

# Qantas Aircrew Club Group Travel Insurance

POLICY WORDING

INSURANCE FOR **PEOPLE**



WE'RE FAST,  
FLEXIBLE AND FAIR.  
**WE'RE AFA**

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## PART 1:

# About This Insurance

## HOW COVER IS PROVIDED UNDER THIS INSURANCE

This insurance is entered into with the Insured and provides cover in relation to Insured Persons.

Access to this insurance is provided to Insured Persons solely by reason of the statutory operation of section 48 of the Insurance Contracts Act. Insured Persons are not contracting insureds (e.g. they cannot cancel or vary the Policy) and do not enter into any agreement with Us as their right to recover their loss from the Insurer arises solely by operation of the above section of the Insurance Contracts Act.

Neither We nor the Insured hold anything on trust for, or for the benefit or on behalf of, such Insured Persons under the Policy.

The Insured:

- is not an insurer and does not provide and is not liable for the insurance benefits - it is the contracting insured. The Insured does not act on behalf of the Insurer or Insured Persons in relation to the insurance; and
- does not hold an Australian Financial Services Licence and is not authorised to provide any recommendations or opinions about the insurance or to otherwise provide financial product advice.

Anyone wishing to access the insurance covers under the Policy as an Insured Person should consider obtaining financial product advice about it from a person who is licenced to give such advice.

We do not provide any notices in relation to the Policy to Insured Persons. The Insurer only sends notices to the Insured which is the only entity the Insurer has contractual obligations to under the Policy.

A person can only become an Insured Person if they meet the eligibility criteria set out in the Policy Schedule under Insured Persons.

The insurance cover is subject to the terms, conditions, limitations and exclusions set out in this booklet.

Any person who may be eligible should consider obtaining advice as to whether the benefits are appropriate or useful for their personal needs from a person who is licenced to give such advice. No advice is provided by the Insurer or Insured that the benefits are appropriate or useful for any person's needs. Nothing prevents such persons from entering into other arrangements regarding insurance.

To confirm access to the cover and currency of the Policy contact Us in writing or by phone.

## ABOUT ALLIANZ

Allianz Australia Insurance Limited ABN 15 000 122 850 AFS Licence No. 234708 of Level 12, 2 Market Street Sydney, NSW 2000 (**Allianz, the Insurer, We, Us, Our**) is the insurer of all Sections of the Policy.

Allianz is one of Australia's largest general insurers. We utilise years of local expertise, combined with global experience to offer a wide range of products and services to Our customers.

As a member of the worldwide Allianz Group, We are committed to continuous improvement of Our products and services and strive to achieve this through knowledge transfer within the Group,

dedicated technical research units, sharing globally new product developments and a wide range of risk management services.

Allianz takes full responsibility for the contents of the whole of this policy wording.

## ABOUT AFA

AFA Pty Ltd ABN 83 067 084 333 AFS Licence No. 247122 (**AFA**) is an Underwriting Agency, specialising in the design, marketing and management of group insurance products. AFA has been provided with a binding authority by the Insurer authorising it to enter into, vary and cancel this insurance as well as settle any claims on behalf of the Insurer as if it were the insurer.

AFA acts on behalf of the Insurer in relation to this insurance, and not on behalf of the Insured or Insured Persons.

## CONTACT DETAILS

### AFA

AFA Pty Ltd  
PO Box R1852, Royal Exchange, NSW 1225

Telephone 02 9259 8222  
www.afainsurance.com  
enquiries@afainsurance.com

### ALLIANZ AUSTRALIA INSURANCE LIMITED

Allianz Australia Insurance Limited  
2 Market Street  
Sydney NSW 2001

Telephone 131 000  
www.allianz.com.au

## WHAT TO READ

This document contains important information about the Travel Insurance product which is issued and administered by AFA on behalf of the Insurer.

The information in this document has been prepared without taking into account anyone's personal objectives, financial situation or needs. Because of this, carefully consider this document before making any decision in relation to it.

This document is prepared by AFA with the assistance and consent of the Insurer who is responsible for it. It includes the terms and conditions applying to the insurance.

