

VALUE TRAVEL INSURANCE

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



10% discount for Auto Club Members

Proof of membership required.

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Policy Highlights

A Variety of Plans to Choose From

- **Comprehensive Plan** – Comprehensive Worldwide Cover for Journeys from 3 days to 12 months.
- **Australia Only Plan** – Cover for Australia Only Journeys including snow skiing and weekend escapes.
- **Frequent Traveller Plan** – Economical Annual Cover for frequent travellers to International and Domestic destinations.
- **Rental Vehicle Excess Plan** – Hiring a car? Cover for reimbursement of Rental Vehicle Excess only.
- **Under 40s Plan** – Selected benefits for the youthful traveller.

Worldwide 24 Hour Emergency Assistance

Club Travel Assistance offers expert help with medical, legal and travel-related issues.

Great Deals for Auto Club Members

As a membership organisation, your Auto Club is serious about returning value to members through benefits such as the 10% discount on travel insurance.

In addition, all members who purchase Club Travel Assistance Travel Insurance get up to 3 bonus days of cover.

Your Auto Club also provides a range of other exciting travel-related member benefits. We can organise International Driving Permits, provide members with great deals on car hire, accommodation and attraction tickets, and offer a wide range of maps and guides at special member rates. For more information call your Auto Club, visit your nearest Auto Club branch, or visit their website.

Financial Services Guide

This Financial Services Guide (FSG) has been designed to help you make an informed decision about the financial services that we can provide to you. It also contains information about how we and others are remunerated for providing these financial services and how your complaints are dealt with. The distribution of this FSG by us has been authorised by AGA Assistance Australia Pty Ltd.

For the purposes of this FSG, 'we', 'our' or 'us' means your Auto Club.

Where required, you will also be given a Product Disclosure Statement (PDS) before or at the time you acquire a travel insurance product as a retail client. The PDS contains information on the benefits and significant characteristics of the policy and is designed to assist you in making an informed decision about whether to buy the product or not. It may consist of more than one document.

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

ABOUT THE AUTHORISED REPRESENTATIVE

Your Auto Club is an authorised representative of AGA Assistance Australia Pty Ltd. The authorised representative's details are on the back cover of the PDS.

Your Auto Club is authorised by AGA Assistance Australia Pty Ltd to deal in and provide general advice on travel insurance products underwritten by Allianz Australia Insurance Limited (Allianz) ABN 15 000 122 850, AFS Licence No 234708 of 2 Market Street, Sydney, New South Wales 2000, telephone 13 26 64. Your Auto Club acts for AGA Assistance Australia Pty Ltd and does not act on your behalf.

The distribution of this FSG has been authorised by AGA Assistance Australia Pty Ltd.

ABOUT AGA ASSISTANCE AUSTRALIA PTY LTD

AGA Assistance Australia Pty Ltd ABN 52 097 227 177 AFS Licence No 245631 of 74 High Street, Toowong, Queensland 4066 is an Australian Financial Services Licensee authorised to deal in and provide general advice on general insurance products.

AGA Assistance Australia Pty Ltd has been authorised by Allianz to act on its behalf to deal in and provide general advice and handle and settle claims in relation to travel insurance products underwritten by Allianz.

AGA Assistance Australia Pty Ltd has a binding authority which means it can enter into, vary or cancel these insurance products and handle and settle claims without reference to Allianz provided it acts within the binding authority.

When providing these services, AGA Assistance Australia Pty Ltd acts for Allianz and does not act on your behalf.

COMPENSATION ARRANGEMENTS

The Corporations Act 2001 (Cth) requires Australian Financial Services Licensees to have arrangements for compensating retail clients for losses they suffer as a result of a breach by the licensee or its representatives of Chapter 7 of this Act, unless an exemption applies. We are covered under professional indemnity insurance that complies with the requirements of section 912B of the Corporations Act.

REMUNERATION

We and AAA Travel Pty Ltd receive a commission (inclusive of GST) which is calculated as a percentage of the premium you pay for a travel insurance policy issued to you. It is only paid if you buy a policy.

AGA Assistance Australia Pty Ltd is also remunerated by Allianz for providing services on behalf of Allianz. This is a percentage (exclusive of GST) of the premium that you pay for a travel insurance policy and is only paid if you buy a policy.

Our employees and representatives receive an annual salary, which may include an annual bonus, which can be based on performance or other criteria.

Our staff may also qualify to participate in an incentive scheme under which they may receive incentives (either monetary or not) relating directly to their sales of travel insurance products.

If you would like more information about the remuneration that we, AAA Travel Pty Ltd or AGA Assistance Australia Pty Ltd receive, please ask us. This request should be made within a reasonable time after this FSG is provided to you and before the financial services are provided to you.

IF YOU HAVE A COMPLAINT

Should you have a complaint or dispute arising out of this insurance or our employees, authorised representatives or service providers, please call AGA Assistance Australia Pty Ltd on 1800 783 495 or put the complaint in writing and send it to PO Box 162, Toowong, Queensland 4066.

A dispute may also be referred to the Financial Ombudsman Service Limited (FOS), which is an independent external dispute resolution body. For more information or to access the FOS process, please call 1300 780 808. Alternatively, you can write to the FOS at GPO Box 3, Melbourne, Victoria 3001. Access to the FOS is free.

HOW TO CONTACT US

You can contact us or AGA Assistance Australia Pty Ltd using the contact details outlined in this FSG. Please keep this document in a safe place for your future reference.

If you have any instructions relating to your policy, you should provide those instructions to us.

DATE PREPARED

This FSG was prepared on 15 December 2011.

PART 2 - PRODUCT DISCLOSURE STATEMENT

About this Product Disclosure Statement

This 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 7 plans:

Plan A – Comprehensive includes Policy Sections 1 to 19.

Plan B – Australia Only includes Policy Sections 1, 4, 6, 11, 13 and 15 to 19.

Plan C – Frequent Traveller (includes Policy Sections 1 to 19) while travelling internationally and Policy Sections (1, 4 and 6 to 19) while travelling in Australia which involves an interstate destination or intrastate destination (minimum of 100kms from Home).

Plan D – Under 40s Cover includes Policy Sections 1 to 4, 9, 11 and 15.

Plans E and F – Reimbursement of Rental Vehicle Excess includes Policy Section 16.

UNDERSTANDING YOUR POLICY AND ITS IMPORTANT TERMS AND CONDITIONS

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

- About each of the available types of cover and benefits in the **“Summary of Benefits”** pages 7 to 9 and the relevant Policy Sections applicable to the cover you choose, including any endorsements under **“Additional Options”** pages 15 and 16 and **“Pre-existing Medical Conditions”** on pages 17 to 22 (remember certain words have special meanings – see **“Words with Special Meanings”** pages 30 to 32);
- When *We will not pay* a claim under each Policy Section applicable to the cover you choose pages 33 to 49 and **“General Exclusions Applicable to all Sections”** pages 50 to 52 (this restricts the cover and benefits);
- **“Claims”** pages 53 to 55 (this sets out certain obligations that you and we have. If you do not meet them we may refuse to pay a claim); and
- **“Important Matters”** pages 23 to 29 (this contains important information on who can purchase the policy, age limits, period of cover, your duty of disclosure, how the duty applies to you and what happens if you breach the duty, your cooling-off

period, our privacy policy and dispute resolution process, compensation arrangements, extension of cover, your policy Excess, when you can choose your own doctor, when you should contact us concerning 24 hour medical assistance, Overseas hospitalisation or medical evacuation, and more).

APPLYING FOR COVER

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

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

If you have any queries, want further information about the policy or want to confirm a transaction, please call your Auto Club.

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 Journey, the plan, number of persons covered, your 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 are included in your Certificate of Insurance as part of the total premium.

COOLING-OFF PERIOD

Even after you have purchased your policy, you have cooling-off rights (see pages 23 and 24 of **“Important Matters”** for details).

WHO IS YOUR INSURER?

This policy is underwritten by Allianz Australia Insurance Limited (Allianz) ABN 15 000 122 850 AFS Licence No 234708.

WHO IS AGA ASSISTANCE AUSTRALIA PTY LTD?

AGA Assistance Australia Pty Ltd 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.

AGA Assistance Australia Pty Ltd acts under a binder which means that it can do these things as if it were the insurer.

WHO IS CLUB TRAVEL ASSISTANCE?

Club Travel Assistance administers all emergency assistance services and benefits of this insurance. You may contact Club Travel 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

The preparation date of this PDS is 15 December 2011.

Summary of Benefits

This is only a summary of the benefits. Please read this PDS carefully for complete details of what *We will pay* and *We will not pay* and which of the benefits are provided under each plan (see pages 33 to 49). Importantly, please note that exclusions do apply as well as limits to cover.

Section ① CANCELLATION FEES AND LOST DEPOSITS (pg. 33 to 35)

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

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

Section ② OVERSEAS EMERGENCY MEDICAL ASSISTANCE (pg. 35 and 36)

Cover for emergency medical assistance while you are Overseas including:

- 24 Hour Emergency Medical Assistance
- Ambulance
- Medical Evacuations
- Funeral Arrangements
- Messages to family
- Hospital Guarantees.

Section ③ OVERSEAS EMERGENCY MEDICAL AND HOSPITAL EXPENSES (pg. 36 and 37)

Cover for Overseas emergency medical treatment if you are Injured or become Sick Overseas, including:

- Medical
- Hospital
- Surgical
- Nursing
- Emergency dental treatment for the relief of sudden and acute pain to sound and natural teeth.

