



BREAKAWAY

International Travel Industry Club

A U S T R A L I A



Contents

PART 1 - FINANCIAL SERVICES GUIDE

Financial Services Guide 2

PART 2 – PRODUCT DISCLOSURE STATEMENT

About this Product Disclosure Statement 4

Summary of Benefits 6

How to Purchase a Policy 7

Schedule of Benefits 7

- Plan A Worldwide

- Plan B Worldwide

- Plan C Worldwide

Pre-existing Medical Conditions 8

Important Matters 10

Words with Special Meanings 15

Policy Cover 17

General Exclusions applicable to all Sections 26

Claims 28

Application Form 30

Contact Details **Back Cover**

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

Effective 1 September 2008

SureSave Travel Insurance is underwritten by Allianz Australia and managed by Mondial Assistance, the world leader in the provision of assistance and travel insurance. Allianz Australia and Mondial Assistance are members of the worldwide Allianz Group, one of the leading global providers of insurance and financial services.

Our philosophy is, and has always been, differentiation in a crowded Travel Insurance market by providing high value and high feature products.

Features of this PDS are:

- ✓ 43 Pre-existing Medical Conditions **automatically** covered
- ✓ New, reader-friendly  **WE WILL PAY:** and  **WE WILL NOT PAY:** sections



This policy entitles you to Emergency Medical Assistance provided by Mondial Assistance.

Mondial Assistance has a team of professionals including doctors and nurses who are only a phone call away 24 hours a day, 7 days to assist with locating medical facilities, hospitalisation, your evacuation home, and other benefits in case of emergency.

As the global leader of Assistance and Travel Insurance, Mondial Assistance has an intervention every 3 seconds, resulting in 250 million people worldwide being covered in any one year.

With over 8,550 dedicated employees and 400,000 service providers, speaking over 40 languages, Mondial Assistance handles over 58 million calls each year. There'll always be someone available to assist, around the clock, around the world.

Financial Services Guide

This Financial Services Guide has been designed to help you make an informed decision about whether to use the financial services provided by the Authorised Representative. It contains information on how they and others are remunerated for providing these financial services and how your complaints are dealt with.

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

About Mondial Assistance

Mondial Assistance, which is a trading name of ETI Australia Pty Ltd ABN 52 097 227 177 AFS Licence No 245631 of 74 High Street, Toowong, QLD 4066 Telephone 1300 656 468 is an Australian Financial Services Licensee authorised to deal in and provide general advice on general insurance products.

Mondial Assistance has been authorised by the insurer Allianz Australia Insurance Limited (Allianz) ABN 15 000 122 850 AFS License 234708 of 2 Market Street, Sydney, NSW 2000 Telephone 13 26 64 to act on its behalf to deal in and provide general advice on and handle and settle claims in relation to travel insurance products underwritten by Allianz.

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

About the authorised representative

Full details about the Authorised Representative are set out on the back cover of this Combined Financial Services Guide and Product Disclosure Statement. If the details of the Authorised Representative are not set out please ask your travel agent for these details.

Mondial Assistance has authorised the Authorised Representative to provide general advice on and deal in travel insurance products underwritten by Allianz on behalf of Mondial Assistance as its authorised representative. The Authorised Representative acts on behalf of Mondial Assistance and does not act on your behalf.

The distribution of this FSG has been authorised by Mondial Assistance.

Remuneration

SureSave.net Pty Ltd ABN 99 092 431 788 of Level 5, 24 York Street, Sydney, NSW 2000 Telephone 1300 787 376 (SureSave) has been appointed by Mondial Assistance to provide marketing, administration and distribution services. SureSave is remunerated when you buy a policy. This is calculated as a percentage of the premium you pay for the policy and is paid monthly. In addition an administration fee of \$5 (inc. GST) is paid by you to SureSave when you buy a policy.

The Authorised Representative is remunerated when you buy a policy. It receives a percentage of the premium that you pay for the policy and is paid monthly. It is paid by SureSave from the remuneration that SureSave receives.

The employees and representatives of SureSave and the Authorised Representative receive an annual salary including bonuses based on performance criteria which can include sales performance.

Mondial Assistance is remunerated for arranging and managing travel insurance services on behalf of Allianz. This amount is calculated as a percentage of the premium you pay for the policy and is paid monthly.

Employees of Mondial Assistance receive an annual salary.

