



QBE Insurance (Australia) Limited

Expatriate Medical and Emergency Travel Policy

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।

Contents

About this booklet	4
Part A – Product Disclosure Statement (PDS)	4
Part B – Policy Terms and Conditions	4
About QBE	4
Part A – Product Disclosure Statement (PDS) for Expatriate Medical and Emergency Travel Insurance	4
Insurer	4
Significant benefits and features	4
General exclusions	5
Additional exclusions applying to this Policy	5
Significant risks	6
General Insurance Code of Practice	6
Privacy	6
Complaints	6
Contacting QBE's Customer Complaint Unit, AFCA or the OAIC	7
Financial Claims Scheme	7
How to make a claim	7
Taxation implications	7
The premium	7
Cooling off period	7
Part B – Policy Terms and Conditions for Expatriate Medical and Emergency Travel Insurance Policy	8
Insurer	8
Our agreement with you	8
Your Policy	8
Providing proof or evidence	8
Jurisdiction	8
Subrogation	8
How you can pay your premium	8
Paying your premium	8
Words with special meanings	8
Types of Cover	11
Section A – Expatriate medical cover	11
Section B – Emergency travel assistance	14
General exclusions	16
General conditions	17
Claims	18

About this booklet

This booklet contains two separate sections: Part A and Part B.

Part A – Product Disclosure Statement (PDS)

Part A of this booklet contains a Product Disclosure Statement (PDS). The PDS is designed to assist you to make informed choices about your insurance needs. It gives a summary of the significant benefits and risks associated with this product (you should refer to Part B – Terms and Conditions for full details).

The PDS also contains information about costs, our dispute resolution system, your cooling off rights and other relevant information, including other rights, terms, conditions and obligations attaching to this product. Please read Parts A and B of this booklet carefully.

Information in this PDS might change. If the change is adverse then a supplementary PDS or a new PDS will be issued at renewal. You can get an up-to-date copy of all updates (whether adverse or not adverse) at no charge by your financial services provider, simply by calling them.

Part B – Policy Terms and Conditions

Part B of this booklet contains the Policy Terms and Conditions, which detail all the terms, conditions and exclusions relating to the Policy. It is Part B which forms part of your legal contract with us.

If we issue you with an insurance policy, you will be given a Policy Schedule. The Policy Schedule sets out the specific terms applicable to your cover and should be read together with the Policy Terms and Conditions.

The Policy Terms and Conditions and the Policy Schedule we send to you form your legal contract with us so please keep them in a safe place for future reference.

If you require further information about this product, please contact your financial services provider.

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.

Part A – Product Disclosure Statement (PDS) for Expatriate Medical and Emergency Travel Insurance

Insurer

The Policy is underwritten by QBE Insurance (Australia) Limited, ABN 78 003 191 035, AFS Licence No. 239545.

Other documents may form part of the PDS. Any such documents will be dated and will include a statement identifying them as part of the PDS. If any major omissions, updates or corrections need to be made to the PDS a Supplementary PDS may be provided. In either case the relevant document will be provided to you with the PDS.

Significant benefits and features

We believe the most significant benefits of this insurance Policy are that it offers:

- (a) cover if the insured person incurs medical expenses in or outside their country of residence while they are engaged in temporary employment outside their country of residence prior to their permanent return to their country of residence,
- (b) cover for additional travel expenses,
- (c) cover for emergency travel assistance, if you have chosen this cover.

The Policy provides:

1. Expatriate medical cover
 - (a) reimbursement of medical expenses an insured person incur. The benefits we pay under the Expatriate medical cover section of the Policy will be the lesser of:
 - (i) the amounts shown in the compensation table in that section of the Policy, or
 - (ii) a fixed percentage of actual costs shown in the Policy Schedule,
 - (b) for payment of the amounts set out in the compensation table in the Additional travel expenses section of the Policy if expenses in relation to the events stated in the compensation table are incurred during the period of insurance.
2. Emergency travel assistance
 - (a) medical transfer and emergency evacuation and repatriation,
 - (b) return transportation benefit,
 - (c) accompanying person for a repatriated child,
 - (d) accompanying person for a repatriated adult,
 - (e) your additional accommodation,
 - (f) accompanying person's accommodation,
 - (g) repatriation of mortal remains or local burial,
 - (h) ambulance service,
 - (i) advance payment of medical expenses.

The Policy does not cover certain things

Claims may be refused in certain circumstances. Please refer to Expatriate Medical and Emergency Travel Insurance Policy Terms and Conditions which follow this PDS for full details of the terms and conditions of cover and exclusions.

