means you or your Travelling Companion's spouse, de facto partner, parent, parent-in-law, daughter, son, daughter-in-law, son-in-law, brother, sister, brother-in-law, sister-in-law, grandchild, grandparent, step-parent, step-son, step-daughter, fiancé or fiancée, or guardian.

“Rental Vehicle” means a campervan/motorhome that does not exceed 4.5 tonnes, a sedan, hatchback or station-wagon, four wheel drive or mini bus/people mover rented from a licensed motor vehicle rental company.

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

“Sick” or “Sickness” means a medical condition, not being an Injury, which first occurs during your period of cover.

“Travel Services Provider” means a scheduled services airline, hotel and resort operator, car rental agency, bus, cruise line or railway operator.

“Travelling Companion” means a person with whom you have made arrangements to travel with you for at least 75% of your Journey before your policy was issued.

“Unsupervised” means leaving your Luggage and Personal Effects:

- With a person you did not know prior to commencing your Journey; or
- Where it can be taken without your knowledge; or
- At such a distance from you that you are unable to prevent it being taken.

“We”, “Our” and “Us” means Allianz Australia Insurance Limited.

“You” and “Your” means the person(s) whose name(s) are set out on your Certificate of Insurance, and if you have a Single or Family cover, your Dependants.

YOUR POLICY COVER

YOUR CHOICES

Under the policy, you choose the cover you require based on your travel arrangements.

Whether you choose a Single, Duo or Family cover depends on the type of cover you want and are eligible to purchase.

You can choose one of the following cover types:

Single – Covers you and your Dependants travelling with you.

Duo – Covers you and your Travelling Companion listed as covered on your Certificate of Insurance and intending to travel with you on your Journey. Duo cover does not provide cover for Dependants. We issue one Certificate of Insurance, however, you both have cover as if you are each insured under separate policies with Single benefit limits per insured person.

Family – Covers you and the members of your family travelling with you. The only members of your family who can be included are your spouse, your legally recognised de facto, your children/grandchildren. However, all children/grandchildren must be dependant and under 21. The benefit limits for Family cover apply to the total of all claims combined, regardless of the number of persons the claims relate to.

The remainder of this section outlines what “We Will Pay” and what “We Will Not Pay” under each benefit in the event of a claim.

SECTION 1(A): CANCELLATION FEES AND LOST DEPOSITS

1.1 WE WILL PAY

- a] We will pay your cancellation fees and lost deposits on travel and accommodation arrangements that you have paid in advance and cannot recover in any other way if your Journey is cancelled or shortened at any time through circumstances neither expected nor intended by you or outside your control.
- b] We will pay the reasonable costs of rescheduling your Journey because something unforeseen and outside of your control occurs. The most we will pay for rescheduling your Journey is the cost of the cancellation fees and lost deposits that would have been payable under 1.1 a), c] and d] had your Journey been cancelled.
- c] We will pay the travel agent's cancellation fees up to \$1,500 for Single cover, \$1,500 per person for Duo cover or \$3,000 for Family cover, where all monies have been paid or the maximum amount of the deposit has been paid at the time of cancellation. However, we will not pay more than the level of commission or service fees normally earned by the agent, had your Journey not been cancelled. Documentary evidence of the travel agent's fee is required.

- d] We will pay you for loss of frequent flyer or similar air travel points you used to purchase an airline ticket following cancellation of that air ticket, if you cannot recover the lost points from any other source. The cancellation must be due to unforeseen circumstances outside of your control.

We calculate the amount we pay you as follows:

- The cost of an equivalent class airline ticket based on the quoted retail price at the time the ticket was issued, less your financial contribution toward the airline ticket;

multiplied by:

- The total number of points lost
divided by the total value of points used to obtain the ticket.

- e] If, as a result of a Pre-existing Medical Condition, a Relative of yours is hospitalised in Australia or New Zealand, or dies in Australia or New Zealand after the policy is issued, and at the time of policy issue you were unaware of the likelihood of such hospitalisation or death, the most we will pay under this Section is as follows:

- \$2,000 for Single cover
- \$2,000 per person for Duo cover
- \$4,000 for Family cover

The maximum amount we will pay for all claims combined under this Section for Single and Family cover is shown under the Table of Benefits. The amount applies to the total of all claims combined, regardless of the number of persons the claims relate to.

For Duo cover, the Table of Benefits shows the maximum amount we will pay for all claims combined under this Section. The amount applies to each person.

1.2 WE WILL NOT PAY

- a] We will not pay if you were aware of any reason, before your period of cover commenced, that may cause your Journey to be cancelled, abandoned or shortened.