To determine if this insurance is appropriate, it is important to read:

- this **Part 1** About this Travel Insurance section, which contains important information;
- **Part 2** which contains:
  - the **Definitions Section**, which defines some of the important words which We use in the Policy; and
  - the **General Conditions Applicable to All Sections**, which sets out the conditions and terms that apply to all Sections of the Policy such as how it can be cancelled and amended ;

## PART 1: ABOUT THIS INSURANCE CONTINUED

- the **Cover Sections**, which sets out the covers available under this insurance and any additional conditions or exclusions that may apply to a Cover Section;
- the **Losses We Do Not Cover at All Section**, which sets out what We do not cover under any of the covers;
- the **How To Make a Claim Section**, which sets out how to make a claim and the rights and obligations that arise in relation to claims;
- any other document(s) that We tell You form(s) part of the Policy which contain(s) details relevant to the Insured and Insured Persons which may change the standard cover in this document.

### SOME WORDS HAVE SPECIAL MEANINGS

Certain words used in the Policy have special meanings which are defined in the Definitions Section of this document. In some cases, certain words may be given a special meaning in a particular Section of the Policy when used or in the other documents making up the Policy.

Headings are provided for reference only and do not form part of the Policy for interpretation purposes.

### SUMMARY OF COVER

This is a general summary of the cover only, does not form part of the Policy and cannot be relied on as a full description of the cover provided. Please refer to the relevant Section of the Policy for full details, relevant limits, and specific conditions and exclusions that apply.

### COVER PROVIDED UNDER THE POLICY

The Policy provides cover for Insured Persons while undertaking multiple Trips overseas (i.e. not within Australia) during the relevant Insured Person's Period of Cover.

The main types of cover provided under the Policy are:

- **Section 1** - Cover for the actual cost of medical, hospital, ambulance or other medically justified treatment which an Insured Person received outside Australia if an Insured Person:
  - » suffers from a Bodily Injury or Sickness whilst on a Trip; or
  - » suffers from a Bodily Injury which is not covered in whole or in part by any workers' compensation insurance which applies to the employment of the Insured Person whilst on Duty Travel.We also provide cover for an additional amount if an Insured Person is confined in hospital outside Australia due to a Bodily Injury or Sickness which occurred during a Trip.
- **Section 2** - Cover for emergency dental treatment received by an Insured Person outside Australia during a Trip or Duty Travel due to a Bodily Injury to healthy natural teeth.
- **Section 3** - Cover for medical and Repatriation expenses if an Insured Person has to interrupt a Trip after it has begun, subject to Our consent.
- **Section 4** - Cover for cancellation or holiday deferment costs, loss of reward points, emergency travel arrangements and

accommodation expenses, if during the Period of Cover, an Insured Person has to cancel or interrupt a Trip due to any of the events specified in Section 4 (including cover if an Insured Person is Off-Loaded)

- **Section 5** - Cover for reasonable additional accommodation, meals, internet use and telephone calls if an Insured Person's Trip is delayed, or expenses for resuming a Trip. We will also provide cover for:
  - » the withdrawal of services occurring during an Insured Person's Trip;
  - » Pre-paid Travel Arrangements if an Insured Person wants to cancel a Trip and return to his/her Usual Place of Residence after the scheduled transport service on which the Insured Person is travelling is hijacked during the Trip;
  - » an economy class airfare ticket and necessary accommodation for a relative or friend of the Insured Person if they travel to, remain with or escort the Insured Person, in place of a medical attendant, if the Insured Person is hospitalised as an in-patient as a result of suffering a Bodily Injury or Sickness whilst the Insured Person was on a Trip.
- **Section 6** - Cover for Rental Vehicle excess or the cost of repairing a rental vehicle if an Insured Person rents a vehicle during a Trip and is involved in an Accident whilst driving or is stolen. We also provide cover for the cost of returning the Insured Person's Rental Vehicle if due to an event covered under any Section of the Policy, the Insured Person is unable to return the Rental Vehicle.
- **Section 7** - Cover for the Accidental Death of an Insured Person due to a Bodily Injury which occurred during the Insured Person's Trip. We will also cover the cost of the Insured Person's burial or cremation overseas, the transportation of the Insured Person's remains back to his/her Usual Place of Residence or funeral expenses in Australia in the event of Accidental Death due to a Bodily Injury which occurred during a Trip.
- **Section 8** - Cover for the non-refundable pre-paid golf green fees, ski lift passes, golf or ski equipment hire or tuition fees which the Insured Person is unable to use during his/her Trip due to a Bodily Injury or Sickness sustained during the Insured Person's Trip. We also provide cover:
  - » if an Insured Person is prevented from skiing or snowboarding during a Trip at pre-booked ski facilities due to closure of the skiing facility;
  - » if an Insured Person's snow skiing, snowboarding, golf or surf equipment is lost, delayed or damaged during a Trip;
  - » if an Insured Person has to cancel pre-paid theme park or event tickets which the Insured Person was planning to attend during a Trip due to the Insured Person sustaining a Bodily Injury or Sickness during the Trip.
- **Section 9** - Cover for home and contents insurance excess, loss of income, home services, domestic pets boarding fees and child care costs if an Insured Person's return to his/her Usual Place of Residence is delayed due to a claimable event under the Policy.