Medical expenses

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

- charges incurred in a hospital used primarily as a geriatric ward, mental institution, or a place for the care or treatment of alcoholics or drug addicts,
- medical expenses in Australia for which the insured person are eligible to claim Medicare benefits or are able to claim other benefits from any registered health fund of which the insured person is a member,
- medical expenses for which the insured person is eligible to claim compensation under any Workers Compensation Legislation or Employers Liability Legislation or at common law,
- childbirth or pregnancy expenses incurred within 12 months of becoming an insured person under this Policy,
- artificial reproductive technologies of any kind including, but not limited to, in-vitro insemination, in-vitro fertilisation, gamete intrafallopian transfer, intra cytoplasmic sperm injection or embryo transfer or any kind of treatment for infertility,
- sterilisation, vasectomy or reversal of same,
- any operative treatment to the cornea designed to counter the need for spectacles,
- elective surgery,
- pharmaceutical supplies available through the Pharmaceutical Benefits Scheme of Australia.

Additional travel expenses

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

- the person on whom the journey depends is over 80 years of age,
- any medical condition for which any person on whom the journey depends:
 - is taking regular medication, or
 - has required treatment or advice from a registered medical practitioner, chiropractor, physiotherapist, naturopath, psychologist or psychiatrist in the 30 days before you are first covered by this Policy.

General exclusions

The Policy will not cover you or the insured person if a claim arises directly or indirectly out of any of the following:

1. 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, military or usurped power,
2. any act(s) of terrorism,
3. radioactivity or the use, existence or escape of any nuclear fuel, nuclear material, or nuclear waste or action of nuclear fission or fusion,
4. infectious or contagious diseases during a public health emergency of international concern.

These are only some of the events that are not covered by this insurance. Please read the Expatriate Medical and Emergency Travel Insurance Policy Terms and Conditions which follows this PDS for full details of all relevant Policy exclusions.

Additional exclusions applying to this Policy

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

1. intentional self injury or suicide or any attempt at suicide,
2. flying or other aerial activity unless as a passenger in a properly licensed aircraft,
3. the insured person's criminal or illegal act,
4. alcoholism, drug addiction,
5. if the insured person is under the influence of intoxicating liquor or drugs unless they have been prescribed by a registered medical practitioner,
6. participating in or training for any professional sport,
7. expenses recoverable by you or the insured person from any other source such as Workers Compensation or any other statutory scheme or Medicare or private health insurance,
8. we will not pay any benefit, if its payment would constitute the carrying on of a "health insurance business" as defined under the *Private Health Insurance Act 2007 (Cth)* or any succeeding legislation to that Act.

We will not pay for any claim under any section of the Policy if the insured person is over 65 years of age.

Significant risks

This product may not match your expectations

This product may not match your expectations (for example, because an exclusion applies). You should read the PDS (Part A of this booklet) and the Policy Terms and Conditions (Part B of this booklet) carefully. Please ask your financial services provider if you are unsure about any aspect of this product.

Your sum insured may not be adequate

To ensure that the amount of insurance is adequate to cover losses in the event of a claim, you should establish an adequate sum insured when initially arranging cover and also take care to amend the sums insured when your situation changes.

Overdue premium

You need to pay your premium on time to ensure you are covered. If you don't pay the premium your Policy may be cancelled and we'll write to let you know when this will happen.

For more detailed information regarding payment options refer to the section headed 'How you can pay your premium' in Part B (Terms and Conditions).

A claim may be refused

We may refuse to pay or reduce the amount we pay under a claim if you or the insured person do not comply with the Policy conditions, if you or the insured person do not comply with your Duty of Disclosure, or if you make a fraudulent claim.

The cost of this insurance Policy

The total premium is the amount we charge you for this insurance Policy. It includes the amount which we have calculated will cover the risk, and any taxes and government charges. The premium and any taxes and government charges will be shown on your Policy Schedule.

When calculating your premium we take a range of rating factors into account. These factors, and the degree to which they affect your premium, will depend upon the information you provide to us.

The following factors have a significant impact on the calculation of your premium:

- single, couple or family cover,
- geographic location – where you are seconded,
- past claims history,
- the number of people to be covered by this Policy.

You should arrange your method of payment through your financial services provider. A quote for premium may be obtained from 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 Complaint 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 customercare@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

How to make a claim

Please contact your financial services provider to make a claim. We will only accept responsibility for repairs or payments to third parties under a claim where you have told us about them beforehand and your claim has been accepted. Full details of what you must do for us to consider your claim are provided in the Claims section in part B of this booklet.

Taxation implications

There may be taxation implications affecting you, depending upon your own circumstances. We recommend that you seek professional advice.

The premium

If your Policy is cancelled, we'll refund you the proportion of the premium for the remaining period of insurance, less any non-refundable government fees, duties or charges.

If you make a fraudulent claim on your Policy, we can cancel it and we won't provide any refund.

Cooling off period

If you change your mind about your Policy and haven't made a claim, you can cancel it within 21 days of the start or renewal date and we'll give you a full refund. If you cancel your Policy in these circumstances, you will have no cover under the Policy.

To cancel your Policy within the cooling off period, contact your financial services provider.

You can also cancel your Policy outside the cooling off period, see 'Cancelling your policy'.

Part B – Policy Terms and Conditions for Expatriate Medical and Emergency Travel Insurance Policy

Insurer

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

Our agreement with you

This Policy is a legal contract between you and us. You pay us the premium, and we provide you with the cover you have chosen as set out in the Policy, occurring during the period of insurance shown on your Policy Schedule or any renewal period.