Section ④ ADDITIONAL EXPENSES (pg. 37 to 39)

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

- Sickness
- Injury
- Death.

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

- Hospitalisation
- Medical Evacuation.

Section 5 HOSPITAL CASH ALLOWANCE (pg. 39 and 40)

An allowance of \$50 per day if you are hospitalised for more than 48 continuous hours while Overseas.

Section 6 ACCIDENTAL DEATH (pg. 40)

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

Section 7 PERMANENT DISABILITY (pg. 40 and 41)

A permanent disability benefit is payable for total loss of sight in one or both eyes, or loss of use of a hand or foot (for at least 12 months, and which will continue indefinitely) within 12 months of, and because of, an Injury you sustained during your Journey.

Section 8 LOSS OF INCOME (pg. 41)

A weekly loss of income benefit is payable if you become disabled within 30 days of an Injury you sustained during your Journey, and you are still unable to work for more than 30 days after returning to Australia.

Section 9 TRAVEL DOCUMENTS, CREDIT CARDS AND TRAVELLERS CHEQUES (pg. 42)

Cover for the replacement costs of travel documents lost or stolen from you during your Journey, such as:

- Passports
- Credit Cards
- Travel Documents
- Travellers Cheques.

Section 10 THEFT OF CASH (pg. 42 and 43)

Cover for the following items stolen from your person:

- Bank Notes
- Cash
- Currency Notes
- Postal Orders
- Money Orders.

Section 11 LUGGAGE AND PERSONAL EFFECTS (ADDITIONAL COVER OPTIONS AVAILABLE) (pg. 43 to 45)

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

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

Section 12 LUGGAGE AND PERSONAL EFFECTS DELAY EXPENSES (pg. 45 and 46)

Cover to purchase essential items of clothing and other personal items following your Luggage and Personal Effects being delayed, misdirected or misplaced by your Carrier for more than 12 hours.

Section 13 TRAVEL DELAY EXPENSES (pg. 46)

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

Section 14 ALTERNATIVE TRANSPORT EXPENSES (pg. 47)

Cover for additional travel expenses following transport delays to reach events such as:

- a Wedding
- Funeral
- Conference
- Sporting Event
- Pre-paid travel/tour arrangements.

Section 15 PERSONAL LIABILITY (pg. 47 and 48)

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

Section 16 REIMBURSEMENT OF RENTAL VEHICLE EXCESS (ADDITIONAL COVER OPTIONS AVAILABLE) (pg. 48 and 49)

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

- Stolen
- Crashed
- Damaged

and/or:

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

Section 17 SNOW SKIING AND GOLFING EQUIPMENT HIRE (pg. 49)

Cover for the hire of alternative snow skiing and golfing equipment following the accidental loss, theft of or damage to snow skiing and golfing equipment owned by you.

How to Purchase this Policy

STEP 1	Refer to "Great Deals for Auto Club Members"	page 1
STEP 2	Refer to "Who can purchase this Policy?"	page 23
STEP 3	Refer to "Age Limits"	page 23
STEP 4	Read the section entitled "Pre-existing Medical Conditions"	pages 17 to 22
STEP 5	Select your Plan (A, B, C, D, E or F)	page 12 to 14
STEP 6	Select your cover type (Single, Duo or Family)	page 33
STEP 7	Nominate the applicable Geographical Region for your Journey (Plans A and D only)*	see table below
STEP 8	Nominate the duration of your Journey	---
STEP 9	Select any Additional Options you would like to include	pages 15 and 16
STEP 10	Apply for cover via one of the following: <ul style="list-style-type: none"> •Complete the Application Form and return to your Auto Club •Online •Telephone 	see contact details on back cover of this PDS

If you are travelling to multiple destinations which are in different Geographical Regions, you must select the highest Geographical Region (Region 1 being the highest Geographical Region, Region 5 the lowest), as this will cover travel in each of the lower Geographical Regions.

Destinations	Geographical Regions
USA, Hawaii, Canada, Africa, South America, Middle East	Region 1 - Worldwide
Europe, United Kingdom, Japan	Region 2 - Europe
Asia (excluding Japan & Bali)	Region 3 - Asia
South-West Pacific, New Zealand, Papua New Guinea, Bali, Indonesia, Norfolk Island	Region 4 - Pacific
Australia	Region 5 - Domestic

Example:

If you are travelling to Bali, Philippines and Europe, you must select Region 2 - Europe. You will then be covered for all destinations in Regions 2, 3 & 4.

Cover for any loss you suffer must occur in the Geographical Region (or any lower Geographical Region) that applies to the Plan selected by you.

* However, under Plans A and D, you are permitted stopovers of up to 2 nights per policy in a higher Geographical Region outside of your selected Geographical Region.

Example:

If you have chosen Plan A or D, and are travelling to Bali (and have accordingly selected Region 4 - Pacific), you will be covered for all destinations listed in Regions 4 & 5, as well as up to 2 nights stopover in any destination in Regions 1, 2 & 3.

TRAVEL ON CRUISE LINERS

Travellers on domestic cruises in Australian waters may also purchase Plan A or D (selecting Geographical Region 4 - Pacific) to ensure cover is available for emergency medical assistance and emergency medical and Hospital expenses.

If you do not purchase either Plan A or D, you will not be covered for medical transfer or evacuation (for example, by helicopter) if you need to be transported to the nearest Hospital for emergency medical treatment.

Check terms and conditions with your cruise line.

Great Deals for Auto Club Members

As a membership organisation, your Auto Club is serious about returning value to members through benefits such as the 10% discount on travel insurance.

In addition, all members who purchase Club Travel Assistance Insurance get up to 3 bonus days of cover.

PREMIUM CALCULATION

Your premium depends on a number of factors which include your Auto Club membership status, destination, duration, level of cover, age and PE Condition. When you give us your departure and return dates, we will automatically credit Auto Club members with Bonus Days when calculating your premium as follows – for 3 days travel or more (3 bonus days). Non members do not receive bonus days.

EXAMPLE OF BONUS DAY CALCULATION

Cover Required: Plan A Comprehensive/Single/Area 1
Travel Dates: 01/01/12 to 18/01/12 (18 days cover required)
Premium: Applicable premium for day period of cover plus 3 bonus days.

Please Note: Day of travel and day of return are counted as days.

Return date shown on your Certificate of Insurance is expiry date - bonus days do not extend beyond the expiry date shown on your Certificate.

POLICY SECTION AND BENEFIT TYPES		PLAN A Comprehensive			PLAN B Australia Only		
		Single	Duo (per person)#	Family	Single	Duo (per person)#	Family
*1.	Cancellation Fees and Lost Deposits	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited
2.	Overseas Emergency Medical Assistance	unlimited	unlimited	unlimited			
3.	Overseas Emergency Medical and Hospital Expenses* – <i>Dental Expenses (per person)</i>	unlimited \$500	unlimited \$500	unlimited \$500			
*4.	Additional Expenses	\$25,000	\$25,000	\$50,000	\$25,000	\$25,000	\$50,000
5.	Hospital Cash Allowance	\$5,000	\$5,000	\$10,000			
*6.	Accidental Death	\$25,000	\$25,000	\$50,000	\$25,000	\$25,000	\$50,000
7.	Permanent Disability	\$25,000	\$25,000	\$50,000			
8.	Loss of Income	\$10,400	\$10,400	\$20,800			
9.	Travel Documents, Credit Cards and Travellers Cheques*	\$5,000	\$5,000	\$10,000			
10.	Theft of Cash*	\$250	\$250	\$250			
*11.	Luggage and Personal Effects	\$12,000	\$12,000	\$24,000	\$12,000	\$12,000	\$24,000
12.	Luggage and Personal Effects Delay Expenses	\$500	\$500	\$1,000			
*13.	Travel Delay Expenses	\$1,000	\$1,000	\$2,000	\$1,000	\$1,000	\$2,000
14.	Alternative Transport Expenses*	\$5,000	\$5,000	\$10,000			
15.	Personal Liability	\$5 million	\$5 million	\$5 million	\$5 million	\$5 million	\$5 million
*16.	Rental Vehicle Excess	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000
*17.	Snow Skiing and Golfing Equipment Hire	\$200	\$200	\$400	\$200	\$200	\$400

POLICY SECTION AND BENEFIT TYPES		PLAN C** Frequent Traveller	PLAN D Under 40		
		Policy Limit	Single	Duo (per person)#	Family
*1.	Cancellation Fees and Lost Deposits	unlimited	\$5,000	\$5,000	\$10,000
2.	Overseas Emergency Medical Assistance	unlimited	unlimited	unlimited	unlimited
3.	Overseas Emergency Medical and Hospital Expenses* – <i>Dental Expenses (per person)</i>	unlimited \$500	unlimited \$500	unlimited \$500	unlimited \$500
*4.	Additional Expenses	\$25,000	\$12,500	\$12,500	\$25,000
5.	Hospital Cash Allowance	\$5,000			
*6.	Accidental Death	\$25,000	\$25,000	\$25,000	\$50,000
7.	Permanent Disability	\$25,000			
8.	Loss of Income	\$10,400			
9.	Travel Documents, Credit Cards and Travellers Cheques*	\$5,000	\$2,000	\$2,000	\$4,000
10.	Theft of Cash*	\$250			
*11.	Luggage and Personal Effects	\$12,000	\$5,000	\$5,000	\$10,000
12.	Luggage and Personal Effects Delay Expenses	\$500			
*13.	Travel Delay Expenses	\$1,000			
14.	Alternative Transport Expenses*	\$5,000			
15.	Personal Liability	\$5 million	\$1 million	\$1 million	\$1 million
*16.	Rental Vehicle Excess	\$4,000			
*17.	Snow Skiing and Golfing Equipment Hire	\$200			

**** Plan C - Frequent Traveller**

- 12 month policy
- Unlimited number of Journeys
- Worldwide or Domestic Journeys includes Policy Sections 1 to 17 while travelling Overseas and Policy Sections 1, 4 and 6 to 17 while travelling in Australia (destination must be a minimum of 100km from Home).
- Benefit limits and sub-limits reinstated on the completion of each Journey except for Policy Section 15 Personal Liability - the amount shown in the Table of Benefits is the most we will pay for all claims combined under Policy Section 15 for the 12 month policy period.
- Maximum period for any one Journey is 37 days for leisure travel or 90 days for business travel. A Journey can be made up of business and/or leisure travel (with the leisure component being up to 37 days), however, the whole Journey cannot exceed a total of 90 days.
- Accompanying spouse/de facto and Dependants covered at no additional cost. (*"Accompanying" is defined as travelling with the insured person for 100% of the Journey*)
- Not available for travellers aged 71 years and over.