Nor will we pay if your cancellation fees or lost deposits Arise because of:

- b] The death, Injury or Sickness of your Relative Arising from a Pre-existing Medical Condition, except as specified under Section 1.1 e].
- c] You or your Travelling Companion changing plans.
- d] Any business, financial or contractual obligations. This exclusion does not apply to claims where you or your Travelling Companion are made redundant from full-time employment in Australia provided you or they were not aware that the redundancy was to occur before you purchased your policy.
- e] A tour operator or wholesaler being unable to complete arrangements for any tour because there were not enough people to go on the tour.
- f] Delays or rescheduling by a bus line, airline, shipping line or rail authority.
- g] The financial collapse of any transport, tour or accommodation provider.
- h] The mechanical breakdown of any means of transport.

- i] An act or threat of terrorism.
- j] The death, Injury or Sickness of any person who resides outside of Australia or New Zealand, who is not listed on your Certificate of Insurance.
- k] Your pre-arranged leave being cancelled by your employer (where you are a full-time permanent employee).

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 34 TO 36 FOR OTHER REASONS WHY WE WILL NOT PAY.

SECTION 1(B): TRAVEL SERVICES PROVIDER INSOLVENCY

1.3 WE WILL PAY

We will pay due to the Insolvency of a Travel Services Provider:

- a] The value of the unused arrangements, less any refunds due to you if you have to cancel any prepaid transport or accommodation arrangements.
- b] The Reasonable cost of rearranging your Journey prior to or after the commencement of your Journey, provided that this cost is not greater than the cancellation fees or lost deposits which would have been incurred had the Journey been cancelled.

The maximum amount we will pay for all claims combined under this Section for Single and Family cover is shown under the Table of Benefits. The amount applies to the total of all claims combined, regardless of the number of persons the claims relate to.

For Duo cover, the Table of Benefits shows the maximum amount we will pay for all claims combined under this Section. The amount applies to each person.

1.4 WE WILL NOT PAY

- a] We will not pay for any travel or accommodation not booked in Australia.
- b] We will not pay due to the Insolvency of any travel agent, tour wholesaler, tour operator or booking agent.
- c] We will not pay due to the Insolvency of a Travel Services Provider if, at the time the Certificate of Insurance was issued, the Travel Services Provider was insolvent, or a reasonable person would have reason to expect the Travel Services Provider might become insolvent.

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 34 TO 36 FOR OTHER REASONS WHY WE WILL NOT PAY.

SECTION 4: ADDITIONAL EXPENSES

4.1 WE WILL PAY

- a] We will reimburse any Reasonable additional accommodation and travel expenses if you cannot travel because of an Injury or Sickness which needs immediate treatment from a Medical Adviser who certifies in writing that you are unfit to travel.

We will also reimburse your Reasonable additional accommodation and travel expenses for you to be with your Travelling Companion if he or she cannot continue their Journey for the same reason.

We will also reimburse the Reasonable accommodation and travel expenses of your Travelling Companion or a Relative to travel to you, stay near you or escort you, if you are in Hospital suffering from a life threatening or other serious condition, or are evacuated for medical reasons. He or she must travel, stay with you or escort you on the written advice of a Medical Adviser and with the prior approval of Mondial Assistance.

- b] If you shorten your Journey and return to your Home on the written advice of a Medical Adviser approved by Mondial Assistance, we will reimburse the Reasonable cost of your return to your Home. We will only pay the cost of the fare class that you had planned to travel at and you must take advantage of any pre-arranged return travel.
- c] If, during your Journey, your Travelling Companion or a Relative of either of you:
 - dies unexpectedly;
 - is disabled by an Injury; or
 - becomes seriously Sick and requires hospitalisation (except Arising out of a Pre-existing Medical Condition), we will reimburse the Reasonable additional cost of your return to your Home. We will only pay the cost of the fare class you had planned to travel at.
- d] We will reimburse you for airfares for you to return to the place you were when your Journey was interrupted, if you return to your Home because:
 - during your Journey, a Relative of yours dies unexpectedly or is hospitalised following a serious Injury or a Sickness (except Arising from a Pre-existing Medical Condition); and
 - it is possible for your Journey to be resumed; and
 - there is more than 14 days remaining of the period of cover, as noted on your Certificate of Insurance; and
 - you resume your Journey within 12 months of your return to your Home.

The most we will pay under this benefit is as follows:

- \$3,000 for Single cover
- \$3,000 per person for Duo cover
- \$6,000 for Family cover

- e] If, as a result of a Pre-existing Medical Condition, a Relative of yours is hospitalised in Australia or New Zealand, or dies in Australia or New Zealand after the policy is issued, and at the time of policy issue you were unaware of the likelihood of such hospitalisation or death, the most we will pay under this Section is as follows:

- \$2,000 for Single cover
- \$2,000 per person for Duo cover
- \$4,000 for Family cover

- f] In addition, we will reimburse your Reasonable additional travel and accommodation expenses if a disruption to your Journey Arises from the following reasons:
 - Your scheduled or connecting transport is cancelled, delayed, shortened or diverted because of a strike, riot, hijack, civil protest, weather or natural disaster.
 - You unknowingly break any quarantine rule.
 - You lose your passport, travel documents or credit cards or they are stolen.
 - An accident involving your mode of transport. You must have written confirmation of the accident from an official body in the country where the accident happened.
 - Your Home is rendered uninhabitable by fire, explosion, earthquake or flood.