The exclusions in the section(s) headed 'General exclusions' and conditions in the section headed 'General conditions' apply to all types of cover.

Your Policy

Your Expatriate Medical and Emergency Travel Insurance Policy consists of Part B (Terms and Conditions) of this booklet and the Policy Schedule we give you.

Please read your Policy carefully and satisfy yourself that it provides the cover you require.

If you want more information about any part of your Policy, please ask your financial services provider.

You should keep your Policy booklet and Policy Schedule together in a safe and convenient place for future reference.

Providing proof or evidence

You should keep documents you will need in case of a claim – for example, documents which substantiate your earnings and any medical certificates that relate to your claim.

Jurisdiction

This Policy will be governed and construed in accordance with the laws of the state or territory in Australia in which your registered address is located. You irrevocably and unconditionally agree to submit to the non-exclusive jurisdiction of the courts of that State or Territory.

Subrogation

We are only required to make any payment under this Policy if:

- we can exercise any rights of recovery held by you or the insured person to the extent of that payment, and
- you and any insured person must not do anything that reduces any such rights, and
- you and any insured person must provide reasonable assistance to us in pursuing any such rights.

How you can pay your premium

You can pay your premium in one annual payment by cash, cheque or credit card.

Paying your premium

You need to pay your premium on time to ensure you are covered. If you don't pay the premium your Policy may be cancelled and we'll write to let you know when this will happen.

Words with special meanings

Some key words and terms used in this Policy have a special meaning.

If words and terms are only used in just one section of the Policy, we will describe their special meaning in that section.

Wherever the following words or terms are used in the Policy, they mean what is set out below:

Word or term	Meaning
Accident	a single, physical and external event which occurs unexpectedly at a specific and identifiable time and place.
Aggregate limit of liability	the maximum amount we will pay for any one event involving more than one insured person. The aggregate limit of liability is 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.
Anaesthetic services	charges made for an anaesthetic and its administration.
Ancillary services	charges made for services listed below provided by the qualified practitioner listed below: <ul style="list-style-type: none"> • Osteopath, • Chiropractor, • Naturopath, • Homeopath, • Physiotherapist, rehabilitation and occupational therapist, • Speech therapist, • Acupuncturist, • Chiropodist/podiatrist, • Dietician, • Audiologist, • Prosthetist, • Optician/ophthalmologist, • Psychologist, psychiatrist, psychotherapist, hypnotherapist, personal/family/marital counsellor.
Children	the insured person or the insured person's spouse/partner's: <ul style="list-style-type: none"> • unmarried dependent children, • stepchildren, or • legally adopted children who are: <ul style="list-style-type: none"> • living with the insured person in their country of assignment, and • who are under 19 years of age or under 25 years of age if they are a full time student and primarily dependent on the insured person for maintenance and support.

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, fiance(e), niece, nephew, uncle, aunt, step-child, grandparent or grandchild.
Compensation	the amount of benefit shown in the compensation tables of this Policy.
Country of assignment	the country in which the insured person will spend most of their time during foreign assignment – the insured person's host country and not their country of residence.
Country of residence	the country of which the insured person is a citizen or permanent resident (i.e. holder of a multiple entry visa or permit which gives the insured person resident health care rights in such country) – the insured person's home country and not their country of assignment.
Dental services	charges made by a qualified dentist or oral surgeon for: <ul style="list-style-type: none"> • treatment for fractures and dislocations of the jaw, • cutting procedures in the oral cavity and extractions and repair, • care for the teeth and gums.
Registered medical practitioner services	charges for outpatient services made by a registered medical practitioner: <ul style="list-style-type: none"> • for performing a surgical procedure, and/or • for other medical care and treatment.
Elective surgery	any surgery which does not result from an injury or illness, including cosmetic, plastic and reconstructive surgery.
Emergency dental	charges made by a qualified dentist or oral surgeon for treatment which is non-routine to sound and natural teeth as a result of injury.
Excess	a sum of money the insured person may be required to contribute to the amount of any claim under this Policy. Any amount payable is shown in the Policy Schedule.
Hearing aids	charges for hearing aids, considered necessary as evidenced by a written statement from a qualified medical practitioner.