* sub-limits apply - refer to **"Your Policy Cover"** pages 33 to 49 for 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 the cover.

^ there is no cover under these Policy Sections while travelling in Australia - refer to **"Your Policy Cover"** (pages 33 to 49)

except for Policy Section 16 (*Rental Vehicle Excess*) - the amount shown in the Table of Benefits is the most we will pay for all claims combined under Policy Section 16, regardless of the number of persons the claims relate to.

All benefit limits and Excesses throughout this PDS are in Australian Dollars (AUD).

If you are travelling in the course of your business, please see pages 54 to 55 for information on how GST may affect your claims.

TABLE OF BENEFITS (continued)

Rental Vehicle Excess				
	Plan E		Plan F	
	Drivers 25 years and over	Sum Insured	Drivers 21 to 24 years	Sum Insured
Cover Overseas and within Australia (includes GST)	E1	\$1,000	F1	\$1,000
	E2	\$2,000	F2	\$2,000
	E3	\$3,000	F3	\$3,000
	E4	\$4,000	F4	\$4,000
Cover within Australia Only (includes GST)	E5	\$5,000	F5	\$5,000
	E6	\$6,000	F6	\$6,000
	E7	\$7,000	F7	\$7,000
	E8	\$8,000	F8	\$8,000

- Single Journey policy
- If you are a Resident of Australia, cover begins on the Start Date as stated on your Certificate of Insurance and ends when you return to your Home on the completion of your Journey, or on the End Date set out on your Certificate, whichever happens first (refer to page 30 **“Words with Special Meanings”** for definition of *Journey*).
- If you are not a Resident of Australia, cover begins on the Start Date as stated on your Certificate of Insurance and ends when you arrive at any immigration counter for departure from Australia or on the End Date set out on your Certificate of Insurance, whichever happens first.

Additional Options

SPECIFIED LUGGAGE AND PERSONAL EFFECTS COVER

Please Note:

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

Cover for unspecified items is limited to:

- Computer/Video Camera/Camera: \$3,000 each item under Plans A, B & C, and \$1,000 each item under Plan D.
- Mobile Phones (including PDAs and any items with phone capabilities): \$1,000 each item under Plans A, B & C, and \$500 each item under Plan D.
- Other Items: \$750 each item under Plans A, B & C, and \$500 each item under Plan D.

The maximum amount we will pay for all claims combined under Policy Section 11 (*Luggage & Personal Effects*) is shown under the **“Table of Benefits”** pages 12 to 14 for the plan you have selected.

Additional cover can be purchased for specified items up to a total amount of \$5,000 by paying an additional premium. The additional premium payable is \$40 per \$1,000 or part thereof - receipts and/or valuations need to be provided.

You cannot purchase specified cover for jewellery. There is no cover for bicycles or watercraft (other than surfboards) under the policy. These items must not be specified and cover will not be provided for them.

The standard item limits under Policy Section 11.1 b] will not apply to these specified items. Your nominated limit for *‘Specified Luggage & Personal Effects Cover’* will be shown on your Certificate of Insurance. Receipts and/or valuations must be provided in the event of a claim.

‘Specified Luggage and Personal Effects Cover’ is not available under Plans D, E or F.

Please Note: The **“General Exclusions Applicable to all Sections”** of the policy apply regardless of the amount of *‘Specified Luggage & Personal Effects Cover’* purchased.

ELECTRONICS ITEMS COVER

Additional cover can be purchased for Electronic Items, for a maximum amount of \$5,000 for all electronic items combined, by paying an additional premium (see page 30 for the definition of *Electronic Items*).

The standard item limits under Policy Section 11.1 b] will not apply to these Electronic Items, however, we will not pay more than the original purchase price of the item/s, subject to the maximum \$5,000 limit. Receipts and/or valuations must be provided in the event of a claim.

‘Electronic Items Cover’ is not available under Plans B, E or F.

Please Note: An Excess of \$250 applies to all claims under this additional option. This Excess does not apply to any other benefits, and cannot be removed.

INCREASED RENTAL VEHICLE EXCESS COVER

For Plans A, B & C a \$4,000 limit applies to your Rental Vehicle excess cover. You can purchase additional cover in \$1,000 units up to \$4,000. For details of the additional premium payable, please contact your Auto Club.

Increased Rental Vehicle Excess Cover is not available for Plans D, E or F.

Pre-existing Medical Conditions

PREGNANCY

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

In any event we will not pay medical expenses for:

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

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

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

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

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 50 TO 52 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 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:

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

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

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

If you are aged 81 years or over, you must complete the '81 Years and Over Medical Declaration Form' available from your Auto Club branch or online from their website. We have the absolute right to accept or decline cover, or impose special conditions such as an Excess or reduced benefits.

The remainder of this section does not apply to you.

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

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

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

- 1. Any type of cancer that you have previously been diagnosed with, or secondaries from that cancer
- 2. Any condition for which surgery/treatment/procedure is planned
- 3. Any condition which arises from signs or symptoms that you are currently aware of, but;
 - a] You have not yet sought a medical opinion regarding the cause; or
 - b] You are currently under investigation to define a diagnosis; or
 - c] You are awaiting specialist opinion

- 4. Any condition for which you have undergone surgery in the past 6 weeks
- 5. Any condition for which you have ever required spinal or brain surgery
- 6. Any condition which has caused a seizure in the past 12 months
- 7. Any chronic or recurring pain (including back pain) requiring regular medication or other ongoing treatment such as physiotherapy or chiropractic treatment
- 8. Any mental illness as defined by DSM-IV including;
 - a] Dementia, depression, anxiety, stress or other nervous condition; or
 - b] Behavioural diagnoses such as autism; or
 - c] A therapeutic or illicit drug or alcohol addiction
- 9. Any cardiovascular disease or cerebrovascular disease (see example) if you have:
 - a] Experienced angina (chest pain) within the past 6 months; or
 - b] Had a stroke (cerebrovascular accident or CVA) or a Transient Ischaemic Attack (TIA) within the past 12 months
- 10. Any cardiac or respiratory condition (see examples) if you:
 - a] require home oxygen therapy; or
 - b] will require oxygen for the Journey; or
 - c] have been diagnosed with Congestive Heart Failure
- 11. Chronic Renal Failure which is treated by haemodialysis or peritoneal dialysis
- 12. Any AIDS defining illness or any condition associated with immunocompromise
- 13. Organ transplantation, previous organ transplantation, or any condition for which you are awaiting organ transplantation
- 14. Any condition for which you have been given a terminal prognosis for any condition with a life expectancy of under 24 months

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

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

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

- 1. Acne
- 2. Allergies limited to Rhinitis, Chronic Sinusitis, Eczema, Food Intolerance, Hay Fever
- 3. Asthma – providing that you a] have no other lung disease and
- b] are less than 60 years of age at the date of policy purchase.
- 4. Bell's palsy
- 5. Benign Positional Vertigo
- 6. Bunions
- 7. Carpal Tunnel Syndrome

- 8. Cataracts
- 9. Coeliac disease
- 10. Congenital Blindness
- 11. Congenital Deafness
- 12. *Diabetes Mellitus (Type I) – providing you:
 - a] were diagnosed over 12 months ago, and
 - b] have no eye, kidney, nerve or vascular complications, and
 - c] do not also suffer from a known cardiovascular disease, hypertension, hyperlipidaemia or hypercholesterolaemia and
 - d] are under 50 years of age at the date of policy purchase.
- 13. *Diabetes Mellitus (Type II) – providing you:
 - a] were diagnosed over 12 months ago, and
 - b] have no eye, kidney, nerve or vascular complications, and
 - c] do not also suffer from a known cardiovascular disease, hypertension, hyperlipidaemia or hypercholesterolaemia.
- 14. Dry eye syndrome
- 15. Epilepsy – providing there has been no change to your medication regime in the past 12 months
- 16. Folate Deficiency
- 17. Gastric Reflux
- 18. Goitre
- 19. Glaucoma
- 20. Graves' Disease
- 21. Hiatus Hernia
- 22. *Hypercholesterolaemia (High Cholesterol) – provided you do not also suffer from a known cardiovascular disease and/or diabetes
- 23. *Hyperlipidaemia (High Blood Lipids) – provided you do not also suffer from a known cardiovascular disease and/or diabetes
- 24. *Hypertension (High Blood Pressure) – provided you do not also suffer from a known cardiovascular disease and/or diabetes
- 25. Hypothyroidism, including Hashimoto's Disease
- 26. Impaired Glucose Tolerance
- 27. Incontinence
- 28. Insulin Resistance
- 29. Iron Deficiency Anaemia
- 30. Macular Degeneration
- 31. Meniere's Disease
- 32. Migraine
- 33. Nocturnal cramps
- 34. Osteopaenia
- 35. Osteoporosis
- 36. Pernicious Anaemia
- 37. Plantar fasciitis
- 38. Raynaud's Disease
- 39. Sleep apnoea
- 40. Solar keratosis
- 41. Trigeminal Neuralgia
- 42. Trigger finger
- 43. Vitamin B12 Deficiency

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

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

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

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

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

Cardiovascular disease:

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

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

and you do not purchase adequate cover for CVD, you may not be covered for any claims relating to the heart/cardiovascular system (including heart attacks and strokes).

