

# COTA

For older Australians



## COTA TRAVEL INSURANCE

# TRAVEL

# INSURANCE POLICY

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

Effective 1 January 2012

# COTA Travel Insurance Combined FSG and PDS (Including Policy Wording) Effective 1 January 2012

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# Welcome

COTA Travel Insurance

Combined FSG and PDS (Including Policy Wording)

Effective 1 January 2012

COTA travel insurance is underwritten by certain underwriters at Lloyd's through its Australian underwriting agency, Cerberus Special Risks Pty Limited.

## Features of COTA travel insurance are:

- ✓ A range of travel products for:
  - International Travellers
  - Domestic Travellers
  - Frequent Travellers
- ✓ High level of cover for all destinations under our International Holiday Travel Plan (Plan A)
- ✓ Various cover options available for mature travellers
- ✓ Cover for cancellation costs of the insolvency of various travel services providers (International Holiday Travel Plan – Plan A only)
- ✓ 43 Pre-existing Medical Conditions **automatically** covered
- ✓ Rental Vehicle Excess cover with additional cover options
- ✓ Bonus days at no additional cost

## Specialty Assist

This policy entitles you to emergency assistance provided by Specialty Assist.

Specialty Assist are a leading global assistance provider based in London, UK. They have been providing expert emergency support to the international business community and travel industry for 15 years.

Specialty Assist's services include 24 hour multi-lingual telephone assistance to co-ordinate and liaise with patients, their families, doctors, nurses and specialists across the world. They can also help in locating the nearest medical facilities, and offer advice and support.

No matter what the problem is, Specialty Assist will ensure you are taken care of swiftly and professionally.

## Region Guide

You must choose the region where you are spending the majority of your trip.

### Travel on cruise liners

Select the destination area where your cruise is spending the majority of your trip. Travellers on domestic cruises in Australian waters may take Region 5 as there may be circumstances where emergency medical assistance or emergency medical cover is required.

COUNTRY	REGION	COUNTRY	REGION
Afghanistan	Region 2	Bermuda	Region 1
Albania	Region 2	Bhutan	Region 3
Algeria	Region 2	Bolivia	Region 2
American Samoa (USA)	Region 4	Bosnia - Herzegovina	Region 2
Andorra	Region 2	Botswana	Region 2
Angola	Region 2	Brazil	Region 1
Antarctic Circle	Region 1	Brunei	Region 3
Antigua & Barbuda	Region 1	Bulgaria	Region 2
Arctic Circle	Region 1	Burkina Faso	Region 2
Argentina	Region 1	Burma (Myanmar)	Region 3
Armenia	Region 2	Burundi	Region 2
Ashmore & Cartier Islands	Region 4	Cambodia	Region 3
Australia	Domestic	Cameroon	Region 2
Austria	Region 2	Canada	Region 1
Azerbaijan	Region 2	Cape Verde	Region 3
Bahamas	Region 1	Central African Republic	Region 2
Bahrain	Region 2	Chad	Region 2
Bali	Region 5	Chile	Region 1
Bangladesh	Region 3	China	Region 3
Barbados	Region 1	Christmas Island	Region 4
Belarus	Region 2	Cocos (Keeling) Islands	Region 4
Belgium	Region 2	Colombia	Region 1
Belize	Region 1	Comoros	Region 2
Benin	Region 2	Congo	Region 2
Benin	Region 2	Congo (Zaire)	Region 2
Cook Islands (NZ)	Region 4	Greenland	Region 1
Coral Sea	Region 4	Grenada	Region 1
Costa Rica	Region 1	Guam (USA)	Region 4
Cote d'Ivoire	Region 2	Guatemala	Region 1
Croatia	Region 2	Guinea	Region 2
Cuba	Region 1	Guinea - Bissau	Region 2

COUNTRY	REGION	COUNTRY	REGION
Cyprus	Region 2	Guyana	Region 1
Czech Republic	Region 2	Haiti	Region 1
Denmark	Region 2	Hawaiian Islands	Region 1
Djibouti	Region 2	Heard and Mac-Donald Islands	Region 4
Dominica	Region 1	Honduras	Region 1
Dominican Republic	Region 1	Hong Kong	Region 3
East Timor	Region 3	Hungary	Region 2
Ecuador	Region 1	Iceland	Region 1
Egypt	Region 2	India	Region 3
El Salvador	Region 1	Indonesia	Region 3
Equatorial Guinea	Region 2	Iran	Region 1
Eritrea	Region 2	Iraq	Region 1
Estonia	Region 2	Ireland	Region 3
Ethiopia	Region 5	Israel	Region 2
Fiji	Region 2	Italy	Region 2
Finland	Region 2	Jamaica	Region 1
France	Region 4	Japan	Region 3
French Polynesia (FR)	Region 2	Jordan	Region 1
Gabon	Region 2	Kazakhstan	Region 2
Gambia	Region 1	Kenya	Region 2
Gaza Strip	Region 2	Kiribati	Region 4
Georgia	Region 2	Kuwait	Region 1
Germany	Region 2	Kyrgyzstan	Region 2
Ghana	Region 2	Laos	Region 3
Greece	Region 2	Lebanon	Region 1
Lesotho	Region 2	Niger	Region 2
Liechtenstein	Region 2	Nigeria	Region 2
Lord Howe Island	Domestic / Region 5	Niue (NZ)	Region 4
Luxembourg	Region 2	Norfolk Island	Region 5
Macedonia	Region 2	North Korea	Region 3
Madagascar	Region 2	Northern Ireland	Region 3
Malawi	Region 2	Northern Mariana Islands (USA)	Region 4
Malaysia	Region 3	Norway	Region 2
Maldives	Region 3	Oman	Region 2
Mali	Region 2	Pakistan	Region 3
Malta	Region 2	Palau	Region 4
Marshall Islands	Region 4	Panama	Region 1
Mauritania	Region 4	Papua New Guinea	Region 4
Mauritius	Region 2	Paraguay	Region 1
Mexico	Region 1	Peru	Region 1
Micronesia	Region 3	Philippines	Region 3
Moldova	Region 2	Pitcairn (UK)	Region 4
Monaco	Region 2	Poland	Region 2
Mongolia	Region 3	Portugal	Region 2
Morocco	Region 2	Qatar	Region 1
Mozambique	Region 2	Romania	Region 2
Myanmar	Region 3	Russia	Region 2

COUNTRY	REGION	COUNTRY	REGION
Namibia	Region 2	Rwanda	Region 2
Nauru	Region 4	Samoa	Region 4
Nepal	Region 3	Sao Tome & Principe	Region 2
Netherlands	Region 2	Saudi Arabia	Region 1
New Caledonia	Region 4	Scotland	Region 3
New Zealand	Region 5	Senegal	Region 2
Nicaragua	Region 1	Serbia & Montenegro	Region 2
Seychelles	Region 2	Turkey	Region 2
Sierra Leone	Region 2	Turkmenistan	Region 2
Singapore	Region 3	Tuvalu	Region 4
Slovakia	Region 2	Uganda	Region 2
Slovenia	Region 2	Ukraine	Region 2
Solomon Islands	Region 4	United Arab Emirates	Region 1
Somalia	Region 2	United Kingdom	Region 3
South Africa	Region 2	United States of America	Region 1
Spain	Region 2	Uruguay	Region 1
Sri Lanka	Region 3	Uzbekistan	Region 2
St. Kitts & Nevis	Region 1	Vanuatu	Region 4
St. Lucia	Region 1	Vatican City	Region 2
St. Vincent & Grenadines	Region 1	Venezuela	Region 1
Sudan	Region 2	Vietnam	Region 3
Suriname	Region 2	Wales	Region 3
Swaziland	Region 2	Wallis and Futuna (FR)	Region 4
Sweden	Region 2	West Bank	Region 1
Switzerland	Region 2	Western Sahara	Region 2
Syria	Region 1	Yemen	Region 2
Taiwan	Region 3	Zaire	Region 2
Tajikistan	Region 2	Zambia	Region 2
Tanzania	Region 2	Zimbabwe	Region 2
Tunisia	Region 2		

## Financial Services Guide

This Financial Services Guide (FSG) explains the insurance services that you receive when you purchase COTA travel insurance through Insurance and Membership Services Limited (IMS) trading as COTA Insurance, an authorised representative of Cerberus Special Risks Pty Limited (Cerberus). It also covers the charges for those services, how any complaints you may have will be dealt with and our professional indemnity insurance arrangements. We give it to you when you ask us to arrange travel insurance for you to help you decide whether or not to use our services.

Please read this guide together with the Product Disclosure Statement (PDS) which describe the main features of the policy and will help you decide if it is suitable for you.

### **About us**

Cerberus is licensed to advise on and deal in general insurance. Cerberus is the underwriting agent and has a binding authority agreement with certain underwriters at Lloyd's, which allows it to issue, vary and renew travel insurance and to handle claims for them. Cerberus act on behalf of the insurer and not on your behalf. Cerberus has appointed IMS to assist in the distribution of this insurance product.

IMS are an authorised representative of Cerberus and can arrange travel insurance. See over page for information about how to contact Cerberus and IMS.

### **Services provided**

IMS can give you information about COTA travel insurance and can arrange to issue or vary your insurance. As an authorised representative of Cerberus, they can also provide some general advice about COTA travel insurance. If you need any more advice than IMS are able to provide, you can contact Cerberus.

IMS are an authorised representative of Cerberus and act on behalf of Cerberus and the insurer and not on your behalf. Cerberus is responsible for the insurance services that are provided to you.

### **How we are paid**

For providing these services, IMS and Cerberus each receive a percentage of the premium when you buy a policy. Employees of Cerberus and IMS receive an annual salary. IMS employees may also receive a bonus based on performance criteria, including sales. You may ask each of us for more information about our remuneration within a reasonable time after you receive this FSG and before your policy is issued.

### **If you have a complaint**

If you have a complaint about the services provided to you, contact Cerberus, which has an internal dispute resolution process designed to resolve any complaints or disputes that may arise. You may call Cerberus or you may send your complaint to Cerberus in writing at the address shown over.

If you are still dissatisfied after discussing your complaint with us, you should refer the matter to Lloyd's General Representative in Australia for consideration (for contact details, please refer to the policy wording).

If your complaint is still not resolved to your satisfaction, you may contact the Financial Ombudsman Service (FOS), which is an independent external dispute resolution body. For more information or to access the FOS process, please call 1300 780 808.

### Professional indemnity insurance arrangements

Cerberus has professional indemnity insurance arrangements which cover errors and mistakes relating to our insurance services. The policy meets the requirements of the Corporations Act and provides cover for claims relating to the conduct of Cerberus, its employees and authorised representatives, even after that person ceases to be employed, provided that the claim is notified to them when it arises and within the relevant policy period.

### Contact us

Cerberus Special Risks Pty Limited  
ABN 81 115 932 173  
AFS Licence No. 308461  
Ph 1300 625 229  
PO Box A975, Sydney NSW 1235

COTA Travel Insurance  
Insurance and Membership Services Limited  
ABN 59 057 159 743  
Authorised Representative No. 246235  
Ph 1300 1300 50

### Date prepared

This FSG was prepared on 29 November 2011. Its distribution has been authorised by Cerberus.

## 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.

The policy wording which is attached to this PDS, together with the Certificate of Insurance and any additional documentation **we** issue to **you** regarding **your** individual policy, make up your contract with the insurer. Please keep these documents in a safe place.