Word or term	Meaning
Hospital services	charges for in-patient and day patient services recommended by a registered medical practitioner or qualified dental practitioner for: <ul style="list-style-type: none"> • daily in-patient care, • performing a surgical procedure, • necessary medical care and treatment, • necessary dental care and treatment.
Illness	any sickness or disease which first appears during the period of insurance.
Injury	bodily injury which: <ul style="list-style-type: none"> • is caused by an accident that occurs during the period of insurance, and • is not an illness, and • is the absolute, sole and independent cause of a payable condition covered under this Policy which occurs within 12 months of the injury.
insured person	any person described in the Policy Schedule as an insured person and that is engaged in temporary employment with the insured or is temporarily contracted by the insured outside their country of residence. If the insured person has a couple cover then cover is provided to the insured person's spouse/partner. If the insured person has a family cover then cover is provided to the insured person's spouse/partner and their children. If the insured person has a single cover then cover is provided to the insured person only.
Loss	in connection with a limb or part of a limb means physical severance or permanent loss of use.
Medical condition	any actual or perceived state of health for which treatment is sought and includes but is not limited to states variously described as: abnormality, ailment, disability, disease, disorder, health problem, illness, impairment, impediment, infirmity, injury, malady, sickness or unwellness.
Medical expenses	medical expenses incurred for services or supplies, shown under the heading Section A – Expatriate medical cover 'What we will pay'.
Nursing care services	charges made by a qualified nurse for nursing care, provided the nursing care is considered necessary as evidenced by a written statement from a registered medical practitioner.

Word or term	Meaning
Optical appliances	spectacles (including repairs to frames) and contact lenses prescribed by a qualified optician.
Optical services	charges made by a qualified optician for routine eye tests.
Parenting accommodation	the reasonable cost of a parent staying in the same hospital with the child under the age of 12.
Period of insurance	the period shown in the Policy Schedule.
Pharmaceutical supplies	charges for drugs and medicine and all other surgical supplies deemed necessary for treatment by a registered medical practitioner.
Place of employment	the site at which the insured person is currently working, or the first or last place of business activity for the day.
Place of residence	the insured person's usual place of residence. In the event of temporary absence from the usual place of residence, it also includes the place within the boundary of the temporary accommodation.
Policy Schedule	the schedule of insurance, or any endorsement schedule we give you.
Pregnancy and childbirth services	charges made by a registered medical practitioner for: <ul style="list-style-type: none"> • routine pre-natal and post-natal care, • childbirth.
Pregnancy and childbirth travel and accommodation services	charges: <ul style="list-style-type: none"> • for one return economy class airfare for the mother to give birth at a hospital outside the insured person's country of assignment if recommended by a registered medical practitioner in writing that it medically necessary, • for accommodation outside of the insured person's country of assignment if the insured person's registered medical practitioner advises in writing that the insured person is medically unfit to travel, subject to a maximum period of eight weeks prior to the birth and two weeks after the birth.
Prostheses and appliances	charges for prostheses and appliances considered necessary as evidenced by a written statement from a registered medical practitioner.

Word or term	Meaning
Qualified	where a health or medical practitioner holds a current registration or licence as is legally required to practice in their health or medical field in the country that the health or medical practitioner is providing health or medical services in, and is not: <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.
Radiation therapy	charges for: <ul style="list-style-type: none"> • X-Ray treatment, • radium and radioactive isotope treatment, • chemotherapy.
Registered medical practitioner	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: <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	the insured person's husband or wife, de-facto or life partner living with the insured person or any person of either sex living in a de facto relationship with the insured person in their country of assignment.
We, our, us	QBE Insurance (Australia) Limited, ABN 78 003 191 035.
X-ray and laboratory examinations	charges for: <ul style="list-style-type: none"> • X-Ray, magnetic resonance imaging (MRI) or computerised axial tomography (CT scan or CAT scan), • pathology tests or analysis, • laboratory tests or analysis made for diagnostic or treatment purposes.
You, your	the insured shown in the Policy Schedule.

Types of Cover

The Policy provides:

Section A – Expatriate medical cover

Section B – Emergency travel assistance

Section A – Expatriate medical cover

What we will pay

We will pay compensation by way of reimbursement of costs for medical expenses as set out in the compensation tables in this section of the Policy if the insured person incurs:

- medical expenses in their country of residence during the period of insurance,
- medical expenses outside their country of residence during the period of insurance

while the insured person is engaged in temporary employment with you or is temporarily contracted by you outside their country of residence and covered by this Policy.

The benefits we pay under this section of the Policy will be the lesser of:

- the amounts shown in the compensation table in this section of the Policy, or
- a fixed percentage of actual costs 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:

- charges incurred in a hospital used primarily as a geriatric ward, mental institution, or a place for the care or treatment of alcoholics or drug addicts,
- medical expenses in Australia for which the insured person is eligible to claim Medicare benefits or is able to claim other benefits from any registered health fund of which the insured person is a member,
- medical expenses for which the insured person is eligible to claim compensation under any Workers Compensation Legislation or Employers Liability Legislation or at common law,
- childbirth or pregnancy expenses incurred within 12 months of becoming an insured person under this Policy,
- artificial reproductive technologies of any kind including, but not limited to, in-vitro insemination, in-vitro fertilisation, gamete intrafallopian transfer, intra cytoplasmic sperm injection or embryo transfer or any kind of treatment for infertility,
- sterilisation, vasectomy or reversal of same,
- any operative treatment to the cornea designed to counter the need for spectacles,
- elective surgery,
- pharmaceutical supplies available through the Pharmaceutical Benefits Scheme of Australia.

The General exclusions apply to all sections of this Policy and may also affect your claim.