- **Section 10** - Cover for loss or damage to an Insured Person's luggage or personal effects that the Insured Person has taken with him/her on a Trip or buys whilst on a Trip.
- **Section 11** - Cover for an Insured Person's legal liability to pay damages or compensation because of the Insured Person's negligence during a Trip.
- **Section 12** - Cover for an Insured Person's (or his/her estate's) legal costs and expenses incurred in pursuit of compensation and/or damages arising from, or out of, Bodily Injury or the Insured Person's death occurring during a Trip.
- **Section 13** - Cover for loss incurred in the event that the Insured Person is Kidnapped or a Ransom/Extortion demand is received during a Trip.

**All of the above covers are subject to certain terms, conditions and exclusions (including limits and excesses). For example:**

- Cover is only available under the Policy for Insured Persons during their Period of Cover.
- We may refuse to pay or reduce the amount We pay under a claim if the Insured or an Insured Person does not comply with the Policy conditions, if the Insured does not comply with its Duty of Disclosure or makes a misrepresentation, or if a fraudulent claim is made.
- No cover is provided under the Policy that would result in Us contravening the *Health Insurance Act 1973* (Cth), the *Private Health Insurance Act 2007* (Cth), the *National Health Act 1953* (Cth) or any other succeeding or applicable legislation (whether in Australia or otherwise);.
- No cover is provided under the Policy for persons 75 years of age or over.
- The person whose name appears on the Certificate of Insurance cannot be substituted within the Period of Insurance.
- No cover is provided under Sections 1 to 9 of the Policy for sporting activities such as:
  - hunting;
  - playing polo;
  - racing (except on foot);
  - mountaineering or rock climbing using support ropes;
  - Parachuting, BASE jumping, sky diving or travel in any other air supported device other than as a passenger in a licenced passenger aircraft operated by an airline or charter company. (*This does not apply to hot air ballooning or parasailing*);
  - running with the bulls;
  - pot holing;
  - participating in, or training for, a Professional Sporting Activity;
  - scuba diving unless the Insured Person holds an open water diving licence or was diving under licenced instruction;
  - travels in international waters in a private sailing vessel or privately registered sailing vessel;
- riding a motor cycle in excess of 100 cc (except as a pillion passenger) without a licence that is valid in the relevant country; or
- riding a 4 wheel motor cycle even as a pillion passenger.
- No cover is provided under Section 10 of the Policy for luggage and personal effects that are left Unattended. Please refer to the definition of Unattended in the Definitions Section.
- The Policy provides cover for a maximum duration of 90 days for any one Trip. There is no limitation on the number of Trips an Insured Person may take during the Insured Person's Period of Cover. However, no cover will be provided under the Policy when an Insured Person is between Trips other than any benefits which an Insured Person may be entitled to under Section 4 Cancellation and Additional Expenses.
- We will not pay the first \$250 (the excess) for any one event, unless otherwise specified.
- We will not pay the first \$500 (the excess) for any one event under section 10A Luggage and Personal Effects in respect of Personal Computers.
- A copy of an Insured Person's ticket or boarding pass should be retained to verify departure dates. These will be required in the event of a claim.
- The terms and conditions of the Policy are subject to the laws of the Australian state or territory where the Policy is issued. Both the Insured and each Insured Person agree to submit to the jurisdiction of the courts of that state or territory.