If you do not have a return ticket booked to return to your Home (on either an airline, bus line or rail line) before you were Injured or became Sick, we will reduce the amount of your claim by the price of the relevant fare from the place you planned to return to your Home from. The fare will be at the same fare class as the one you originally departed on.

Wherever claims are made by you under this Section and Section 1(A) (*Cancellation Fees and Lost Deposits*) for cancelled services/facilities or alternative arrangements for the same or similar services/facilities, we will pay for the higher of the two amounts, not both.

WE WILL ALSO PAY FOR THE FOLLOWING REASONS:

- g] You are prevented from skiing at a pre-booked ski resort for more than 24 continuous hours during your Journey, because adverse snow conditions cause a total closure of the lift system.

However:

1. We will not pay for claims relating to ski resorts that do not have skiing facilities greater than 1,000 metres above sea level.
2. We will not pay for claims arising outside the period 15 June to 30 September.

We will pay a daily benefit of \$100 for Single cover, \$100 per person for Duo cover, or \$200 for Family cover. The maximum amount we will pay for all claims combined is \$500 for Single cover, \$500 per person for Duo cover or \$1,000 for Family cover.

- h] Your hire of alternative ski and/or golf equipment following accidental loss, theft of, or damage to ski and/or golf equipment, for which a claim has been accepted by us under Section 11 (*Luggage and Personal Effects*).

We will also pay if you are temporarily deprived of your ski and/or golf equipment for a period of more than 24 hours from the scheduled time of arrival at the snow and/or golf destination due to delay or misdirection of your ski and/or golf equipment.

The maximum amount we will pay for all claims combined is \$300 for Single cover, \$300 per person for Duo cover or \$600 for Family cover.

- i] We will reimburse you up to \$25 for each 24 hour period, for additional kennel or cattery boarding fees for domestic cats and dogs owned by you, if you are delayed beyond your original

return date due to an event covered by this policy. You must give us a statement confirming the additional fees.

The maximum amount we will pay for all claims combined is \$500 for Single or Family cover, or \$500 per person for Duo cover.

- j] We will pay you your prepaid travel and accommodation that you do not use, less any refunds due to you, if you want to cancel your Journey and return to your Home after the scheduled transport service on which you are travelling is hijacked.

We will pay you a benefit of \$1,000 for each 24 hour period. The maximum amount we will pay for all claims combined is \$2,500 for Single cover, \$2,500 per person for Duo cover or \$5,000 for Family cover.

The maximum amount we will pay for all claims combined under this Section for Single and Family cover is shown under the Table of Benefits. The amount applies to the total of all claims combined, regardless of the number of persons the claims relate to.

For Duo cover, the Table of Benefits shows the maximum amount we will pay for all claims combined under this Section. The amount applies to each person.

4.2 WE WILL NOT PAY

We will not pay:

- a] If you were aware of any reason, before your period of cover commenced, that may cause your Journey to be cancelled, disrupted or delayed.
- b] If the death, Injury or Sickness of your Relative Arises from a Pre-existing Medical Condition, except as specified under Section 4.1 e].
- c] If you can claim your additional travel and accommodation expenses from anyone else.
- d] If your claim relates to the financial collapse of any transport, tour or accommodation provider.
- e] For delays or rescheduling by a bus line, airline, shipping line or rail authority unless it is due to a strike, riot, hijack, civil protest, weather or natural disaster.
- f] If you operate a Rental Vehicle in violation of the rental agreement.
- g] As a result of you or your Travelling Companion changing plans.

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 34 TO 36 FOR OTHER REASONS WHY WE WILL NOT PAY.

SECTION 6: ACCIDENTAL DEATH

6.1 WE WILL PAY

We will pay the death benefit, to the estate of the deceased, if:

- a] you are Injured during your Journey and you die because of that Injury within 12 months of the Injury; or
- b] during your Journey, something you are travelling on disappears, sinks or crashes and you are presumed dead and your body is not found within 12 months.

The amount we will pay for the death of accompanying Dependants is \$5,000 per Dependant (*Single & Family cover only*).

The limit for the death of one person under Family cover who is not an accompanying Dependant is the sum insured for Single cover as per the Plan selected.

The maximum amount we will pay for all claims combined under this Section for Single and Family cover is shown under the Table of Benefits. The amount applies to the total of all claims combined, regardless of the number of persons the claims relate to.

For Duo cover, the Table of Benefits shows the maximum amount we will pay for all claims combined under this Section. The amount applies to each person.