## About the available covers

You can choose one of these three covers:

- Plan A International Holiday Travel (Sections 1A - 18)
- Plan D Annual Frequent Traveller (Sections 1A-3, 4 - 18)
- Plan J Australia Only (Sections 1B, 2A, 9, 14A - 18)

Understanding the policy's important terms and conditions

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

- About each of the available types of cover and benefits in the "Summary of Benefits" pages 10 and 11 and the relevant sections of the PDS applicable to the cover **you** choose including any changes to cover **we** confirm in writing to **you** for "Pre-existing Medical Conditions" pages 15 to 21 or "Additional Options" page 15 (remember certain words have special meanings – see "Words with Special Meanings" pages 27 to 31);
- When "We Will Not Pay" a claim under each section of "Policy Cover" (applicable to the cover **you** choose) pages 31 to 51 and "General Exclusions Applicable to All Sections" pages 52 to 54 (this restricts the cover and benefits);
- "Claims" pages 54 to 57 (this sets out certain obligations that **you** and **we** have. If **you** do not meet them **we** may be able to refuse to pay a claim); and
- "Important Matters" pages 21 to 27 (this contains important information on **your** duty of disclosure, how the duty applies to **you** and what happens if **you** breach the duty, your cooling-off period, claims queries/lodgements and our claims service guarantee, our privacy policy and our dispute resolution process, your policy extensions, your excess and when you should contact us concerning 24 hour medical assistance, overseas hospitalisation or medical evacuation).

## Applying for cover

When **you** apply for the policy, **we** will confirm certain information with **you** such as the period of insurance, **your** premium, what cover options and **excesses** will apply, and whether any standard terms need to be varied. These details are recorded in the Certificate of Insurance and any other documentation **we** may issue to **you**.

This PDS summarises 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. Full details of the cover are set out in the policy wording. If **you** have any queries or want further information about the policy, please contact COTA on 1300 1300 50.

### 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 your destination(s), length of trip, number of people covered, age, Pre-existing Medical Conditions and Additional Options. 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 will be set out separately in your Certificate of Insurance as part of the total premium.

### About us and the insurers

This insurance is underwritten by certain underwriters at Lloyd's. Cerberus Special Risks Pty Limited has been authorised by the underwriters to issue, vary and renew travel insurance on their behalf and to handle claims for them. Cerberus has appointed Insurance and Membership Services Limited (IMS) as an authorised representative.

Cerberus Special Risks Pty Limited  
ABN 81 115 932 173  
AFS Licence No. 308461  
Ph 1300 625 229  
PO Box A975, Sydney NSW 1235

COTA Travel Insurance  
Insurance and Membership Services Limited  
ABN 59 057 159 743  
AR No. 246235  
Ph 1300 1300 50

### Who do I contact for emergency assistance?

Specialty Assist will provide any emergency assistance **you** need. **You** can contact Specialty Assist in an emergency 24 hours a day 7 days a week on +44 (0) 20 7902 7405 (reverse charge).

### 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).

### Date prepared

This PDS is effective 1 January 2012.

## Policy Wording - Summary of Benefits

This is only a summary of the benefits. Please read the Policy Cover section carefully for the complete details of what “We Will Pay” and what “We Will Not Pay” and which types of cover are provided under each Plan. Importantly, please note that exclusions do apply as well as limits to cover.

### MEDICAL EXPENSES INCURRED OVERSEAS (see Section 1A)

Medical, emergency dental, hospital and ambulance costs and when agreed by us, medical evacuation home or to the nearest appropriate medical facility. Includes funeral and repatriation of mortal remains.

### ADDITIONAL EXPENSES (see Section 1B)

Expenses you incur due to you not being able to continue your travel due to the injury or illness of you or a member of your travelling party. Also expenses you incur if your transport is delayed due to severe weather or accident.

### CANCELLATION COSTS (see Section 2A)

Financial loss due to unforeseen cancellation of prepaid travel and accommodation arrangements. Includes conference/course fees, travel agency cancellation fees and loss of frequent flyer or equivalent points.

### TRAVEL SERVICES PROVIDER INSOLVENCY (see Section 2B)

Financial loss due to the insolvency of a travel services provider.

### LOSS OF INCOME (Section 3)

If you cannot return to your usual employment when your travel is completed due to an accidental injury suffered whilst you were away.

### OUT OF POCKET HOSPITAL ALLOWANCE (see Section 4)

Cash payments if you are hospitalised.

### TRAVEL DELAY (see Section 5)

Meals and accommodation expenses due to transport delay.

### RETURN AIRFARE (see Section 6)

If the major part of your travel has been interrupted by you being hospitalised and you need to be escorted home, reimbursement of your return airfare.

### RESUMPTION OF TRIP (see Section 7)

Transport costs to resume your travel if you had to return to Australia due to the hospitalisation of a relative.

### SPECIAL EVENTS (see Section 8)

If your travel is interrupted and you will not get to a specified event in time, reasonable additional cost of using alternative public transport to arrive at the destination on time.

### RENTAL VEHICLE (see Section 9)

Cover for the rental vehicle excess if you have an accident or your vehicle is stolen, including costs to return a vehicle if you are unfit to do so.

### DOMESTIC SERVICES (see Section 10A)

Cover for domestic services if you have been repatriated back to Australia.

### DOMESTIC PETS (see Section 10B)

Additional boarding fees if you are delayed from returning home; also includes veterinary fees if your pet is injured whilst you are away.

### TRIP DISRUPTION (see Section 11)

Additional transport and accommodation expenses if disaster strikes your home whilst you are away.

### HIJACKING (see Section 12)

Loss of prepaid travel if you decide to end your travel following a hijacking incident.

### WITHDRAWAL OF SERVICES (see Section 13)

Additional costs you incur if the accommodation you are staying at is affected by industrial action or extended water and electricity supply failures.

### SNOW SKIING COVER (see Sections 14A to 14C)

Cover for replacement hire costs, misdirection or resort closure. Includes loss of prepaid lift passes, hire expenses and tuition fees if you cannot ski due to sudden illness or serious injury.

### GOLFING COVER (see Sections 14B to 14C)

Cover for loss, theft or damage of golfing equipment, replacement hire costs and misdirection. Includes loss of prepaid green fees, hire expenses and tuition fees if you cannot play golf due to sudden illness or serious injury.

### ACCIDENTAL DEATH (see Section 15)

Payment to your estate for accidental death.

### TOTAL PERMANENT DISABILITY (see Section 16)

Cover if you suffer injury resulting in your permanent total loss of sight in one or both eyes or the permanent total loss of use of one or more limbs.

### LUGGAGE AND PERSONAL EFFECTS (see Section 17A)

Accidental loss, damage or theft of your possessions. Includes emergency expenses if your luggage is delayed and losses due to fraudulent use of lost or stolen credit cards, travellers cheques. Note: Exclusions apply to luggage and personal effects stolen from a vehicle.

### PERSONAL LIABILITY (see Section 18)

Protection for you being legally liable for injuring other people or causing damage to their property, including legal defence costs.

## How to Purchase a Policy

<b>STEP 1</b>	Refer to “Who can purchase a policy?”	see below
<b>STEP 2</b>	Refer to “Pre-existing Medical Conditions”	(pages 15 to 21)
<b>STEP 3</b>	Select the geographical region where you will be spending the majority of your trip	(pages 3 to 5)
<b>STEP 4</b>	Choose your Plan type from the Schedule of Benefits	(pages 13 and 14)
<b>STEP 5</b>	Choose your cover type (Single or Family)	(pages 13 and 14)
<b>STEP 6</b>	Choose the “Additional Options” you want to include	(page 15)
<b>STEP 7</b>	Call COTA on 1300 1300 50	

### Who can purchase a policy?

Under Plans A, D and J, cover is available for citizens or residents of Australia only.

This is a travel insurance policy only.

This policy does not cover any event or occurrence where providing such cover would constitute ‘health insurance business’ as defined under the National Health Act, 1953 (Cth).

### What are the age limits?

Age limits as at date of Certificate issue.

- Plans A and J – Available to travellers under 81 years of age. (Travellers 81 years of age and over, refer below)
- Plan D – Available to travellers under 76 years of age.

### Travellers aged 81 years and over

Please contact COTA on 1300 1300 50 to apply for a COTA travel insurance policy. We have the absolute right to accept or decline cover or impose special conditions such as an excess or reduced benefits.

### Bonus days

We allow the following bonus days (free days) on the following durations:

- 5 days – 1 bonus day
- 1 week to 13 weeks – 3 bonus days
- 4 months to 12 months – 7 bonus days

### Bonus days are not available under Plan D-Annual Frequent Traveller

# Schedule of Benefits

## INTERNATIONAL HOLIDAY TRAVEL

Policy Section & Benefit Description		Sum Insured	
Plan A – Holiday Travel		Single	Family
1A*	Medical Expenses Incurred Overseas Emergency Dental	Unlimited \$1,000	Unlimited \$1,000
1B	Additional Expenses/Medical Evacuation	Unlimited	Unlimited
2A*	Cancellation Costs	Unlimited	Unlimited
2B*	Travel Services Provider Insolvency	\$10,000	\$20,000
3*	Loss of Income	\$10,000	\$20,000
4*	Out of Pocket Hospital Allowance	\$6,000	\$12,000
5*	Travel Delay	\$2,000	\$4,000
6	Return Airfare	\$6,000	\$12,000
7*	Resumption of Trip	\$3,000	\$6,000
8	Special Events	\$2,000	\$4,000
9	Rental Vehicle Excess / Return of Rental Vehicle	\$4,000 \$500	\$4,000 \$500
10A	Domestic Services	\$500	\$500
10B*	Domestic Pets	\$500	\$500
11	Trip Disruption	\$2,000	\$4,000
12	Hijacking	\$2,000	\$4,000
13*	Withdrawal of Services	\$500	\$500
14A*	Snow Skiing Piste Closure	\$500	\$1,000
14B	Snow Skiing and/or Golfing Benefits	\$200	\$400
14C	Snow Skiing and/or Golfing Equipment Replacement	\$200	\$400
15	Accidental Death	\$25,000	\$50,000
16*	Total Permanent Disability	\$12,500	\$25,000
17A*	Luggage & Personal Effects	\$12,000	\$24,000
18	Personal Liability	\$2,500,000	\$2,500,000

\*sub-limits apply (refer to Policy Cover pages 31 to 51)

**PLEASE NOTE:** All benefits and premiums referred to in this Schedule of Benefits and throughout the PDS are in Australian Dollars (AUD).

### Plan D – Annual Frequent Traveller

A 12 month policy for the frequent traveller. All **journeys** up to a maximum 45 days in duration are automatically covered. **Your** accompanying spouse/de facto partner and **your** accompanying **dependents** are also covered when noted on the Certificate of Insurance.

Policy Section & Benefit Description		Sum Insured
Plan D – Annual Frequent Traveller		
1A*	Medical Expenses Incurred Overseas Emergency Dental	Unlimited \$1,000
1B	Additional Expenses/Medical Evacuation	Unlimited
2A*	Cancellation Costs	Unlimited
3*	Loss of Income	\$20,000
4*	Out of Pocket Hospital Allowance	\$12,000
5*	Travel Delay	\$4,000

Policy Section & Benefit Description		Sum Insured
Plan D – Annual Frequent Traveller		
6	Return Airfare	Return Airfare
7*	Resumption of Trip	\$6,000
8	Special Events	\$4,000
9	Rental Vehicle Excess / Return of Rental Vehicle	\$4,000 \$500
10A	Domestic Services	\$500
10B*	Domestic Pets	\$500
11	Trip Disruption	\$4,000
12	Hijacking	\$4,000
13*	Withdrawal of Services	\$500
14A*	Snow Skiing Piste Closure	\$1,000
14B	Snow Skiing and/or Golfing Benefits	\$400
14C	Snow Skiing and/or Golfing Equipment Replacement	\$400
15	Accidental Death	\$50,000
16*	Total Permanent Disability	\$25,000
17A*	Luggage & Personal Effects	\$24,000
18	Personal Liability	\$2,500,000

*\*sub-limits apply (refer to Policy Cover pages 31 to 51)*

**PLEASE NOTE:** All benefits and premiums referred to in this Schedule of Benefits and throughout the PDS are in Australian Dollars (AUD).