If you would like more information about the remuneration that the Authorised Representative receives, please ask the Authorised Representative to provide it to you. If you would like more information about the remuneration that SureSave receives, please ring them on 1300 787 376. If you would like more details about the remuneration that Mondial Assistance receives please ring 1300 656 648. This request should be made within a reasonable period of time after this FSG is provided by the Authorised Representative and before the financial services are provided by the Authorised Representative.

If you have a complaint

If you have a complaint please tell Mondial Assistance. Mondial Assistance has an internal dispute resolution system designed to seek to resolve any complaints or disputes that may arise. To access it please contact Mondial Assistance on 1300 656 468 or put the complaint in writing and send it to PO Box 162, Toowong, QLD 4066.

If your complaint is still not resolved to your satisfaction, you may contact the Financial Ombudsman Service Limited (FOS), which is an independent external dispute resolution body on 1300 780 808 or write to the FOS at GPO Box 3, Melbourne VIC 3001.

How to contact us

You can give either SureSave or Mondial Assistance instructions using the contact details listed above. Please retain this document for your future reference.

Date prepared

This FSG is effective 1 May 2008.

About this Product Disclosure Statement

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

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

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

About the available covers

You can choose one of these 3 covers:

- **Plan A Worldwide**
Covers trips for Business and Leisure for up to 90 days duration (Sections 1A, 1B, 2A, 9, 16, 18A, 19 & 21)
- **Plan B Worldwide**
Covers trips for Business for up to 90 days duration and for Leisure for up to 38 days duration (Sections 1A, 1B, 2A, 16, 18A & 19)
- **Plan C Worldwide**
Covers trips for Business and Leisure for up to 38 days duration (Sections 1A, 1B, 16, 18A & 19)

All Plans provide cover for worldwide destinations, including international and domestic trips.

The policy duration is 12 months from the date of issue.

Understanding the PDS and its important terms and conditions

To properly understand this PDS' 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" page 6 and the relevant sections of the PDS applicable to the cover you choose including any endorsements under "Pre-existing Medical Conditions" pages 8 to 9 (remember certain words have special meanings – see "Words with Special Meanings" pages 15 to 16);
- When "We Will Not Pay" a claim under each section of "Policy Cover" (applicable to the cover you choose) pages 17 to 25 and "General Exclusions applicable to all Sections" pages 26 to 27 (this restricts the cover and Benefits);
- "Claims" pages 28 to 29 (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 10 to 14 (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 by completing our application form we will confirm with you things such as the period of insurance, your premium, what cover options and Excesses will apply, and whether any standard terms need to be varied (this may be by way of an endorsement). These details are recorded in the Certificate of Insurance we issue to you.

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

If you have any queries or want further information about the policy, please contact Mondial Assistance.

About your premium

You will be told the premium payable for the policy when you apply. It is based on a number of factors such as the length of Trip, number of persons covered and age. 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 included in your Certificate of Insurance as part of the total premium.

Who is your insurer?

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

Who is Mondial Assistance?

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

Updating the PDS

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

Date prepared

This PDS is effective 1 September 2008.

This is only a summary of the Benefits. Please read the PDS 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.

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.

ACCIDENTAL DEATH (see Section 16)

Payment to your estate for accidental death.

LUGGAGE AND PERSONAL EFFECTS (see Section 18A)

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 19)

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

OFF-LOADING/DENIED BOARDING (see Section 21)

Expenses incurred if you are off-loaded or denied boarding from your flight/cruise for which you have a confirmed ticket or other positive seating confirmation.

How to Purchase a Policy

STEP 1	Refer to "Who can purchase a policy?"	see below
STEP 2	Refer to "What are the age limits?"	see below
STEP 3	Refer to "Pre-existing Medical Conditions"	(pages 8 to 9)
STEP 4	Choose your Plan type from the Schedule of Benefits	see below
STEP 5	Choose your cover type (Single or Family)	see below
STEP 6	Nominate the duration of your Trip	
STEP 7	Ask your travel agent for your premium	
STEP 8	Complete the attached Application Form and return it to your travel agent	(pages 30 to 31)

Who can purchase a policy?

Cover is available for Citizens or Residents of Australia only.

What are the age limits?

Age limits as at date of Certificate issue.

Available to travellers aged under 76 years of age.