6.2 WE WILL NOT PAY

We will not pay for death caused by suicide or for any other reason other than caused by Injury as defined under "Words with Special Meanings" on page 20.

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 34 TO 36 FOR OTHER REASONS WHY WE WILL NOT PAY.

SECTION 11: LUGGAGE AND PERSONAL EFFECTS

PLEASE NOTE: for the purpose of this Section:

- "specified items" refers to Luggage and Personal Effects that have been listed as covered on your Certificate of Insurance with a nominated sum insured
- "unspecified items" refers to Luggage and Personal Effects that have not been listed as covered on your Certificate of Insurance with a nominated sum insured

11.1 WE WILL PAY

- a] We will pay the repair cost or value of any Luggage and Personal Effects which are stolen or accidentally damaged or are permanently lost. When calculating the amount payable we will apply depreciation due to age, wear and tear for each item. The amount of such depreciation will be determined by us. No depreciation will be applied to goods purchased duty free prior to your departure or goods purchased during your Journey.

We will not pay more than the original purchase price of any item. We have the option to repair or replace the Luggage and Personal Effects instead of paying you.

- b] The maximum amount we will pay for any item (ie. the item limit) is:
- \$4,000 for personal computers, video recorders or cameras.
 - \$2,000 for golf clubs
 - \$1,000 for mobile phones (including PDAs and any items with phone capabilities)
 - \$750 for all other unspecified items.

A pair or related set of items, for example (but not limited to):

- A camera, lenses (attached or not), tripod and accessories;
- A matched or unmatched set of golf clubs, golf bag and buggy, or
- A matching pair of earrings,

are considered as only one item for the purpose of this insurance, and the appropriate single item limit will be applied.

- c] In addition to the limit shown in the Table of Benefits for this Section, we will also pay up to a maximum of \$5,000 (or such other lower amount which you have previously selected) for all items combined, that you have specified under "Specified Luggage & Personal Effects Cover" and paid an additional premium for. The standard item limits shown in (b) above do not apply to the specified items listed on your Certificate of Insurance.
- d] Luggage and Personal Effects left in a motor vehicle are only covered during daylight hours and must have been locked in the boot or in a Locked Storage Compartment, and forced entry must have been made.

No cover applies if Luggage and Personal Effects are left unattended in the passenger compartment of the motor vehicle or if the Luggage and Personal Effects have been left in the motor vehicle overnight.

The most we will pay if your Luggage and Personal Effects are stolen from the locked boot or from a Locked Storage Compartment of an unoccupied motor vehicle during daylight hours is \$200 for each item and \$2,000 in total for all stolen items, even if you have purchased "Specified Luggage and Personal Effects Cover".

The maximum amount we will pay for all claims combined under this Section for Single and Family cover is shown under the Table of Benefits. The amount applies to the total of all claims combined, regardless of the number of persons the claims relate to.

For Duo cover, the Table of Benefits shows the maximum amount we will pay for all claims combined under this Section. The amount applies to each person.

We will also pay up to the limits(s) shown on your Certificate of Insurance for any additional cover purchased under "Specified Luggage and Personal Effects Cover", up to a maximum of \$5,000.

11.2 WE WILL NOT PAY

We will not pay a claim in relation to your Luggage and Personal Effects if:

- a] You do not report the loss, theft or misplacement within 24 hours to the police or an office of the bus line, airline, shipping line or rail authority you were travelling on when the loss, theft or misplacement occurred. You must prove that you made a report by providing us with a written statement from whoever you reported it to.
- b] Your jewellery, mobile phone, camera, video camera, personal computer, computer equipment or their accessories are transported in the cargo hold of any aircraft, ship, train, tram or bus.
- c] The loss, theft of or damage is to, or of, bicycles.
- d] The loss, theft or damage is to, or of, items left behind in any hotel or motel room after you have checked out or items left behind in any aircraft, ship, train, tram, taxi or bus.
- e] The loss, theft or damage is to, or of, watercraft of any type (other than surfboards).
- f] The Luggage and Personal Effects were being sent unaccompanied or under a freight contract.

- g] The loss or damage Arises from any process of cleaning, repair or alteration.
- h] The loss of or damage Arises from ordinary wear and tear, deterioration, atmospheric or weather conditions, insects, rodents or vermin.
- i] The Luggage and Personal Effects were left Unsupervised in a Public Place.
- j] The Luggage and Personal Effects were left unattended in a motor vehicle unless they were locked in the boot or in a Locked Storage Compartment.
- k] The Luggage and Personal Effects were left overnight in a motor vehicle even if they were locked in the boot or in a Locked Storage Compartment.
- l] The Luggage and Personal Effects have an electrical or mechanical breakdown.
- m] The Luggage and Personal Effects are fragile, brittle or an electronic component is broken or scratched – unless either:
 - it is the lens of spectacles, binoculars or photographic or video equipment; or
 - the breakage or scratch was caused by a crash involving a vehicle in which you are travelling.
- n] You are entitled to be reimbursed by the bus line, airline, shipping line or rail authority you were travelling on when the loss, theft, misplacement or damage occurred. However, if you are not reimbursed the full amount of your claim, we will pay the difference between the amount of your loss and what you were reimbursed, up to the limit of your cover (allowing for depreciation due to age, wear and tear).
- o] Damage to sporting equipment while in use (including surfboards).