## AUSTRALIA ONLY TRAVEL

Policy Section & Benefit Description		Sum Insured	
Plan J – Australia Only		Single	Family
1B	Additional Expenses/Medical Evacuation	\$10,000	\$20,000
2A*	Cancellation Costs	\$10,000	\$20,000
9	Rental Vehicle Excess / Return of Rental Vehicle	\$4,000 \$500	\$4,000 \$500
14A*	Snow Skiing Piste Closure	\$500	\$1,000
14B	Snow Skiing and/or Golfing Benefits	\$200	\$400
14C	Snow Skiing and/or Golfing Equipment Replacement	\$200	\$400
15	Accidental Death	\$10,000	\$20,000
17A*	Luggage & Personal Effects	\$4,000	\$8,000
18	Personal Liability	\$1,000,000	\$1,000,000

*\*sub-limits apply (refer to Policy Cover pages 31 to 51)*

**PLEASE NOTE:** All benefits and premiums referred to in this Schedule of Benefits and throughout the PDS are in Australian Dollars (AUD).

## Additional Options

### Increased Luggage and Personal Effects Cover

The item limit we will pay for any one item, pair or set (including accessories) is:

- \$700 under Plans A, D and J
- \$4,000 where the item is a laptop, note book, hand held computer, camera or video camera, Plans A, D and J

An increased item limit of up to \$4,000 per item can be purchased for an additional premium. The maximum limit is \$10,000 for all items combined. The additional premium payable is calculated at a rate of 4% of the amount in excess of the standard limit\*.

Note: The General Exclusions of the policy apply regardless of the limit of Increased Luggage and Personal Effects Cover purchased.

It is important that **you** report all losses to the police if theft is suspected or **you** lose something. However all losses that occur aboard public transport or whilst **you** are a guest of an accommodation provider should be reported to a responsible officer where the loss occurred. Please obtain a written report from whomever **you** reported **your** loss to. All losses must be reported within 24 hours.

\*see Schedule of Benefits for standard policy limits.

### Increased Rental Vehicle Excess Cover

For Plans A, D and J, a \$4,000 limit applies to your Rental Vehicle Excess cover. You can purchase additional amounts in \$500 units up to \$4,000. The additional premium payable is \$25 per \$500 unit.

## 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 apply 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 <b>your journey</b> commences.	No cover is available under any plan for this treatment or any resulting pregnancy.
Your Pregnancy	Cover Available
<b>You</b> have a single, uncomplicated pregnancy which did not <b>arise</b> 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 <b>journeys</b> ending after 26 weeks gestation.
<b>You</b> have a single, uncomplicated pregnancy which <b>arises</b> from services or treatment associated with an assisted reproduction program, including but not limited to in vitro fertilisation.	Cover is available if <b>you</b> pay an additional premium under a <b>pre-existing medical conditions</b> plan for <b>journeys</b> ending after 26 weeks gestation.
<b>You</b> have a multiple, uncomplicated pregnancy which did not <b>arise</b> from services or treatment associated with an assisted reproduction program, including but not limited to in vitro fertilisation.	Cover is available if <b>you</b> pay an additional premium under a <b>pre-existing medical conditions</b> plan for <b>journeys</b> ending on or before 19 weeks gestation.
<b>You</b> have a multiple pregnancy which <b>arises</b> 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.
<b>You</b> have experienced any pregnancy complications prior to <b>your</b> 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 52 to 54 FOR OTHER REASONS WHY WE WILL NOT PAY.**

### Pre-existing Medical Conditions Please read this section carefully.

Travel insurance only provides cover for emergency **overseas** medical events that are sudden and unforeseen. Medical conditions that existed at the time of the policy being issued are not covered unless they are an Automatically Covered Condition (described below) or **your** Cerberus TravelClear Insurance Assessment details that the condition is insured, the terms on which it is insured and the appropriate premium is paid (where applicable).

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. This means that **you** may have to pay for an **overseas** medical emergency, which can be prohibitive in some countries.

## What is a Pre-existing Medical Condition?

A pre-existing medical condition means:

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

This definition applies to **you, your travelling party** or a **relative** or any other person.

\* Pregnancy cover is explained on page 15 of this PDS.

## Examples of two 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.

### 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) or Chronic Obstructive Pulmonary Disease (COPD) 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.

## Automatically Covered Conditions

The following conditions are automatically covered by our standard policy and you will not need to apply for additional cover, provided:

- **you** do not have any other **pre-existing medical condition/s**; AND
- **you** have not attended a hospital for **your** condition/s in the past 24 months; AND
- **you** are under 81 years of age for Plans A and J or under 76 years of age for Plan D at the date of Certificate issue.

Acne	Diabetes Mellitus (Type II)*- providing <b>you</b> :	known cardiovascular disease and/or diabetes
Allergies, limited to Rhinitis, Chronic Sinusitis, Eczema, Food Intolerance and Hay fever.	a) were diagnosed over 12 months ago, and	Hypertension (High Blood Pressure) - provided that you do not also suffer from a known cardiovascular disease and/or diabetes
Asthma – providing <b>you</b> :	b) have no eye, kidney, nerve or vascular complications, and	
a) have no other lung disease and	c) do not also suffer from a known cardiovascular disease, hypertension, hyperlipidaemia or	Hypothyroidism, including Hashimoto's disease
b) are less than 60 years of age at the date of policy purchase.	hypercholesterolaemia.	Impaired Glucose Tolerance
Bell's Palsy	Dry eye syndrome	Incontinence
Benign Positional Vertigo	Epilepsy – providing there has been no change to your medication regime in the past 12 months	Insulin Resistance
Bunions	Folate Deficiency	Iron Deficiency Anaemia
Carpal Tunnel Syndrome	Gastric Reflux	Macular Degeneration
Coeliac Disease	Goitre	Meniere's Disease
Congenital Blindness	Glaucoma	Migraine
Congenital Deafness	Graves' Disease	Nocturnal Cramps
Diabetes Mellitus (Type I)* - providing <b>you</b> :	Hiatus Hernia	Osteopaenia
a) were diagnosed over 12 months ago, and	Hypercholesterolaemia (High Cholesterol) - provided that <b>you</b> do not also suffer from a known cardiovascular disease and/or diabetes	Osteoporosis
b) have no eye, kidney, nerve or vascular complications, and		Pernicious Anaemia
c) do not also suffer from a known cardiovascular disease, hypertension, hyperlipidaemia		Plantar Fasciitis
or		Raynaud's Disease
hypercholesterolaemia and		Sleep apnoea
d) are under 50 years of age at the date of policy purchase.	Hyperlipidaemia (High Blood Lipids) - provided that <b>you</b> do not also suffer from a	Solar keratosis
		Trigeminal Neuralgia
		Trigger Finger
		Vitamin B12 Deficiency

\*These conditions are examples of cardiovascular disease. If **you** do not ensure sufficient cover for these conditions, **you** will not be covered for any claims relating to cardiovascular disease.

If hospitalisation has occurred or all of **your** conditions do not meet the criteria above, cover is not automatic. You are required to contact COTA on 1300 1300 50 for an assessment.

**PLEASE ALSO READ THE SECTION-SPECIFIC EXCLUSIONS ON PAGES 31 to 51 AND THE “GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS” ON PAGES 52 AND 54.**

### **Conditions which cannot be covered**

The following conditions cannot be insured and there is no cover for any loss arising from, related or attributable to these conditions:

- **Terminal Illness**  
Any condition for which you have been given a terminal prognosis with a life expectancy of under 24 months.
- **Pregnancy**  
There is no cover for pregnancy, any complications or any related medical treatment required from the 26th week of your single pregnancy or from the 19th week of your multiple pregnancy. Furthermore, there is no cover for costs incurred in relation to any pregnancy which are not declared medically necessary or which are not related to a diagnosed pregnancy complication.
- **Mental Illness**  
There is no cover available for a pre-existing or new diagnosis of mental illness as defined by DSM IV including, but not limited to, the following:
  - a. Dementia, depression, anxiety, stress or other nervous conditions; OR
  - b. Behavioural diagnosis (such as autism, ADHD); OR
  - c. A therapeutic or illicit drug or alcohol addiction.
- **Sexually Transmitted Diseases/Infections**  
There is no cover available for any sexually transmitted diseases/infections.

### **Who is eligible for a Pre-existing Medical Conditions Plan?**

You may apply for pre-existing medical conditions cover for all COTA plans.

## Who needs to complete an assessment?

### All travellers who:

- have a pre-existing medical condition which is not an Automatically Covered Condition above and who are eligible to have their condition assessed for cover; AND/OR
- are 81 years of age or older for Plans A and J; AND/OR
- have been treated at a hospital within the last two years for any reason.

Information is collected about **your** medical conditions and general health to enable us to determine whether **your pre-existing medical condition/s** will be covered by our travel insurance and, if so, on what terms. In order for **us** to accurately assess **your** medical condition/s, **we** require all questions to be answered truthfully and in full. Failure to answer **our** questions truthfully and in full may result in a claim being reduced or declined or the policy being voided.

## How do I apply for pre-existing medical cover?

<b>Call COTA on 1300 1300 50</b>	When calling, please have available all information about your medical conditions so that a quick and accurate assessment can be conducted.	In most cases, we will be able to provide an instant quote.
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**We** will assess **your** application and advise **you**:

- Whether **your** condition/s can be insured under the policy;
- Whether any additional terms, conditions, exclusions or limitations will apply; and
- The amount of any additional **excess** payable in the event of a claim or any additional premium (where applicable) to be paid before **we** will cover **your** condition/s.

### **IMPORTANT NOTE:**

**You** will not be covered for any **pre-existing medical condition** where an assessment is required if:

- You do not apply for cover for **your pre-existing medical condition**;
- **Your** application is declined or your condition is expressly excluded from the policy;
- **Your** application is accepted, and **you** do not pay the relevant additional premium.

For any pre-existing medical condition, we have the absolute right to accept or decline cover or impose special conditions such as an excess, additional premium or reduced benefits.

### Pre-existing medical cover for relatives

**You** are only covered for claims which **arise** from a **pre-existing medical condition** suffered by a **relative** who is hospitalised 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 in respect of all such claims under all the sections of the policy is \$2,000 for a **Single Plan** and \$4,000 for a **Family Plan**.

### Pre-existing medical conditions for other people

**We** will not pay for losses **arising** from **pre-existing medical conditions** suffered by people other than those named on the Certificate of Insurance (where such cover has been pre-approved in writing by **us** and the additional premium has been paid).

## 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.

### 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, and **you** will be given a full refund of the premium **you** paid, provided you have not started **your trip** or **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.

### Confirmation of cover

To confirm any policy transaction (if the Certificate of Insurance does not have all the information you require), call COTA on 1300 1300 50.

### Jurisdiction and choice of law

This policy is governed by and construed in accordance with the law of New South Wales, Australia and **you** agree to submit to the exclusive jurisdiction of the courts of New South Wales. **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, 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** policy. **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 **your** 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 relevant duty, **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

The Insurance Council of Australia Limited has developed the General Insurance Code of Practice (the Code), which is a self-regulatory code for adoption by insurers. Cerberus proudly supports the Code and embraces its objectives of raising the standards of practice and service in the insurance industry. **You** can obtain a copy of the Code from [www.codeofpractice.com.au](http://www.codeofpractice.com.au).

### Dispute Resolution Process

Should **you** have a complaint or dispute arising out of this insurance, or **our** employees, distributors, authorised representatives or service providers, please contact Cerberus on 1300 625 229. **We** will respond to **your** complaint within 15 business days, provided **we** receive all necessary information and have completed any investigation required. If **we** need more time, **we** will agree on a reasonable alternative timeframe.