Medical expenses restrictions and conditions

- The maximum amount of medical expenses we will pay during the period of insurance in respect of an insured person for any one medical condition is the benefit limit shown in the compensation table.
- After birth the child is covered for Medical Expenses up to the limits shown in the compensation table provided that you have purchased family cover and that the appropriate premium has been paid.
- If the insured person has been covered under this Policy for a period in excess of 12 consecutive months, they can claim pregnancy and childbirth related medical expenses provided you have selected a family cover within 30 days of becoming aware of the pregnancy.
- The maximum amount we will pay in respect of childbirth or pregnancy for any one claim or series of claims resulting from the one pregnancy is \$20,000 in the USA, UK, Canada, Japan and Hong Kong or \$10,000 in all other regions.
- The maximum amount we will pay in respect of any one insured person for any one claim or series of claims in any one period of insurance is \$2,000,000 in the USA, UK, Canada, Japan and Hong Kong or \$1,000,000 in all other regions.
- If the insured person is a resident of Australia the insured person's cover will stop on their permanent return to Australia or at the termination of their contract or employment with you.
- If the insured person is not a resident of Australia, their cover will stop 14 days after the insured person's permanent return to the insured person's country of residence or at the termination of the insured person's contract or employment with you.
- If the insured person does not return to their country of residence within 14 days of the termination of the insured person's contract or employment with you, cover stops 14 days after the insured person's employment ceases.
- If the insured person is not an Australian resident, we will reimburse emergency expenses incurred for a critical medical condition in the insured person's country of residence for a maximum period of 60 days and \$10,000 in all.
- Reimbursement of expenses incurred in Australia will be in accordance with Australian legislative requirements. If the insured person is eligible for Medicare, we can only pay what is allowed.
- The cover provided to a resident of Australia on temporary return to Australia is limited to a period of 90 days any one period of insurance.
- We will cover any additional persons for the remainder of the period of insurance as long as we have accepted a completed application within 60 days of additional persons becoming continuously employed or contracted by the insured and the insured has agreed to pay (or has paid) any additional premium we require.
- We will not pay compensation if the insured person incurs expenses after the expiry of this Policy unless a renewal of this Policy is in force at that time.
- Amounts shown in this Policy are expressed in Australian dollars. If expenses are incurred in a foreign currency, then the rate of currency exchange used to calculate the amount to be paid will be the rate of exchange on the date the expense was incurred.

Compensation table – Medical expenses

Payable services - Medical expenses	Compensation - Benefit limit	
	USA/UK/Canada/Japan/Hong Kong	All other areas
Hospital services	80% reimbursement of actual costs	80% reimbursement of actual costs
Parenting accommodation	80% reimbursement of actual costs	80% reimbursement of actual costs
Registered medical practitioner services	80% reimbursement of actual costs	80% reimbursement of actual costs
Optical services	80% reimbursement of actual costs	80% reimbursement of actual costs
Ancillary services	80% reimbursement of actual costs subject to annual sub limits shown below	
Osteopathy	\$2,500 any one insured person	\$1,250 any one insured person
Chiropractic	\$2,500 any one insured person	\$1,250 any one insured person
Naturopathy	\$2,500 any one insured person	\$1,250 any one insured person
Homeopathy	\$2,500 any one insured person	\$1,250 any one insured person
Physiotherapy and rehabilitation services	\$3,000 any one insured person	\$1,500 any one insured person
Occupational therapy	\$10,000 any one insured person	\$5,000 any one insured person
Speech therapy	\$1,000 any one insured person	\$500 any one insured person
Acupuncture	\$350 any one insured person	\$175 any one insured person
Chiropody/podiatry	\$350 any one insured person	\$175 any one insured person
Dietitian services	\$350 any one insured person	\$175 any one insured person
Psychology, psychiatry, psychotherapy, hypnotherapy, personal/family/marital counselling	\$5,000 any one insured person	\$2,500 any one insured person

Payable services - Medical expenses	Compensation - Benefit limit	
	USA/UK/Canada/Japan/Hong Kong	All other areas
Hearing aids	sub limit of \$1,000 any one appliance and annual sub limits of \$2,000 any one insured person	sub limit of \$500 any one appliance and annual sub limits of \$1,000 any one insured person
Prostheses and appliance	annual sub limits of \$2,500 any one insured person	annual sub limits of \$1,250 any one insured person
Optical appliances	annual sub limits of \$500 any one insured person	annual sub limits of \$250 any one insured person
Dental services	80% or 50% reimbursement of actual costs subject to annual sub limits shown below	
General dental	80% reimbursement of actual costs subject to annual sub limits of \$2,000 any one insured person	80% reimbursement of actual costs subject to annual sub limits of \$1,000 any one insured person
Specialist dental	50% reimbursement of actual costs subject to annual sub limits of \$2,000 any one insured person	80% reimbursement of actual costs subject to annual sub limits of \$1,000 any one insured person
Emergency dental	80% reimbursement of actual costs	80% reimbursement of actual costs
Nursing care services		
In hospital	80% reimbursement of actual costs	80% reimbursement of actual costs
Home nursing	80% reimbursement of actual costs subject to annual sub limits of \$5,000 any one insured person	80% reimbursement of actual costs subject to annual sub limits of \$2,500 any one insured person
X-ray and laboratory examinations	80% reimbursement of actual costs	80% reimbursement of actual costs
Radiation therapy	80% reimbursement of actual costs	80% reimbursement of actual costs
Anaesthetic services	80% reimbursement of actual costs	80% reimbursement of actual costs

