



QBE Insurance (Australia) Limited

Corporate Travel

Product Disclosure Statement and Policy Wording

This is an important document about insurance. It explains what is and what is not covered under the insurance policy and your and our obligations. To check the policy meets your needs, you need to understand it. If you cannot read and understand English please seek assistance from someone who can help you understand it in your preferred language.

此乃關於保險的重要文件，它解釋了根據保單條款什麼是受保、什麼是不受保項目，以及你方和我方的責任條款。你必須要了解後才能決定這項保險是否能滿足你的需要。如果你不能閱讀和理解英文，請向能幫助你用你熟悉的語言理解內容的人求助。

هذه وثيقة هامة عن التأمين، تشرح ما تغطيه بوليصة التأمين وما لا تغطيه بالإضافة إلى التزاماتنا والتزاماتك. يجب عليك فهم محتوى البوليصة حتى تتأكد من أنها تفي باحتياجاتك. إذا لم تكن تجيد قراءة الإنجليزية وفهمها، أطلب المساعدة من شخص يستطيع أن يعينك على فهم هذه الوثيقة باللغة التي تفضلها.

此乃關於保險的重要文件，它解釋了根據保單條款什麼是受保、什麼是不受保項目，以及你方和我方的責任條款。你必須要了解後才能決定這項保險是否能滿足你的需要。如果你不能閱讀和理解英文，請向能幫助你用你熟悉的語言理解內容的人求助。

Đây là một tài liệu quan trọng về bảo hiểm. Nó giải thích những gì được và những gì không được bảo hiểm theo hợp đồng bảo hiểm cũng như những nghĩa vụ của quý vị và của chúng tôi. Để kiểm tra liệu hợp đồng bảo hiểm có đáp ứng được những nhu cầu của quý vị hay không, quý vị cần phải hiểu nó. Nếu quý vị không thể đọc và hiểu tiếng Anh, vui lòng nhờ ai đó có thể giúp giải thích hợp đồng cho quý vị bằng ngôn ngữ quý vị ưa dùng.

Questo è un documento importante sull'assicurazione. Spiega cosa è e cosa non è coperto in base alla polizza assicurativa ed i tuoi ed i nostri obblighi. Per verificare che la polizza soddisfi le tue esigenze, devi capirla. Se non puoi leggere e capire l'inglese, fatti assistere da qualcuno che possa aiutarti a capirla nella tua lingua preferita.

Αυτό είναι ένα σημαντικό έγγραφο σχετικά με την ασφάλιση. Εξηγεί τι είναι και τι δεν καλύπτεται από το ασφαλιστήριο συμβόλαιο και τις δικές σας και τις δικές μας υποχρεώσεις. Για να ελέγξετε αν αυτό ανταποκρίνεται στις ανάγκες σας, πρέπει να το κατανοήσετε. Εάν δεν διαβάζετε ή δεν κατανοείτε την αγγλική γλώσσα, παρακαλείστε να ζητήσετε βοήθεια από κάποιον που μπορεί να σας βοηθήσει να το κατανοήσετε στη γλώσσα που προτιμάτε.

यह बीमा के बारे में एक महत्वपूर्ण दस्तावेज़ है। इसमें यह विवरण दिया गया है कि बीमा पॉलिसी में क्या कवर्ड (बीमे द्वारा सुरक्षित) है और क्या कवर्ड (बीमे द्वारा कवर्ड) नहीं है तथा इसमें आपके और हमारे दायित्वों के बारे में भी बताया गया है। यह जांच करने के लिए कि क्या पॉलिसी आपकी आवश्यकताओं को पूरा करती है, आपको इसे समझने की आवश्यकता है। यदि आप अंग्रेज़ी पढ़ और समझ नहीं सकते/सकती हैं तो कृपया किसी ऐसे व्यक्ति से सहायता लें जो आपको इसे आपकी पसंदीदा भाषा में समझने में मदद कर सकता हो।

Este es un documento importante sobre seguros. En él se explica lo que cubre y no cubre su póliza de seguro y tanto sus obligaciones como las nuestras. Deberá entenderlo para determinar si la póliza se adapta a sus necesidades. Si no lee ni entiende inglés, solicite la ayuda de alguien que le pueda ayudar a entenderlo en su idioma.

ਇਹ ਬੀਮੇ ਬਾਰੇ ਇੱਕ ਮਹਤਵਪੂਰਨ ਦਸਤਾਵੇਜ਼ ਹੈ। ਇਸ ਵਿੱਚ ਇਹ ਵੇਰਵਾ ਦਿਤਾ ਗਿਆ ਹੈ ਕਿ ਬੀਮਾ ਪਾਲਿਸੀ ਤਹਿਤ ਕੀ ਕਵਰਡ (ਬੀਮੇ ਦੁਆਰਾ ਸੁਰਖਿਅਤ) ਹੈ ਅਤੇ ਕਿ ਕਵਰਡ (ਬੀਮੇ ਦੁਆਰਾ ਸੁਰਖਿਅਤ) ਨਹੀਂ ਹੈ ਅਤੇ ਇਸ ਵਿੱਚ ਤੁਹਾਡੀਆਂ ਅਤੇ ਸਾਡੀਆਂ ਜ਼ਿੰਮੇਵਾਰੀਆਂ ਬਾਰੇ ਵੀ ਦੱਸਿਆ ਗਿਆ ਹੈ। ਇਹ ਜਾਂਚ ਕਰਨ ਲਈ ਕਿ ਕੀ ਪਾਲਿਸੀ ਤੁਹਾਡੀਆਂ ਲੋੜਾਂ ਨੂੰ ਪੂਰਾ ਕਰਦੀ ਹੈ, ਤੁਹਾਨੂੰ ਇਸਨੂੰ ਸਮਝਣ ਦੀ ਲੋੜ ਹੈ। ਜੇ ਤੁਸੀਂ ਅੰਗਰੇਜ਼ੀ ਪੜ੍ਹ ਤੇ ਸਮਝ ਨਹੀਂ ਸਕਦੇ ਹੋ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਕਿਸੇ ਅਜਿਹੇ ਵਿਅਕਤੀ ਤੋਂ ਮਦਦ ਲਵੋ ਜੋ ਤੁਹਾਡੀ ਪਸੰਦੀਦਾ ਭਾਸ਼ਾ ਵਿੱਚ ਤੁਹਾਨੂੰ ਇਸਨੂੰ ਸਮਝਣ ਵਿੱਚ ਮਦਦ ਦੇ ਸਕੇ।

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About this booklet

There are two parts to this booklet. The first part is Important Information about this Policy including information about how we'll protect your privacy and how to make a complaint or access our dispute resolution service.

The second part is your Policy Wording which sets out the detailed terms, conditions and exclusions of the Policy.

Because we don't know your own personal circumstances, you should treat any advice in this booklet as purely general in nature. It doesn't consider your objectives, financial situation or needs. You should carefully consider the information provided with regard to your personal circumstances to decide if it's right for you.

For more information or to make a claim

Please take the time to read through this booklet and if you have any questions, need more information or to confirm a transaction, please contact your financial services provider.

Full details of what you must do for us to consider your claim are provided in the 'Claims' section at the end of this booklet. To make a claim under this Policy please contact your financial services provider.

If you're overseas and in need of emergency assistance, please contact the nominated assistance provider. You'll find contact details for the assistance provider in your policy schedule.

About QBE

QBE Insurance (Australia) Limited ABN 78 003 191 035 AFSL 239545 is a member of the QBE Insurance Group of companies. QBE Insurance Group Limited ABN 28 008 485 014 is the ultimate parent entity and is listed on the Australian Securities Exchange (ASX: QBE). We have been helping Australians protect the things that are important to them since 1886. Our purpose is to give people the confidence to achieve their ambitions.

Important information

The information provided in this section includes high level information about the Policy including privacy, our dispute resolution process and other relevant information.

The Policy Wording sets out the detailed terms, conditions and exclusions relating to the Policy.

This Policy may be accompanied by a Policy Schedule which sets out any applicable specific terms.

Group policies: about your right to claim

This is a group policy which the insured has entered into with us for the period of insurance. You may be eligible to claim under it as a third party beneficiary, provided you met the eligibility criteria specified in the Policy, or under a particular cover, at the time an insured event occurred.

You can't cancel or vary the Policy – only the contracting insured and we can do this. If the policy is cancelled or varied by us, we don't need to obtain your consent.

We also don't provide you with any notices in relation to this Policy. We only send notices to the insured as it's the only entity we have contractual obligations to.

You're not obliged to accept any of the benefits of this Policy but if you make a claim, you'll be bound by its terms, conditions, limitations and exclusions.

Neither we nor the insured hold the cover(s) or the benefits provided under the Policy on trust or for your benefit or on your behalf. The insured also doesn't:

- Act on behalf of us or you in relation to the Policy
- Provide, and is not authorised to provide, any financial product advice, recommendations or opinions about the Policy or any cover, or
- Receive any remuneration or other benefits from us.

If you're seeking to access the benefit of the Policy, you should consider obtaining advice as to whether it is appropriate for your needs from a person who is licensed to give such advice.

Nothing prevents you from entering into other arrangements regarding insurance.

To confirm if you may have access to the Policy, and its currency, please contact your financial services provider.

General Insurance Code of Practice

QBE is a signatory to the General Insurance Code of Practice (Code) and is committed to providing high standards of service. The Code covers topics like buying insurance, how claims are handled, what happens if financial hardship occurs, and complaint handling. You can read the Code at codeofpractice.com.au

We recognise that family and domestic violence is a complex issue and we take it seriously. For more information about support, our Family and Domestic Violence Customer Support Policy is available at qbe.com/au

Privacy

We take the security of your personal information seriously.

We'll collect personal information when you deal with us, our agents, other companies in the QBE group or suppliers acting on our behalf. We use your personal information so we can do business with you, which includes issuing and administering our products and services and processing claims. Sometimes we might send your personal information overseas. The locations we send it to can vary but include the Philippines, India, Ireland, the UK, the US, China and countries within the European Union.

Our Privacy Policy describes in detail where and from whom we collect personal information, as well as where we store it and the ways we could use it. To get a copy at no charge by us, please visit qbe.com.au/privacy or contact QBE Customer Care.

It's up to you to decide whether to give us your personal information, but without it we might not be able to do business with you, including not paying your claim.

Complaints

We're here to help. If you're unhappy with any of our products or services, or the service or conduct of any of our suppliers, please let us know and we'll do our best to put things right.

Step 1 – Talk to us

Your first step is to get in touch with the team looking after your Policy or claim. You'll find their contact details on your policy documents, letters or emails from us.

Please provide our team with as much information as possible so they can try to fix the problem quickly and fairly.

Step 2 – Customer Care

If your complaint isn't resolved by the team looking after your Policy or claim, you can ask them to refer your complaint on to our Customer Care team or you can contact Customer Care directly.

Step 3 – Internal Dispute Resolution

If your complaint isn't resolved by Customer Care, or indeed at any time, you can ask for your complaint to be escalated for review by our Internal Dispute Resolution (IDR) team. A Dispute Resolution Specialist will review your complaint independently and provide you with our final decision.

Step 4 – Still not resolved?

If we're unable to resolve your complaint to your satisfaction within a reasonable time, or you're not happy with our final IDR decision, you can refer your complaint for external dispute resolution by contacting the Australian Financial Complaints Authority (AFCA). We are a member of AFCA and their decisions are binding on us.