If **we** were unable to resolve **your** concern through **our** internal dispute resolution process, **you** may refer your case to Lloyd's General Representative in Australia for consideration. If **you** are still not satisfied with the outcome and **you** purchased a policy in Australia, **you** may then request the matter be reviewed by the Financial Ombudsman Service Limited (FOS): an independent body that operates nationally in Australia and aims to resolve certain insurance disputes. This service is free of charge to customers. Please note that **you** must register **your** dispute with the FOS within 2 years of receiving a decision from our internal dispute resolution team.

Lloyd's General Representative  
in Australia  
Suite 2, Level 21, Angel Pl, 123 Pitt St  
Sydney NSW 2000  
Phone: (02) 9223 1433

Financial Ombudsman Service Ltd  
GPO Box 3, Melbourne VIC 3001  
Phone: 1300 780 808 (Toll Free)  
Fax: (03) 9613 6399  
Email: [info@fos.org.au](mailto:info@fos.org.au)  
Website: [www.fos.org.au](http://www.fos.org.au)

The underwriters accepting this Insurance agree that:

- (i) if a dispute arises under this Insurance, this Insurance will be subject to Australian law and practice and the underwriters will submit to the jurisdiction of any competent Court in the Commonwealth of Australia;
- (ii) any summons notice or process to be served upon the underwriters may be served upon:

Lloyd's Underwriters' General Representative in Australia  
Suite 2, Level 21, Angel Place, 123 Pitt St, Sydney NSW 2000

who has authority to accept service and to appear on the underwriters' behalf;

- (iii) if a suit is instituted against any of the underwriters, all underwriters participating in this Insurance will abide by the final decision of such Court or any competent Appellate Court.

### Claims and Enquiries

If you are admitted to hospital or **you** anticipate **you** will incur medical costs, **you** must immediately contact Specialty Assist on the emergency assistance number +44 (0) 20 7902 7405, reverse charge. For information about Specialty Assist's worldwide 24 hour emergency assistance service, see page 26.

If **you** need to make a claim, follow the instructions below and at pages 54 to 57 Claim forms are available from COTA.

For claims purposes, evidence of purchase and the value of the property insured or the amount of any loss must be kept.

Please complete the claim form in full (answering all questions) to allow **your** claim to be processed. **You** must attach all supporting ORIGINAL documents, reports, receipts, valuations, other proof of ownership and value, any amount of any loss and any other information relevant to **your** claim to the claim form and send to the address shown on the claim form.

### In the event of a claim

**IMMEDIATE NOTICE** should be given (see Contact Details on back cover).

**Please note: for claims purposes, evidence of the value of the property insured or the amount of any loss must be kept.**

### Claims processing

**Your** claim will be processed within 10 business days of us receiving a completed claim form and all necessary documentation. If **we** need additional information, a written request will be sent to **you** within 10 business days.

Please also read the “Claims” section of the PDS pages 54 and 57 for important information.

### Privacy Notice

To arrange and manage **your** travel insurance, **we** (in this Privacy Statement “we”, “our” and “us” includes Cerberus Special Risks Pty Limited and Insurance and Membership Services Limited trading as COTA, the Authorised Representative) collect personal and health information from **you** and others (including those authorised by **you** such as **your** doctors, hospitals and persons whom **we** consider necessary).

**We** comply with the Privacy Amendment (Private Sector) Act 2000 and the Health Records and Information Privacy Act 2002 and have developed a Privacy Policy that controls **our** handling of personal information.

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.

**Our** Privacy Policy covers:

- What personal information is being collected.
- Who is collecting personal information.
- How personal information is used.
- To whom and under what circumstances personal information is disclosed.

- How personal information is stored.

In most circumstances, **we will**:

- Only collect personal information about **you** with **your** consent unless it is legally required or authorised to do otherwise.
- Collect **your** personal information directly from **you** where this is practical and possible.
- Only collect personal information about **you** that is necessary and relevant to the purpose for which it is collected.
- Only use **your** personal information for the purpose for which it is collected or for a directly related secondary purpose that **you** could reasonably expect **your** personal information to be used for (unless legally required or authorised to do otherwise).
- Provide **you** with access to **your** personal information unless legally required or authorised to deny such access. An administration fee may be charged to process your request.
- Only disclose **your** personal information to a third party with **your** consent or where **you** could reasonably expect such disclosure or where we are legally required or authorised to do so.
- Take reasonable steps to keep **your** personal information complete, current and accurate.
- Take reasonable steps to ensure personal information about **you** is kept secure.

**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, process **your** application or 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. For further information about **our** Privacy Policy or to obtain a copy, please contact:

Privacy Officer  
Cerberus Special Risks Pty Limited  
PO Box A975  
South Sydney NSW 1235

## 24 hour worldwide emergency assistance

Specialty Assist has trained medical staff to assist **you** with emergency medical assistance. **You** must contact them immediately in the event of **you** becoming ill or having an accident.

For emergency assistance anywhere in the world at any time, Specialty Assist is only a telephone call away. The team will help with medical problems, locating nearest medical facilities, **your** evacuation home, locating nearest embassies and consulates as well as keeping **you** in touch with **your** family and work in an emergency.

If **you** are hospitalised **you**, or a member of **your travelling party**, **MUST** contact Specialty Assist as soon as possible.

If **you** do not **we** will not pay for these expenses or for any evacuation or airfares that have not been approved or arranged by us (see Section 1A and 1B).

If **you** are not hospitalised but **you** are being treated as an outpatient, and the total cost of such treatment will exceed AUD \$2,000, **you MUST** contact Specialty Assist immediately.

## IN THE EVENT OF AN EMERGENCY CALL

REVERSE CHARGE + 44 (0)20 7902 7405 TO CONTACT SPECIALTY ASSIST.

As soon as **you** become ill, contact Specialty Assist and **their** medical assistance team will help direct **you** to the appropriate hospital or health care facility. Subject to medical advice, **you** must take **their** advice as to where **you** can be treated to ensure **you** receive quality medical care. **We** also have the option of returning **you** to Australia or evacuating **you** to another country, if the cost of your overseas medical expenses could exceed the cost of returning **you** to Australia.

## Period of cover

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

However:

- The cover for cancellation fees and lost deposits begins from the time the Certificate of Insurance is issued.
- Cover for all other Sections begins on date of departure as stated on the 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.

## Extensions

Extensions of **your** insurance policy are available unless:

- You are over 81 years of age at the time of extension, or
- Your Pre-existing Medical Condition was accepted by us in writing following the completion of a medical declaration, or
- There has been any change in your health status, including the discovery of new medical conditions, since the start of your original policy, or
- You are aware of a possible claim resulting from your original policy, but you have not advised us of it.

Extensions of **your** insurance cover are available and calculated at the current rates for the relevant Plan at the time of the extension.

If the scheduled transport in which **you** are to travel is delayed, or the delay is caused by an event that entitles **you** to make a claim under this policy, the insurance is automatically extended beyond the period of the trip stated in the Certificate of Insurance. The extension lasts until **you** are capable of travelling to **your** final destination, including the **journey** there, or for a period of six (6) months, whichever happens first.

## Excess

### Plans A, D and J

Nil **excess** applies to all sections of this policy (unless specified in writing by **us**). If an additional **excess** is imposed, this will apply to **your** policy and cannot be removed. The amount will be shown on either the Pre-existing Medical Conditions Assessment letter or advised to **you** in writing before the Certificate is issued to **you**.

### 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 29 to 30).

## Words with Special Meanings

Some words in this PDS and the policy wording that have special meanings are defined here.

**Accident** means an unexpected, unintended, unforeseeable event **causing** injury. The accident must happen while **you** are on **your** trip and covered under the policy.

**AICD/ICD** means an implantable cardioverter-defibrillator (ICD), also known as an automated implantable cardioverter-defibrillator (AICD).

**Amount Payable** means the total **amount payable** for the policy in accordance with the rates set out in the Schedule of Benefits. It includes administration fees payable to the agent, stamp duty, policy issue fee, GST if applicable and the premium payable to the insurer.

**Applicable limit** means the sum insured specified in the Schedule of Benefits for the Plan selected on the travel insurance policy.

**Arises** or **Arising** means directly or indirectly caused by, resulting from, related to or in any way connected with.

**Carrier** or **Carriers** means an aircraft, vehicle, train, vessel or other public transport operated under a license 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, however in many situations it has a pattern of relapse and remission. The pain, disease or medical issue may be long-lasting, recurrent (occurred on more than 2 occasions) or characterised by long suffering.

**Country of Residence** means the country of which **you** are a citizen or permanent resident.

**Dependent** means **your** children or grandchildren not in full time employment who are under the age of 21 and are travelling with **you** on the **journey**.

**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** and **your** travel partner named in the Certificate of Insurance and **your dependent** children/grandchildren under the age of 21, at the date of policy issue, travelling with **you**, listed as covered on **your** Certificate of Insurance.

**Home** means your usual place of residence in Australia.

**Injury** means a bodily injury caused solely and directly by violent, accidental, visible and external means, during **your** period of cover and which 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 the time from 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**.

**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.

**Overseas** means in any country other than **your country of residence**.

**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; or
- 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; or
- c) Any condition for which **you** take prescribed medicine; or
- d) Any condition for which **you** had surgery; or
- e) Any condition for which **you** see a medical specialist; or
- f) Pregnancy.

This definition applies to **you**, **your travelling party** or a **relative** or any other person.

**Public Place** means any place that the public has access to, including but not limited to planes, trains, 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 **your** or a member of **your travelling party'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 rented sedan, campervan, hatchback or station-wagon, four wheel drive or mini bus/people mover rented from a licensed motor vehicle rental company.

**Resident** 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.

**Single** means covering **you** and **your dependent** children/grandchildren under the age of 21, at the date of policy issue travelling with **you** listed as covered on **your** Certificate of Insurance.

**Sudden Illness** or **Serious Injury** means a condition which first occurs during **your** period of cover and which necessitates treatment by a legally qualified medical practitioner and which results in **you** or any other person to which this Insurance applies being certified by that medical practitioner at the time as being unfit to travel or continue with **your** original **trip**.

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

**Travelling Party** means those people defined in **Family** and any travelling companion who has made arrangements to accompany **you** for at least 50% of the **trip**.

**Trip** means the period of travel stated in the Certificate of Insurance. It begins on the date of departure as stated in the Certificate of Insurance and ends when **you** return to **your** normal place of residence, or when the period of the **trip** set out in the Certificate of Insurance ends, whichever happens first.

**Unsupervised** means:

- leaving your luggage with a person you did not know prior to commencing **your journey**
- leaving it in any position where it can be taken without **your** knowledge
- leaving it at such a distance from **you** that **you** are unable to prevent it being taken.

**We, Our, Us** means certain underwriters at Lloyd's who will deal with **you** through their agent Cerberus Special Risks Pty Limited.

**You** or **Your** means the person or people named in the Certificate of Insurance as well as their accompanying **dependent** children/grandchildren who are under 21 years of age at the date of policy issue.

## Policy Cover

**SECTION  
1A:**

**MEDICAL EXPENSES INCURRED OVERSEAS  
NIL EXCESS APPLIES**

This Section outlines what **we** will pay and what **we** will not pay under each benefit in the event of a claim.

**You** only have this cover if you chose Plan A or D.

### ✓ WE WILL PAY:

1. The **reasonable** cost of emergency medical, hospital, road ambulance or other treatment **you** actually and necessarily received during the trip because you suffered a **sudden illness or serious injury**. **You** must make an effort to keep your medical expenses to a minimum. If we determine that **you** should return **home** to Australia for treatment and **you** do not agree to do so then **we** will pay you the amount which **we** determine would cover **your** medical expenses and/or related costs had you agreed to our recommendation. **You** will then be responsible for any ongoing or additional costs relating to or arising out of the event you have claimed for. However:  
**We** will only pay for treatment received and/or hospital accommodation during the 12 month period after the **sudden illness** first showed itself or the **serious injury** happened. The treatment must be given or prescribed by a registered medical practitioner or paramedic.
2. The cost of emergency dental treatment up to a maximum amount of \$1,000 per person per **trip** for dental costs incurred which the treating dentist certifies in writing is for the relief of sudden and acute pain to sound and natural teeth.