YOU MUST CHECK “GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS” PAGES 34 TO 36 FOR OTHER REASONS WHY WE WILL NOT PAY.

SECTION 13: TRAVEL DELAY EXPENSES

13.1 WE WILL PAY

We will reimburse the cost of your Reasonable additional meals and accommodation expenses if a delay to your Journey, for at least 6 hours, Arises from circumstances outside your control.

We will pay up to \$200 at the end of the initial 6 hour period. In addition we will pay up to \$200 for each full 24 hour period that the delay continues beyond the initial 6 hour delay.

The maximum amount we will pay for all claims combined under this Section for Single and Family cover is shown under the Table of Benefits. The amount applies to the total of all claims combined, regardless of the number of persons the claims relate to.

For Duo cover, the Table of Benefits shows the maximum amount we will pay for all claims combined under this Section. The amount applies to each person.

13.2 WE WILL NOT PAY

We will not pay if a delay to your Journey Arises from any of the following reasons:

- a] the financial collapse of any transport, tour or accommodation provider;
 - b] an act or threat of terrorism.
- Nor will we pay if:
- c] you can claim your additional meals and accommodation expenses from anyone else.

YOU MUST CHECK “GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS” PAGES 34 TO 36 FOR OTHER REASONS WHY WE WILL NOT PAY.

SECTION 15: PERSONAL LIABILITY

15.1 WE WILL PAY

We will cover your legal liability for payment of compensation in respect of:

- death or bodily injury; and/or
- physical loss of, or damage to, property,

occurring during your Journey which is caused by an accident or a series of accidents attributable to one source or originating cause.

We will also pay your Reasonable legal expenses for settling or defending the claim made against you.

You must not admit fault or liability for the claim, or incur any legal costs without our prior written approval.

The maximum amount we will pay for all claims combined under this Section for Single and Family cover is shown under the Table of Benefits. The amount applies to the total of all claims combined, regardless of the number of persons the claims relate to.

For Duo cover, the Table of Benefits shows the maximum amount we will pay for all claims combined under this Section. The amount applies to each person.

15.2 WE WILL NOT PAY

We will not reimburse you for anything you have to pay because of a legal claim against you for causing bodily injury, death or loss or damage to, or of, property, if the claim Arises out of or is for:

- a] Bodily injury to you, your Travelling Companion, or to a Relative or employee of either of you;
- b] Damage to property belonging to you, or in your care or control, or belonging to, or in the care or control of, your Relative or your Travelling Companion, or to an employee of either of you;
- c] The ownership, custody or use of any aerial device, watercraft or mechanically propelled vehicle;
- d] The conduct of a business, profession or trade;
- e] Any loss, damage or expenses which are covered or should have been covered under a statutory or compulsory insurance policy, statutory or compulsory insurance or compensation scheme or fund, or under workers' compensation legislation, an industrial award or agreement, or accident compensation legislation;

- f] Any fine or penalty, or aggravated, punitive, exemplary or liquidated damages;
- g] Disease that is transmitted by you;
- h] Any relief or recovery other than monetary amounts;
- i] A contract that imposes on you a liability which you would not otherwise have;
- j] Assault and/or battery committed by you or at your direction; or
- k] Conduct intended to cause bodily injury, property damage or liability with reckless disregard for the consequences of you or any person acting with your knowledge, consent or connivance.

YOU MUST CHECK “GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS” PAGES 34 TO 36 FOR OTHER REASONS WHY WE WILL NOT PAY.

SECTION 16: RENTAL VEHICLE EXCESS

16.1 WE WILL PAY

- a] We will reimburse the Rental Vehicle insurance excess or the cost of repairing the vehicle, whichever is the lesser, if a vehicle you have rented from a rental company is involved in a motor vehicle accident while you are driving, or is damaged or stolen while in your custody. You must provide a copy of the repair account and/or quote.

This cover does not take the place of Rental Vehicle insurance and only provides cover for the excess component up to the applicable benefit limit.

- b] We will also pay up to \$500 for the cost of returning your Rental Vehicle to the nearest depot, if your attending Medical Adviser certifies in writing that you are unfit to do so during your Journey.

The maximum amount we will pay for all claims combined under this Section for Single, Duo and Family cover is shown under the Table of Benefits. The amount applies to the total of all claims combined, regardless of the number of persons the claims relate to.