Schedule of Benefits

Policy Section & Benefit Description	PLAN A		PLAN B		PLAN C	
	Single	Family	Single	Family	Single	Family
1A* Medical Expenses Incurred Overseas	unlimited	unlimited	\$1,000,000	\$2,000,000	\$500,000	\$1,000,000
Emergency Dental	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
1B Additional Expenses/Medical Evacuation	unlimited	unlimited	\$1,000,000	\$2,000,000	\$500,000	\$1,000,000
2A* Cancellation Costs	\$10,000	\$20,000	\$3,000	\$6,000	NIL	NIL
9 Rental Vehicle Excess / Return of Rental Vehicle	\$3,000 / \$500	\$3,000 / \$500	NIL	NIL	NIL	NIL
16 Accidental Death	\$20,000	\$40,000	\$10,000	\$20,000	\$5,000	\$10,000
18A* Luggage and Personal Effects	\$5,000	\$10,000	\$3,000	\$6,000	\$1,000	\$2,000
19 Personal Liability	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
21 Off-Loading/ Denied Boarding	\$600	\$1,200	NIL	NIL	NIL	NIL

*sub-limits apply (refer to Policy Cover pages 17 to 25)

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

Excess

Refer to "Important Matters" pages 10 to 14.

Pre-existing Medical Conditions

Pre-existing Medical Conditions

Please read this section carefully.

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

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

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

This definition applies to you, your Travelling Party or a Relative.

Pre-existing Medical Conditions which are automatically covered

You are automatically covered if your Pre-existing Medical Condition is described below, provided that you have **not** been hospitalised (including Day Surgery or Emergency Department attendance) for that condition in the past 24 months.

We do not require any further information or a Medical Declaration form if your condition is described in this list, and has not caused hospitalisation in the past 24 months:

- Acne
- Allergies limited to Rhinitis, Chronic Sinusitis, Eczema, Food Intolerance, Hay Fever
- Asthma – providing that you
 - have no other lung disease and
 - are less than 60 years of age at the date of policy purchase.
- Bell's palsy
- Benign Positional Vertigo
- Bunions
- Carpal Tunnel Syndrome
- Cataracts
- Coeliac disease
- Congenital Blindness
- Congenital Deafness
- Diabetes Mellitus (Type I)* – providing you:
 - were diagnosed over 12 months ago, and
 - have no eye, kidney, nerve or vascular complications, and
 - do not also suffer from a known cardiovascular disease, hypertension, hyperlipidaemia or hypercholesterolaemia and
- Diabetes Mellitus (Type II)* – providing you:
 - were diagnosed over 12 months ago, and
 - have no eye, kidney, nerve or vascular complications, and
 - do not also suffer from a known cardiovascular disease, hypertension, hyperlipidaemia or hypercholesterolaemia.

- Dry eye syndrome
- Epilepsy – providing there has been no change to your medication regime in the past 12 months
- Folate Deficiency
- Gastric Reflux
- Goitre
- Glaucoma
- Graves' Disease
- Hiatus Hernia
- Hypercholesterolaemia (High Cholesterol) – provided you do not also suffer from a known cardiovascular disease and/or diabetes
- Hyperlipidaemia (High Blood Lipids) – provided you do not also suffer from a known cardiovascular disease and/or diabetes
- Hypertension (High Blood Pressure) – provided you do not also suffer from a known cardiovascular disease and/or diabetes
- Hypothyroidism, including Hashimoto's Disease
- Impaired Glucose Tolerance
- Incontinence
- Insulin Resistance
- Iron Deficiency Anaemia
- Macular Degeneration
- Meniere's Disease
- Migraine
- Nocturnal cramps
- Osteopaenia
- Osteoporosis
- Pernicious Anaemia
- Plantar fasciitis
- Raynaud's Disease
- Sleep apnoea
- Solar keratosis
- Trigeminal Neuralgia
- Trigger finger
- Vitamin B12 Deficiency

If hospitalisation has occurred, or your condition does not meet the description above, cover is **not** automatic.

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 SureSave on 1300 787 376.

Jurisdiction and choice of law

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

Your Duty of Disclosure

Before you enter into this policy, 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

We proudly support the General Insurance Code of Practice.

The Code sets out the minimum standards of practice in the general insurance industry. For more information on the Code please contact Mondial Assistance on 1300 656 468.

Dispute Resolution Process

Should you have a complaint or dispute arising out of this insurance, or our employees, authorised representatives or service providers please contact Mondial Assistance on 1300 655 652. 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.

We will keep you informed of the progress of our response to your complaint. When we provide our response we will also provide information on how our response can be reviewed by a different employee, who has appropriate experience, knowledge and authority.