AFCA will inform you if your complaint falls within its jurisdiction. Time limits apply to most complaints to AFCA.

Disputes not covered by the AFCA Rules

If your dispute doesn't fall within the AFCA Rules, and you're not satisfied with our decision then you may wish to seek independent legal advice.

Privacy complaints

If you're not happy with how we've handled your personal information, call or email Customer Care.

If you're not satisfied with our response, you can contact the Office of the Australian Information Commissioner (OAIC).

Contacting QBE's Customer Care Unit, AFCA or the OAIC

How to contact QBE Customer Care

Phone	1300 650 503 (Monday to Friday from 9am to 5pm, Sydney time, except on public holidays). Calls from mobiles, public telephones or hotel rooms may attract additional charges.
Email	<ul style="list-style-type: none"> complaints@qbe.com, to make a complaint. privacy@qbe.com, to contact us about privacy or your personal information. customer@qbe.com, to give feedback or pay a compliment.
Post	Customer Care, GPO Box 219, Parramatta NSW 2124

How to contact AFCA

Phone	1800 931 678 (free call)
Email	info@afca.org.au
Online	www.afca.org.au
Post	Australian Financial Complaints Authority, GPO Box 3, Melbourne VIC 3001

How to contact the OAIC

Phone	1300 363 992 Calls from mobiles, public telephones or hotel rooms may attract additional charges.
Email	enquiries@oaic.gov.au
Online	www.oaic.gov.au

Financial Claims Scheme

This policy is protected under the Financial Claims Scheme (FCS), which protects certain insureds and claimants in the unlikely event QBE becomes insolvent. You may be entitled to access the FCS if you meet the eligibility criteria. For more information, contact the Australian Prudential Regulation Authority (APRA).

How to contact APRA

Phone	1300 558 849 Calls from mobiles, public telephones or hotel rooms may attract additional charges.
Online	www.apra.gov.au/financial-claims-scheme-general-insurers

Policy Wording

This Policy is underwritten by QBE Insurance (Australia) Limited ABN 78 003 191 035 AFSL 239545.

Our agreement

This Policy is a legal contract between the insured and us. It's made up of the Policy Wording and the Policy Schedule, if one applies. The insured pays us premium and you may be able to claim under the Policy, provided you met the eligibility criteria at the time loss or damage occurred. There are also:

- Conditions and exclusions which apply to specific covers or sections of this Policy
- General exclusions, which apply to all covers and sections of this Policy
- General conditions, which set out your responsibilities under this Policy
- Claims conditions, which set out your responsibilities when you make a claim, and
- Other terms, which apply to how this Policy operates.

Excesses

If you make a claim you must pay any applicable excess(es) to the cover or section you're claiming under. These excesses may be set out in the Policy Schedule, if one applies.

How much we'll pay

The most we'll pay for a claim is the Maximum Benefit Amount set out in the Policy Schedule for the cover or section you're claiming under, less any excess. The amount we pay may be subject to an aggregate limit.

Aggregate limits of liability

This Policy is a group policy where cover is available to other persons or entities that satisfy the definition of an insured person. The maximum amount we will pay for any one event involving more than one insured person (including you) under this Policy is the aggregate limit of liability. If the applicable aggregate limit is not enough to pay all claims in full, then we will reduce yours and each other insured person's benefit proportionately.

The aggregate limit for Sections A, B, C, D, H, I, M and Additional Covers 5 – 8 is inclusive of all claims under any and all of those Sections arising from the same event.

Sections K and L have aggregate limits that appear within those sections.

Words with special meanings

The words and terms used throughout this Policy have the special meanings set out below.

Where other words and terms only have a special meaning in one section of the Policy, we'll describe that special meaning in that section.

Word or term	Meaning
accident	a single, physical and external event which occurs unexpectedly at a specific and identifiable time and place.
assistance provider	the specialist travel assistance provider, as shown in the Policy Schedule, which will deliver emergency travel assistance as described under Section G of this policy. Refer to your Policy Schedule for the assistance provider's contact details.

Word or term	Meaning
close relative	a spouse/partner, parent, parent-in-law, step-parent, child, brother, sister, brother-in-law, sister-in-law, daughter-in-law, son-in-law, half-brother, half-sister, fiancé(e), niece, nephew, uncle, aunt, step-child, grandparent or grandchild.
compensation	the amount or percentage of benefit shown in the compensation tables of this Policy for a payable condition or payable event under each section of this Policy.
country of residence	the country (or countries) which you are a citizen or permanent resident of (i.e. a holder of a multiple entry visa or permit which gives you residency entitlements in such country).
dependent child(ren)	your or your spouse/partner's unmarried child(ren) (including step and legally adopted children) who normally reside with you, and: <ul style="list-style-type: none"> • are under nineteen (19) years of age, or • are under twenty-five (25) years of age and a full time student, or • are primarily dependent upon you or your spouse/partner for maintenance or support due to reason of diagnosed permanent mental or physical disability.
excess	a sum of money that you might be required to contribute to the amount of any claim.
excluded period of claim	the number of days of your disablement for which we won't pay any benefits under this Policy, after you first receive medical treatment by a registered medical practitioner for the injury or illness which resulted in your disablement.
illness	any sickness or disease which occurs while on a journey.
injury	bodily injury which: <ul style="list-style-type: none"> • results from an accident which occurs while you are on a journey during the period of insurance, and • is not an illness, or a consequence of any sickness or disease. <p>Injury also includes any condition caused by exposure to the elements as a result of an accident which occurs during a journey.</p>
infectious or contagious disease	any disease capable of being transmitted from an infected person, animal or species to another person, animal or species by any means.
insured	the person(s), companies, entities or firms named on the current Policy Schedule as the 'Insured'.

Word or term	Meaning
journey	<p>any travel as described in the time of operation of cover, shown in the Policy Schedule.</p> <p>Journey also includes all overseas leisure travel for the insured's directors, chief executive officer, chief financial officer, chief operating officer, company secretary and their accompanying spouse/partner and dependent children.</p> <p>A journey must not exceed six (6) months duration, unless otherwise stated in the Policy Schedule.</p>
medical expenses	all reasonable costs necessarily incurred outside your country of residence for ambulance, hospital, surgical, diagnostic or remedial treatment referred or prescribed by a registered medical practitioner.
non-scheduled flight	<p>a flight which takes place outside of normal schedules and:</p> <ul style="list-style-type: none"> is the subject of a hiring agreement with a charter airline, either by hiring the entire aircraft or an individual aircraft seat, or occurs using an aircraft privately owned by the insured, you or another insured person, or any other entity which does not require the purchase of ticketed seats.
overseas	outside the territorial borders of your country of residence.
payable condition	the condition which is set out in the 'Compensation Table' and/or the 'Policy Schedule' under each section of the Policy.
payable event	the event which is set out in the 'Compensation Table' and/or the 'Policy Schedule' under each section of the Policy.
period of insurance	the period shown in the Policy Schedule. If you commence a journey during the period of insurance, the period of insurance for you is extended until the journey ends.
Policy Schedule	the schedule of insurance for this Policy which is current at a particular time during the period of insurance, including any endorsement schedule or any renewal schedule.

Word or term	Meaning
pre-disability earnings	<ol style="list-style-type: none"> if you are self employed: your gross weekly income from personal exertion after allowing for costs and expenses incurred in deriving that income averaged over the twelve (12) months prior to disablement or any shorter period that you've been engaged in your occupation. if you are an employee: your basic weekly base rate of pay exclusive of overtime payments, bonuses, commission or allowances at the time of disablement. <p>If you are an employee who has elected to salary sacrifice income, your basic weekly base rate of pay will be deemed to mean the total cost of employment inclusive of such income salary sacrificed.</p>
professional sport	an activity which is competitively engaged in, governed by a set of rules or customs, requiring physical exertion and for which the participant receives a financial reward, payment or remuneration for their efforts and/or achievements. Professional sport does not include amateur sporting activities for which the participant has not or will not receive any financial reward, payment or remuneration.
registered medical practitioner	<p>a medical practitioner or specialist who holds a current registration or licence to practice medicine with the respective medical practitioners board or medical board (or similar) in the country that the medical practitioner is providing medical services in, other than:</p> <ul style="list-style-type: none"> an insured person; a close relative of an insured person; or an employee of the insured or an insured person.
spouse/partner	your husband or wife, de-facto or life partner, with whom you have continuously cohabited for a period of six (6) months or more at the time of a covered event.
temporary partial disablement	disablement that, in the opinion of a registered medical practitioner, prevents you from carrying out a substantial part of all of the normal activities associated with your usual occupation(s), profession(s) or businesses.
terminal illness	a disease that cannot be cured or adequately treated and that is reasonably expected to result in the death of the patient. Terminal illness includes but is not limited to progressive or chronic diseases such as cancer or heart disease.
temporary total disablement	disablement that, in the opinion of a registered medical practitioner, prevents you from carrying out all of the normal activities associated with your usual occupation(s), profession(s) or businesses.

Word or term	Meaning
war	war, invasion, acts of foreign enemies, hostilities or war like operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, or instance of military or usurped power.
we, our or us	QBE Insurance (Australia) Limited, ABN 78 003 191 035 AFSL 239 545.
you or your	any person described in the Policy Schedule as an insured person. Cover is provided to you as a third party beneficiary by operation of section 48 of the Insurance Contracts Act and on no other basis.

Section A – Capital benefits

Words with special meanings

In this section the following words have the meanings set out below:

Word or term	Meaning
broken	a complete break of a bone and does not include a fracture not extending through the full thickness of the bone.
loss of use	in connection with a limb, finger or toe means: <ul style="list-style-type: none"> • permanent physical severance, or • permanent and total loss of use, including the loss of ability to perform all domestic and other non-occupational functions.
paraplegia	the permanent and total paralysis of both legs.
permanent	continuing for at least twelve (12) consecutive months and which thereafter will, in the opinion of a registered medical practitioner, be unlikely to materially improve.
permanent total disablement	<ol style="list-style-type: none"> 1. if you are in full time employment at the time of injury resulting in your disablement, permanent total disablement means, in the opinion of a registered medical practitioner: <ol style="list-style-type: none"> (a) your disability is permanent; and (b) you are entirely and continuously unable to engage in, perform or attend to any occupation(s), business(es) and profession(s) for which they are reasonably qualified by training, education or experience. 2. if you are not in full time employment at the time of injury resulting in your disablement, permanent total disablement means, in the opinion of a registered medical practitioner: <ol style="list-style-type: none"> (a) your disability is permanent; and (b) you are entirely and continuously unable to engage in, perform or attend to any occupation or business whatsoever. <p>The definition of permanent total disablement is subject to restriction 6 under Section A - 'Capital benefit restrictions'.</p>
Physical severance	if it occurs: <ul style="list-style-type: none"> • to a hand or foot at or above the wrist or ankle; • to an arm or leg at or above the elbow or knee; and • to a toe other than a great toe, at or above the third joint from its extremity.
quadriplegia	the permanent and total paralysis of both legs and both arms.

What we will pay

We will pay you the amounts set out in the Compensation table – Capital benefits and Compensation table - Broken bones benefit if the payable conditions shown:

- occur during the period of insurance, and
- are a result of injury which occurs while on a journey.

What we will not pay

We will not pay for any claim under this section of the Policy if your claim arises directly out of any illness.