16.2 WE WILL NOT PAY

We will not pay a claim involving the theft or damage to your Rental Vehicle if the claim Arises from you operating or using the Rental Vehicle:

- a] in violation of the rental agreement;
- b] while affected by alcohol or any other drug in a way that is against the law of the place you are in; or
- c] without a licence for the purpose that you were using it.

YOU MUST CHECK “GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS” PAGES 34 TO 36 FOR OTHER REASONS WHY WE WILL NOT PAY.

GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS

We will not pay under any circumstances if:

GENERAL

1. You do not act in a responsible way to protect yourself and your property and to avoid making a claim.
2. You do not do everything you can to reduce your loss as much as possible.
3. Your claim Arises from consequential loss of any kind including loss of enjoyment.
4. At the time of purchasing the policy, you were aware of something that would give rise to you making a claim under this policy.
5. Your claim is for a loss which is recoverable by compensation under any workers compensation or transport accident laws or by any government sponsored fund, plan, or medical benefit scheme, or any other similar type legislation required to be effected by or under a law.
6. Your claim Arises from errors or omissions in any booking arrangements or failure to obtain the relevant visa, passport or travel documents.
7. Your claim Arises because you act illegally or break any government prohibition or regulation including visa requirements.
8. Your claim Arises from a government authority confiscating, detaining or destroying anything.
9. Your claim Arises from being in control of a Motorcycle unless:
 - you are licensed to drive a Motorcycle under a current Australian motorcycle licence; or
 - you are a passenger travelling on a Motorcycle that is in the control of a person who holds a current Australian motorcycle licence.
10. Your claim Arises from being in control of a Moped or Scooter unless:
 - you are licensed to drive a Moped or Scooter under a current Australian motorcycle or drivers licence; or
 - you are a passenger travelling on a Moped or Scooter that is in the control of a person who holds a current Australian motorcycle or drivers licence.
11. Your claim Arises from, is related to or associated with:
 - an actual or likely Epidemic or Pandemic; or
 - the threat of an Epidemic or Pandemic.Refer to www.who.int and www.smartraveller.gov.au for further information on Epidemics and Pandemics.
12. Your claim Arises because you did not follow advice in the mass media or any government or other official body's warning:
 - against travel to a particular country or parts of a country; or
 - of a strike, riot, bad weather, civil protest or contagious disease (including an Epidemic or Pandemic);

and you did not take appropriate action to avoid or minimise any potential claim under your policy (including delay of travel to the country or part of the country referred to in the warning).

Refer to www.who.int and www.smartraveller.gov.au for further information.

13. Your claim Arises from any act of war, whether war is declared or not, or from any rebellion, revolution, insurrection or taking of power by the military.
14. Your claim Arises from a nuclear reaction or contamination from nuclear weapons or radioactivity.
15. Your claim Arises from biological and/or chemical materials, substances, compounds or the like used directly or indirectly for the purpose to harm or to destroy human life and/or create public fear.

MEDICAL

16. Your claim Arises from, is related to or associated with any Pre-existing Medical Condition, except as provided under the section "**Pre-existing Medical Conditions**" (pages 8 to 13), Section 1.1 e] (page 24) and Section 4.1 e] (page 26).
17. Your claim is for medical expenses or any other costs or expenses arising directly or indirectly from, or in any way connected with, any Injury or Sickness (including any Pre-existing Medical Condition) if you take a blood-thinning prescription medication such as Warfarin (also known under brand names such as Coumadin, Jantoven, Marevan, and Waran), unless we have agreed in writing to provide cover under Group 3 of the "**Pre-existing Medical Conditions**" process on pages 12 & 13, and you have paid any additional premium that applies.
18. Your claim is in respect of travel booked or undertaken against the advice of any Medical Adviser.
19. Your claim Arises from any Injury or illness where a metastatic or terminal prognosis was made prior to the issue of the Certificate of Insurance.
20. Your claim Arises out of pregnancy, childbirth or related complications, except as specified under the heading "*Pregnancy*" on pages 8 & 9.
21. Your claim involves a hospital where you are being treated for addiction to drugs or alcohol, or are using it as a nursing, convalescent or rehabilitation place.
22. Your claim involves the cost of medication in use at the time the Journey began or the cost for maintaining a course of treatment you were on prior to the Journey.
23. Your claim Arises from or is in any way related to depression, anxiety, stress, mental or nervous conditions.
24. Your claim Arises from suicide or attempted suicide.
25. Your claim Arises directly or indirectly from a sexually transmitted disease, except where previously accepted by us in writing according to the "**Pre-existing Medical Conditions**" process on pages 8 to 13.
26. You were under the influence or addicted to intoxicating liquor or drugs except a drug prescribed to you by a Medical Adviser, and taken in accordance with their instructions.

27. Your claim Arises from or is any way related to the death or hospitalisation of any person aged 85 years and over, who is not listed on the Certificate of Insurance, regardless of the country in which they may live.