If any of these conditions are expressly excluded from the policy, all CVD is excluded.

Warfarin Use:

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

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

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

Chronic Lung Disease:

If you have ever been diagnosed with a chronic lung disease including (but not limited to) Emphysema and Chronic Bronchitis, Bronchiectasis, Chronic Obstructive Airways Disease (COAD), Chronic Obstructive Pulmonary Disease (COPD) or Asthma and you do not purchase adequate cover for your respiratory disease, you may not be covered for any claims relating to a new airways infection.

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

If you have a Pre-existing Medical Condition and:

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

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

PLEASE ALSO READ THE “GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS” ON PAGES 50 TO 52 AND THE SECTION-SPECIFIC EXCLUSIONS ON PAGES 33 TO 49.

You cannot apply for cover for conditions outlined in Group 1 (pages 18 and 19 of this PDS).

We do not offer any cover at all under Plans C, D, E or F for any Pre-existing Medical Conditions except as specified in Group 2.

A Medical Declaration form is available from your Auto Club branch or online from their website. In most cases it can be completed entirely by you.

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

Important Matters

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

WHO CAN PURCHASE THIS POLICY?

Plans A, B, C & D

Cover is only available if:

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

Plans E & F

Cover is available irrespective of residency, however:

- you must purchase your policy prior to signing any Rental Vehicle agreement; and
- if you are not a Resident of Australia,
 - you can only purchase your policy while in Australia; and
 - you are only covered while travelling within Australia.

AGE LIMITS

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

Plans A & B

- Available to travellers aged under 81 years of age (cover for travellers aged 81 years and over is only available upon application and assessment of a Medical Declaration Form obtained from your Auto Club).

Plan C

- Available to travellers aged under 71 years of age.

Plan D

- Available to travellers aged 18 to 39 years of age.

Plans E1, E2, E3, E4, E5 & E6

- Available to travellers 25 years of age and over.

Plans F1, F2, F3, F4, F5 & F6

- Available to travellers 21 to 24 years of age.

The following additional premiums apply to travellers aged 71 years and over as at the date of certificate issue.

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

Travellers aged 71–75 years*:	+50% of premium
Travellers aged 76–80 years*:	+100% of premium
Travellers aged 81 years and over*:	+200% of premium

* Only applicable for Plans A & B.

COOLING-OFF PERIOD

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

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

PERIOD OF COVER

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

Plans A, B, C & D

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

Please Note: The period of cover for any one Journey under Plan C (*Frequent Traveller*) cannot exceed a total of 90 days. A Journey can be made up of business and/or leisure travel (with the leisure component being up to 37 days).

Plans E & F

- Cover begins on the Start Date as stated on the Certificate of Insurance.
- If you are a Resident of Australia, cover ends when you return to your Home on the completion of your Journey or on the End Date set out on your Certificate of Insurance, whichever happens first (refer to page 30 **“Words with Special Meanings”** for definition of *Journey*).
- If you are not a Resident of Australia, cover ends when you arrive at any immigration counter for departure from Australia or on the End Date set out on your Certificate of Insurance, whichever happens first.

EXTENSION OF COVER

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

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

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

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

Extensions of cover are not available:

- for any Pre-existing Medical Condition unless it is listed under Group 2 on pages 19 and 20 and you have not been hospitalised (including Day Surgery or Emergency Department attendance) for that condition in the past 24 months. This applies regardless of whether your Pre-existing Medical Condition was covered under the original policy; or

- for conditions you suffered during the term of your original policy; or
- where you have not advised us of any circumstances that have given (or may give) rise to a claim under your original policy; or
- where, at the time of extension, you are aged 81 years or over under Plans A & B, or 40 years or over under Plan D; or
- under Plan C.

CONFIRMATION OF COVER

To confirm any policy transaction (if the Certificate of Insurance does not have all the information you require) call us using the contact details on the back cover of this PDS.

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.

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 AGA Assistance Australia Pty Ltd on 1800 783 495.

YOUR DUTY OF DISCLOSURE

Before you enter into this policy with us, the Insurance Contracts Act 1984 (Cth) requires you to provide us with the information we need to enable us to decide whether and on what terms your proposal for insurance is acceptable and to calculate how much premium is required for your 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 duty of disclosure, we may cancel the policy or reduce the amount we pay if you make a claim. If fraud is involved, we may treat the policy as if it never existed and pay nothing.

COMPENSATION ARRANGEMENTS

Allianz is authorised to carry on general insurance business in Australia. We are supervised by the Australian Prudential Regulation Authority (APRA). We are subject to the prudential requirements of the Insurance Act which are designed to ensure that, under all reasonable circumstances, financial promises made by us are met within a stable, efficient and competitive financial system.

Because of this we are exempted from the requirement to meet the compensation arrangements Australian financial services licensees must have in place to compensate retail clients for loss or damage suffered because of breaches by the licensee or its representatives of Chapter 7 of the Corporations Act. We have compensation arrangements in place that are in accordance with the Insurance Act.

The protection provided under the Federal Government's Financial Claims Scheme (the Scheme) applies to the policy. In the unlikely event Allianz was unable to meet its obligations under the policy, persons entitled to make a claim under insurance cover under the policy may be entitled to payment under the Scheme (access to the Scheme is subject to eligibility criteria).

Information about the Scheme can be obtained from the APRA website at <http://www.apra.gov.au> and the APRA hotline on 1300 13 10 60.

DISPUTE RESOLUTION PROCESS

If you have a complaint or dispute in relation to this insurance, or the services of AGA Assistance Australia Pty Ltd or its representatives, please call AGA Assistance Australia Pty Ltd on 1800 783 495 or put the complaint in writing and send it to The Dispute Resolution Department, PO Box 162, Toowong, Queensland 4066. AGA Assistance Australia Pty Ltd will attempt to resolve the matter in accordance with its Internal Dispute Resolution process. To obtain a copy of their procedures, please contact them.

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

Financial Ombudsman Service Limited (FOS)

GPO Box 3, Melbourne Victoria 3001

Phone: 1300 780 808

Fax: (03) 9613 6399

Website: www.fos.org.au

Email: info@fos.org.au

PRIVACY NOTICE

To arrange and manage your travel insurance, we (in this Privacy Notice "we", "our" and "us" includes AGA Assistance Australia Pty Ltd

and its authorised representatives) collect personal information from you and others (including those authorised by you such as your doctors, hospitals and persons whom we consider necessary).

Any personal information you provide is used by us to evaluate and arrange your travel insurance. We also use it to administer and provide the insurance services and manage your and our rights and obligations in relation to the insurance services, including managing, processing and investigating claims. We may also collect, use and disclose it for product development, marketing, research, IT systems maintenance and development, recovery against third parties, and for any other purposes with your consent.

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

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

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

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

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

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

EXCESS

Plans A, B, C, E & F

A Nil Excess applies to all Sections of the policy, unless the claim is for Electronic Items for which the additional option '*Electronic Items Cover*' has been purchased and an additional premium paid under Plans A or C.

An Excess of \$250 will apply to each claim for Electronic Items under the additional option '*Electronic Items Cover*'. You cannot remove this Excess.

Please see page 15 of your PDS for details about the '*Electronic Items Cover*' additional option.

Plan D

We will not pay the first \$200 for any one event under Policy Sections 2, 9, 11 and 15. You cannot remove this Excess.

A Nil Excess applies to all other Policy Sections.

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

OVERSEAS HOSPITALISATION OR MEDICAL EVACUATION

For emergency assistance anywhere in the world at any time, Club Travel 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 Club Travel Assistance as soon as possible. If you do not, then to the extent permissible by law, we will not pay for these expenses or for any evacuation or airfares that have not been approved or arranged by us.

If you are not hospitalised but you are being treated as an outpatient and the total cost of such treatment will exceed \$2,000 you MUST contact Club Travel Assistance.

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

YOU CAN CHOOSE YOUR OWN DOCTOR

You are free to choose your own Medical Adviser or we can appoint an approved Medical Adviser to see you, unless you are treated under a Reciprocal Health Agreement.

You must, however, advise Club Travel Assistance of your admittance to Hospital or your early return to Australia based on medical advice.

To ensure cover, you must follow instructions from the Club Travel Assistance medical assistance team.