Restrictions applicable to Capital benefits

1. Any payable condition claimed under capital benefits must occur within twelve (12) months of the date of the accident which resulted in injury.
2. Any capital benefit payable will be reduced by any amount of any other capital benefit we have paid or are liable to pay to you in connection with the same accident.
3. If we have paid the disappearance capital benefit we will not pay any other capital benefits under this section.
4. The maximum amount we will pay for any one event involving more than one insured person is the aggregate limit of liability shown in the Policy Schedule. If this amount is not enough to pay all claims in full, then we will reduce each insured person's benefit proportionately.
5. The death benefit payable for dependent children is limited to \$50,000 unless otherwise stated on the Policy Schedule.
6. If we do not agree with the opinion provided by a registered medical practitioner in relation to payable conditions 2 or 3, we will, at our own expense, appoint another registered medical practitioner to examine you. If the registered medical practitioner appointed by us disagrees with the opinion of the first registered medical practitioner with respect to payable conditions 2 or 3, we will (at our expense) arrange for you to be examined by an independent registered medical practitioner, who will be appointed in mutual agreement by you and us. In that case, the compensation amount we pay (if any) for either payable condition 2 or 3 will be based solely on the opinion of the independent registered medical practitioner.

Compensation table – Capital benefits

Payable condition:	Compensation as a percentage of the Maximum Benefit Amount for Capital Benefits shown in the Policy Schedule
1. Death	100%
2. Permanent total disablement	100% subject to a maximum of 10 times annual pre disability earnings.
3. Permanent disability not otherwise provided for by payable conditions 4 to 30	Subject to restriction 6 under 'Capital benefit restrictions', the lesser of: <ul style="list-style-type: none"> • the percentage as determined by a registered medical practitioner consistent with the compensation provided in this table, or • 75%.

Payable condition:	Compensation as a percentage of the Maximum Benefit Amount for Capital Benefits shown in the Policy Schedule
4. Permanent paraplegia	100%
5. Permanent quadriplegia	100%
6. Permanent unsound mind to the extent of legal incapacity	100%
7. Permanent and incurable paralysis of all limbs	100%
8. Permanent total loss of the entire sight in one or both eyes	100%
9. Permanent total loss of hearing in both ears	100%
10. Permanent loss of use of both hands	100%
11. Permanent loss of use of both arms	100%
12. Permanent loss of use of both feet	100%
13. Permanent loss of use of both legs	100%
14. Permanent loss of use of one (1) hand and one (1) foot	100%
15. Permanent loss of use of one (1) hand or one (1) arm	100%
16. Permanent loss of use of one (1) foot or one (1) leg	50%
17. Permanent total loss of the lens of one (1) eye	50%
18. Permanent total loss of the hearing in one (1) ear	50%
19. Permanent loss of use of four (4) fingers and thumb of either hand	75%
20. Permanent loss of use of four (4) fingers of either hand	40%
21. Permanent loss of use of one (1) thumb, both joints	30%
22. Permanent loss of use of one (1) thumb, one (1) joint	15%

Payable condition:	Compensation as a percentage of the Maximum Benefit Amount for Capital Benefits shown in the Policy Schedule
23. Permanent loss of use of a finger, three (3) joints	10%
24. Permanent loss of use of a finger, two (2) joints	8%
25. Permanent loss of use of a finger, one (1) joint	5%
26. Permanent loss of use of all the toes of one (1) foot	15%
27. Permanent loss of use of great toe, both joints	5%
28. Permanent loss of use of great toe, one (1) joint	3%
29. Permanent loss of use of other toe, (each toe)	1%
30. Third degree burns and/or resultant disfigurement which covers more than 40% of the entire body	50%

Additional benefits applicable to Section A

Broken bones benefit

If you are on a journey and suffer an injury resulting in a broken bone listed in the compensation table, we will pay you the corresponding amount shown in the Compensation table - Broken bones benefit.

The Maximum Benefit Amount payable for the broken bones benefit is shown in the Policy Schedule. This is the maximum amount we will pay you in total for all payable conditions under the broken bones benefit arising from any one accident.

Compensation table - Broken bones benefit

Payable condition – an injury resulting in the following broken bone(s):	Compensation as a percentage of the Maximum Benefit Amount for the Broken bones benefit shown in the Policy Schedule
1. Neck skull or spine	100%
2. Hip	75%
3. Jaw, pelvis, leg, ankle or knee	50%
4. Cheekbone or shoulder	30%
5. Arm, elbow or wrist	10%
6. Nose or collarbone	20%
7. Foot or hand	5%

In the case of established non union with respect to any of the above broken bones payable conditions, we will pay you an additional 5% of the broken bones benefit Maximum Benefit Amount shown in the Policy Schedule.

Replacement staff/recruitment costs

If, as a result of your injury, a benefit has been or will be paid under Section A, capital benefits payable conditions 1 (death) or 2 (permanent total disablement), we will also reimburse the reasonable costs incurred by the insured for recruitment of a replacement employee, up to a maximum of \$5,000.

Costs must be incurred within sixty (60) days from the date of the accident which resulted in your injury. The most we will pay for the recruitment of replacement employees for all insured persons injured in relation to any one event is \$15,000 in the aggregate.

Partner retraining benefit

If, as a result of your injury, a benefit is paid under Section A, capital benefits payable conditions 1 (death) or 2 (permanent total disablement), we will also pay up to \$5,000 for actual costs incurred for the training or retraining of your spouse/partner:

- for the purposes of obtaining gainful employment, or
- to improve their employment prospects, or
- to enable them to improve the quality of care they can provide to you if you have suffered permanent total disablement.

The partner retraining benefit will only be payable provided that:

- your spouse/partner is aged under sixty-five (65) years at the commencement of the training or retraining, and
- the training or retraining is provided by a recognised institution with qualified skills to provide such training, and
- the costs are incurred within twenty-four (24) months of the date of your injury.

Corporate image protection

If, as a result of your injury, a benefit has been or will be paid under Section A, capital benefits payable conditions 1 (death) or 2 (permanent total disablement), we will also reimburse the insured the actual additional costs incurred with our prior written agreement:

- to engage external image or public relations consultants, and
- to release information through the media,
- up to a maximum of \$15,000. The most we will pay for corporate image protection for all insured persons injured in relation to any one event is \$15,000 in the aggregate.

The corporate image protection benefit will only be payable provided that costs incurred are:

- additional to the insured's normal business expenses, and
- directly associated with your injury, and
- for the explicit purpose of protecting and/or positively promoting the insured's business and image as a result of your injury.

Disappearance benefit

If you are travelling on a conveyance, and

- your means of transportation disappears, sinks or is wrecked, and
- your body has not been found within twelve (12) months or a coroner's report or police report has been issued confirming the presumption that you have died as a result of injury,

we will pay the death benefit to your estate or legal representative, unless we have sufficient grounds to suspect that you may not have perished.

If we have paid the disappearance benefit we will not pay any other capital benefits under this Policy.

If you are later found to be alive then you, or your estate or legal representative, must refund the amount we have paid.

Lifestyle modification benefit

If you are paid a capital benefit under any of payable conditions 2, 4, 5 or 7 of the 'Compensation table – Capital benefits', we will also pay for the costs necessarily incurred by you:

- in modifying your motor vehicle, or
- in modifying your home, or
- in relocating to a suitable home.

We will pay up to a maximum of \$20,000.

Section B – Weekly benefits – Injury

What we will pay

We will pay you for your lost earnings, up to the amounts as set out in the Compensation table - Weekly benefits - Injury if the payable conditions shown:

- occur during the period of insurance, and
- are a result of injury which occurs while on a journey.

What we will not pay

We will not pay for any claim under this section of the Policy if the claim arises:

- when a journey is undertaken against medical advice, or
- directly out of any illness.

Restrictions applicable to Weekly benefits – Injury

1. Any payable condition claimed must occur within twelve (12) months of the date of injury.
2. Successive periods of disablement resulting from the same injury, and which are not separated by a return to active full time employment for six (6) months or more will be considered as one (1) period of disablement.
3. Weekly benefits will be paid after the excluded period of claim has elapsed.
4. We will continue to pay weekly benefits while you suffer temporary total disablement or temporary partial disablement up to a maximum of 156 weeks, unless stated otherwise in the Policy Schedule.
5. The weekly benefit we pay will be the applicable percentage of your pre disability earnings shown in the Policy Schedule, up to the maximum amount stated in the compensation table, and will be reduced by any amounts:
 - you receive or are entitled to receive for sick leave, and
 - you receive or are entitled to receive via any statutory workers compensation or transport accident scheme, and
 - you derive, or are able to derive, as earnings from any gainful occupation.

Compensation table – Weekly benefits - Injury

Payable condition – an injury resulting in:	Compensation
1. Temporary total disablement	The applicable percentage of pre disability earnings, up to the maximum weekly benefit limit, as shown in the Policy Schedule.
2. Temporary partial disablement	The applicable percentage of pre disability earnings, up to 40% of the maximum weekly benefit limit, as shown in the Policy Schedule.

Additional benefits applicable to Section B

Surgical procedures benefit – resulting from an injury

We will pay you the amounts set out in the Compensation table - Surgical procedures benefit (injury) if you undergo a surgical procedure which is one of the payable conditions shown and:

- the surgical procedure is required due to an injury resulting in your entitlement to claim for weekly benefits under this section of the Policy, and

- both the injury and the surgical procedure occur during the same journey outside of your country of residence, and
- the payable condition claimed under the surgical procedures benefit occurs within three (3) months of the date of injury.

Compensation table - Surgical procedures benefit (injury)

Payable condition - an injury resulting in the following surgical procedure	Compensation as a percentage of the Surgical procedures benefit Maximum Benefit Amount
1. Craniotomy	100%
2. Open heart surgery	100%
3. Amputation of limb	100%
4. Fracture of limb requiring open reduction	50%
5. Dislocation requiring open reduction	50%
6. Any other surgical procedure carried out under a general anaesthetic	10%

The surgical procedures benefit Maximum Benefit Amount is \$20,000. This is the maximum amount we will pay you in total for all payable conditions under the surgical procedures benefit arising from any one accident.

Rehabilitation benefit

If we pay you a weekly benefit under this section of the Policy, we will also pay for the reasonable costs incurred in relation to the same injury for your participation in a return to work program, up to a maximum of \$5,000, provided that:

- the program is delivered by a licensed provider, and
- your treating registered medical practitioner agrees that the program is likely to be beneficial in aiding your return to work.

Claim escalation benefit

If we pay you a weekly benefit under this section of the Policy for a continuous benefit period of more than 52 weeks, we will increase the weekly benefit amount payable to you after that period of 52 weeks, and again for any subsequent period of 52 continuous weeks, by the lesser of:

- 7%, or
- the increase in the Consumer Price Index (in the State you live) compared with the previous year.

Chauffeur benefit

If we pay you a weekly benefit under this section of the Policy, we will also pay for expenses incurred for a chauffeur or taxi service to transport you between your usual place of residence and:

- the location of medical consultations you are required to attend, and
- your usual place of work, if you are fit to return to work but your registered medical practitioner certifies that you are unable to drive a vehicle or travel on public transport,

up to a maximum of \$2,500 for all chauffeur or taxi services in relation to any one injury.

Section C – Weekly benefits – Illness

What we will pay

We will pay you for your lost earnings, up to the amounts as set out in the Compensation table - Weekly benefits - Illness if the payable conditions shown:

- occur during the period of insurance, and
- are a result of illness which manifests while you are on a journey.