SPORTS AND LEISURE

28. Your claim Arises because you hunt, race (other than on foot), engage in Open Water Sailing, play polo, go mountaineering or rock climbing using ropes or climbing equipment (other than for hiking), from skiing off-piste, from professional sport of any kind, or from parachuting or hang gliding.
29. Your claim Arises because you dive underwater using an artificial breathing apparatus, unless you hold an open water diving licence recognised in Australia or you were diving under licensed instruction.
30. Your claim Arises from travel in any air supported device other than as a passenger in a fully licensed aircraft operated by an airline or charter company. This exclusion does not apply to regulated or licensed ballooning.

CLAIMS

HOW TO MAKE A CLAIM

You must give us notice of your claim as soon as possible by completing a claim form (available online or supplied by our Client Services department – refer to the contact details on the back cover of this PDS), and posting it to the address shown on the claim form. If the claim form is not fully completed by you, we cannot process your claim and we can reduce your claim by the amount of prejudice we have suffered because of the delay.

You must give us any information we reasonably ask for to support your claim at your expense, such as but not limited to police reports, valuations, medical reports, original receipts or proof of ownership.

You must co-operate with us at all times in relation to the provision of supporting evidence and such other information as we may reasonably require.

- a] For loss or theft of your Luggage and Personal Effects, report it immediately to the police and obtain a written notice of your report.
- b] For damage or misplacement of your Luggage and Personal Effects, caused by the airline or any other operator or accommodation provider, report the damage or misplacement to an appropriate official and obtain a written report, including any offer of settlement that they may make.
- c] Submit full details of any claim in writing within 30 days of your return.

CLAIMS ARE PAYABLE IN AUSTRALIAN DOLLARS TO YOU

We will pay all claims in Australian dollars. We will pay you unless you tell us to pay someone else.

DEPRECIATION

Depreciation will be applied to claims for Luggage and Personal Effects at such rates as reasonably determined by Mondial Assistance.

YOU MUST NOT ADMIT FAULT OR LIABILITY

In relation to any claim under this policy you must not admit that you are at fault, and you must not offer or promise to pay any money, or become involved in litigation, without our approval.

YOU MUST HELP US TO RECOVER ANY MONEY WE HAVE PAID

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

IF YOU CAN CLAIM FROM ANYONE ELSE, WE WILL ONLY MAKE UP THE DIFFERENCE

If you can make a claim against someone in relation to a loss or expense covered under this policy and you do not get paid the full amount of your claim, we will make up the difference. You must claim from them first.

OTHER INSURANCE

If any loss, damage or liability covered under this policy is covered by another insurance policy, you must give us details. If you make a claim under one insurance policy and you are paid the full amount of your

claim, you cannot make a claim under the other policy. If you make a claim under another insurance policy and you are not paid the full amount of your claim, we will make up the difference. We may seek contribution from your other Insurer. You must give us any information we reasonably ask for to help us make a claim from your other insurer.

SUBROGATION

We may, at our discretion undertake in your name and on your behalf, control and settlement of proceedings for our own benefit to recover compensation or secure indemnity from any party in respect of anything covered by this policy. You are to assist and permit to be done, all acts and things as required by us for the purpose of recovering compensation or securing indemnity from other parties 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 and whether or not the amount we pay you is less than full compensation for your loss. These rights exist regardless of whether your claim is paid under a non-indemnity or an indemnity clause of this policy.

RECOVERY

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

1. To us, our administration and legal costs arising from the recovery.
2. To us, an amount equal to the amount that we paid to you under the policy.
3. To you, your uninsured loss (less your Excess).
4. To you, your Excess.

Once we pay your total loss we will keep all money left over. 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 pay you for lost or damaged property and you later recover the property or it is replaced by a third party, you must pay us the amount of the claim we paid you.

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.

TRAVEL WITHIN AUSTRALIA ONLY

If you are entitled to claim an input tax credit in respect of your premium you must inform us of the amount of that input tax credit (as a percentage) at the time you first make a claim. If you fail to do so, you may have a liability for GST if we pay you an amount under this policy.

FRAUD

Insurance fraud places additional costs on honest policyholders. Fraudulent claims force insurance premiums to rise. We encourage the community to assist in the prevention of insurance fraud. You can help by reporting insurance fraud by calling Mondial Assistance on 1800 453 937. All information will be treated as confidential and protected to the full extent under law.

CLAIMS GUARANTEE

We will process your claim within 10 working days of receiving a completed claim form and all necessary documentation. If we need additional information, a written notification will be sent to you within 10 working days.