3. For your burial or cremation **overseas**, or the transporting of your remains to **your country of residence**. The maximum amount **we** will pay is \$12,000 for all claims combined.

**Please note we will not pay for any costs incurred in your Country of Residence.**

**The maximum amount we will pay for all claims combined under this Section is shown under the Schedule of Benefits for the Plan you have selected.**

### **X WE WILL NOT PAY:**

1. Ongoing payments under Section 1A (Medical Expenses Incurred Overseas) if **we** decide on the advice of a doctor appointed by **us** that **you** are capable of being repatriated to Australia or, if we decide, **your** country of residence if this is not Australia.
2. If **you** have received medical care under a reciprocal national health scheme. Reciprocal Health Agreements are currently in place with the following countries: Finland, Italy, Malta, the Netherlands, Norway, Sweden, the Republic of Ireland, the United Kingdom and New Zealand.
3. If, despite **our** advice otherwise, **you** received private hospital or medical treatment where public funded services or care is available in Australia or under any Reciprocal Health Agreement between the Government of Australia and the Government of any other country. Please see [www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au) for further information.
4. Medical and/or dental costs incurred in your **country of residence**.
5. Dental treatment involving the use of precious metals or for cosmetic dentistry.
6. For any loss arising from Pre-existing Medical Conditions except as specified under the heading “**Pre-existing Medical Conditions**” on pages 15 to 21.
7. When **you** have not notified Specialty Assist as soon as practicable of **your** admittance to hospital.
8. If **you** do not take the advice of Cerberus or Specialty Assist.
9. For any expenses for medical evacuation, funeral services or cremation or bringing **your** remains back to Australia unless it has been first approved by Specialty Assist.
10. For a loss that **arises** directly or indirectly because of a terminal illness suffered by a member of **your travelling party** - or **your relative**, **your** business partner or person in the same employ as **you**, who is resident in **your country of residence** - if a terminal prognosis was made before the Certificate of Insurance was issued.

**YOU MUST CHECK “GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS” PAGES 52 to 54 FOR OTHER REASONS WHY WE WILL NOT PAY.**

**You** have this cover if **you** chose Plan A, D or J.

✓ **WE WILL PAY:**

This Section only covers you for reasonable additional travel or accommodation expenses that result directly from one of the following events:

1. **You** being unable to continue the **trip** because of the death, **sudden illness or serious injury** of:  
You or a member of your travelling party; or  
A **relative** or business partner or person in the same employ as **you**, who is resident in Australia or New Zealand, provided that the **sudden illness or serious injury** required hospitalisation or confinement; and in the case of a business partner or person in the same employ, the person's absence made the ending of the **trip** necessary and **you** have written confirmation of that fact from a senior partner or director.
2. The need, because of a **sudden illness or serious injury**, resulting in **you** being hospitalised as an in-patient, for a **relative** or friend to travel to, remain with, or escort you in place of the attending physician. **You** must have written advice from the attending physician and **our** consent.
3. Cancellation or restriction of scheduled public transport services caused by severe weather, natural disaster, hijacking, riot, strike or civil commotion. The event must have begun after **we** issued the Certificate of Insurance. You must have done everything reasonable to avoid the expenses, and **you** must get the **carrier's** written confirmation of **your** claim.
4. Motor vehicle, railway, air, or marine accident. **You** must have written confirmation of the accident from an official body in the country where the accident happened.
5. Loss (excluding Government confiscation) of passports, travel documents or credit cards, but limited to expenses incurred within the country where the loss occurred in having the documents replaced.
6. A member of **your travelling party** who is a full-time student being required to sit supplementary examinations.

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

**The maximum amount we will pay for all claims combined under this Section is shown under the Schedule of Benefits for the Plan you have selected.**

**The following rules apply:**

1. Additional travel must be at the fare class originally chosen, except where **we** agree otherwise based on a written recommendation by **your** attending physician.
2. If **you** do not have a return ticket at the time of the event that causes **you** to return to Australia, **we** will deduct the cost of an economy class airfare at the **carrier's** regular published rates for the return journey. We will use your return ticket if this reduces our costs.
3. Benefits are payable for a period up to 12 months from the date **your trip** was interrupted.

**The maximum amount we will pay for all claims combined under this Section is shown under the Schedule of Benefits for the Plan you have selected.**

**X WE WILL NOT PAY:**

1. For the cost of resuming the **trip** after **you** have returned to Australia or **your country of residence**.
2. For additional transport or accommodation expenses when a claim is made under Section 2A Cancellation Costs, for cancelled transport or accommodation expenses covering the same period of time.
3. A loss arising from the failure of any travel agent, tour operator, accommodation provider, airline or other **carrier**, car rental agency or any other travel or tourism services provider to provide services or accommodation due to their **insolvency** or the **insolvency** of any person, company or organisation they deal with.
4. For delays, rescheduling or cancellation of scheduled transport services caused by the **carrier** or related to the **carrier** including maintenance, repairs, rescheduling, service faults, industrial activity other than a strike or corporate takeover.
5. If **you** or a member of **your travelling party** changes plans or decides not to continue with the **trip**.
6. If **you** decline to promptly follow the medical advice of Specialty Assist, **we** will not be responsible for any subsequent medical, hospital or evacuation expenses.
7. If **you** were aware of any reason, before **your** period of cover commenced, that may cause **your** journey to be cancelled or disrupted or delayed.
8. If **you** can claim **your** additional travel and accommodation expenses from anyone else.
9. For any loss arising from **Pre-existing Medical Conditions** except as specified under the heading "Pre-existing Medical Conditions" on pages 15 to 21.

10. For a loss that arises directly or indirectly because of a terminal illness suffered by a member of **your travelling party** - or **your relative, your** business partner or person in the same employ as you, who is resident in **your country of residence** - if a terminal prognosis was made before the Certificate of Insurance was issued.

**YOU MUST CHECK “GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS” PAGES 52 to 54 FOR OTHER REASONS WHY WE WILL NOT PAY.**

**SECTION  
2A:**

**CANCELLATION COSTS – NIL EXCESS APPLIES**

**You** have this cover if **you** chose Plan A, D or J.

**✓ WE WILL PAY:**

1. The value of the unused arrangements, less any refunds due to **you**, if **you** have to cancel any prepaid transport or prepaid accommodation arrangements, due to any unforeseen or unforeseeable circumstances outside of **your** control.
2. The **reasonable** cost of rearranging **your trip** prior to the commencement of **your journey** because something unforeseen and outside of **your** control occurs, provided that this cost is not greater than the cancellation fees or lost deposits which would have been incurred had the **trip** been cancelled.
3. The cancellation cost of tuition or course fees up to \$2,000 if the sole purpose of **your trip** is to attend that course and that course is cancelled due to circumstances outside of your control.
4. The travel agent’s cancellation fees up to 10% of the amount paid to the travel agent or \$1,500 **Single Plan** or \$3,000 **Family Plan**, whichever is the lesser; when all monies have been paid or the maximum amount of the deposit has been paid at the time of cancellation. **We** will not pay any travel agent’s cancellation fees above the level of commission or service fees normally earned by the agent had the **trip** not been cancelled.
5. For the loss of frequent flyer or similar air travel points **you** used to purchase an airline ticket following cancellation of **your** air ticket and you cannot recover the lost points from any other source. The cancellation must be due to unforeseen or unforeseeable circumstances outside of your control. **We** calculate the amount **we** pay **you** by multiplying:
  - 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;
  - by the total value of points lost divided by the total value of points used to obtain the ticket.

**The maximum amount we will pay for all claims combined under this Section is shown under the Schedule of Benefits for the Plan you have selected.**

**X WE WILL NOT PAY:**

1. A loss **arising** from the failure of any travel agent, tour operator, accommodation provider, airline or other **carrier**, car rental agency or any other travel or tourism services provider to provide services or accommodation due to their **insolvency** or the **insolvency** of any person, company or organisation they deal with.
2. A loss that **arises** directly or indirectly from an act or threat of terrorism.
3. For delays, rescheduling or cancellation of scheduled transport services caused by the carrier or related to the **carrier** including maintenance, repairs, rescheduling, service faults, industrial activity other than a strike or corporate takeover.
4. A loss that relates directly or indirectly to financial, business, professional or contractual arrangements. This exclusion does not apply to claims under Section 2A where:
  - a) **you** or a member of **your travelling party** are made redundant from full-time permanent employment in Australia provided **you** or they were not aware that the redundancy was to occur before **you** purchased this policy;
  - or
  - b) where **you** are a full-time permanent employee and prearranged leave is cancelled by **your** employer.
5. If **you** or a member of **your travelling party** changes plans or decides not to continue with the **trip**.
6. If a tour operator or wholesaler is unable to complete arrangements for a tour because there are not the required number of people to begin or complete a tour or trip. This does not apply in relation to prepaid travel arrangements bought separately to reach the departure point for the tour or other travel arrangements.
7. If **your** claim arises directly or indirectly from an epidemic or pandemic.
8. If **you** were aware of any reason, before **your** period of cover commenced, that may cause **your journey** to be cancelled, abandoned or shortened.
9. For a loss that arises directly or indirectly because of a terminal illness suffered by a member of **your travelling party** - or your relative, your business partner or person in the same employ as **you**, who is resident in **your country of residence** - if a terminal prognosis was made before the Certificate of Insurance was issued.

10. For any loss **arising** from **Pre-existing Medical Conditions** except as specified under the heading “Pre-existing Medical Conditions” on pages 15 to 21.

**YOU MUST CHECK “GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS” PAGES 52 to 54 FOR OTHER REASONS WHY WE WILL NOT PAY.**

**SECTION  
2B:**

**TRAVEL SERVICES PROVIDER INSOLVENCY  
NIL EXCESS APPLIES**

You only have this cover if you chose Plan A.

**✓ WE WILL PAY:**

**We will pay due to the insolvency of a travel services provider:**

1. The value of the unused arrangements, less any refunds due to **you**, if **you** have to cancel any prepaid transport or accommodation arrangements.
2. The reasonable cost of rearranging **your trip** prior to and 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 **trip** been cancelled.

**The maximum amount we will pay for all claims combined under this Section is shown under the Schedule of Benefits for the Plan you have selected.**

**X WE WILL NOT PAY:**

1. Any travel or accommodation not booked in Australia.
2. The **insolvency** of any travel agent, tour wholesaler, tour operator or booking agent.
3. 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**.
4. Claims arising directly or indirectly from war, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, insurrection, civil commotion assuming the proportions of, or amounting to, an uprising, military or usurped power.

**YOU MUST CHECK “GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS” PAGES 52 to 54 FOR OTHER REASONS WHY WE WILL NOT PAY.**

### SECTION 3 LOSS OF INCOME

**You** only have this cover if **you** chose Plan A or D.

#### ✓ WE WILL PAY:

**Your** average gross income less normal legal deductions for up to 6 months, calculated from the return date on the Certificate of Insurance if, as a result of suffering an **injury** during the **trip**, **you** become totally unable within 30 days after that **injury** to attend to **your** usual full-time occupation or business when **you** return to Australia. This benefit is not applicable to accompanying **dependent** children/grandchildren. The maximum **we** will pay is \$1,500 per month on Plan A and \$3,000 per month on Plan D.

**The maximum amount we will pay for all claims combined under this Section is shown under the Schedule of Benefits for the Plan you have selected.**

#### X WE WILL NOT PAY:

For the first 30 days of **your** disablement from the time **you** return to Australia.