If you want our response reviewed we will treat the matter as a dispute and provide you with the contact details of our employee, who will respond in writing 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, failing which you can report your concerns to the Financial Ombudsman Service Limited (FOS). We will keep you informed of the progress of our review at least every 10 business days.

We will give you reasons for our decision. If this does not resolve the matter, you may contact the FOS, the industry's independent external complaints scheme:

Financial Ombudsman Service Limited (FOS)
GPO Box 3, Melbourne VIC 3001
Phone: 1300 780 808
Fax: (03) 9613 6399
Website: www.fos.org.au
Email: info@fos.org.au

Claims and Enquiries

If you are admitted to hospital or you anticipate you will incur medical costs, you must immediately contact Mondial Assistance on the emergency assistance number. For information about Mondial Assistance's worldwide 24 hour emergency assistance network, page 13.

If you need to make a claim, follow the instructions below and at pages 28 to 29. Claim Forms are available:

- From your travel agent
- From SureSave
- Online at www.travelclaims.com.au/suresave

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 below.

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 28 to 29 for important information.

Privacy Notice

To arrange and manage your travel insurance, we (in this Privacy Notice "we", "our" and "us" includes Mondial Assistance and the Authorised Representative) collect personal information from you and others (including those authorised by you such as your doctors, hospitals and persons whom we consider necessary). Any personal information you provide is used by us to evaluate and arrange your travel insurance. We also use it to administer and provide the insurance services and manage your and our rights and obligations in relation to the insurance services, including managing, processing and investigating claims. We may also collect, use and disclose it for product development, marketing, research, IT systems maintenance and development, recovery against third parties and for any other purposes with your consent.

This personal information may be disclosed to (and received from) third parties in Australia or overseas involved in the above process, such as travel consultants, travel insurance providers and intermediaries, authorised representatives, reinsurers, claims handlers and investigators, cost containment providers, medical and health service providers, legal and other professional advisers, your agents and our related companies. The use and disclosure of such personal information will be provided to third parties for the primary purposes stated above. The personal information (but not sensitive information) may also be used for a secondary purpose, but only if you would reasonably expect us to use that information for such secondary purpose.

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

- that you will or may provide their information to us;
- the types of third parties to whom the information may be provided;
- the relevant purposes we and the third parties will disclose it to, will use it for; and
- how they can access it.

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

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

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

24 hour worldwide emergency assistance

Mondial Assistance has trained medical staff to assist you with emergency medical assistance. You must contact us immediately in the event of you becoming ill or having an accident.

For emergency assistance anywhere in the world at any time, Mondial Assistance 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 Mondial Assistance 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 Mondial Assistance immediately.

**IN THE EVENT OF AN EMERGENCY CALL
REVERSE CHARGE 61 7 3305 7499 TO CONTACT MONDIAL ASSISTANCE.**

As soon as you become ill, contact us and our medical assistance team will help direct you to the appropriate hospital or health care facility. Subject to medical advice, you must take our 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 policy duration is 12 months from the date of issue. 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 policy 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.

The maximum period of cover for the available Plans are as follows:

- **Plan A Worldwide**
Covers trips for Business and Leisure for up to 90 days duration
- **Plan B Worldwide**
Covers trips for Business for up to 90 days duration and for Leisure for up to 38 days duration
- **Plan C Worldwide**
Covers trips for Business and Leisure for up to 38 days duration

All Plans provide cover for worldwide destinations, including international and domestic trips.

Extensions

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

We will not pay the first \$150 for any one event under Sections 1A, 1B, 2A, 18A & 19.

Nil Excess applies to Sections 9, 16 & 21.

We will not pay the first \$100 for ski or golfing equipment whilst in use.

If any additional Excess applies to your policy, the amount is shown in the Certificate 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 15 to 16).

Some words in this PDS 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).

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 arising 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 purposes 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.

Dependant 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 Dependant 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 Australia.

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

Pre-existing Medical Condition means:

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

This definition applies to you, your Travelling Party or a Relative.

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 Dependant 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.

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 Allianz Australia Insurance Limited.

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

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

SECTION 1A: MEDICAL EXPENSES INCURRED OVERSEAS

You have this cover if you chose Plan A, B or C.

WE WILL PAY:

- 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.

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

Please note we will not pay for any costs incurred in 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.

WE WILL NOT PAY:

- 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.
- 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.
- 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 for further information.
- Medical and/or dental costs incurred in Australia.
- Dental treatment involving the use of precious metals or for cosmetic dentistry.