Aussietravelcover
WORLDWIDE TRAVEL INSURANCE

Sales and General Enquiries

PO Box 495
(10/9 Bungan Street)
Mona Vale NSW 2103

Ph: (02) 9979 8888 or 1800 888 448

Fax: (02) 9997 1529

sales@aussietravelcover.com.au

www.aussietravelcover.com.au

Claims Enquiries

1300 667 132

24 Hour Emergency Assistance

Mondial Assistance
1800 010 075

Authorised Representative's Details

Name/Company :

ABN (if applicable) :

AR Number :

Agent Stamp :

This insurance is issued and managed by
ETI Australia Pty Ltd, trading as Mondial Assistance
ABN 52 097 227 177, AFS Licence No 245631
74 High Street, Toowong QLD 4066

This insurance is underwritten by
Allianz Australia Insurance Limited
ABN 15 000 122 850, AFS Licence No 234708
2 Market Street, Sydney NSW 2000

Aussietravelcover Pty. Ltd.
ABN 32 002 517 740 AR No 269305

is an authorised representative of Mondial Assistance

Application Form

Please do not detach. Return the entire brochure to your agent.
If you have insufficient space to complete your answers, please attach a separate sheet.

Traveller's details

			/ /
INSURED'S SURNAME	FIRST NAME	TITLE	DATE OF BIRTH
			/ /
INSURED'S SURNAME	FIRST NAME	TITLE	DATE OF BIRTH

Children's details

			/ /
INSURED'S SURNAME	FIRST NAME	TITLE	DATE OF BIRTH
			/ /
INSURED'S SURNAME	FIRST NAME	TITLE	DATE OF BIRTH
			/ /
INSURED'S SURNAME	FIRST NAME	TITLE	DATE OF BIRTH
			/ /
INSURED'S SURNAME	FIRST NAME	TITLE	DATE OF BIRTH

Traveller's contact details

RESIDENTIAL ADDRESS	SUBURB	STATE	POSTCODE
EMAIL			
PHONE (AFTER HOURS)	PHONE (BUSINESS HOURS)	PHONE (MOBILE)	

Declaration

- I/we acknowledge that a copy of the combined Financial Services Guide [FSG] and Product Disclosure Statement (including Policy Wording) [PDS], were provided to me/us before I/we applied for this insurance, and that I/we have made the decision to purchase the policy after carefully reading the terms and conditions contained in the PDS, and agree that this product is suitable for my/our needs.
- I/we acknowledge that I/we have read and understood the Duty of Disclosure and the consequences of non-disclosure.
- I/we authorise any doctor or clinic to provide Mondial Assistance with information concerning my/our current or past medical history. I/we have read the Privacy Notice and I/we consent to the collection, use and disclosure of my/our personal information by Allianz or Mondial Assistance to such persons and for such purposes stated in the Privacy Notice.

Travel details

/ /	/ /
DEPARTURE DATE	RETURN DATE / EXPIRY DATE
PERIOD OF TRAVEL (DAYS/MONTHS)	MAJOR DESTINATIONS
Cover required Single <input type="checkbox"/> Family <input type="checkbox"/> Duo <input type="checkbox"/>	

Additional costs

You are not automatically covered for Pre-existing Medical Conditions. Please refer to the definition of and guidelines for Pre-existing Medical Conditions on pages 8 to 13 of the PDS.

Do you have a Pre-existing Medical Condition (as outlined in the PDS)? Yes No

Do you want cover for your Pre-existing Medical Condition for your Journey? Yes No

We are unable to offer cover for those Pre-existing Medical Conditions outlined on pages 9 & 10 under the heading "Group 1 – Pre-existing Medical Conditions which are automatically excluded".

If you have any of the conditions which are excluded, travel insurance is still available to you, however, there is no provision to claim for any of the medical conditions as listed in Group 1 (pages 9 & 10).

If you do not expressly apply for cover and pay an additional premium for Pre-existing Medical Conditions, your claim may be declined.

1. Do all your Pre-existing Medical Conditions fall under Group 2? Yes No

(If yes, we do provide automatic cover for these Pre-existing Medical Conditions listed in Group 2 at no additional premium)

2. Are you required to complete and submit a Medical Declaration Form? Yes No

(If yes, please complete the Pre-existing Medical Condition application form. If your application for cover is approved, an additional premium will be payable.)

Base premium	\$
Travellers 51-80 years additional premiums	<input type="checkbox"/> \$
Travellers 81 years or over additional premiums	<input type="checkbox"/> \$
Approval codes	
Pre-existing Medical Conditions additional premiums	<input type="checkbox"/> \$
Approval codes	
Specified Luggage and Personal Effects Cover	<input type="checkbox"/> \$
Specified items and value \$	
Removal of Standard Excess	<input type="checkbox"/> \$
TOTAL COST	\$

- I/we acknowledge that this policy does not automatically provide cover for Pre-existing Medical Conditions.
- I/we agree to abide with the terms and conditions of this policy and confirm that the above information is correct.

Insured/Sponsor Signature _____ Date _____

Insured/Sponsor Signature _____ Date _____

If Duo has been selected, both insured's must sign.