What we will not pay

We will not pay for any claim under this section of the Policy if the claim arises directly or indirectly out of any of the following:

1. when a journey is undertaken against medical advice, or
2. a terminal illness diagnosed prior to the commencement date of the journey, or
3. childbirth or pregnancy
4. any medical condition for which you have required medication, or any treatment or advice from a registered medical practitioner, chiropractor, physiotherapist, naturopath, psychologist or psychiatrist in the six (6) months before you commenced your journey, or
5. an outbreak of an infectious or contagious disease which has been declared a Public Health Emergency of International Concern (PHEIC) by the World Health Organization (WHO), where the claim is made after the date of any such declaration(s), other than where:
 - (a) a relevant diagnosis has been made by a registered medical practitioner before the date of any such declaration(s), or
 - (b) the WHO has cancelled or withdrawn any relevant PHEIC.

Restrictions applicable to Weekly benefits – Illness

- Any payable condition claimed must occur within twelve (12) months of the date the illness manifested during your journey.
- Successive periods of temporary total disablement resulting from the same illness, and which are not separated by a return to active full time employment for six (6) months or more will be considered as one (1) period of disablement.
- Weekly benefits will be paid after the excluded period of claim has elapsed.
- We will continue to pay weekly benefits while you suffer temporary total disablement or temporary partial disablement up to a maximum of 156 weeks, unless stated otherwise in the Policy Schedule.
- The weekly benefit we pay will be the applicable percentage of your pre disability earnings shown in the Policy Schedule, up to the maximum amount stated in the compensation table, and will be reduced by any amounts:
 - you receive or are entitled to receive for sick leave, and
 - you receive or are entitled to receive via any statutory workers compensation or transport accident scheme, and
 - you derive, or are able to derive, as earnings from any gainful occupation.

Compensation table – Weekly benefits - Illness

Payable condition - an illness resulting in:	Compensation
1. Temporary total disablement	The applicable percentage of pre disability earnings, up to the maximum weekly benefit limit, as shown in the Policy Schedule.
2. Temporary partial disablement	The applicable percentage of pre disability earnings, up to 40% of the maximum weekly benefit limit, as shown in the Policy Schedule.

Additional benefits applicable to Section C**Surgical procedures benefit – resulting from an illness**

We will pay you the amounts set out in the Compensation table - Surgical procedures benefit (illness) if you undergo a surgical procedure which is one of the payable conditions shown and:

- the surgical procedure is required due to an illness resulting in your entitlement to claim for weekly benefits under this section of the Policy, and
- both your illness and the surgical procedure occur during the same journey outside of your country of residence, and
- the payable condition claimed under the surgical procedures benefit occurs within three (3) months of the date of illness.

Compensation table - Surgical procedures benefit (illness)

Payable condition - illness resulting in the following surgical procedure	Compensation as a percentage of the surgical procedures benefit Maximum Benefit Amount
1. Craniotomy	100%
2. Open heart surgery	100%
3. Amputation of limb	100%
4. Abdominal surgery carried out under general anaesthetic	50%
5. Any other surgical procedure carried out under a general anaesthetic	10%

The surgical procedures benefit Maximum Benefit Amount is \$20,000. This is the maximum amount we will pay you in total for all payable conditions under the surgical procedures benefit arising from any illness.

Rehabilitation benefit

If we pay you a weekly benefit under this section of the Policy, we will also pay for the reasonable costs incurred in relation to the same illness for your participation in a return to work program, up to a maximum of \$5,000, provided that:

- the program is delivered by a licensed provider, and
- your treating registered medical practitioner agrees that the program is likely to be beneficial in aiding your return to work.

Claim escalation benefit

If we pay you a weekly benefit under this section of the Policy for a continuous benefit period of more than 52 weeks, we will increase the weekly benefit amount payable to you after that period of 52 weeks, and again for any subsequent period of 52 continuous weeks, by the lesser of:

- 7%, or
- the increase in the Consumer Price Index (in the State you live) compared with the previous year.

Section D - Injury assistance for non-earners

The cover under this section will only apply if you are not in receipt of pre disability earnings at the time of the accident resulting in your injury.

What we will pay

We will pay you the amounts as set out in the Compensation table - Injury assistance for non-earners if you have no pre disability earnings and the payable conditions shown:

- occur during the period of insurance, and
- are a result of injury which occurs while you are on a journey.

What we will not pay

We will not pay for any claim under this section of the Policy if your claim arises directly or indirectly out of any of the following:

- when a journey is undertaken against medical advice, or
- illness, or
- childbirth or pregnancy.

Conditions applicable to Injury assistance for non-earners

- Any payable event claimed must occur within twelve (12) months of the date of injury.
- If a payable event recurs as a result of the same injury, all instances will be considered as one payable event.
- Compensation will be paid only after an excluded period of claim of seven (7) days has elapsed from the time of your injury.

Compensation table - Injury assistance for non-earners

Payable condition	Compensation - What we will pay
1. A registered medical practitioner certifies that you are temporarily unable to attend to your usual household duties and functions	Home Help - non-medical expenses incurred for home help or child minding provided by a recognised agency while you remain unable to attend to your usual household duties and functions, up to \$500 per week for a maximum of 26 weeks, unless otherwise shown on the Policy Schedule.
2. A registered medical practitioner certifies that you are temporarily unable to attend your normal place of education	Student Assistance - expenses incurred for home tutorials by a qualified tutor while you remain unable to attend your normal place of education, up to \$500 per week for a maximum of 26 weeks, unless otherwise shown on the Policy Schedule.
3. You are hospitalised for a period in excess of seven (7) days as a result of injury, and you are a dependent child under eighteen (18) years of age who is a full time student	Parent Inconvenience Allowance - \$25 per day paid to one (1) of your parents or guardians, for each day you remain hospitalised, up to a maximum of \$1,500.

Section E

This policy does not contain Section E.

Section F – Overseas medical and associated expenses

Words with special meanings

In this section the following words have the meanings set out below:

Word or term	Meaning
1. emergency dental	dental treatment as a result of injury or illness which is non-routine and which in the opinion of a qualified dental practitioner, cannot be reasonably delayed until you return to your country of residence.
2. emergency optical	optical treatment as a result of injury or illness which is non-routine and which in the opinion of a qualified optical practitioner, cannot be reasonably delayed until you return to your country of residence.

What we will pay

We will pay the amounts as set out in the Compensation table – Overseas medical and the Compensation table – Associated expenses if your medical expenses and associated expenses:

- are a result of injury or illness which occurs while you are on an overseas journey, and
- are incurred within twenty-four (24) months of the date of injury or illness, and
- are first incurred on an overseas journey during the period of insurance.

What we will not pay

We will not pay for any claim under this section of the Policy if the claim arises directly or indirectly out of any of the following:

1. when a journey is undertaken against medical advice, or
2. when a journey is undertaken for the purpose of obtaining medical treatment, unless agreed in advance by us, or
3. a terminal illness diagnosed prior to the commencement date of the journey, or
4. expenses incurred within your country of residence unless you were first treated for the same injury or illness by a registered medical practitioner whilst you were overseas, or
5. expenses for optical or dental treatment, except as provided for under the payable events for emergency dental expenses or emergency optical expenses, or
6. ongoing treatment or medication for an injury, illness or condition which occurred before your journey, which a registered medical practitioner advised you to continue during your journey, or
7. an outbreak of an infectious or contagious disease which has been declared a Public Health Emergency of International Concern (PHEIC) by the World Health Organization (WHO), where the claim is made after the date of any such declaration(s), other than where:
 - (a) a relevant diagnosis has been made by a registered medical practitioner before the date of any such declaration(s), or
 - (b) the WHO has cancelled or withdrawn any relevant PHEIC.

Restrictions applicable to overseas medical and associated expenses

1. Any payable expense must be incurred within twenty-four (24) months of the date of injury or illness.
2. We will reduce our payment by any amounts recoverable by you or the insured from any other source such as Workers' Compensation or another Statutory Scheme or Private Health Insurance.
3. In the event you suffer an injury or illness whilst on a journey outside of your country of residence, on return to your country of residence, we will reimburse medical expenses incurred within your country of residence, up to the limits shown in payable event 2 of the Compensation table - Associated expenses, if we are permitted to do so by law in that country.

Compensation table – Overseas medical

Payable event	Compensation – What we will pay
1. You incur medical and/or hospital expenses	Up to the Medical and Hospital Expenses Maximum Benefit Amount shown in your Policy Schedule.
2. You incur emergency dental expenses	Up to a maximum amount of \$5,000, any one injury or illness.
3. You incur emergency optical expenses	Up to a maximum amount of \$5,000, any one injury or illness.

Compensation table – Associated expenses

Payable event	Compensation – What we will pay
1. You are hospitalised outside of your country of residence for at least twenty-four (24) hours.	\$300 per day for each day of hospitalisation, up to a maximum of \$6,000 in total.
2. Ongoing medical expenses when you return to your country of residence.	Up to the Ongoing Medical Expenses Maximum Benefit Amount shown in your Policy Schedule if returning to Australia. If returning to another country of residence, up to \$50,000 unless otherwise stated in the Policy Schedule.
3. It is deemed necessary on medical advice, and our prior written agreement is obtained, for one person to travel to, remain with or escort you.	Up to an amount not exceeding \$20,000 unless otherwise stated in the Policy Schedule.

Section G – Emergency travel assistance

Words with special meanings

In this section the following words have the meanings set out below:

Word or term	Meaning
emergency medical assistance	<p>co-ordination of emergency medical treatment and services, including but not limited to:</p> <ul style="list-style-type: none"> • arranging for hospitalisation, • repatriation, • transfers, • medical supervision during transportation, • burial arrangements, <p>subject to the assistance provider's prior express consent.</p> <p>Emergency medical assistance may also include:</p> <ul style="list-style-type: none"> • arranging for family or friends to travel to you while you are hospitalised, and/or • arranging for family or friends to accompany you on your repatriation.
other travel assistance	<p>assistance for non-medical events including:</p> <ul style="list-style-type: none"> • providing a message service to you to enable you to keep in touch with family, employees and travel agents, • organising your evacuation in the event of a political or environmental event which necessitates evacuation, • pre-departure health information, • location of Australian Embassies and Consulates, • legal referral service, • assistance in replacing travel documents and passports, • referral to financial providers to cancel and replace your lost or stolen credit cards and cheques, and/or • assistance and advice regarding the replacement of lost or stolen luggage.

What we will do

We will provide emergency medical assistance if you suffer an injury or illness which occurs while on a journey outside of your country of residence during the period of insurance.

We may advance any amounts necessary to settle medical bills which are covered under any section of this Policy.

The assistance provider will also provide other travel assistance as described above.

What we will not do

We will not provide emergency medical assistance, or pay for any claim under this section of the Policy, if:

1. prior express consent has not been given by us or the assistance provider, or

2. it is in relation to a journey undertaken against medical advice, or
3. it is in relation to a journey undertaken for the purpose of obtaining medical treatment, or
4. it is in relation to a terminal illness diagnosed prior to the commencement date of the journey, or
5. it is in relation to a journey within your country of residence.