**YOU MUST CHECK “GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS” PAGES 52 to 54 FOR OTHER REASONS WHY WE WILL NOT PAY.**

### SECTION 4 OUT OF POCKET HOSPITAL ALLOWANCE – NIL EXCESS APPLIES

**You** only have this cover if **you** chose Plan A or D.

#### ✓ WE WILL PAY:

\$50 for each day **you** are necessarily confined to hospital **overseas** provided that the period of confinement exceeds 48 hours because of a **sudden illness or serious injury** that happens or first shows itself during the trip.

**The maximum amount we will pay for all claims combined under this Section is shown under the Schedule of Benefits for the Plan you have selected.**

#### X WE WILL NOT PAY:

1. For the first 48 continuous hours you are in hospital.
2. If you cannot claim for overseas medical expenses in Section 1A.

**YOU MUST CHECK “GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS” PAGES 52 to 54 FOR OTHER REASONS WHY WE WILL NOT PAY.**

**SECTION 5 TRAVEL DELAY – NIL EXCESS APPLIES**

**You** only have this cover if **you** chose Plan A or D.

**✓ WE WILL PAY:**

Up to \$2,000 for a **Single** Plan (\$4,000 for a **Family** Plan) (sub limit of \$200 per 12 hour delay) for the cost of **reasonable** additional meals and accommodation if, for a reason outside **your** control, **your** scheduled transport from Australia or **overseas** is delayed for at least 6 hours, for each subsequent 12 hours (or part of that time) of delay.

**You** must give **us your** receipts, and written confirmation of the delay from the **carrier**.

**The maximum amount we will pay for all claims combined under this Section is shown under the Schedule of Benefits for the Plan you have selected.**

**X WE WILL NOT PAY:**

1. For a loss arising from the failure of any travel agent, tour operator, accommodation provider, airline or other carrier, car rental agency or any other travel or tourism services provider to provide services or accommodation due to their insolvency or the insolvency of any person, company or organisation they deal with.
2. For a loss that arises directly or indirectly from an act or threat of terrorism.
3. If you can claim your additional meals and accommodation expenses from anyone else.

**YOU MUST CHECK “GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS” PAGES 52 to 54 FOR OTHER REASONS WHY WE WILL NOT PAY.**

**SECTION 6 RETURN AIRFARE – NIL EXCESS APPLIES**

**You** only have this cover if **you** chose Plan A or D.

**✓ WE WILL PAY:**

Towards the cost of **your** original airline ticket (less any refund that is due to **you**) if, because of a **sudden illness or serious injury** that happens during **your trip** the attending registered medical practitioner or carrier requires you to be brought back to Australia with a medical escort. **However, we will only do so if we bring you back when either:**

- There are more than 5 days of the **trip**, or 25% of its length,

whichever is the greater left to go; or

- **You** have been confined to hospital **overseas** for more than 25% of the insured part of the **trip**.

**The maximum amount we will pay for all claims combined under this Section is shown under the Schedule of Benefits for the Plan you have selected.**

**X WE WILL NOT PAY:**

1. If the **injury** or illness occurred before your departure from Australia.
2. If the **injury** or illness was a **Pre-existing Medical Condition**.
3. If **you** have a valid claim lodged under Section 2A.

**YOU MUST CHECK “GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS” PAGES 52 to 54 FOR OTHER REASONS WHY WE WILL NOT PAY.**

**SECTION 7 RESUMPTION OF TRIP – NIL EXCESS APPLIES**

**You** only have this cover if **you** chose Plan A or D and **you** are not making a claim under Section 2A.

**✓ WE WILL PAY:**

If **you** return to **your** home in Australia because, during **your trip**, a relative in Australia or New Zealand dies unexpectedly or is hospitalised following a **sudden illness or serious injury**, we will reimburse you up to \$3,000 for a **Single Plan** (\$6,000 for a **Family Plan**) towards return airfares to continue **your trip** within 12 months of **your** return to Australia.

**The maximum amount we will pay for all claims combined under this Section is shown under the Schedule of Benefits for the Plan you have selected.**

**X WE WILL NOT PAY:**

1. If **you** have a valid claim lodged under Section 2A.
2. If **you** were aware of any reason, before **your** period of cover commenced, that may cause your journey to be cancelled or disrupted or delayed.
3. If the death, **injury** or **sickness** of a **relative** is a result of a **Pre-existing Medical Condition** except as specified under the heading “Pre-existing Medical Conditions” on pages 15 to 21.

**YOU MUST CHECK “GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS” PAGES 52 to 54 FOR OTHER REASONS WHY WE WILL NOT PAY.**

**SECTION 8****SPECIAL EVENTS – NIL EXCESS APPLIES**

**You** only have this cover if **you** chose Plan A or D.

**✓ WE WILL PAY:**

If **your trip** is interrupted by any fortuitous cause outside of **your** control and **you** are unable to arrive at your destination by the time originally scheduled – for the purpose of attending a pre-arranged wedding, funeral, conference or sporting event which cannot be delayed as a consequence of **your** late arrival – **we** will reimburse **you** for the **reasonable** additional cost of using alternative public transport to arrive at the destination on time.

**The maximum amount we will pay for all claims combined under this Section is shown under the Schedule of Benefits for the Plan you have selected.**

**X WE WILL NOT PAY:**

1. A loss **arising** from the failure of any travel agent, tour operator, accommodation provider, airline or other **carrier**, car rental agency or any other travel or tourism services provider to provide services or accommodation due to their **insolvency** or the **insolvency** of any person, company or organisation they deal with.
2. A loss that arises directly or indirectly from an act or threat of terrorism.

**YOU MUST CHECK “GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS” PAGES 52 to 54 FOR OTHER REASONS WHY WE WILL NOT PAY.**

**SECTION 9****RENTAL VEHICLE EXCESS/RETURN OF RENTAL VEHICLE – NIL EXCESS APPLIES**

**You** only have this cover if **you** chose Plan A, D or J.

**✓ WE WILL PAY:**

1. **We** will reimburse the Rental Vehicle Insurance Excess or the cost of repairing the vehicle, whichever is the lesser, if a **rental 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 and rental company agreement/documentation. This benefit does not cover motorcycles.
2. The cost of returning **your rental vehicle** to the nearest depot if your attending registered medical practitioner or dentist certifies in writing that **you** are medically unfit to do so during **your trip**.

For Plans A, D and J, the maximum amount we will pay for all claims combined under this Section is shown under the Schedule of Benefits for the Plan you have selected. We will also pay up to the limits(s) shown in your Certificate of Insurance for any additional cover purchased, as nominated by you and for which the additional premium has been paid. The “General Exclusions Applicable to all Sections” of the policy apply regardless of the limit of Increased Rental Vehicle Excess Cover purchased.

**X WE WILL NOT PAY:**

1. If **you** operate a **rental vehicle** in violation of the rental agreement.
2. If **you** use the **rental vehicle** to transport items other than luggage.
3. If **you** use the **rental vehicle** while affected by alcohol or any other drug in a way that is against the law of the place you are in.
4. If **you** use a vehicle without a license for the purpose that you were using it for.

**YOU MUST CHECK “GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS” PAGES 52 to 54 FOR OTHER REASONS WHY WE WILL NOT PAY.**

**SECTION 10A DOMESTIC SERVICES – NIL EXCESS APPLIES**

**You** only have this cover if **you** chose Plan A or D.

**✓ WE WILL PAY:**

For any **reasonable** domestic services provided by a registered domestic service business up to a maximum of \$500 if **you** have been repatriated to Australia by us and your **sudden illness or serious injury** restricts your ability to perform domestic duties. These **reasonable** domestic services and costs must be approved by us.

**X WE WILL NOT PAY:**

If **you** do not have a medical certificate confirming your disablement and verifying the need for housekeeping services necessary, whilst disabled.

**YOU MUST CHECK “GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS” PAGES 52 to 54 FOR OTHER REASONS WHY WE WILL NOT PAY.**

**You** only have this cover if **you** chose Plan A or D.

✓ **WE WILL PAY:**

1. Up to \$20 for each full 24 hour period, for additional kennel or boarding cattery 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. However, **you** must give **us** a statement confirming the additional fees. **We** will not pay more than the **applicable limit**.
2. Up to \$500 if **your** pet suffers an **injury** during **your trip** and requires in-patient veterinary treatment. Your pet must be in the care of a **relative**, friend or boarding kennel whilst **you** are on **your trip** and you must provide a written report from the treating veterinary surgeon in support of your claim.

**The maximum amount we will pay for all claims combined under this Section is shown under the Schedule of Benefits for the Plan you have selected.**

✗ **WE WILL NOT PAY:**

1. Any kennel or cattery fees incurred outside Australia or as a result of quarantine regulations.

**YOU MUST CHECK “GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS” PAGES 52 to 54 FOR OTHER REASONS WHY WE WILL NOT PAY.**

**You** only have this cover if **you** chose Plan A or D.

✓ **WE WILL PAY:**

**Your reasonable** additional transport and accommodation expenses if **your trip** is disrupted due to **your** usual place of residence in Australia being destroyed by a natural disaster or a fire.

**The maximum amount we will pay for all claims combined under this Section is shown under the Schedule of Benefits for the Plan you have selected.**

✗ **WE WILL NOT PAY:**

1. If **you** were aware of any reason, before **your** period of cover commenced, that may cause **your** trip to be cancelled or disrupted or delayed.

2. If **you** can claim your additional travel and accommodation expenses from anyone else.

**YOU MUST CHECK “GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS” PAGES 52 to 54 FOR OTHER REASONS WHY WE WILL NOT PAY.**

**SECTION 12**

**HIJACKING – NIL EXCESS APPLIES**

**You** only have this cover if **you** chose Plan A or D.

**✓ WE WILL PAY:**

If **you** want to cancel **your trip** and return **home** after the scheduled transport service on which **you** are travelling is hijacked. **We** will pay **you your** prepaid travel and accommodation arrangements that **you** do not use, less any refunds due to **you**.

**The maximum amount we will pay for all claims combined under this Section is shown under the Schedule of Benefits for the Plan you have selected.**

**YOU MUST CHECK “GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS” PAGES 52 to 54 FOR OTHER REASONS WHY WE WILL NOT PAY.**

**SECTION 13**

**WITHDRAWAL OF SERVICES – NIL EXCESS APPLIES**

**You** only have this cover if **you** chose Plan A or D.

**✓ WE WILL PAY:**

\$50 per day if the unforeseeable withdrawal of any of the following services occurs for 48 hours continuously during **your trip** at the pre-booked accommodation at which **you** are staying:

1. All water and electrical facilities in **your** room;
2. Waiter service at meals;
3. Kitchen services so that no food is served;
4. All chambermaid services.

**You** must obtain a written report from the accommodation manager where **you** are staying in support of your claim. **The maximum amount we will pay for all claims combined under this Section is shown under the Schedule of Benefits for the Plan you have selected.**

**YOU MUST CHECK “GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS” PAGES 52 to 54 FOR OTHER REASONS WHY WE WILL NOT PAY.**

**SECTION 14A****SNOW SKIING PISTE CLOSURE – NIL EXCESS APPLIES**

**You** only have this cover if **you** chose Plan A, D or J.

**✓ WE WILL PAY:**

\$100 for a **Single** Plan (\$200 for a **Family** Plan) for each day that the skiing facilities at the resort **you** have pre-booked before **your** trip commenced and that you are staying in, is totally closed due to adverse snow conditions. The most we will pay is \$500 for a **Single** Plan (\$1,000 for a **Family** Plan).

**You** must obtain a detailed written report from the resort management in support of **your** claim.

**X WE WILL NOT PAY:**

1. If **you** engage in bobsleighbing, snow rafting, para-pentling, heli-skiing, ski acrobatics, ski joreing, any form of power assisted skiing or use of mechanised snowmobiles except as provided by the recognised piste authorities for transport to and from areas designed for recreational skiing.
2. If the resort does not have skiing facilities at least 1,000 metres above sea level.
3. If the claim **arises** outside the period 15th December to 31st March in Northern Hemisphere resorts and 15th June to 30th September in Southern Hemisphere resorts.