If you do not get the medical treatment you expect, Club Travel Assistance can assist you but neither Allianz nor Club Travel Assistance are liable for anything that results from that.

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 31 and 32).

IN THE EVENT OF A CLAIM

Immediate notice should be given to Club Travel Assistance (see contact details on back of this PDS).

To download a claim form online, visit:
www.travelclaims.com.au/clubtravelassistance

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 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.

Words with Special Meanings

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

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

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

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

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

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

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

“Electronic Items” means any photographic and video equipment or personal computers, iPads, tablets, mobile phones (including PDAs and any items with phone capabilities), GPS, electronic book readers, and portable audio and gaming equipment. However, it does not mean any business samples or items that you intend to trade.

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

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

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

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

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

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

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

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

“Luggage and Personal Effects” means any personal items owned by you and that you take with you, or buy, on your Journey and which are designed to be worn or carried about with you. This includes items of clothing, personal jewellery, photographic and video equipment or personal computers, or electrical devices or portable equipment. This also includes Electronic Items where the additional option ‘*Electronic Items Cover*’ has been purchased and an additional premium paid (see page 30 for the definition of *Electronic Items*). However, it does not mean any business samples or items that you intend to trade.

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

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

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

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

“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:

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

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

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

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

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

Your Policy Cover

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

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

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

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

“**Unsupervised**” means leaving your Luggage and Personal Effects:

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

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

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

YOUR CHOICES

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

Whether you choose:

- A Single, Duo or Family Cover; and
- Plan A, B, C, D, E or F

depends on the type of cover you want and are eligible to purchase.

COVER TYPES

You can choose one of the following cover types:

Single – Covers you and your Dependants travelling with you.

Duo – Covers you and your Travelling Companion. Duo cover does not provide cover for Dependants. We issue one Certificate of Insurance, however, you are both covered as if you are each insured under separate policies with Single cover benefits per insured person.

This option is not available under Plan C Frequent Traveller, or Plans E & F Rental Vehicle Excess.

Family – Covers you and the members of your Family travelling with you. The benefit limits for Family cover apply to the total of all claims combined, regardless of which insured person the claim relates to.

This option is not available under Plan C Frequent Traveller, or Plans E & F Rental Vehicle Excess.

The remainder of this section outlines what We will pay and what We will not pay under each benefit in the event of a claim.

1 CANCELLATION FEES AND LOST DEPOSITS

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

1.1 WE WILL PAY

- a] We will pay your cancellation fees and lost deposits for travel and accommodation arrangements that you have paid in advance and cannot recover in any other way if your Journey is cancelled or shortened at any time through circumstances neither expected nor intended by you and outside your control.
- b] If you chose Plan A, B, or C, we will also pay the travel agent's cancellation fees up to \$1,500 for Single cover, \$1,500 per person for Duo cover or \$3,000 for Family cover where all monies have been paid or the maximum amount of the deposit has been paid at the time of cancellation. However, we will not pay more than the level of commission or service fees normally earned by the agent, had your Journey not been cancelled. Documentary evidence of the travel agent's fee is required.
- c] We will pay you for loss of frequent flyer or similar air travel points you used to purchase an airline ticket following cancellation of that airline ticket, if you cannot recover the lost points from any other source. The cancellation must be due to unforeseen circumstances outside of your control.

We calculate the amount we pay you as follows:

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

multiplied by:

- the total number of points lost,

divided by the total number of points used to obtain the ticket.

- d]** We will pay for loss of loyalty program points you used to purchase a loyalty program ticket or accommodation voucher following your Journey being cancelled or shortened, if you cannot recover the lost points from any other source. The cancellation must be due to unforeseen circumstances outside your control.

We calculate the amount we pay you as follows:

- the cost of an equivalent loyalty program ticket or accommodation voucher based on the quoted retail price at the time the loyalty program ticket or accommodation voucher was issued, less your financial contribution toward the ticket or voucher;

multiplied by:

- the total number of points lost,

divided by the total number of points used to obtain the ticket or voucher.

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

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

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

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

1.2 WE WILL NOT PAY

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

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

- b]** the death, Injury or Sickness of your Relative arising from a Pre-existing Medical Condition, except as specified under Policy Section 1.1 e].
- c]** you or your Travelling Companion changing plans.
- d]** any business, financial or contractual obligations. This exclusion does not apply to claims where you or your Travelling Companion are made redundant from full-time

employment in Australia provided you or they were not aware that the redundancy was to occur before you purchased your policy.

- e]** prohibition or regulation by any government.
- f]** a tour operator or wholesaler being unable to complete arrangements for any tour because there were not enough people to go on the tour.
- g]** delays or rescheduling by a bus line, airline, shipping line or rail authority.
- h]** the financial collapse of any transport, tour or accommodation provider.
- i]** the mechanical breakdown of any means of transport.
- j]** an act or threat of terrorism.
- k]** the death, Injury or Sickness of any person who resides outside of Australia or New Zealand.
- l]** your pre-arranged leave being cancelled by your employer (where you are a full-time permanent employee).

YOU MUST CHECK “GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS” PAGES 50 TO 52 FOR OTHER REASONS WHY WE WILL NOT PAY.

2 OVERSEAS EMERGENCY MEDICAL ASSISTANCE

You have this cover if you choose Plan A, C or D.

PLEASE NOTE: You will not have cover under this Policy Section while travelling in Australia.

Club Travel Assistance will help you with any Overseas medical emergency (see “Overseas Hospitalisation or Medical Evacuation” on page 28). You may contact them at any time 7 days a week.

2.1 Club Travel Assistance will arrange for the following assistance services if you Injure yourself Overseas or become Sick while Overseas:

- a]** access to a Medical Adviser for emergency medical treatment while Overseas.
- b]** any messages which need to be passed on to your family or employer in the case of an emergency.
- c]** provision of any written guarantees for payment of Reasonable expenses for emergency hospitalisation while Overseas.
- d]** your medical transfer or evacuation if you must be transported to the nearest Hospital for emergency medical treatment Overseas or be brought back to Australia with appropriate medical supervision.
- e]** the return to Australia of your Dependants if they are left without supervision following your hospitalisation or evacuation.

If you die as a result of an Injury or a Sickness during your Journey, we will pay for the Reasonable cost of either a funeral or cremation Overseas and/or of bringing your remains back to your Home. The maximum amount we will pay is as follows:

Plans A, C & D

\$15,000 for all claims combined

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

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

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

2.2 WE WILL NOT PAY

- a) We will not pay for medical evacuation, funeral services or cremation or bringing your remains back to Australia unless it has been first approved by Club Travel Assistance.
- b) We will not pay if you decline to promptly follow the medical advice of Club Travel Assistance and we will not be responsible for subsequent medical, Hospital or evacuation expenses.
- c) We will not pay for medical evacuation or the transportation of your remains from Australia to an Overseas country.

YOU MUST CHECK “GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS” PAGES 50 TO 52 FOR OTHER REASONS WHY WE WILL NOT PAY.

3 OVERSEAS EMERGENCY MEDICAL AND HOSPITAL EXPENSES

You have this cover if you choose Plan A, C or D.

PLEASE NOTE: You will not have cover under this Policy Section while travelling in Australia.

3.1 WE WILL PAY

- a) We will reimburse the Reasonable medical or Hospital expenses you incur until you get back to Australia if you injure yourself Overseas, or become Sick there. The medical or Hospital expenses must have been incurred on the advice of a Medical Adviser. You must make every effort to keep your medical or Hospital 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.

We will also pay for treatment received and/or Hospital accommodation during the 12 month period after the Sickness first showed itself or the Injury happened.

- b) We will also pay the cost of **emergency dental treatment** up to a maximum amount of \$500 per person per Journey 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.

Please note that we will not pay for any costs incurred in Australia. The maximum amount we will pay for all claims combined under this Section for Single and Family cover is shown under the Table of Benefits for the Plan you have selected. The amount

applies to the total of all claims combined, regardless of the number of persons the claims relate to.

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

3.2 WE WILL NOT PAY

We will not pay for expenses:

- a) arising from Pre-existing Medical Conditions except as specified under the “**Pre-existing Medical Conditions**” section on pages 17 to 22.
- b) when you have not notified Club Travel Assistance as soon as practicable of your admittance to Hospital.
- c) after 2 weeks treatment by a chiropractor, physiotherapist or dentist unless approved by Club Travel Assistance.
- d) if you do not take the advice of Club Travel Assistance.
- e) if you have received medical care under a Reciprocal National Health Scheme. Reciprocal Health Agreements are in place with Finland, Italy, Malta, the Netherlands, Norway, Sweden, the Republic of Ireland, United Kingdom, New Zealand, Belgium and Slovenia.
- f) for damage to dentures, dental prostheses, bridges or crowns.
- g) relating to dental treatment involving the use of precious metals or for cosmetic dentistry.

YOU MUST CHECK “GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS” PAGES 50 TO 52 FOR OTHER REASONS WHY WE WILL NOT PAY.

4 ADDITIONAL EXPENSES

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

4.1 WE WILL PAY

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

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

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

- b) If you shorten your Journey and return to Australia on the advice of a Medical Adviser approved by us, we will reimburse the Reasonable cost of your return to Australia.

We will only pay the cost of the fare class that you had planned to travel at and you must take advantage of any pre-arranged return travel to Australia.