Conditions applicable to emergency travel assistance

1. In case of an emergency while overseas and before undertaking any personal action, you must contact the assistance provider, and:
 - state your name and the policy number and effective date of this Policy, and
 - state the place and telephone number where you can be reached, and
 - give a brief description of the problem encountered and nature of help required.
2. You agree to the release of information in order for the assistance provider to ascertain your condition. Where you are not in a position to comply with this condition, consent may be given by a person acting on your behalf.
3. Any decision concerning medical transfer and/or repatriation (such as date, means, medical equipment) will be jointly taken by your attending registered medical practitioner, QBE and the assistance provider's medical team.
4. In the event of a claim for transportation costs, you must give us the unused portion of your original ticket or the counter value of the said portion.
5. In any case of injury or illness requiring hospitalisation, transfer or repatriation, you or any person acting on your behalf must inform the assistance provider as soon as possible. Failure to do so may entitle us to invoice you the supplementary cost to be borne by us which would not have been incurred if we had been notified of the injury or illness earlier.
6. In a life threatening situation, you should try to arrange for immediate emergency help first through local sources and then by contacting the assistance provider as soon as possible.
7. You must provide us with all documents and carry out all necessary formalities to enable us to recover payments from relevant sources, if applicable.
8. Should we or the assistance provider be required to advance payment of medical expenses, you must recover all entitled reimbursements for such expenses which are or would be payable under the Private Health Insurance Act 2007 (Cth), or any registered Health Fund and pay all amounts received from these sources to us as soon as possible after you return to your country of residence.
9. Neither we nor the assistance provider will be responsible for delays or impediment to the provision of assistance and services as a result of strike, war, invasion, act of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, insurrection, terrorism or military or usurped power, riot and civil commotion, radioactivity or any other event of force majeure.
10. Payment of claims is limited to the applicable sum insured in the corresponding section of this Policy. If no cover applies under a particular section of the Policy, we will not be liable for any costs associated with the corresponding emergency medical assistance or other travel assistance described in this section.

Section H – Baggage and personal effects

Words with special meanings

In this section the following words have the meanings set out below:

Word or term	Meaning
baggage	<p>luggage, personal effects or other physical items accompanying you during a journey, which belong to you or for which you are legally responsible during the journey, excluding:</p> <ul style="list-style-type: none"> • business property, and • electronic equipment, and • keys and locks.
business property	<p>physical items belonging to you or the insured which accompany you during a journey, and are used for business purposes, including:</p> <ul style="list-style-type: none"> • business documents, including papers, plans, specifications and manuscripts, and • business samples, including items intended to be sold or dealt with for trade.
electronic equipment	<p>any equipment accompanying you during a journey which operates using batteries or electricity, including but not limited to iPods and other portable music devices, iPads and other tablet devices, satellite navigation units, laptop computers, mobile phones, cameras and camera equipment, Personal Digital Assistants (PDAs), electronic organisers and other hand held computers.</p>
keys	<p>keys for your motor vehicle, business premises and/or place of residence.</p>
unattended	<ul style="list-style-type: none"> • left with a person you have not previously met, or • intentionally or unintentionally left in a public place, in either an open or enclosed space, whereby an item: <ul style="list-style-type: none"> ○ can be taken without your knowledge, or ○ is at a distance from which you cannot prevent it being taken.

What we will pay

If during the period of insurance your baggage, business property, electronic equipment or keys are damaged, lost or stolen while you are on a journey, we will pay the amounts as set out in the Compensation table – Baggage and personal effects.

The maximum amount we will pay under this section is shown in the Policy Schedule.

What we will not pay

We will not pay for any claim under this section of the Policy if the claim arises directly or indirectly out of any of the following:

1. baggage, business property, electronic equipment or keys that are left unattended, or
2. baggage, business property, electronic equipment or keys that are being transported independently by you, or

3. sporting equipment while it is being used, or
4. damage to or loss of furniture, or
5. damage to or loss of brittle or fragile items, or
6. damage to or loss of money, or
7. damage to or loss of precious unset or uncut gemstones, or
8. normal wear and tear, or
9. items stolen or lost unless reported to Police or other relevant authority as soon as reasonably possible following discovery of the theft or loss, or
10. mechanical or electrical failure of any mechanical or electronic equipment, except as a result of accidental damage during your journey.

Conditions applicable to electronic equipment

While you are on any aircraft, aerial device, waterborne vessel or craft all your electronic equipment must accompany you as personal cabin baggage. However, if you are prohibited from carrying the electronic equipment as personal cabin luggage, the electronic equipment must be securely packed and locked within your checked in luggage.

Compensation table – Baggage and personal effects

Payable event	Compensation – What we will pay
1. Your baggage is delayed, misdirected or misplaced by any carrier for more than eight (8) hours.	Reimbursement for the reasonable cost of purchasing emergency replacement clothing and toiletries (supported by receipts for the replacement items), up to a maximum of \$3,000.
2. Your baggage is accidentally damaged, lost or stolen.	<p>Depending on the circumstances of the payable event, whichever is the lesser of the:</p> <ul style="list-style-type: none"> • repair or replacement of the baggage item(s), or • cash payment to the value of the baggage item(s), <p>up to the maximum amount shown for baggage in the Policy Schedule, and subject to any sub-limits or excess amounts as specified.</p>
3. Your or the insured's business property is accidentally damaged, lost or stolen.	The reasonable cost of replacing the business property, including the cost of delivery of replacements, up to a maximum of \$3,000.
4. Your electronic equipment is accidentally damaged, lost or stolen.	<p>Depending on the circumstances of the payable event, whichever is the lesser of the:</p> <ul style="list-style-type: none"> • repair or replacement of the electronic equipment, or

Payable event	Compensation – What we will pay
	<ul style="list-style-type: none"> cash payment to the value of the electronic equipment, <p>up to the maximum amount shown for electronic equipment in the Policy Schedule, and subject to any sub-limits or excess amounts as specified.</p>
5. Your keys are accidentally damaged, lost or stolen.	The costs incurred to replace these keys and/or their locks, up to a maximum of \$2,000.
6. Your mobile phone is used illegally after being lost or stolen.	The amount you or the insured must pay for illegal use of your mobile phone, up to a maximum of \$1,500.

Section I – Money, cards and travel documents

Words with special meanings

In this section the following words have the meanings set out below:

Word or term	Meaning
Money	cash, including bank notes, coins and postal or money orders.
Cards and travel documents	credit cards, bank cards, travellers' cheques, passports, visas and other similar documents.

What we will pay

If your money or cards and travel documents are lost or stolen while you are on a journey, we will pay the amounts as set out in the Compensation table – Money, cards and travel documents and the Compensation Table - Unauthorised use of personal information.

We will also provide cover for your money from the time you collect it from a financial institution or 72 hours prior to the commencement of the journey, whichever occurs last, and then for a further 72 hours after the completion of your journey or until the money is deposited at a financial institution, whichever occurs first.

What we will not pay

We will not pay for any claim under this section of the Policy if the claim arises directly or indirectly out of any of the following:

1. loss of money which was not carried by you on your person at the time it was lost or stolen, or
2. loss of cards and travel documents from suitcases that have been left in accommodation rooms or motor vehicles, or transported as checked baggage or forwarded as unaccompanied baggage, or
3. stolen money or cards and travel documents unless reported to police or other relevant authorities as soon as reasonably possible following discovery of the theft, or
4. confiscation of money or cards and travel documents by customs or other officials, or
5. devaluation in currency.

Compensation table – Money, cards and travel documents

Payable event	Compensation – What we will pay
1. Your money is lost or stolen.	Reimbursement of your lost or stolen money, up to the money limit shown in your Policy Schedule.
2. Your cards and travel documents are damaged, lost or stolen.	The reasonable cost of replacing the cards and travel documents, and any amounts you have to pay resulting from their illegal use, up to a maximum of \$5,000 unless otherwise stated in the Policy Schedule.

Additional cover applicable to Section I

Unauthorised use of personal information

What we will pay

If unauthorised use of your personal information occurs as a direct result of your cards and travel documents being lost or stolen while you are on a journey during the period of insurance, we will reimburse you in accordance with the Compensation table - Unauthorised use of personal information.

What we will not pay

We will not pay for any claim under Unauthorised use of personal information which arises directly or indirectly out of any of the following:

1. requests for credit reports before a claim is accepted, or
2. lost income if you are self-employed, or
3. partial or whole lost workdays for which you are paid by your employer, or
4. expenses incurred more than twelve (12) months from the time the loss or theft of cards and travel documents was reported.

Conditions applicable to Unauthorised use of personal information

1. Any false charge or withdrawal from an unauthorised account must be substantiated by the financial institution.
2. We will be permitted to review your financial records.
3. You must cooperate with us and help us to pursue any legal rights, and attend any hearings or trials as required.
4. Reimbursement for lost income will apply for either whole or partial unpaid workdays, provided the unpaid days occur within twelve (12) months of the unauthorised use of your personal information.
5. In the event of a claim for unauthorised use of personal information you must:
 - o file a police report as soon as reasonably possible following discovery of the unauthorised use, and
 - o notify the relevant financial institution(s) or creditor(s) as soon as reasonably possible, and
 - o provide authorisation for us to obtain records and other information such as credit reports within thirty (30) days of the original claim, and
 - o take all reasonable steps to prevent additional losses.

Compensation Table - Unauthorised use of personal information

Payable event	Compensation – What we will pay
1. You incur legal or court expenses for: <ol style="list-style-type: none"> (a) defending any suit brought against you by a creditor or collection agency, or someone acting on their behalf, as a result of the unauthorised use of your personal information, and/or (b) removing any civil or criminal judgement wrongfully entered against an you as a result of such unauthorised use of your personal information, and/or 	Reimbursement of incurred legal or court expenses, up to a maximum of \$5,000.

Payable event	Compensation – What we will pay
(c) challenging the accuracy or completeness of any information in your credit report, provided this information is inaccurate and falsely provided to the credit agency or financial institution.	
2. You lose income as a result of being unable to attend to your occupation, in order to correct your financial records, due to unauthorised use of your personal information.	Reimbursement of your lost income, up to a maximum of \$1,000.
3. You become legally liable to pay a creditor, as a result of credit accounts and/or bank accounts being opened in your name without your authorisation.	Reimbursement of the amounts you are liable to pay a creditor, up to a maximum of \$5,000.
4. You incur expenses for: <ol style="list-style-type: none"> (a) the cost of re-filing applications for credit accounts or banking accounts that are rejected solely because the lender received incorrect information, and/or (b) the cost of obtaining legal copies of documents, long distance telephone calls, and certified mail reasonably incurred to correct your financial and credit records that have been altered, and/or (c) the cost of contesting the accuracy or completeness of any information contained in your credit history as a result of unauthorised use of your personal information, and/or (d) the cost of a maximum of 4 (four) credit reports from a recognised credit reporting entity, after a claim is accepted under this section. 	Reimbursement of incurred expenses, up to a maximum of \$5,000.

The maximum amount we will pay you for unauthorised use of personal information is:

- \$5,000 in total for all payable events related to any one instance of your cards and travel documents being lost or stolen, and
- \$10,000 in total for all payable events related to the loss or theft of cards and travel documents in any one period of insurance.

The maximum amount we will pay for unauthorised use of personal information for all insured persons covered by this policy is \$50,000 in total for all payable events related to the loss or theft of cards and travel documents in any one period of insurance.

Section J – Personal liability

Words with special meanings

Word or term	Meaning
Occurrence	<p>all deaths, bodily injuries, and losses of or damage to property, directly or indirectly related to or arising from:</p> <ol style="list-style-type: none"> one original cause, source or event, or continuous or repeated exposure to the same general conditions.

What we will pay

If, whilst you are on a journey, there is an occurrence which results in a claim against you for damages, we will pay in accordance with the Compensation table - Personal liability.