**YOU MUST CHECK “GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS” PAGES 52 to 54 FOR OTHER REASONS WHY WE WILL NOT PAY.**

**SECTION 14B****SNOW SKIING AND/OR GOLFING BENEFITS  
NIL EXCESS APPLIES**

**You** only have this cover if **you** chose Plan A, D or J.

**✓ WE WILL PAY:**

The proportional amounts of irrecoverable prepaid charges **you** have paid (or contracted to pay before the **trip** commenced);

For:

- ski equipment hire, lift passes and ski-school costs, and cannot recover, if during **your trip** **you** are prevented from skiing for more than 24 hours following **your sudden illness or serious injury** sustained during your trip; and/or
- golf equipment hire, green fees and golfing tuition costs, and cannot recover, if during **your trip** you are prevented from

playing golf for more than 24 hours following **your sudden illness or serious injury** sustained during **your trip**.

**You** must obtain a medical certificate from a registered medical practitioner in support of your claim for **your sudden illness or serious injury**.

**The maximum amount we will pay for all claims combined under this Section is shown under the Schedule of Benefits for the Plan you have selected.**

**X WE WILL NOT PAY:**

1. If **you** engage in bobsleighbing, snow rafting, para-pentling, heli-skiing, ski acrobatics, ski joreing, any form of power assisted skiing or use of mechanised snow-mobiles except as provided by the recognised piste authorities for transport to and from areas designed for recreational skiing.
2. If the resort does not have skiing facilities at least 1,000 metres above sea level.
3. If the claim arises outside the period 15th December to 31st March in Northern Hemisphere resorts and 15th June to 30th September in Southern Hemisphere resorts.

**YOU MUST CHECK “GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS” PAGES 52 to 54 FOR OTHER REASONS WHY WE WILL NOT PAY.**

**SECTION 14C**

**SNOW SKIING AND/OR GOLFING EQUIPMENT REPLACEMENT – NIL EXCESS APPLIES**

**You** only have this cover if **you** chose Plan A, D or J.

**✓ WE WILL PAY:**

1. For the hire of alternative ski and/or golf equipment following accidental loss, theft or breakage of ski and/or golf equipment and for which a claim has been accepted by **us** under Section 18A or 18B.
2. 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 under this Section is shown under the Schedule of Benefits for the Plan you have selected.**

**X WE WILL NOT PAY:**

1. If **you** engage in bobsleighting, snow rafting, para-penting, heli-skiing, ski acrobatics, ski joreing, any form of power assisted skiing or use of mechanised snow-mobiles except as provided by the recognised piste authorities for transport to and from areas designed for recreational skiing.
2. If the resort does not have skiing facilities at least 1,000 metres above sea level.
3. If the claim arises outside the period 15th December to 31st March in Northern Hemisphere resorts and 15th June to 30th September in Southern Hemisphere resorts.

**YOU MUST CHECK “GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS” PAGES 52 to 54 FOR OTHER REASONS WHY WE WILL NOT PAY.**

**SECTION 15**

**ACCIDENTAL DEATH – NIL EXCESS APPLIES**

**You** only have this cover if **you** chose Plan A, D or J.

**✓ WE WILL PAY:**

1. **Your** estate the **applicable limit**, if **you** die within twelve (12) months as the direct result of an **injury** that happens to you during your trip. However, there is no cover for **your dependent** children/grandchildren under the age of 21, who are travelling with **you**. Under a **Family** Plan, we only pay the Single Plan limit for any one person.
2. **Your** estate the **applicable limit** if **you** are presumed dead and your body is not found within 12 months after the conveyance you were travelling in disappears, sinks, is wrecked or crashes.

**The maximum amount we will pay for all claims combined under this Section is shown under the Schedule of Benefits for the Plan you have selected.**

**X WE WILL NOT PAY:**

For death caused by suicide or for any other reason other than caused by accidental bodily injury as defined.

**YOU MUST CHECK “GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS” PAGES 52 to 54 FOR OTHER REASONS WHY WE WILL NOT PAY.**

**SECTION 16**

**TOTAL PERMANENT DISABILITY – NIL EXCESS APPLIES**

**You** only have this cover if **you** chose Plan A and D.

**✓ WE WILL PAY:**

If during **your journey you** suffer an **injury** caused solely and directly by violent, accidental, visible and external means (not caused by a **sickness** or disease) resulting in **your** permanent total loss of sight in one or both eyes or the permanent total loss of use of one or more limbs within one year of the date of the **accident**.

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

**The maximum amount we will pay for all claims combined under this Section is shown under the Schedule of Benefits for the Plan you have selected.**

**X WE WILL NOT PAY:**

**YOU MUST CHECK “GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS” PAGES 52 to 54 FOR OTHER REASONS WHY WE WILL NOT PAY.**

**SECTION 17A**

**LUGGAGE AND PERSONAL EFFECTS –  
NIL EXCESS APPLIES**

**You** only have this cover if **you** chose Plan A or J.

**✓ WE WILL PAY:**

1. Accidental loss, theft of, or damage to **your luggage and personal effects** including things **you** buy during the **trip**, whilst they are accompanying **you**. **We** are entitled to choose between repairing, replacing the property or paying **you** its value in cash, after allowing for wear, tear and depreciation. Any payment however will not exceed the original purchase price of the item.

The limits in total for a laptop, note book, handheld computer, camera or video camera and for any other item are set out below.

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;
- a matching pair of earrings;

is considered as only one item for the purpose of this insurance.

**The maximum amount we will pay for any one item (item limit) is:**

- \$4,000 for a laptop, notebook, handheld computer, camera or video camera under Plans A and J
- \$700 for all other items under Plans A and J

If **you** have purchased “Increased Luggage and Personal Effects Cover”, **your** increased item limit is shown on the Certificate of Insurance. The maximum item limit under this Additional Option is \$4,000, and \$10,000 for all items combined. However, if **we** are to pay a claim, **you** must:

- (a) keep receipts for goods you buy separate from the goods themselves;
  - (b) keep any relevant ticket and luggage check and give them to **us**;
  - (c) provide evidence of the value and **your** ownership of the goods;
  - (d) if an airline loses or damages **your** accompanying luggage, report it in writing to the airline within 24 hours; and
  - (e) get written confirmation that **you** made the report, and give it to **us**, with details of any settlement that they make in relation to the loss or damage.
2. Theft of cash up to \$250 provided **you** obtain a police report confirming the theft has occurred.
  3. Loss of dentures or dental prostheses up to \$800.
  4. Essential items bought because **your** luggage is temporarily lost or delayed (not permanently lost) by the **carrier** for more than 12 hours. This does not apply on the leg of **your trip** that brings **you** to **your country of residence** or **your home** in Australia. **We** will not pay more than \$250 for the **Single Plan** (\$500 for the **Family Plan**) if the delay is more than 12 hours or more than \$500 for the **Single Plan** (\$1,000 for the **Family Plan**) if the delay is more than 72 hours. **You** must give us relevant receipts and written confirmation of the length of the delay from the appropriate authority. No **excess** applies to this benefit.
  5. Financial loss **you** suffer because of loss, theft, or fraudulent use, of **your** travel documents, travellers cheques, passport, or credit cards – after they have been accidentally lost or have been stolen. **We** will not pay more than \$2,000. **You** must comply with any conditions of the issuing body.
  6. The **reasonable** additional costs in obtaining a replacement passport or travel document following the accidental loss, theft or damage of **your** passport whilst outside Australia up to \$2,000. No **excess** applies to this benefit.
  7. In the event that a claimable loss, theft, or damage to **your luggage and personal effects** is incurred, **we** will allow **you** one automatic reinstatement of the sum insured for the Plan selected.

**The maximum amount we will pay for all claims combined under this Section is shown under the Schedule of Benefits for the Plan you have selected. We will also pay up to the limits(s)**

shown in your Certificate of Insurance for any additional cover purchased under “Increased Luggage and Personal Effects Cover”, and for which the applicable premium has been paid.

**X WE WILL NOT PAY:**

For a claim that **arises** because of any of the following:

1. Loss, theft of or damage to watercraft of any type (excluding surfboards).
2. Damage to sporting equipment (including surfboards) while in use except snow skiing or golf equipment.
3. Breakage or damage to snow skiing or golf equipment over three years old.
4. Loss of luggage not reported to the transport provider, police, hotel or appropriate authority within 24 hours of **you** becoming aware of the loss and where no written report is obtained.
5. A loss, or theft of, or damage to:
  - (a) cash, bank or currency notes, cheques or negotiable instruments (excluding Section 17A (2));
  - (b) **unsupervised luggage or personal effects**;
  - (c) property that you leave unsupervised in a public place or that happens because you do not take reasonable care to protect it;
  - (d) luggage or personal effects, but only to the extent that you are entitled to compensation from the carrier responsible for the lost, theft or damage;
  - (e) items left **unsupervised** in a motor vehicle, unless taken from a locked boot or locked concealed luggage compartment of a station wagon, hatchback, van or motorhome, between sunrise and sunset local time and there is evidence of damage or forced entry which is confirmed by a police report (this exclusion does not apply to video cameras, mobile telephones, photographic equipment, personal computers or jewellery);
  - (f) video cameras, mobile telephones, photographic equipment, personal computers or jewellery left **unsupervised** in a motor vehicle;
  - (g) video cameras, mobile telephones, photographic equipment, personal computers or jewellery checked in to be held and transported in the cargo hold of any **carrier** (including any loss from the point of check-in until receipt of the said goods);
  - (h) luggage that is fragile, brittle or an electronic component is broken or scratched – unless either:
    - it is the lens of spectacles, binoculars, photographic or video equipment; or
    - the breakage or scratch was caused by a crash involving a vehicle in which **you** are travelling.

6. Loss, theft or damage which is not reported and a written report is not obtained within 24 hours of discovery from the police or the appropriate authority such as - but not limited to - the airline, accommodation manager, transport provider, airport authority, tour operator or guide.
7. Loss, wear and tear or depreciation of property or damage caused by the action of insects, vermin, mildew, rust or corrosion.
8. Mechanical, electrical breakdown or a malfunction.

**YOU MUST CHECK “GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS” PAGES 52 to 54 FOR OTHER REASONS WHY WE WILL NOT PAY.**

**SECTION 18**

**PERSONAL LIABILITY – NIL EXCESS APPLIES**

**You** have this cover if **you** chose Plan A, D or J.

**✓ WE WILL PAY:**

For damages or compensation **you** are legally liable for if, because **your** negligence during **your trip** causes:

1. **Injury** to a person who is not a member of **your family** or **travelling party**; or
2. Loss or damage to property that is not owned by **you** or a member of **your family** or **travelling party**, or is not in **your** or their custody or control.

**We** will also reimburse **your reasonable** legal costs and legal expenses for settling or defending the claim made against **you**. **We** decide whether the costs were reasonable. **You** must not accept any liability without our prior approval.

**The maximum amount we will pay for all claims combined under this Section is shown under the Schedule of Benefits for the Plan you have selected.**

**X WE WILL NOT PAY:**

For **your** liability arising out of:

1. **Your** trade, business or profession.
2. An employee suffering an **injury** or illness that occurs during their course of employment with **you**.
3. An unlawful, wilful or malicious act by **you**.
4. Your ownership, possession or use (including as a passenger) of a mechanically propelled vehicle, or any aircraft or watercraft.
5. You passing on an illness or disease to another person.