Payable services - Medical expenses	Compensation - Benefit limit	
	USA/UK/Canada/Japan/Hong Kong	All other areas
Pharmaceutical Supplies	80% reimbursement of actual costs subject to annual sub limits of \$2,500 any one insured person	80% reimbursement of actual costs subject to annual sub limits of \$1,250 any one insured person
Pregnancy and childbirth services		
Routine care	80% reimbursement of actual costs subject to annual sub limits of \$20,000 any one pregnancy	80% reimbursement of actual costs subject to annual sub limits of \$10,000 any one pregnancy
Childbirth (hospital inpatient)	80% reimbursement of actual costs subject to annual sub limits of \$20,000 any one pregnancy	80% reimbursement of actual costs subject to annual sub limits of \$10,000 any one pregnancy
Pregnancy and childbirth travel and accommodation services	80% reimbursement of actual costs subject to annual sub limits of \$20,000 any one pregnancy	80% reimbursement of actual costs subject to annual sub limits of \$10,000 any one pregnancy

Additional travel expenses

What we will pay

We will pay the amounts as set out in the compensation table in this section of the Policy if expenses in relation to the events stated in the compensation table are incurred during the period of insurance.

The maximum amount we will pay under this section is shown in the compensation table.

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:

- the person on whom the journey depends is over 80 years of age,
- any medical condition for which any person on whom the journey depends:
 - is taking regular medication, or
 - has required treatment or advice from a registered medical practitioner, naturopath, psychologist or psychiatrist in the 30 days before you are first covered by this Policy.

The General exclusions apply to all sections of this Policy and may also affect your claim.

Additional travel restrictions

- Airline travel costs must be incurred within 14 days of the insured person first becoming aware of the unexpected death or unexpected life-threatening injury or illness.
- We will only pay compensation if the insured person can provide a letter from the attending registered medical practitioner stating that the injury or illness is of a life-threatening nature.
- If we have paid the insured person compensation under payable event 1. we will not pay anything under payable event 2. for the same relative.

Compensation table – Additional travel expenses

What needs to happen: Payable event	What we will pay: Compensation
1. The unexpected life-threatening injury or illness of the insured person's spouse/partner, parent, step-parent, parent-in-law, brother, sister, child or grandchild	The cost of economy class return airline tickets for the insured person to travel to their country of residence up to a maximum of \$10,000 per person or couple or family
2. The unexpected death of the insured person's spouse/partner, parent, step-parent, parent-in-law, brother, sister, child or grandchild	The cost of economy class return airline tickets for the insured person to travel to their country of residence up to a maximum of \$10,000 per person or couple or family

Section B – Emergency travel assistance

What we will pay

We will pay the amounts as set out in the compensation table in this part of the Policy if the insured person's expenses are:

- incurred during the period of insurance,
- are as a result of injury or illness which occurs in the country of assignment.

What we will not pay

The General exclusions apply to all sections of this Policy and may also affect your claim.

Compensation table – Emergency travel assistance

What needs to happen: Payable event	What we will pay: Compensation
Medical Transfer and Emergency Evacuation and Repatriation	As per Policy Schedule

Medical transfer and emergency evacuation and repatriation

If the insured person suffers an injury or illness:

- which is of a critical nature, and
- for which it is necessary that the insured person obtain treatment, which is unobtainable in their current location, and
- our emergency assistance provider, in conjunction with the local registered medical practitioner attending to the insured person, considers that their condition is of such seriousness that hospitalisation has become or continues to be necessary,

our emergency assistance provider will organise and pay for:

- the insured person's transfer under necessary medical supervision by air ambulance, scheduled flight, road ambulance or the like to a more appropriate hospital according to the nature of their injury or illness, or
- the insured person's transfer under necessary medical supervision by scheduled flight to an appropriate hospital in their country of residence if their medical condition does not prevent such an evacuation,
- the return travel and accommodation costs of any accompanying medical personnel providing they have approved such personnel.

When the insured person has a valid claim under Medical transfer and emergency evacuation and repatriation, our emergency assistance provider will also pay the following benefits.

Return transportation benefit

If our emergency assistance provider has arranged the insured person's evacuation to other than their country of residence, our emergency assistance provider will also arrange and pay for:

- economy class airfares for the insured person to return to their country of assignment, provided such return occurs within 90 days of evacuation, or
- an alternate mode of transport for the insured person to return to their country of assignment, provided such return occurs within 90 days of evacuation and provided that in the opinion of our emergency assistance provider's medical officer, the insured person's condition warrants.