- For any loss arising from Pre-existing Medical Conditions except as specified under the heading "Pre-existing Medical Conditions" on pages 8 to 9.
- When you have not notified Mondial Assistance as soon as practicable of your admittance to hospital.
- If you do not take the advice of Mondial Assistance.
- For any expenses for medical evacuation, funeral services or cremation or bringing your remains back to Australia unless it has been first approved by Mondial Assistance.
- 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 Australia - if a terminal prognosis was made before the Certificate of Insurance was issued.

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 26 TO 27 FOR OTHER REASONS WHY WE WILL NOT PAY.

SECTION 1B: ADDITIONAL EXPENSES/MEDICAL EVACUATION

You have this cover if you chose Plan A, B or C.

WE WILL PAY:

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

- 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.
- 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.
- 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.
- 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.
- 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.
- 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 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.

✘ WE WILL NOT PAY:

1. For the cost of resuming the Trip after you have returned to Australia.
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 Mondial Assistance, 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 8 to 9.
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 Australia - if a terminal prognosis was made before the Certificate of Insurance was issued.

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 26 TO 27 FOR OTHER REASONS WHY WE WILL NOT PAY.

SECTION 2A: CANCELLATION COSTS

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

✔ 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 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 Policy or \$3,000 Family Policy 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.

✘ 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 Australia - 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 8 to 9.

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 26 TO 27 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.

✔ 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 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 unfit to do so during your 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.

✘ 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 26 TO 27 FOR OTHER REASONS WHY WE WILL NOT PAY.

SECTION 16: ACCIDENTAL DEATH – NIL EXCESS APPLIES

You have this cover if you chose Plan A, B or C.

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 Dependant 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.

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 26 TO 27 FOR OTHER REASONS WHY WE WILL NOT PAY.

SECTION 18A: LUGGAGE AND PERSONAL EFFECTS

You have this cover if you chose Plan A, B or C.

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;

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

The Maximum amount we will pay for any item (item limit) is:

- \$1,000 for a laptop, note book, handheld computer, camera or video camera
- \$500 for all other items

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. Loss of dentures or dental prostheses up to \$800.
 3. 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 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.
 4. 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.
 5. 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.
 6. 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 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;
 - b) unaccompanied 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 unattended 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 unattended 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 26 TO 27 FOR OTHER REASONS WHY WE WILL NOT PAY.

SECTION 19: PERSONAL LIABILITY

You have this cover if you chose Plan A, B or C.

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.

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.

YOU MUST CHECK “GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS” PAGES 26 TO 27 FOR OTHER REASONS WHY WE WILL NOT PAY.

General Exclusions applicable to all Sections

SECTION 21: OFF-LOADING/DENIED BOARDING - NIL EXCESS APPLIES

You only have this cover if you chose Plan A.

WE WILL PAY:

1. We will reimburse your reasonable additional expenses up to \$600 for the Single Plan and \$1,200 for the Family Plan, if your airline/cruise line for which you have a confirmed ticket or other positive seating confirmation denied boarding or off-loaded you.

WE WILL NOT PAY:

We will not pay for any expenses arising directly or indirectly out of:

1. You not holding a confirmed ticket or positive seating confirmation with the airline/cruise line with which you are travelling;
2. You travelling as a sub-load or stand-by passenger;
3. Your travel arrangements not being confirmed at the time of the commencement of your journey from Australia;
4. You failing to confirm your seat with the airline/cruise line according to the terms of their agreement with you; or
5. Staff travel close outs, embargoes, restricted services, delayed or cancelled departures due to industrial action.

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 26 TO 27 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 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 Mondial Assistance, 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 for further information.
6. Your claim arises from Pre-existing Medical Conditions except as specified under the heading 'Pre-existing Medical Conditions' on pages 8 to 9.
7. 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.
8. 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.
9. Consequential loss of any nature including loss of enjoyment.
10. 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.
11. 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.
12. A loss that arises from a nuclear reaction or contamination from nuclear weapons or radioactivity.
13. 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.
14. Your claim arises from errors or omissions in any booking arrangements or failure to obtain relevant visa, passport or travel documents.