## General Exclusions Applicable to All Sections

**YOU MUST CHECK “GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS” PAGES 52 to 54 FOR OTHER REASONS WHY WE WILL NOT PAY.**

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

1. **Your claim arises** directly or indirectly from any **injury, sudden illness or serious injury** where a metastatic or terminal prognosis was made prior to the issue of the Certificate of Insurance.
2. Which **arises** from a lack of due care and responsibility on **your** part by neglecting to observe appropriate preventative measures for the travel region, as outlined by the World Health Organisation including relevant vaccinations, malaria prophylaxis, and hygiene measures.  
Please see [www.who.int](http://www.who.int) for further information.
3. **You** travel even though **you** know **you** are unfit to travel, travel against medical advice, travel to obtain medical treatment or **you** arrange to travel when **you** know of circumstances that could lead to the trip being disrupted or cancelled.
4. **You** have been instructed by **your** medical practitioner that **you** are unfit to travel and you fail to promptly cancel **your** pre-booked travel, **you** will be responsible for any extra cost (including cancellation charges) incurred from **your** failure to promptly cancel the prearranged travel.
5. Despite **our** advice otherwise following **your** call to Specialty Assist, **you** received private hospital or medical treatment where public funded services or care is available in Australia or under any Reciprocal Health Agreement between the Government of Australia and the Government of any other country. Please see [www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au) for further information.
6. **Your claim arises** out of pregnancy or related complications after 26 weeks of pregnancy with a single baby or after 19 weeks of pregnancy with a multiple pregnancy. Expectant mothers should consider whether they travel under this policy, as no cover is provided for childbirth or the health of a newborn child, irrespective of the stage of pregnancy at which the child is born.
7. **Your claim arises** from **Pre-existing Medical Conditions** except as specified under the heading ‘Pre-existing Medical Conditions’ on page 15 to 21.
8. **Your claim arises** out of pregnancy, childbirth or related complications except as specified under the heading ‘Pregnancy’ on page 15.
9. **Your claim arises** from any medical procedures in relation to **AICD/ICD** insertion during overseas travel. If **you** or a member of **your travelling party** or a **relative** (as listed on **your** Certificate of Insurance) requires this procedure, due to

sudden and acute onset which occurs for the first time during **your** period of cover and not directly or indirectly related to a **Pre-existing Medical Condition**, **we** will exercise our right to organise a repatriation to Australia for this procedure to be completed.

10. A loss which is recoverable by compensation under any workers compensation act 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.
11. Consequential loss of any nature including loss of enjoyment.
12. A loss resulting from a criminal or dishonest act by **you** or by a person with whom **you** are in collusion or if **you** have not been honest and frank with all answers, statements and submissions made in connection with **your** insurance application or claim.
13. A loss that **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. A loss that **arises** from a nuclear reaction or contamination from nuclear weapons or radioactivity.
15. A loss that **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.
16. **Your** claim **arises** from errors or omissions in any booking arrangements or failure to obtain relevant visa, passport or travel documents.
17. **Your** claim **arises** because **you** did not follow advice in the mass media of a government or other official body's warning:
  - against travel to a particular country or parts of a country;
  - of a strike, riot, bad weather, civil commotion or contagious disease;
  - of a likely or actual **epidemic** or **pandemic** (such as H5N1 Avian influenza);
  - of a threat of an **epidemic** or **pandemic** (such as H5N1 Avian influenza) that requires the closure of a country's borders; or
  - of an **epidemic** or **pandemic** that results in **you** being quarantined;and **you** did not take the appropriate action to avoid or minimise any potential claim under **your** policy, including delay of travel referred to in the warning. Please refer to [www.who.int](http://www.who.int) for further information.
18. A loss that **arises** from parachuting, sky diving, hang gliding, paraponting or travel in an air supported device other than as a passenger in a licensed passenger aircraft operated by an airline or charter company. This does not apply to hot air

- ballooning or parasailing.
19. A loss **arising** from your, any of **your travelling party's** or a **relative's** intentional exposure to a needless risk or lack or reasonable care, except in an attempt to save human life.
  20. Delay, detention, seizure or confiscation by Customs or other officials.
  21. The cost of medication in use at the time the **trip** began or for maintaining a course of treatment you were on prior to the **trip**.
  22. Loss, theft or damage to anything shipped as freight or under a Bill of Lading.
  23. If **your** claim **arises** directly or indirectly from a sexually transmitted disease (except where Human Immunodeficiency Virus (HIV) infection has been accepted by us in writing).
  24. If **your** claim **arises** from or is in any way related to depression, anxiety, stress, mental or nervous conditions, whether they **arise** independently or are secondary to other medical conditions.
  25. If **you**, a **relative** or a member of **your travelling party**:
    - a) commits suicide, attempts to commit suicide or deliberately injures himself or herself;
    - b) is under the influence of, or is addicted to, intoxicating liquor or a drug, except a drug taken in accordance with the advice of a registered medical practitioner;
    - c) takes part in a riot or civil commotion;
    - d) acts maliciously;
    - e) races (except on foot); mountaineers – or rock climbs – using support ropes; takes part in a professional sporting activity;
    - f) rides a motor cycle (except as a pillion passenger) without a licence that is valid in the relevant country;
    - g) dives underwater using an artificial breathing apparatus unless **you** hold an open water diving licence or **you** were diving under licensed instruction.
  26. For any costs or expenses incurred outside the period of the **trip**.

## Claims

### How to make a claim

**You** must give **us** notice of **your** claim as soon as possible by completing the claim form supplied by our customer service department and posting to the address shown on the claim form. If the claim form is not fully completed by **you**, **we** cannot process **your** claim.

If **you** do not, **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 medical, hospital or dental claims, contact Cerberus as soon as practicable.
- b) For damage or permanent loss of **your luggage and personal effects**, report it immediately to the police and obtain a written notice of your report.
- c) 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.
- d) 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. The rate of currency exchange that will apply is the rate at the time **you** incurred the expense.

### **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 other than under an insurance policy in relation to a loss or expense covered under this policy and they do not pay **you** the full amount of **your** claim, **we** will make up the difference. **You** must claim from them first.

### **Depreciation**

Depreciation will be applied to claims for **luggage or personal effects** at such rates as reasonably determined by Cerberus.

### **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. All information will be treated as confidential and protected to the full extent under law. Report insurance fraud by calling Cerberus on 1300 625 229.

### **In Case of Emergency**

REVERSE CHARGES Telephone Number

For emergency assistance from anywhere in the world, simply dial the following number reverse charge (“collect”) via the local operator:

+44 (0) 20 7902 7405

### **COTA Travel Insurance**

#### **Insurance and Membership Services Limited**

ABN: 59 057 159 743

AR No.: 246235

Website: [www.cota.com.au](http://www.cota.com.au)

Email: [travel@cota.com.au](mailto:travel@cota.com.au)

For sales enquiries:

Phone: 1300 1300 50

For claim forms, extension requests  
and general enquiries:

Phone: +61 8 8112 8110

Fax: +61 8 8112 8180

24 hour emergency assistance call:

Specialty Assist

Reverse charge: +44 (0) 20 7902 7405

Claims enquiries: 1300 625 229

Email: [operations@specialty-assist.com](mailto:operations@specialty-assist.com)

# COTA TRAVEL INSURANCE APPLICATION FORM

If you have insufficient space to complete your answers, please attach a separate sheet.

## PERSONAL DETAILS

1. Given Names \_\_\_\_\_ Surname \_\_\_\_\_

Mr/Mrs/Ms/Miss \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

2. Given Names \_\_\_\_\_ Surname \_\_\_\_\_

Mr/Mrs/Ms/Miss \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

## Dependant(s) to be Covered

Given Names \_\_\_\_\_ Surname \_\_\_\_\_

Mr/Miss \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Given Names \_\_\_\_\_ Surname \_\_\_\_\_

Mr/Miss \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Given Names \_\_\_\_\_ Surname \_\_\_\_\_

Mr/Miss \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Mobile \_\_\_\_\_

Work \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

## TRAVEL DETAILS

Total Number of People \_\_\_\_\_ Destinations \_\_\_\_\_

Departure Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Return Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Trip cost \_\_\_\_\_

## PRE-EXISTING MEDICAL CONDITIONS

**You are not automatically covered for Pre-Existing Medical Conditions.**

For the definition of and guidelines for Pre-existing Medical Conditions, please refer to page 16 to 21 of the PDS. Please note that this definition (on page 29) means ANY condition irrespective of when the condition arose.

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? YES  NO

If yes, please refer to 1, 2, and 3 below:

1. We are unable to provide cover for Pre-existing Medical Conditions unless you meet the criteria for Automatically Covered Conditions outlined on pages 18 and 19 of the PDS. If you do not meet the criteria specified, you may still be eligible to contact us for a medical assessment, as outlined under Pre-existing Medical Conditions on pages 16 to 21 of the PDS.
2. If you are not eligible for and/or are declined for Pre-existing Medical Conditions cover, travel insurance is still available to you. However, there is no provision to claim for any of the medical conditions under this policy.
3. If you do not expressly apply for cover and pay an additional premium for Pre-existing Medical Conditions, your claim may be declined.

TRAVEL PLAN SELECTED

SINGLE

FAMILY

Plan A Holiday Travel

Premium \$ \_\_\_\_\_

Plan D Annual Frequent Traveller

Premium \$ \_\_\_\_\_

Plan J Australia

Premium \$ \_\_\_\_\_

Premiums include GST and Stamp Duty where applicable

**ADDITIONAL OPTIONS**

**Additional Luggage Specified Items**

(Maximum per item limit is \$4,000 and \$10,000 in total)

Item \_\_\_\_\_ Sum Insured \$ \_\_\_\_\_

Item \_\_\_\_\_ Sum Insured \$ \_\_\_\_\_

Item \_\_\_\_\_ Sum Insured \$ \_\_\_\_\_

Item \_\_\_\_\_ Sum Insured \$ \_\_\_\_\_

Total Sum Insured \$ \_\_\_\_\_ at 4% = Premium \$ \_\_\_\_\_

**Rental Vehicle Excess Options**

\$25 per each \$500 unit of cover, to a maximum \$2,000 additional limit.

Sum Insured \$ \_\_\_\_\_ Premium \$ \_\_\_\_\_

Total amount payable \$ \_\_\_\_\_

Payment Method Cash  Cheque  Credit Card

Credit Card Authority – Please debit my: Visa  Mastercard  AMEX

Card No \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Expiry date \_\_\_\_\_ / \_\_\_\_\_

Card Holder's Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**DECLARATION**

1. I/we acknowledge that a copy of the combined Financial Services Guide (FSG) and Product Disclosure Statement (PDS) (including Policy Wording), which contains the Duty of Disclosure, was given to me/us before I/we applied for this insurance and that I/we have made the decision to purchase this after carefully reading the terms of the policy and agree that this product is suitable for my/our needs.
2. I/we authorise any doctor or clinic to provide Cerberus 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 the insurer or Cerberus to such persons and for such persons stated in the Privacy Notice.
3. I/we acknowledge that this policy does not automatically provide cover for Pre-existing Medical Conditions.
4. I/we agree to abide with the terms and conditions of this policy and confirm that the above information is correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

If family plan is selected, both adults must sign.



# COTA TRAVEL INSURANCE

The 50+ Travel Insurance Specialists

## CLAIMS ENQUIRIES CONTACT

1300 625 229 within Australia

+61 2 8263 0487 outside Australia

Email: [travelclaims@cerberusspecialrisks.com.au](mailto:travelclaims@cerberusspecialrisks.com.au)

## 24 HOUR, 7 DAYS A WEEK EMERGENCY ASSISTANCE CALL NUMBER

+44 (0) 20 7902 7405 (reverse charge from overseas)

## FOR ALL SALES ENQUIRIES CONTACT

1300 1300 50 (local call cost)

For all the latest travel advisory notices visit:

[www.smarttraveller.gov.au](http://www.smarttraveller.gov.au)

### HEALTH TIPS

The internet is a great source of health information for travellers.

For vaccination and health advice including information  
on disease outbreaks.

[www.cdc.gov](http://www.cdc.gov) or [www.who.int](http://www.who.int) or [www.smarttraveller.gov.au](http://www.smarttraveller.gov.au)

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