- c] If during your Journey, your Travelling Companion or a Relative of either of you:
- dies unexpectedly;
 - is disabled by an Injury; or
 - becomes seriously Sick and requires hospitalisation (except arising out of a Pre-existing Medical Condition), we will reimburse the Reasonable additional cost of your return to Australia. We will only pay the cost of the fare class you had planned to travel at.
- d] If you chose Plan A, B or C, we will also reimburse you for airfares for you to return to the place you were when your Journey was interrupted, if you return to your Home because:
- during your Journey, a Relative of yours dies unexpectedly or is hospitalised following a serious Injury or a Sickness (except arising from a Pre-existing Medical Condition); and
 - it is possible for your Journey to be resumed; and
 - there is more than 14 days remaining of the period of your Journey, as noted on your Certificate of Insurance; and
 - you resume your Journey within 12 months of your return to Australia.

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

- \$3,000 for Single cover
 - \$3,000 per person for Duo cover
 - \$6,000 for Family cover
- e] If, as a result of a Pre-existing Medical Condition, a Relative is hospitalised in Australia or New Zealand or dies in Australia or New Zealand after the policy is issued, and at the time of policy issue you were unaware of the likelihood of such hospitalisation or death, we will pay for the Reasonable additional cost of your return to Australia and/or the cost of airfares for you to return to the place you were when your Journey was interrupted.
- The most we will pay for all events under this benefit is:
- \$2,000 for Single cover
 - \$2,000 per person for Duo cover
 - \$4,000 for Family cover
- f] In addition, we will reimburse your Reasonable additional accommodation and travel expenses if a disruption to your Journey arises from the following reasons:
- your scheduled or connecting transport is cancelled, delayed, shortened or diverted because of a strike, riot, hijack, civil protest, weather or natural disaster.
 - you unknowingly break any quarantine rule.
 - you lose your passport, travel documents or credit cards or they are stolen.
 - an accident involving your mode of transport. You must have written confirmation of the accident from an official body in the country where the accident happened.
 - your Home is rendered uninhabitable by fire, explosion, earthquake or flood.

If you did not have a return ticket booked to Australia before

you were Injured or became Sick, we will reduce the amount of your claim by the price of the fare to Australia from the place you planned to return to Australia from. The fare will be at the same fare class as the one you left Australia on.

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

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

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

4.2 WE WILL NOT PAY

We will not pay for any expenses:

- a] 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.
- b] if the death, Injury or Sickness of your Relative arises from a Pre-existing Medical Condition, except as specified under Policy Section 4.1 e].
- c] if you can claim your additional travel and accommodation expenses from anyone else.
- d] if your claim relates to the financial collapse of any transport, tour or accommodation provider.
- e] for delays or rescheduling by a bus line, airline, shipping line or rail authority unless it is due to a strike, riot, hijack, civil protest, weather or natural disaster.
- f] if you operate a Rental Vehicle in violation of the rental agreement.
- g] as a result of you or your Travelling Companion changing plans.

YOU MUST CHECK “GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS” PAGES 50 TO 52 FOR OTHER REASONS WHY WE WILL NOT PAY.

5 HOSPITAL CASH ALLOWANCE

You have this cover if you choose Plan A or C.

PLEASE NOTE: You will not have cover under this Policy Section while travelling in Australia.

5.1 WE WILL PAY

We will pay you \$50 for each day you are in Hospital if you are in Hospital for more than 48 continuous hours while you are Overseas.

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

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

5.2 WE WILL NOT PAY

- a] We will not pay for the first 48 continuous hours you are in Hospital.
- b] We will not pay if you cannot claim for Overseas medical expenses in Policy Section 3 (*Overseas Emergency Medical and Hospital Expenses*).

YOU MUST CHECK “GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS” PAGES 50 TO 52 FOR OTHER REASONS WHY WE WILL NOT PAY.

6 ACCIDENTAL DEATH

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

6.1 WE WILL PAY

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

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

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

Under a Family cover, the limit for the death of one person who is not an accompanying Dependant, is the sum insured for the Single cover, as per the plan selected.

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

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

6.2 WE WILL NOT PAY

We will not pay for death caused by suicide or for any other reason other than caused by Injury as defined under “**Words with Special Meanings**” on page 30.

YOU MUST CHECK “GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS” PAGES 50 TO 52 FOR OTHER REASONS WHY WE WILL NOT PAY.

7 PERMANENT DISABILITY

You have this cover if you choose Plan A or C.

PLEASE NOTE: You will not have cover under this Policy Section while travelling in Australia.

7.1 WE WILL PAY

We will pay if:

- a] you are Injured during your Journey; and
- b] because of the Injury, you become permanently disabled within 12 months of the Injury.

‘Permanently disabled’ means:

- you have totally lost all of the sight in one or both eyes, or the use of a hand or foot at or above the wrist or ankle; and
- the loss is for at least 12 months and, in our opinion after consultation with an appropriate medical specialist, will continue indefinitely.

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

Under a Family cover, the limit for the permanent disability of one person who is not an accompanying Dependant, is the sum insured for the Single cover, as per the plan selected.

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

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

7.2 WE WILL NOT PAY

YOU MUST CHECK “GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS” PAGES 50 TO 52 FOR REASONS WHY WE WILL NOT PAY.

8 LOSS OF INCOME

You have this cover if you choose Plan A or C.

PLEASE NOTE: You will not have cover under this Policy Section while travelling in Australia.

8.1 WE WILL PAY

If you are Injured during your Journey and become disabled within 30 days because of the Injury, and the disablement continues for more than 30 days after your return to Australia, we will pay you \$400 per person per week for a period of up to 26 weeks.

We will only pay if you cannot do your normal or suitable alternative work and you lose all your income.

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

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

8.2 WE WILL NOT PAY

- a] We will not pay for the first 30 days of your disablement from the time you return to Australia.
- b] We will not pay for the loss of income of Dependants.

YOU MUST CHECK “GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS” PAGES 50 TO 52 FOR OTHER REASONS WHY WE WILL NOT PAY.

9 TRAVEL DOCUMENTS, CREDIT CARDS AND TRAVELLERS CHEQUES

You have this cover if you choose Plan A, C or D.

PLEASE NOTE: You will not have cover under this Policy Section while travelling in Australia.

9.1 WE WILL PAY

- a] We will reimburse you the replacement costs (including communication costs) of any travel documents, including passports, credit cards or travellers cheques you lose or which are stolen from you during your Journey.
- b] We will also cover loss resulting from the fraudulent use of any credit card held by you following the loss of the card during your Journey.

We will only cover those amounts not covered by any guarantee given by the bank or issuing company to you as the cardholder covering such losses.

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

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

9.2 WE WILL NOT PAY

We will not pay if:

- a] you do not report the theft within 24 hours to the police and, in the case of credit cards and travellers cheques, to the issuing bank or company in accordance with the conditions under which the cards or cheques were issued; and
- b] you cannot prove that you made a report to the above relevant persons by providing us with a written statement from them.

YOU MUST CHECK “GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS” PAGES 50 TO 52 FOR OTHER REASONS WHY WE WILL NOT PAY.

10 THEFT OF CASH

You have this cover if you choose Plan A or C.

PLEASE NOTE: You will not have cover under this Policy Section while travelling in Australia.

10.1 WE WILL PAY

We will pay for cash, bank notes, currency notes, postal orders or money orders stolen from your person.

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

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

10.2 WE WILL NOT PAY

- a] We will not pay if you do not report the theft within 24 hours to the police or an office of the bus line, airline, shipping line or rail authority you were travelling on when the theft occurred. You can prove that you made a report by providing us with a written statement from whoever you reported it to.
- b] We will not pay if the cash, bank notes, currency notes, postal orders or money orders were not on your person at the time they were stolen.

YOU MUST CHECK “GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS” PAGES 50 TO 52 FOR OTHER REASONS WHY WE WILL NOT PAY.

11 LUGGAGE AND PERSONAL EFFECTS

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

Please Note: For the purpose of this section:

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

11.1 WE WILL PAY

- a] We will pay the repair cost or value of any Luggage and Personal Effects which, during the Journey, are stolen or accidentally damaged or are permanently lost.

When calculating the amount payable we will apply depreciation due to age, wear and tear for each item. The amount of such depreciation will be determined by us. No depreciation will be applied to goods purchased duty free prior to your departure or goods purchased during your Journey.

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

- b] The maximum amount we will pay for any item (ie. item limit) is:
- \$3,000 for personal computers, video cameras or cameras.
 - \$1,000 for mobile phones (including PDA's and any items with phone capabilities).
 - \$750 for all other unspecified items.

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

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

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

- c] In addition to the limit shown in the Table of Benefits for this Section, we will also pay up to a maximum of \$5,000 (or such other lower amount which you have previously selected) for all items combined, that you have specified under ‘Specified Luggage and Personal Effects Cover’ and paid an additional premium for. The standard item limits shown in b] above do not apply to the specified items listed on your Certificate of Insurance.

d] In addition to the limit shown in the Table of Benefits for this Section, we will also pay up to \$5,000 for Electronic Items if you purchased the additional option 'Electronic Items Cover'. The standard item limits shown in b] above do not apply to these Electronic Items, however, we will not pay more than the original purchase price of the item/s, subject to the maximum limit of \$5,000 for this additional option.

e] Luggage and Personal Effects left in a motor vehicle are only covered during daylight hours and must have been locked in the boot or in a Locked Storage Compartment and forced entry must have been made.