15. 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 for further information.
16. 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.
17. A loss arising from Your, any of your Travelling Party's or a Relative's intentional exposure to a needless risk or lack of reasonable care, except in an attempt to save human life.
18. Delay, detention, seizure or confiscation by Customs or other officials.
19. 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.
20. Loss, theft or damage to anything shipped as freight or under a Bill of Lading.
21. 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).
22. 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.
23. 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; or 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; or
 - g] dives underwater using an artificial breathing apparatus unless you hold an open water diving licence or you were diving under licensed instruction.
24. For any costs or expenses incurred outside the period of the Trip.

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 Clients Services 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 Mondial Assistance 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 Mondial Assistance.

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 in your name 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 1800 453 937.

Breakaway Travelclub Application Form

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

PERSONAL DETAILS (Travelling Persons details only)

Name: (Mr/Mrs/Ms) _____

D.O.B.: (Day/Month/Year) _____

Name: (of partner/spouse) _____

D.O.B.: (Day/Month/Year) _____

Name: (accompanying child) _____

D.O.B.: (Day/Month/Year) _____

Name: (accompanying child) _____

D.O.B.: (Day/Month/Year) _____

Name: (accompanying child) _____

D.O.B.: (Day/Month/Year) _____

Address: _____

State: _____ Postcode: _____

Phone: Work: _____ Home: _____

Mobile: _____ Fax: _____

Email: _____

Mailing address: if applicable (PO Box/RMB/etc) _____

State: _____ Postcode: _____

Membership Number: _____

TRAVEL DETAILS

Total No. Persons: _____ **Destinations:** _____

Departure Date: / / **Return Date:** / /

Period of Trip: Days Weeks Months

TRAVEL PLAN SELECTED (Please tick)

Single

Family

PLAN A Worldwide Premium \$

PLAN B Worldwide Premium \$

PLAN C Worldwide Premium \$

All Plans available to Australian residents only.
Premiums include GST and Stamp Duty where applicable

PRE-EXISTING MEDICAL CONDITIONS

You are not automatically covered for Pre-existing Medical Conditions. Please refer to the definition of and guidelines for Pre-existing Medical Conditions on pages 11 to 12 of the PDS.

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

If "yes", please contact Breakaway Travelclub.

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:** / /

- 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 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.
- I/we authorise any doctor or clinic to provide Mondial Assistance with information concerning my current or past medical history. I/we have read the Privacy Notice and I/we consent to the collection, use and disclosure of my personal information by Allianz or Mondial Assistance to such persons and for such purposes stated in the Privacy Notice.
- I/we acknowledge that this policy does not automatically provide cover for Pre-existing Medical Conditions.
- I/we agree to abide with the terms and conditions of this policy and confirm that the above information is correct.

Signature _____ **Signature** _____

Date / / **Date** / /

Please return completed Application Form to Breakaway Travelclub.

Sales Enquiry:

Breakaway Travelclub

Postal: PO Box R183 Royal Exchange,

Sydney NSW 1225

Phone: 02 9250 9400

Fax: 02 9250 9499

Email: breakaway@travelclub.com.au

Web: www.travelclub.com.au

SureSave.net Pty Ltd

ABN: 99 092 431 788

PO Box H-2, Australia Square, Sydney NSW 1215

Phone: 1300 787 376 Facsimile: 61 2 9234 3199

Email: info@suresave.net.au

24 hour emergency assistance call: Mondial Assistance

Reverse charge: **61 7 3305 7499**

Within Australia: **1800 010 075**

Claims enquiries: **1300 656 468**

This insurance is arranged and managed by ETI Australia Pty Ltd, trading as Mondial Assistance. ABN 52 097 227 177 AFSL 245631, PO Box 162, Toowong QLD 4066. This insurance is issued and underwritten by Allianz Australia Insurance Limited (Allianz). ABN 15 000 122 850 AFSL 234708
2 Market Street, Sydney NSW 2000

In Case of Emergency FREE CALL Telephone Numbers

If you are in one of the countries listed below, simply dial the number shown for that country. For all other countries dial reverse charge ("collect") via the local operator on:

+61 7 3305 7499

Australia	1800 010 075
Canada	1800 214 5514
China (North)	10800 611 0094
China (South)	10800 361 0112
France	0800 905 823
Germany	0800 182 7635
Greece	00800 611 4107
Hong Kong	800 900 389
Indonesia	001 803 0612 195
Italy	800 787 451
Japan	0066 3386 1052
Netherlands	0800 023 2683
New Zealand	0800 778 103
Singapore	800 6162 187
Switzerland	0800 561 361
Thailand	001 8006 121 082
United Kingdom	08000 289 270
United States	1866 844 4085