What we will not pay

We will not pay for any claim under this section of the Policy if the claim arises directly or indirectly out of any of the following:

- bodily injury in the course of your employment, or
- bodily injury to you or any member of your family, or
- loss of or damage to property belonging to you or in your control, or
- loss of or damage to property belonging to any member of your family, or
- loss of or damage to property or bodily injury arising out of your business or trade, or out of professional advice given by you, or
- loss of or damage to property or bodily injury arising out of ownership, use or possession of any mechanically propelled vehicle, aircraft (including remotely piloted aircraft) or waterborne craft, or
- aggravated, exemplary or punitive damages or any fine or penalty.

Compensation table – Personal liability

Payable event	Compensation – What we will pay
<ol style="list-style-type: none"> You become legally liable to pay damages as a result of death or bodily injury to any person(s). You become legally liable to pay damages as a result of loss of or damage to property. You become legally liable to pay third party legal costs as a consequence of payable events 1 and/or 2. You incur legal costs, which we approve in advance (approval of which will not be unreasonably withheld), in defending yourself against claims in relation to payable events 1 and/or 2. 	<p>The sum of:</p> <ul style="list-style-type: none"> the damages you are legally liable to pay, and the third party legal costs for which you are legally liable, and your legal costs, <p>up to the personal liability Maximum Benefit Amount shown in the Policy Schedule.</p>

The Maximum Benefit Amount payable for Personal Liability is set out in the Policy Schedule. This is the maximum amount we will pay you in total for all payable events related to or arising from any one occurrence.

Additional cover applicable to Section J

Court Attendance

If you are required to attend court in relation to a claim which is payable under Section J, we will pay you \$200 for each day of court attendance, up to a maximum \$2,000.

Section K – Kidnap and ransom and personal extortion

Words with special meanings

In this section the following words have the meanings set out below:

Word or term	Meaning
kidnapping	any event or connected series of events of seizing, detaining or carrying away an insured person by unlawful force for the purpose of demanding ransom.
personal extortion	to intimidate by a threat or series of threats to kidnap, or cause bodily injury, for the purpose of demanding ransom.
ransom	cash and/or marketable goods surrendered by or on behalf of you or the insured in connection with kidnapping, unlawful detention or an extortion event.

What we will pay

We will pay the amounts as set out in the Compensation table – Kidnap and ransom and personal extortion if you are the subject of kidnapping or a personal extortion threat while on a journey.

The maximum amount we will pay under this section is shown in the Policy Schedule.

The most we will pay with respect to kidnapping or personal extortion occurring in any country located in Central or South America for any one event involving one or more insured persons is the lesser of:

- \$250,000, or
- the aggregate limit for Section K stated in the Policy Schedule. The aggregate limit for this Policy is set out in the Policy Schedule.

What we will not pay

We will not pay for any claim under this section of the Policy if the claim arises directly or indirectly out of any of the following:

1. any event in a country in which the United Nations armed forces are present and active, or
2. any kidnapping, personal extortion or ransom demand of which you are the subject if you have had this type of insurance declined in the past for reasons specific to your personal circumstances, or
3. any kidnapping, personal extortion or ransom demand of which you are the subject if you have had this type of insurance cancelled or issued with special conditions in the past for reasons specific to your personal circumstances, or
4. any kidnapping, personal extortion or ransom demand of which you are the subject if you have been the victim or subject of a kidnapping, attempted kidnapping or personal extortion in the past.

Conditions applicable to Kidnap and ransom and personal extortion

1. The most we will pay with respect to kidnapping or personal extortion occurring in any country located in Central or South America is \$250,000 in the aggregate for any one event involving one or more insured persons.
2. You and the insured must make every reasonable effort to notify the local law enforcement agency of the demand for ransom prior to the payment of the ransom monies and to comply with their recommendations and instructions.
3. If you have been involved in a fraudulent kidnapping or personal extortion, you must reimburse us all money paid by us for that loss.
4. We will not act as an intermediary or negotiator for you nor will we offer advice to you or the insured on dealing with any kidnapping or personal extortion.
5. You and the insured must take all precautions to protect the confidentiality of this cover.

Compensation table – Kidnap and ransom and personal extortion

Payable event	Compensation – What we will pay
1. You and/or other insured persons are the subject(s) of kidnapping or personal extortion.	<ul style="list-style-type: none"> • Payment or reimbursement of the ransom, less any amounts ultimately recovered. • Expenses we consider reasonable that are incurred following receipt of a ransom demand.
2. Rehabilitation expenses incurred as a direct result of your kidnapping or subjection to a personal extortion.	Reimbursement of expenses incurred as recommended by your treating registered medical practitioner, to assist with your health and well-being, up to a maximum amount of \$5,000.

Section L – Loss of deposits, cancellation and additional expenses

Words with special meanings

In this section the following words have the meanings set out below:

Word or term	Meaning
additional accommodation, meal and travel expenses	expenses we consider reasonable for necessary accommodation, meals and travel costs, over and above what you and the insured had budgeted for, or could reasonably have expected to pay, had the journey gone ahead as planned.
relative	your parent, parent-in-law, step parent, child, step child, brother, sister, brother-in-law, sister-in-law, daughter -in-law, son-in-law, half brother, half sister, fiancée, niece, nephew, uncle, aunt, grand parent or grandchild.
serious injury or serious illness	an injury or illness which results in a person being admitted as a hospital in-patient for a period in excess of twenty-four (24) hours.

What we will pay

If during the period of insurance you or the insured incur:

- loss of travel or accommodation deposits paid in advance of your proposed journey, or
- additional accommodation, meal and travel expenses,

following the necessary cancellation, alteration or disruption of your journey due to a payable event which was unforeseen and unforeseeable at the time of booking, we will pay the amounts as set out in the Compensation table – Loss of deposits, Compensation table - Cancellation and disruption expenses and Compensation table – Additional expenses, up to the maximum amount shown in the Policy Schedule.

If any travel services provider fails to provide services or accommodation due to their or anyone else's insolvency, we will reimburse lost deposits and any additional accommodation, meal and travelling expenses incurred, up to a maximum aggregate amount of \$25,000 for all claims arising for all insured persons during any one period of insurance. An excess of \$250 per person will apply to each claim.

'travel services provider' includes any travel agent, tour operator, accommodation provider, airline or other carrier, car rental agency or any other travel or tourism services provider.

What we will not pay

We will not pay for any claim under this section of the Policy if the claim arises directly or indirectly out of any of the following:

1. the decision to change or alter travel plans for any reason other than the events listed in the compensation tables, or
2. an outbreak of an infectious or contagious disease which has been declared a Public Health Emergency of International Concern (PHEIC) by the World Health Organization (WHO), where the claim is made after the date of any such declaration(s), other than where:
 - (a) a relevant diagnosis has been made by a registered medical practitioner before the date of any such declaration(s), or

(b) the WHO has cancelled or withdrawn any relevant PHEIC.

3. travel and/or accommodation bookings made after a World Health Organisation warning, not relating to a PHEIC, is issued and/or reported in the mass media, which recommends against travelling to the intended destinations, or
4. travel and/or accommodation bookings made after an Australian Government Travel Advisory is issued which recommends against travel to all or parts of the intended destination with a 'Do not travel' advice level (reference: Department of Foreign Affairs and Trade – website: www.smartraveller.gov.au), or
5. travel and/or accommodation bookings made after public warning(s) or mass media reports are issued with respect to the event giving rise to a claim, or
6. cancellation, disruption or alteration of a journey due to any circumstance which was foreseen, or could reasonably have been expected to be foreseen, by you or the insured prior to your travel and/or accommodation bookings being made, or
7. the death of a person due to a terminal illness which was diagnosed prior to the journey, or
8. when a journey is undertaken against medical advice.

Conditions applicable to loss of deposits, cancellation and additional expenses

1. In the event of the failure of any travel agent, tour operator, accommodation provider, airline or other carrier, car rental agency or any other travel or tourism services provider to provide services or accommodation due to their insolvency or the insolvency of any person, company or organisation they deal with, we will reimburse lost deposits and any additional accommodation, meal and travelling expenses incurred, up to a maximum aggregate amount of \$25,000 for all claims arising for all insured persons during any one period of insurance. An excess of \$250 per person will apply to each claim.
2. If an air ticket purchased using frequent flyer or similar customer loyalty points is subsequently cancelled due to a payable event described below in the Compensation table - Loss of deposits, Compensation table - Cancellation and disruption expenses and/or Compensation table - Additional expenses, we will reimburse you for the forfeited frequent flyer or similar customer loyalty points, up to the amount stated in the compensation table, as follows:
 - If the points cannot be claimed or reimbursed by the airline or relevant provider, we will pay you the lesser of:
 - > the cost of the equivalent class air ticket on the quoted retail price at the time the ticket was issued, or
 - > the cost of a replacement air ticket to alter your journey.
 - If the airline or relevant provider refunds a portion of the value of your forfeited points, we will pay you the lesser of:
 - > the cost of the equivalent class air ticket based on the quoted retail price or booking at the time the ticket was issued, less the value of the portion of your refunded points, or
 - > the cost of a replacement air ticket to alter your journey, less the value of the portion of your refunded points.

Compensation table – Loss of deposits

Payable event	Compensation – What we will pay
<p>1. Prior to the commencement of your journey, that journey is necessarily cancelled or altered as a result of:</p> <p>(a) your unexpected death, or your unexpected injury or illness which a registered medical practitioner or dentist has certified will prevent you from commencing the journey as planned, or</p> <p>(b) the unexpected death or unexpected serious injury or serious illness of your spouse/partner, dependent child, relative, travelling companion, business partner or co-director, or</p> <p>(c) your residence or business suffering major theft or unexpected damage, or</p> <p>(d) any other unforeseen and unforeseeable circumstances outside of your and the insured's control, not otherwise excluded under the Policy.</p>	<p>The lesser of:</p> <ul style="list-style-type: none"> the reimbursement of cancellation fees, lost deposits and the non-refundable unused portion of travel on prepaid tickets and bookings, that cannot be recovered from any other source, or the reasonable and necessary costs incurred to alter your journey or make arrangements to travel at another time, <p>up to the maximum amount shown in the Policy Schedule.</p> <p>We may choose to reimburse you or the insured directly or pay the provider direct up to the Maximum Benefit Amount shown in the Policy Schedule.</p>

Compensation table - Cancellation and disruption expenses

Payable event	Compensation – What we will pay
<p>1. Whilst you are on a journey, that journey is necessarily cancelled, disrupted or altered as a result of:</p> <p>(a) your unexpected death, or your unexpected injury or illness which a registered medical practitioner or dentist has certified will prevent you from continuing the journey as planned, or</p>	<p>The cost of:</p> <ul style="list-style-type: none"> the reimbursement of cancellation fees, lost deposits and the non-refundable unused portion of travel on prepaid tickets and bookings, that cannot be recovered from any other source, and any reasonable and necessarily incurred additional accommodation, meal and travel expenses, <p>up to the Maximum Benefit Amount shown in the Policy Schedule.</p>

Payable event	Compensation – What we will pay
<p>(b) the unexpected death or unexpected serious injury or serious illness of your spouse/partner, dependent child, relative, travelling companion, business partner or co-director, or</p> <p>(c) your residence or business suffering major theft or unexpected damage, or</p> <p>(d) any other unforeseen and unforeseeable circumstances outside of your and the insured's control, not otherwise excluded under the Policy.</p>	<p>We may choose to reimburse you or the insured directly or pay the provider direct up to the Maximum Benefit Amount in the Policy Schedule.</p>

Compensation table – Additional expenses

Payable event	Compensation – What we will pay
<p>1. Whilst you are on a journey you:</p> <p>(a) die, or</p> <p>(b) suffer temporary total disablement due to injury or illness for more than five (5) consecutive days,</p> <p>and, as a result, a substitute employee is required to travel to complete the business objectives of your original journey.</p>	<p>Reimbursement of additional accommodation, meal and travel expenses incurred by the insured for the substitute employee, up to an amount not exceeding \$20,000.</p>
<p>2. Your journey is delayed or interrupted for a period in excess of twelve (12) hours due to the hijacking of the licensed aircraft, vessel or public transportation vehicle on which you are travelling.</p>	<p>\$500 for each day the hijacking continues, up to a maximum of \$5,000.</p>
<p>3. You are falsely arrested or wrongfully detained overseas by any Government or foreign power.</p>	<p>Legal costs incurred, up to an amount not exceeding \$50,000.</p> <p>Counselling costs incurred, up to an amount not exceeding \$5,000.</p>

Payable event	Compensation – What we will pay
4. You miss your flight due to overbooking by the carrier, and no alternative transport is available within eight (8) hours of the departure time.	Reimbursement of additional accommodation, meal and travel expenses incurred up to an amount of \$400 per day, up to a maximum of \$5,000.
5. You are hospitalised within Australia for more than twenty-four (24) hours, at a hospital more than 200 kilometres distance from your normal places of residence and work.	Reimbursement for the cost of one (1) person's return airfare and accommodation to travel to the location of your hospitalisation, up to a maximum of \$2,000. Airfare costs are limited to economy class domestic airfares, unless none are available.