Accompanying person for a repatriated child

If the insured person is under 16 years of age and requires medical transfer, our emergency assistance provider will also arrange and pay for one adult return economy class airfare to accompany the insured person.

Accompanying person for a repatriated adult

If our emergency assistance provider and the insured person's attending registered medical practitioner's recommendation is that the insured person cannot travel alone, our emergency assistance provider will arrange and pay for one adult return economy class airfare to accompany the insured person where our emergency assistance provider has not arranged a medical escort.

Your additional accommodation

Our emergency assistance provider will pay:

- accommodation charges they consider to be reasonable that are incurred en route by the insured person or any other person whom our emergency assistance provider has transported,
- reasonable accommodation charges that the insured person incurs, up to a maximum period of 14 days while the insured person:
 - waits for hospital treatment,
 - convalesces after hospital treatment, or
 - waits for medical test results

providing that the insured person's attending registered medical practitioner certifies that it is medically necessary.

This benefit is not available in their country of residence unless medical circumstances dictate that the insured person be treated:

- in a location where the insured person does not have a residence to return to, or
- an alternative place to stay (e.g. with one of their relatives).

Accompanying person's accommodation

Our emergency assistance provider will pay reasonable accommodation charges that are incurred during a period of up to 14 days of the insured person's hospital confinement by the person authorised and paid by us to accompany the insured person on Medical transfer and emergency evacuation and repatriation.

Repatriation of mortal remains or local burial

Our emergency assistance provider will pay:

- charges incurred for the return of the insured person's body or ashes to their place of residence in their country of residence, or
- the cost of a burial overseas provided it does not exceed the cost of the return of their body or ashes to their place of residence in their country of residence.

Ambulance service

Our emergency assistance provider will pay charges incurred for transportation by ambulance to and from hospital. This is limited to a maximum of six journeys by road and one by air per person in any one period of insurance.

Advance payment of medical expenses

If the insured person's claim has been agreed by us following:

- their hospitalisation as an in-patient, or
- a medical transfer, emergency evacuation or repatriation

our emergency assistance provider will advance the amount required to settle the medical bills direct on our behalf subject to the limits of cover.

Emergency travel assistance claims – what you must do

In case of an emergency whilst overseas, the insured person must contact our emergency assistance provider before undertaking any personal action and:

- provide their name, the Policy Schedule number and the period of insurance,
- advise the place and telephone number where the insured person can be reached,
- give a brief description of the problem and nature of help required.

In case of any injury or illness requiring hospitalisation, the insured person or any person acting on their behalf must inform our emergency assistance provider within three days of the date of occurrence. Failure to do so may entitle our emergency assistance provider to invoice you or the insured person any additional costs which would not have been incurred had this three-day delay been respected by the insured person or any other person acting on your behalf.

In a life-threatening situation, the insured person should try to arrange for immediate emergency help first through local sources and then by calling our emergency assistance provider.

Our emergency assistance provider's medical team or agents will have free access to the insured person in order to ascertain their medical condition.

Any decision concerning the insured person's medical transfer and/or repatriation such as date, means and medical equipment required shall be jointly and solely taken by the registered medical practitioner attending to the insured person and our emergency assistance provider's medical team.

The insured person must provide our emergency assistance provider with all documents and carry out all necessary formalities to enable our emergency assistance provider to recover payments from relevant sources, if applicable.

If the insured person uses another emergency assistance service provider to provide any of the benefits we cover, our emergency assistance provider will only cover costs that have been submitted for its prior approval. Failure to do so may entitle our emergency assistance provider to invoice you or the insured person any additional costs above our emergency assistance provider's standard quotation.

General exclusions

General exclusions applying to this Policy

The following General exclusions apply to all Sections of this Policy.

This Policy excludes loss, damage, destruction, death, injury, illness, liability, cost or expense of any nature directly or indirectly caused by, contributed to by, resulting from, arising out of or in connection with any of the following, regardless of any other cause or event contributing concurrently or in any other sequence to the loss:

1. 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, military or usurped power.
2. Any act(s) of terrorism that is directly or indirectly caused by, contributed to by, or in any way involves or is connected with biological, chemical, radioactive, or nuclear pollution or contamination or explosion. For the purpose of this exclusion, an act of terrorism includes any act, or preparation in respect of action, or threat of action designed to influence the Government of the day or de facto of any nation or any political division thereof, or in pursuit of political, religious, ideological or similar purposes to intimidate the public or a section of the public of any nation by any person or group(s) of persons whether acting alone or on behalf of or in connection with any organisation(s) or Government(s) of the day or de facto, and which:
 - involves violence against one or more persons, or
 - involves damage to property, or
 - endangers life other than that of the person committing the action, or
 - creates a risk to health or safety of the public or a section of the public, or
 - is designed to interfere with or to disrupt an electronic system.
3. Radioactivity or the use, existence or escape of any nuclear fuel, nuclear material, or nuclear waste or action of nuclear fission or fusion.