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

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

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

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

We will also pay:

- up to the limit(s) shown on your Certificate of Insurance for any additional cover purchased under 'Specified Luggage and Personal Effects Cover', up to a maximum of \$5,000; and/or
- up to the maximum limit of \$5,000 for any additional cover purchased under 'Electronic Items Cover'.

Please Note: If a specified item is also an Electronic Item, we will only pay under one of the above additional options, not both.

11.2 WE WILL NOT PAY

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

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

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

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 50 TO 52 FOR OTHER REASONS WHY WE WILL NOT PAY.

12 LUGGAGE AND PERSONAL EFFECTS DELAY EXPENSES

You have this cover if you choose Plan A or C.

PLEASE NOTE: You will not have cover under this Policy Section while travelling in Australia.

12.1 WE WILL PAY

We will reimburse you if any items of your Luggage and Personal Effects are delayed, misdirected or misplaced by the Carrier for more than 12 hours, and in our opinion it was Reasonable for you to purchase essential items of clothing or other personal items.

Your claim must contain written proof from the Carrier who was responsible for your Luggage and Personal Effects being delayed, misdirected or misplaced.

We will deduct any amount we pay you under this Section for any subsequent claim for lost Luggage and Personal Effects (Policy Section 11).

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

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

12.2 WE WILL NOT PAY

We will not pay if you are entitled to compensation from the bus line, air line, shipping line or rail authority you were travelling on for the relevant amount claimed. However, if you are not reimbursed the full amount, we will pay the difference between the amount of your expenses and what you were reimbursed up to the limit of your cover.

YOU MUST CHECK “GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS” PAGES 50 TO 52 FOR OTHER REASONS WHY WE WILL NOT PAY.

13 TRAVEL DELAY EXPENSES

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

13.1 WE WILL PAY

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

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

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

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

13.2 WE WILL NOT PAY

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

- a] the financial collapse of any transport, tour or accommodation provider.
- b] an act or threat of terrorism.

Nor will we pay if:

- c] you can claim your additional meals and accommodation expenses from anyone else.

YOU MUST CHECK “GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS” PAGES 50 TO 52 FOR OTHER REASONS WHY WE WILL NOT PAY.

14 ALTERNATIVE TRANSPORT EXPENSES

You have this cover if you choose Plan A or C.

PLEASE NOTE: You will not have cover under this Policy Section while travelling in Australia.

14.1 WE WILL PAY

We will pay your Reasonable additional travel expenses to reach a wedding, funeral, conference, sporting event or prepaid travel/tour arrangements on time if your scheduled transport is cancelled, delayed, shortened or diverted and that means you would not arrive on time.

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

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

14.2 WE WILL NOT PAY

- a] We will not pay if the cancellation, delay, shortening or diversion of your scheduled transport arises from the financial collapse of any transport, tour or accommodation provider.
- b] We will not pay if your claim arises directly or indirectly from an act or threat of terrorism.

YOU MUST CHECK “GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS” PAGES 50 TO 52 FOR OTHER REASONS WHY WE WILL NOT PAY.

15 PERSONAL LIABILITY

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

15.1 WE WILL PAY

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

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

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

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

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

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

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

15.2 WE WILL NOT PAY

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

- a] bodily injury to you, your Travelling Companion, or to a Relative or employee of either of you;
- b] damage to property belonging to you, or in your care or control, or belonging to, or in the care or control of, your Relative, or your Travelling Companion, or to an employee of either of you;
- c] the ownership, custody or use of any aerial device, watercraft or mechanically propelled vehicle;
- d] the conduct of a business, profession or trade;
- e] any loss, damage or expenses which are covered or should have been covered under a statutory or compulsory insurance policy, statutory or compulsory insurance or compensation scheme or fund, or under workers' compensation legislation, an industrial award or agreement, or accident compensation legislation;
- f] any fine, penalty or aggravated, punitive or exemplary or liquidated damages;
- g] disease that is transmitted by you;
- h] any relief or recovery other than monetary amounts;
- i] a contract that imposes on you a liability which you would not otherwise have;
- j] assault and/or battery committed by you or at your direction; or
- k] conduct intended to cause bodily Injury, property damage or liability with reckless disregard for the consequences of you or any person acting with your knowledge, consent or connivance.

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 50 TO 52 FOR OTHER REASONS WHY WE WILL NOT PAY.

16 REIMBURSEMENT OF RENTAL VEHICLE EXCESS

You have this cover if you choose Plan A, B, C, E or F.

16.1 WE WILL PAY

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

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

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

Please Note: The person(s) whose name(s) are listed on the Rental Vehicle agreement are covered under Plans E & F.

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

16.2 WE WILL NOT PAY

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

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

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 50 TO 52 FOR OTHER REASONS WHY WE WILL NOT PAY.

17 SNOW SKIING AND GOLFING EQUIPMENT HIRE

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

17.1 WE WILL PAY

We will reimburse you for the costs of hiring alternative snow skiing and/or golfing equipment following:

- a] accidental loss, theft of, or damage to snow skiing and/or golfing equipment owned by you, for which a claim has been accepted by us under Policy Section 11 (*Luggage and Personal Effects*); or
- b] the misdirection or delay, for a period of more than 24 hours from the scheduled time of arrival at the snow and/or golf destination, of snow skiing and/or golfing equipment owned by you.

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

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

17.2 WE WILL NOT PAY

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 50 TO 52 FOR REASONS WHY WE WILL NOT PAY.

General Exclusions Applicable to all Sections

WE WILL NOT PAY UNDER ANY CIRCUMSTANCES IF:

GENERAL

1. You do not act in a responsible way to protect yourself and your property and to avoid making a claim.
2. You do not do everything you can to reduce your loss as much as possible.
3. Your claim is for consequential loss of any kind, including loss of enjoyment.
4. At the time of purchasing the policy, you were aware of something that would give rise to you making a claim under this policy.
5. Your claim is for a loss which is recoverable by compensation under any workers compensation or transport accident laws or by any government sponsored fund, plan, or medical benefit scheme, or any other similar type legislation required to be effected by or under a law.
6. Your claim arises from errors or omissions in any booking arrangements or failure to obtain relevant visa, passport or travel documents.
7. Your claim arises because you act illegally or break any government prohibition or regulation including visa requirements.
8. Your claim arises from a government authority confiscating, detaining or destroying anything.
9. Your claim arises from being in control of a Motorcycle without a current Australian motorcycle licence or you are a passenger travelling on a Motorcycle that is in the control of a person who does not hold a current motorcycle licence valid for the country you are travelling in.
10. Your claim arises from being in control of a Moped or Scooter without a current Australian Motorcycle or drivers licence or you are a passenger travelling on a Moped or Scooter that is in the control of a person who does not hold a current motorcycle or drivers licence valid for the country you are travelling in.
11. Your claim arises from, is related to or associated with:
 - an actual or likely Epidemic or Pandemic; or
 - the threat of an Epidemic or Pandemic.Refer to www.who.int and www.smartraveller.gov.au for further information on Epidemics and Pandemics.
12. Your claim arises because you did not follow advice in the mass media of any government or other official body's warning:
 - against travel to a particular country or parts of a country; or
 - of a strike, riot, bad weather, civil protest or contagious disease (including an Epidemic or Pandemic);and you did not take appropriate action to avoid or minimise any potential claim under your policy (including delay of travel to the country or part of the country referred to in the warning). Refer to www.who.int and www.smartraveller.gov.au for further information.

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

MEDICAL

16. Your claim arises from, is related to or associated with any Pre-existing Medical Condition except as provided under the section "**Pre-existing Medical Conditions**" (pages 17 to 22), Policy Section 1.1 e] (page 34), and Policy Section 4.1 e] (page 38).
17. You take a blood-thinning prescription medication such as Warfarin (also known under the brand names Coumadin, Jantoven, Marevan, and Waran), unless we have agreed in writing to provide cover under Group 3 of the Pre-existing Medical Conditions process on pages 21 and 22, and you have paid any additional premium that applies.
18. Your claim is in respect of travel booked or undertaken against the advice of any Medical Adviser.
19. Your claim arises from any Injury or Sickness where a metastatic or terminal prognosis was made prior to the issue of the Certificate of Insurance.
20. Your claim arises out of pregnancy, childbirth or related complications except as specified under the heading '*Pregnancy*' on page 17.
21. Your claim involves a Hospital where you are being treated for addiction to drugs or alcohol, or are using it as a nursing, convalescent or rehabilitation place.
22. Your claim involves the cost of medication in use at the time the Journey began or the cost for maintaining a course of treatment you were on prior to the Journey.
23. Your claim arises from or is in any way related to depression, anxiety, stress, mental or nervous conditions.
24. Your claim arises from suicide or attempted suicide.
25. Your claim arises directly or indirectly from a sexually transmitted disease, except where previously accepted by us in writing according to the Pre-existing Medical Conditions process on pages 17 to 22.
26. You were under the influence of any intoxicating liquor or drugs, except a drug prescribed to you by a Medical Adviser, and taken in accordance with their instructions.
27. Despite our advice otherwise following your call to Club Travel 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.
28. Your claim arises from any medical procedures in relation to AICD/ICD insertion during Overseas travel. If you, your Travelling Companion 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.

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

SPORTS AND LEISURE

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

Claims

HOW TO MAKE A CLAIM

You must give us notice of your claim as soon as possible by completing a Claim Form available from:

www.travelclaims.com.au/clubtravelassistance

and posting it to the address shown on the claim form. If the claim form is not fully completed by you, we cannot process your claim, and we can reduce your claim by the amount of prejudice we have suffered because of the delay.