Section M – Refund of vehicle excess following collision, damage or theft

What we will pay

We will pay you the amounts as set out in the Compensation table - Refund of vehicle excess following collision, damage or theft if, while on a journey, you:

- hire a rental vehicle, or
- use your own private motor vehicle for a business purpose, and, as a result of the vehicle being damaged, stolen or involved in a collision, you are liable for refund or payment of an excess amount under the terms of the rental vehicle hiring agreement, or your motor vehicle insurance policy.

The maximum amount we will pay under this section is shown in the Policy Schedule.

What we will not pay

We will not pay for any claim under this section of the Policy if the claim arises directly or indirectly out of any of the following:

1. you do not hold a valid driving licence for the country in which you are operating the vehicle, or
2. you use the vehicle illegally, or
3. you cause loss or damage to a rental vehicle as a result of a breach of the provisions of the hiring agreement, or
4. the rental vehicle is not rented from a licensed rental agency, or
5. theft of or damage to your own private motor vehicle, unless it occurs whilst the vehicle is being used for a business purpose during a journey.

Compensation table – Refund of vehicle excess following collision, damage or theft

Payable event	Compensation – What we will pay
1. You are involved in a collision while in control of a rented or your own private vehicle.	The amount of excess that you paid or are liable to pay, up to the Maximum Benefit Amount shown in the Policy Schedule.
2. Your rented or own private vehicle is stolen or damaged.	The amount of excess that you paid or are liable to pay, up to the Maximum Benefit Amount shown in the Policy Schedule.

Additional covers

The following additional covers will automatically apply, unless stated otherwise on the Policy Schedule.

If you or, where specified, the insured, suffer or incur the relevant loss, liability or damage defined within the cover, during the period of insurance and whilst you are on a journey, we will pay up to the applicable limit stated for that cover, subject to the terms, conditions, exclusions and aggregate limits of liability of the Policy.

1. Extra territorial workers cover

This cover applies only if:

- you are employed in a managerial, clerical, administrative or sales capacity, and
- the substantial proportion of your work is normally performed in Australia, and
- your employer maintains an in-force Worker's Compensation policy as required by the law in the State or Territory where you are employed, unless your employer is a licensed self insurer, and
- you are engaged in temporary employment outside of your home State for a maximum period of six (6) months, and
- you are an Australian resident.

What we will pay

We will indemnify the insured for:

- the insured's liability to pay compensation benefits payable under any worker's compensation legislation which provides compensation to injured workers or their dependants for death, personal injury or occupational disease, where such liability is due to your death, injury or disease arising out of or in the course of your employment whilst on a journey during the period of insurance, and
- damages at common law (but not where entitlement arises solely under any statute) due to death, personal injury or occupational disease suffered by you as a result of an accident or occurrence happening whilst you are on a journey during the period of insurance.

What we will not pay

We will not indemnify the insured for:

- exemplary, punitive, multiple or aggravated damages, or
- any claims for the cost of services for which a Medicare benefit is payable, or for any expenses which are considered to be 'Health Insurance business', as defined within the Private Health Insurance Act 2007 (Cth).

Maximum limits

The maximum compensation we will pay is as follows, unless stated otherwise in the Policy Schedule:

- Weekly Benefit - is the difference between the weekly compensation the insured is liable to pay, and what you can claim under the insured's Workers' Compensation policy. This cover is subject to a benefit limit of \$1,000 per week, up to a maximum limit of \$500,000 for any one claim.
- Damages at common law - is the difference between the damages and law costs payable by the insured, and the amount of indemnity the insured could claim under a Workers' Compensation policy. This cover is subject to a maximum limit of \$500,000 any one claim.
- The aggregate limit of liability applicable to this cover for any one claim or series of related claims will be \$1,000,000 unless otherwise stated in the Policy Schedule.

2. Environmental and natural disaster evacuation

This cover applies only if:

- you are on a journey outside of your country of residence, and
- a natural disaster or environmental emergency situation has occurred in that country, and
- it is agreed, in consultation with the insured and any relevant government(s), that you are at high risk if exposure to adverse local conditions continues.

What we will pay

If we consider the adverse conditions resulting from the natural disaster or environmental emergency will continue for less than thirty (30) days we will pay for arrangements necessary for:

- your evacuation to the nearest possible safe location outside the impacted area, and
- your return to the location from which you were evacuated, via scheduled commercial airline or equivalent, once the adverse conditions caused by the natural disaster or environmental emergency have sufficiently improved.

If we consider the adverse conditions will continue for more than thirty (30) days, or they ultimately do following your initial evacuation to a safe location, we will pay for arrangements necessary for your evacuation to your country of residence.

What we will not pay

We will not pay any claim under this section of the Policy:

- until reasonable local measures to protect your health and safety have been exhausted, or
- if the claim arises directly or indirectly out of any of the following:
 - evacuation assistance or travel arrangements made without prior notification to the assistance provider
 - accommodation and living expenses you incur following evacuation.

Maximum limit

The maximum amount we will pay in total under this cover for any one claim or series of claims involving one or more insured persons, and arising from any one event, is \$500,000 in the aggregate unless otherwise stated in the Policy schedule.

3. Political evacuation

This cover applies only if you are on a journey in a country outside of your country of residence, and

- officials of the country in which you are travelling recommend that certain categories of persons, which includes you, should leave that country, or
- you are expelled or declared persona non grata, or
- there is wholesale seizure, confiscation or expropriation of your property, plant or equipment.

What we will pay

We will pay:

- the cost of your return to your country of residence or the nearest place of safety, up to the cost of an economy class airfare, and
- your reasonable accommodation costs up to a maximum of \$500 per day for seven (7) days if you are unable to return to your country or residence.

What we will not pay

We will not pay any claim under this section of the Policy if the claim arises directly or indirectly out of any of the following:

1. evacuation assistance or travel arrangements made without prior notification to the assistance provider, or
2. you violating the laws or regulations of the country you are in, or
3. the failure to produce or maintain immigration, work, residence or similar visas, permits or other documentation, or
4. debt, insolvency, commercial failure, repossession of property by a titleholder or any other financial cause, or
5. the failure to honour any contractual obligation or bond or to obey any conditions in a licence, or
6. an event occurring in a country of which you are a National, or
7. natural or environmental disasters, or
8. nuclear fuel or waste.

Maximum limits

The maximum we will pay under this cover for any one claim or series of claims arising from any one event, is \$500,000 in the aggregate unless otherwise stated in the Policy schedule.

4. Search and rescue expenses

If, while you are on a journey, you are reported as missing and a recognised rescue provider or police authorities must launch a search and rescue operation because:

- it is known or suspected that you have suffered a life-threatening injury or illness, or
- weather or safety conditions make it necessary in order to prevent you from suffering a serious injury or illness,

we will pay the insured up to \$20,000 in respect of the necessary and reasonable costs incurred by a recognised rescue provider or police authority in searching for and retrieving you. The maximum amount we will pay in total for all search and rescue expenses incurred for all insured persons in any one period of insurance is \$100,000.

Conditions

1. At all times, you are required to comply with local safety advice and adhere to recommendations in force during your journey.
2. You must not knowingly endanger your own life or that of any other insured person.
3. You must not engage in any activity that requires a level of experience or skill that is beyond your ability.
4. We must be informed as soon as reasonably possible of any emergency that may potentially give rise to a claim.
5. We will only pay for the portion of expenses that relate to you or other insured persons covered under the Policy.
6. Cover for costs incurred ceases at the time when:
 - you are recovered and returned to a place of safety by the search and rescue provider or police authorities, or
 - the search and rescue provider or police authorities advise that continuing the search is no longer viable.
7. There is no cover under this section for any person to continue the search and rescue operation after the search and rescue provider or police authorities have decided to cease the search.
8. In the event of a claim we will require a written statement from the applicable search and rescue provider or police authorities in order to assess the validity of the claim.

9. We will not pay for any costs incurred under this benefit which are payable under another section or benefit of the Policy.

5. Family assistance

What we will pay

We will pay the amounts set out below if your spouse/partner and/or dependent child(ren) suffer death:

- during the period of insurance, and
- as a result of an injury, and
- while you are on a journey outside of your country of residence.

What we will not pay

We will not pay any benefits under this cover if:

1. your spouse/partner's and/or dependent child(ren)'s death occurs whilst they are accompanying you on a journey, or
2. your journey is within your country of residence, or
3. your spouse/partner's and/or dependent child(ren)'s death is as a result of an illness, or
4. your spouse/partner's and/or dependent child(ren)'s death is either a direct or indirect result of suicide or attempted suicide.

Maximum limits

The maximum amount we will pay is:

- \$30,000 as a result of the death of your spouse/partner, and
- \$15,000 as a result of the death of each dependent child, up to a maximum of \$45,000 for all dependent children in any one (1) family.

6. Additional cover back home

If you incur additional expenses as a result of an event specified below in paragraphs (a) to (d), we will reimburse these additional expenses incurred, up to the limits shown below:

(a) Damage to residence

In the event your normal place of residence sustains damage whilst you are on a journey, which renders it unsafe to live in, we will reimburse additional accommodation, meal and travelling expenses incurred up to an amount of \$400 per day, to a maximum of \$5,000.

(b) Home burglary excess

In the event your usual place of residence is burgled whilst you are on a journey, we will reimburse the excess under your home contents policy, up to a maximum of \$1,000.

(c) Domestic pet care

In the event you are delayed beyond your journey's original return date due to an event covered by this Policy, we will reimburse additional costs incurred, up to \$50 per day and a maximum of \$500 for care of your pet(s) in a commercial kennel or cattery.

(d) Childcare/nanny benefit

If you are delayed beyond your journey's original return date due to an event covered by this Policy, and you incur additional childcare costs for your dependent child(ren) as a direct result of that delay, we will reimburse you for the additional cost of registered childcare for your dependent child(ren), up to \$200 per day for each twenty-four (24) hour period you are delayed, up to a maximum of \$1,000 in total.