This Policy also excludes 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 1,2 or 3 above.

Additional exclusions applying to this Policy

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

1. intentional self-injury or suicide or any attempt at suicide,
2. flying or other aerial activity unless as a passenger in a properly licensed aircraft,
3. the insured person's criminal or illegal act,
4. alcoholism, drug addiction,
5. if the insured person is under the influence of intoxicating liquor or drugs unless they have been prescribed by a registered medical practitioner,
6. participating in or training for any professional sport,

7. expenses recoverable by you or the insured person from any other source such as workers compensation or any other statutory scheme or Medicare or private health insurance,
8. we will not pay any benefit, if its payment would constitute the carrying on of a "health insurance business" as defined under the *Private Health Insurance Act 2007 (Cth)* or any succeeding legislation to that Act.

We will not pay for any claim under any section of the Policy if the insured person is over 65 years of age.

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

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).

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).

This exclusion will continue to apply until the WHO cancels or withdraws any relevant PHEIC.

'Infectious or contagious disease' means any disease capable of being transmitted from an infected person, animal or species to another person, animal or species by any means.

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

The following General conditions apply to all Sections of this Policy.

Changing your Policy

If you want to make a change to this Policy, the change becomes effective when:

- we agree to it, and
- we give you a new Policy Schedule detailing the change.

Other Interests

You must not transfer any interests in this Policy without our written consent (which will not be unreasonably withheld).

Any person whose interests you have told us about and which we have noted on your Policy Schedule are bound by the terms of this Policy in relation to any claim they make.

Cancelling your Policy

You can cancel your Policy at any time by telling us. If there are other people named as insured on your Policy, we may rely on a request from one insured to cancel your Policy.

We may cancel your Policy in any of the circumstances permitted by law (e.g. failure to pay the premium by the due date or if you told us something that you knew to be incorrect or untrue during your application for cover) by informing you in writing.

We can also cancel your Policy if your circumstances change and this alters the risk to us in such a significant way that we would not have issued the Policy if we were aware of these circumstances before the start of the Policy.

We'll give you notice in person or send it to your address (including an electronic address) last known to us.

If you've paid your premium in advance and your Policy is cancelled, we'll refund you the proportion of the premium for the remaining period of insurance, less any non-refundable government fees, duties or charges.

If you make a fraudulent claim on your Policy, we can cancel it and we won't provide any refund.

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 your 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).

Notices

Any notice we give you will be in writing and will be effective once it's delivered to you.

In the case of notices by email, we'll consider an email to be received by you when it enters your mail server, but in any event no later than 24 hours from the time it's sent out of our data system.

It's your responsibility to make sure we have your current email and mailing address is on record, so you must let us your financial services provider know as soon as these change.

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.

References to legislation

Legislation referenced in this Policy includes subsequent legislation. Any term used in this Policy and defined by reference to legislation will have the meaning given in any replacement definition or definition with materially the same object or purpose in subsequent legislation.

'Subsequent legislation' means:

- an act or regulation as amended, replaced or re-enacted;
- where an act or regulation has been repealed, the current equivalent act or regulation (Commonwealth, State or Territory) with materially the same object or purpose whether in whole or in part.

Claims

What you must do after an incident

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

1. If anything happens that is likely to lead to a claim you or the insured person must:
 - (a) follow medical advice from a registered medical practitioner as soon as possible after sustaining injury or illness,
 - (b) give us notice in writing, by telephone or in person describing the occurrence,
 - (c) tell us promptly,
 - (d) fully complete our claim form and return it to us within 30 days or as soon as reasonably practicable after a payable condition occurs,
 - (e) undergo any medical examination by a registered medical practitioner appointed by us if we reasonably require it and provide us with any relevant information about the claim, we ask for including:
 - (i) reports or certificates from a registered medical practitioner,
 - (ii) letters and notices you receive from anyone else about the claim.
2. You and any insured person 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 lead to cover under this Policy.
3. As soon as an event that can justify a claim occurs, the insured person must make reasonable endeavours to minimise the loss or damage.
4. We have the sole right to make admissions. We may refuse to protect the insured person if you or the insured person admits fault, makes any offer of payment or defends a claim in court without our consent.
5. We will be entitled to conduct in your name or the insured person's name the defence or settlement of any claim or to prosecute in your or the insured person's name.
6. We will pay benefits to you or to the insured person unless you instruct us to do otherwise.

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.

What can affect a claim

We will reduce the amount of a claim by the excess shown in the Policy Terms and Conditions or on the Policy Schedule.

We may refuse to pay a claim if you are in breach of your Duty of Disclosure or any of the conditions of this Policy, including any endorsements noted on or attached to the Policy Schedule.

We pay only once for loss or damage from the same event covered by this Policy even if it is covered under more than one section of the Policy.

We may be entitled to refuse to pay or to reduce the amount of a claim if:

- it is in any way fraudulent, or
- any fraudulent means or devices are used by you or anyone acting on your behalf to obtain any benefits under this Policy.