You must give us any information we reasonably ask for to support your claim at your expense, such as but not limited to police reports, valuations, medical reports, original receipts or proof of ownership. If required we may ask you to provide us with translations into English of such documents to enable us to carry out our assessment of your claim.

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.

- For medical, Hospital or dental claims, contact Club Travel Assistance as soon as practicable.
- For loss or theft of your Luggage and Personal Effects, report it immediately to the police and obtain a written notice of your report.
- 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.
- 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.

DEPRECIATION

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

YOU MUST NOT ADMIT FAULT OR LIABILITY

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

YOU MUST HELP US TO RECOVER ANY MONEY WE HAVE PAID

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

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

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

OTHER INSURANCE

If any loss, damage or liability covered under this policy is covered by another insurance policy, you must give us details. If you make a claim under one insurance policy and you are paid the full amount of your claim, you cannot make a claim under the other policy.

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

SUBROGATION

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

RECOVERY

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

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

Once we pay your total loss we will keep all money left over.

If we have paid your total loss and you receive a payment from someone else for that loss or damage, you must pay us the amount of that payment up to the amount of the claim we paid you.

If we pay you for lost or damaged property and you later recover the property or it is replaced by a third party, you must pay us the amount of the claim we paid you.

BUSINESS TRAVELLERS – HOW GST AFFECTS YOUR CLAIM

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

TRAVEL WITHIN AUSTRALIA ONLY

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

FRAUD

Insurance fraud places additional costs on honest policyholders. Fraudulent claims force insurance premiums to rise. We encourage the community to assist in the prevention of insurance fraud.

You can help by reporting insurance fraud by calling 1800 453 937. All information will be treated as confidential and protected to the full extent under law.

Recommendations for Your Safety and Wellbeing

Before you travel:

- make sure you are familiar with the terms and conditions of your policy as set out in this PDS, your Certificate of Insurance and any endorsements issued to you.
- if you have – or have had – medical conditions, make sure:
 - you have a full check up with your treating doctor,
 - you obtain enough medication for your Journey, and
 - review the **“Pre-existing Medical Conditions”** section of this Product Disclosure Statement – before you travel, you need to be sure what conditions you have cover for.
- see your local doctor for recommended vaccinations before travelling.
- tell family members about your travel plans.
- give family members a copy of your itinerary and your travel insurance policy.
- check www.smartraveller.gov.au for travel advice and warnings before you buy your policy.
- obtain all appropriate visas, including transit visas - see www.dfat.gov.au/visas.

Emergency Free Call Telephone Numbers

**In Case of Emergency FREE CALL Club Travel Assistance,
if you are in one of the countries listed below, simply
dial the number shown for that country.**

Australia 1800 010 075

Canada 1800 214 5514

China (North) 10 800 6100 434

China (South) 10 800 261 1323

France 0800 905 823

Germany 0800 182 7635

Greece 00800 611 4107

Hong Kong 800 900 389

India 000800 610 1108

Indonesia 001 803 61 098

Italy 800 787 451

Japan 0066 3386 1052

Malaysia 1 800 81 5102

Netherlands 0800 023 2683

New Zealand 0800 778 103

Singapore 800 6162 187

Spain 900 996 115

Switzerland 0800 561 361

Thailand 001 8006 121 082

United Kingdom 08000 289 270

United States 1866 844 4085

For all other countries dial reverse charge (“collect”)
via the local operator on:

61 7 3305 7499

Travel Insurance Application Form

IF YOU HAVE INSUFFICIENT SPACE TO COMPLETE YOUR ANSWERS PLEASE ATTACH A SEPARATE SHEET.

Are you an Auto Club member? Yes No

Auto Club: _____ **Member Number:** _____

Traveller Details

Surname _____ Given Names _____

Mr/Mrs/Ms/Miss _____ Date of Birth / /

Surname _____ Given Names _____

Mr/Mrs/Ms/Miss _____ Date of Birth / /

Dependant(s) to be Covered (not applicable to Duo Policies)

Surname _____ Given Name _____

Mr/Miss _____ Date of Birth / /

Surname _____ Given Name _____

Mr/Miss _____ Date of Birth / /

Traveller Address Details

Home Address _____

Postcode _____

Phone (Bus Hrs) _____ (After Hrs) _____

E-mail address _____

Major Destination

Region Region 1 Region 2 Region 3 Region 4 Australia

Cover Required Single Duo Family

Commencement/Departure Date _____ / _____ / _____

Expiry/Return Date _____ / _____ / _____

Period of Journey _____ Days _____ Months

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 17 TO 22 OF THE PDS.

DO YOU HAVE A PRE-EXISTING MEDICAL CONDITION (AS OUTLINED IN THE PDS)? YES NO

DO YOU WANT COVER FOR YOUR PRE-EXISTING MEDICAL CONDITION FOR YOUR JOURNEY? YES NO

We are unable to offer cover for those Pre-existing Medical Conditions outlined on pages 18 and 19 under the heading "Group 1 – Pre-existing Medical Conditions which are automatically excluded".

If you have any of the conditions which are excluded, travel insurance is still available to you however there is no provision to claim for any of the medical conditions as listed in Group 1 (pages 18 and 19).

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

1. Do all your Pre-existing Medical Conditions fall under Group 2? YES NO
(If yes, we do provide automatic cover for these Pre-existing Medical Conditions listed in Group 2 at no additional premium)

2. Are you required to complete and submit a Medical Declaration Form? YES NO
(If yes, please complete the Pre-existing Medical Condition application form. If your application for cover is approved, an additional premium will be payable. **Only available for Plans A and B**)

3. If approved, what is your application number?: _____

Plan Selected

- Plan A: Comprehensive Standard Plan \$ _____
- Plan B: Australia Only Standard Plan \$ _____
- Plan C: Frequent Traveller \$ _____
- Plan D: Under 40s Cover \$ _____
- Plan E: Reimbursement of Rental Vehicle Excess \$ _____
- Plan F: Reimbursement of Rental Vehicle Excess \$ _____

Cost

Sub Total to carry forward to next page \$ _____

Application continues on reverse of page.



Travellers 81 years or over

Approval codes: _____

ADDITIONAL OPTIONS

Rental Vehicle Excess Options (not available for Plans D, E, or F)

Additional Sum Insured & Additional Premium

Sum Insured: \$ _____ \$ _____

Specified Luggage and Personal Effects Cover

(not available for Plans E or F)

You may purchase extra cover (up to a total of \$5,000) for:

- specified items taken from Australia (valuations or receipts must be attached); or
- specified items purchased Overseas.

Extra cover up to:	\$1000	\$2000	\$3000	\$4000	\$5000
Cost up to:	\$40	\$80	\$120	\$160	\$200

Details of specified articles

Sum Insured

(eg. cameras)

1 _____ \$ _____

2 _____ \$ _____

3 _____ \$ _____

Additional Sum Insured & Additional Premium

(i.e. \$40 per \$1000 or part thereof) \$ _____ \$ _____

Electronic Items Cover

(not available for Plans B, D, E and F)

You may purchase extra cover (\$5,000 maximum limit) for Electronic Items

Additional Sum Insured & Additional Premium

\$5,000 \$ _____

Sub Total from page 58 \$ _____

Amount payable \$ _____

Credit Card Authority

Please Debit my: Visa Mastercard

Card No:

Card Holder's Name: _____

Expiry Date: _____

Signature: _____ Date: _____

1. I/we acknowledge that a copy of the combined *Financial Services Guide* [FSG] and *Product Disclosure Statement (including Policy Wording)* [PDS], which contains the Duty of Disclosure and consequences of non-disclosure, was given to me before I applied for this policy and that I/we have made the decision to purchase this after carefully reading the terms of the policy and decided that this policy is suitable for my/our needs.
2. I authorise any doctor or clinic to provide AGA Assistance Australia Pty Ltd with information concerning my current or past medical history. I have read the Privacy Notice and I consent to the collection, use and disclosure of my personal information by AGA Assistance Australia Pty Ltd or the Insurer to such person and for such purposes 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: _____

Auto Club: _____

Policy No.: _____ Issue Date: _____

To purchase your policy please return this completed application to your nearest Auto Club branch

OR call your Auto Club

OR visit your Auto Club's website (refer back cover of this PDS for contact details)

VALUE TRAVEL INSURANCE

Sales and General Enquiries:
61 02 8913 0755

Claims Enquiries:
1800 783 495

24hr Emergency Assistance:
1800 010 075 (within Australia)
61 07 3305 7499 (reverse charge from overseas)

Download claim form:
www.travelclaim.au/clubtravelassistance

This Insurance is issued and
managed by:
AGA Assistance Australia Pty. Limited
ABN 52 097 227 177
AFS Licence No. 245631
PO Box 162 Toowong QLD 4066

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

Value Tours (Aust.) Pty. Ltd.
ABN 93 002 364 972
AR No 269480
PO Box 480
North Sydney NSW 2059
is an Authorised Representative of
AGA Assistance Australia from September 2010

Thank you for choosing our Value Travel Insurance

Your consultant is:

Name : _____
AR No 269480

Company : _____

ABN : _____

Phone Number : _____

Value Tours (Aust.) Pty. Ltd.
Licence Number 2TA 00 3190

Effective Date: 15 December 2011