7. Death by specified sickness benefit

If you are on a journey outside your country of residence and, within four (4) weeks of the commencement of the journey, you die solely and directly as a result of one of the following specified sicknesses:

- ischaemic heart disease,
- stroke,
- cancer,
- dementia or Alzheimer's disease, or
- lower respiratory disease,

and that specified sickness first became apparent after the commencement of your journey, we will pay \$50,000 to your estate or personal legal representative, provided that:

- you are under sixty-five (65) years of age at the time you die, and
- the period of insurance does not exceed twelve (12) months, and
- the specified sickness and/or death was not directly or indirectly caused by any general exclusion, or any medical condition for which you required medication, treatment or advice prior to the commencement of your journey.

8. Repatriation and funeral expenses

If you die while you are on a domestic or international journey as a result of either injury or illness, we will reimburse the reasonable expenses incurred for:

- returning your remains and personal effects to your usual place of residence, and
- your funeral and burial or cremation,

up to a maximum amount of \$25,000.

General exclusions

These general exclusions apply to all sections of this Policy.

We will not pay for any claim under any section of the Policy if the claim arises directly or indirectly out of or in relation to any of the following:

1. You serving in the armed forces in any capacity whatsoever, or taking active part in any war, invasion, acts of foreign enemies, hostilities (whether declared or not), civil war, rebellion, revolution, or insurrection of military or usurped power.
2. Radioactive contamination, whether arising directly or indirectly including the use, existence or escape of any nuclear fuel, nuclear material, or nuclear waste or action of nuclear fission or fusion.
3. Any loss, destruction, damage, death, injury, illness, liability, cost or expense of any nature directly or indirectly caused by, contributed to by, resulting from or arising out of or in connection with any action taken in controlling, preventing, suppressing, retaliating against, or responding to or in any way relating to general exclusions 1 or 2 above.
4. Intentional self injury or suicide or any attempt at suicide.
5. Flying or other aerial activity unless as a passenger in a properly licensed aircraft.
6. You committing or attempting to commit a criminal or illegal act.
7. Being under the influence of intoxicating liquor or drugs which are not prescribed by a registered medical practitioner.
8. Participating in or training for any professional sport.
9. Expenses recoverable by you from any other source such as workers compensation or any other statutory scheme or Medicare or Private Health Insurance.
10. Any expenses or costs which we are prohibited by law from paying within Australia or the country in which a claim occurs.

Health insurance exclusion

We won't pay any benefits under any section of this Policy which:

- are considered to be 'health insurance business' as defined in the Private Health Insurance Act 2007 (Cth) and its regulations, or
- we're prevented from paying under any law in any jurisdiction, including under the National Health Act 1953 (Cth) or the Health Insurance Act 1973 (Cth).

Infectious or Contagious Disease Exclusion during a Public Health Emergency of International Concern

1. This Policy does not cover claims in any way caused by or resulting from an 'infectious or contagious disease', an outbreak of which has been declared a Public Health Emergency of International Concern (PHEIC) by the World Health Organization (WHO).
2. This exclusion shall apply to claims made after the date of any such declaration(s), other than where a relevant diagnosis has been made by a registered medical practitioner before the date of any such declaration(s).
3. This exclusion will continue to apply until the WHO cancels or withdraws any relevant PHEIC.

Sanctions limitation and exclusion clause

We will not be liable to provide any cover, pay any claim or provide any benefit under this Policy, to the extent that to do so may expose us to any sanction, prohibition, or restriction under United Nations resolutions or any applicable trade or economic sanctions, laws or regulations of any country.

Laws impacting cover

We will not be liable to provide any cover, pay any claim or provide any benefit under this Policy, to the extent that it is illegal for us to do so.

General conditions

There are conditions set out in this General conditions section, in the Claims section and under each particular cover and section. If any of these conditions aren't met, we may refuse a claim, reduce the amount we pay or in some circumstances we may cancel your Policy. When making a claim, you must have met and then continue to comply with the conditions of your Policy. Any person covered by your Policy, or claiming under it, must also comply with these conditions.

If you, or someone covered under your Policy, don't meet these conditions or make a fraudulent claim we may:

- Refuse to pay your claim or reduce what we pay for your claim
- Cancel the Policy.

Assistance and co-operation

You must provide reasonable assistance to us, including:

- being truthful and frank at all times
- telling us as soon as possible if you've been contacted by someone about an incident, such as another insurer or a third party's lawyer
- attending one or more interviews about the claim if we ask you to
- appearing in court and giving evidence if needed
- responding to our requests in a timely manner

At all times you must refrain from behaving in a way that's improper, hostile or threatening towards us, our representatives or third parties involved in an incident.

If you don't cooperate in any of these ways, it may delay your claim, or we may reduce or refuse to pay your claim.

Reasonable actions and precautions

You must take reasonable care to prevent damage, injury or loss.

At all times you must:

- prevent damage to property insured, as well as to others and their property
- minimise the cost of any claim under your Policy.

There is no cover under any section of your Policy for any claim, loss, cost, damage, injury, death or legal liability, to the extent that it is caused by or arises from you not complying with all laws relating to the safety of a person or damage to property.

Preventing our right of recovery

If you've agreed with or told someone who caused you loss, damage or liability covered by your Policy that you won't hold them responsible then, to the extent we've been prejudiced by this act, we won't cover you for that loss, damage or liability.

Claims

This section describes what you must do at the time loss or damage occurs which is likely to give rise to a claim or when you make a claim, as well as the conditions that apply when you make a claim.

What you must do after an incident

1. If you're overseas and in need of emergency assistance, please contact the assistance provider. You'll find contact details for the assistance provider in your policy schedule.
2. If anything happens that is likely to give rise to a claim you must:
 - (a) follow medical advice from a qualified medical practitioner as soon as possible after sustaining injury or illness,
 - (b) tell your financial services provider as soon as possible. You will be provided with a claim form and advice on the procedure to follow,
 - (c) fully complete our claim form and return it to us within thirty (30) days, or as soon as possible after a payable condition occurs,
 - (d) at our expense, undergo any medical examination by a registered medical practitioner appointed by us if we reasonably require it,
 - (e) provide us with any relevant information about the claim we ask for including:
 - (i) reports from police, transport provider, hotel or other authority,
 - (ii) reports or certificates from a registered medical practitioner,
 - (iii) accounts and receipts,
 - (iv) valuations and proof of ownership,
 - (v) letters and notices you receive from anyone else about the claim.
3. If in doubt at any time, ring your financial services provider for advice.
4. You must give us written notice as soon as possible of every claim, writ, summons or proceedings, including any prosecution or inquest, and all relevant information in regard to matters which may give rise to liability under this Policy.
5. As soon as an event that can justify a claim occurs, you must make reasonable endeavours to minimise the loss, damage or liability.
6. We have the sole right to make admissions of liability, and you must not make any such admissions. We may refuse to indemnify or cover you if you admit fault, make any offer of payment or defend a claim in court without our consent.

Payment of benefits

Some benefits under this policy are payable to you (or to your legal personal representative). You may instruct us to make a payment to someone other than you. Other benefits are payable to the insured.

How claims administration and legal proceedings are undertaken

When we pay a claim under your Policy, we have the right to exercise your legal rights in your name against the person responsible for the loss or damage.

We'll take full control of the administration, conduct or settlement of the recovery, including any legal defence. When we do any of these things in your name, it will be at our expense, however you'll need to give us reasonable assistance which may include giving us statements, documents or evidence in any legal proceedings. This may also include following our directions in relation to the conduct of any legal proceedings even after a claim has been paid. During the administration, conduct or settlement of the recovery, you can seek an update on the status of proceedings and we will consult you where appropriate.

When we pay a claim and some of the loss isn't covered by your Policy, we may offer to try to recover that loss for you when we take any steps to recover the covered loss. We can only do so if you agree to give us documents that support your loss and agree with us on how we'll handle that recovery.

You may also need to contribute to the associated costs if, to recover the loss for you, we need to take additional steps that we wouldn't otherwise need to take. We will talk to you about these steps before we take them.

If you've received a benefit under your Policy that you were not entitled to, we reserve the right to recover from you the amount we have paid. If we decline a claim for fraud, we reserve the right to recover our reasonable administration, investigation and legal costs.

Contribution and other insurance

When making a claim, you must notify us of any other insurance that you're aware will or may, whether in whole or in part, cover any loss insured under this Policy.

If at the time of any loss, damage or liability there's any other insurance (whether issued to you or any other person) which covers the same loss, damage or liability you must provide us with any reasonable assistance we require to make a claim for contribution from any other insurer(s).

Excluded period of claim

Some sections of this Policy are subject to an excluded period of claim. The excluded period of claim set out in the Policy Schedule is the number of days of your disablement for which we won't pay any benefits under this Policy, after you first receive medical treatment by a registered medical practitioner for the injury or illness which resulted in your disablement.

Providing proof or evidence

You must be able to demonstrate that you've suffered a loss covered by your Policy for your claim to be accepted. We may ask you for this evidence if you make a claim under your Policy.

So your claim can be assessed quickly, make sure you keep the following:

- documents which substantiate your earnings, and
- any medical certificates that relate to your claim. and
- receipts or invoices for items you seek to be reimbursed for.

Subrogation, recovery action and uninsured loss

We may at any time, at our expense and in your name, use all legal means available to you of securing reimbursement for loss or damage arising under your Policy. In the event we do so, you agree to give all reasonable assistance for that purpose.

If you've suffered a loss that wasn't covered by your Policy as a result of the incident, we may offer to attempt to recover this. You may also specifically ask us to recover this for you. You'll need to give us documents supporting your loss. Before we include any uninsured loss in the recovery action we'll also ask you to agree to the basis on which we'll handle your recovery action. You may need to contribute to legal costs in some circumstances.

Taxation implications

If you're a business you must tell us if you're registered, or are required to be registered, for GST. When you do this, we need you to give us:

- your ABN
- the percentage of any input tax credit (ITC) you will claim, or will be entitled to claim, on your premium.

When we pay a claim, your GST status will determine the amount we pay you. Your claim settlement amount will be adjusted to allow for any ITC entitlement.

Unless we say otherwise, all amounts in your Policy are inclusive of GST. There may be other taxation implications affecting you, depending upon your own circumstances. We recommend you seek professional advice.

Other terms

These other terms apply to how your Policy operates.

Acquisition clause

If, during the period of insurance, the insured acquires or creates any new office branch, subsidiary or associated company, either directly or through one of its subsidiaries, cover shall automatically apply under this Policy from such date of acquisition or creation, provided that:

- we are advised of the acquisition or creation, and any associated change to the insured's estimated travel pattern, within ninety (90) days, and
- the insured pays us any additional premium we may reasonably require in relation to the acquisition or creation.

Currency

The values and limits shown in this Policy are in Australian dollars (AUD). If expenses are incurred in another currency, then the rate of currency exchange used to calculate the amount of compensation to Australian dollars will be the rate at the date the payable condition or payable event occurred.

Jurisdiction

This Policy will be governed and construed in accordance with the laws of Australia. You unconditionally agree to submit to the exclusive jurisdiction of the courts of Australia.

Sending you documents

We may send letters, policy and other related documents to you. If we email them to you, we'll consider the email to be received by you 24 hours after we send it.

Please make sure we have your current email and mailing address on record and let us know as soon as these change.