### IMPORTANT MATTERS

We only provide cover up to the amount(s) and limit(s) and for the relevant period(s) of time specified in the Policy, including the Policy Schedule and Schedule of Benefits and subject to its other terms. All amounts insured exclude GST.

### OUR AGREEMENT WITH THE INSURED

The Policy is a contract of insurance between Us and the Insured. The Insured is obliged to pay the Premium, and in return cover will be provided under the Policy. The Insured's contract consists of:

- these terms and conditions;
- the Schedule of Benefits;
- the Policy Schedule;
- any other document We state forms part of the terms and conditions of Our contract with the Insured.

Together these documents make up the Policy. It is important to read the Policy carefully, and keep this booklet in a safe place for future reference.

For all questions regarding the Policy, please contact Our Customer Service Centre on 1300 728 997.

## PART 1: ABOUT THIS INSURANCE CONTINUED

### WHEN DOES THE POLICY BEGIN AND END?

The Policy is entered into with the Insured and continues for the Period of Insurance (see definitions) unless it ends earlier in accordance with its terms or law. The Policy is not renewable.

If an Insured Person's Trip commenced during the Period of Insurance, but will only end after the Period of Insurance has ended, then cover will be provided for the full duration of the Trip.

If, after the Period of Insurance, the Insured wishes to reapply, the Insured is required to complete a new Application Form and submit it to Us.

### WHEN DOES AN INSURED PERSON'S ACCESS TO COVER UNDER THE POLICY BEGIN AND END?

An Insured Person's access to cover only begins when the person meets the eligibility criteria set out in the Policy Schedule under the heading 'Insured Persons' or any other document issued by Us that forms part of the Policy.

The Insured Person's access to cover will end when the Period of Cover ends, which is essentially when the Period of Insurance ends (i.e. when the Policy expires), the Policy otherwise ends earlier (e.g. cancellation) or the person no longer meets the Insured Person eligibility criteria.

We are not obliged to notify an Insured Person of termination of the Policy. However, if the Insured reasonably believes that the cover will not apply for the period represented or if the Policy is, or is likely to be cancelled, it is obliged to take reasonable steps to promptly bring this to an Insured Person's attention unless the Insured Person will continue to be covered under a policy that provides substantially similar cover for the period (or the remainder of the period) for which it was represented that the Insured Person would be covered. If the Insured fails to comply with this obligation and the Insured Person suffers loss or damage as a result, the Insured is obliged to compensate the person for their loss.

### CANCELLATION

#### BY THE INSURED

In addition to the cooling off rights, the Insured may cancel the Policy at any time by giving Us notice in writing to AFA.

#### BY US

We can cancel the Policy in any way permitted by law, including if the Insured or an Insured Person (where relevant) has:

- failed to comply with its Duty of Disclosure;
- made a misrepresentation to Us before the Policy was entered in to;
- failed to comply with a provision of the Policy, including failure to pay the Premium;
- made a fraudulent claim under the Policy or any other policy that provides insurance cover during any part of period of Insurance of this Policy; or
- failed to notify Us of a specific act or omission as required by the Policy.

If We cancel the Policy, We will do so by giving the Insured written notice.

If the Insured or We cancel the Policy We may deduct a pro rata proportion of the Premium for time on risk, reasonable administrative and transaction costs related to the acquisition and termination of the Policy We incur and any government taxes or duties We cannot recover. In the event that a claim has been made under the Policy that We have agreed to pay no return of Premium will be made for any unused portion of the Premium on cancellation.

### COST OF THIS INSURANCE

When calculating the Premium for this insurance We take a range of factors into account, including:

- age, and occupation of persons to be covered; and
- the type and amount of cover provided.

Factors that We believe reduce the risk to Us typically reduce the Premium (e.g. lower cover amounts). Factors that We believe increase the risk, typically increase the Premium (e.g. higher cover amounts).

The Premium also includes amounts that take into account Our actual or estimated obligation to pay any relevant compulsory government charges, taxes or levies such as stamp duty and GST.

If the Premium is paid by instalments, this may increase the amount of the Premium payable.

If the Premium is payable in instalments, the Insured must continue to pay the instalments to maintain cover. If the Insured pays by 7 or more instalments each year and fails to pay an instalment on time, then, if the instalment remains unpaid for at least fourteen (14) days, We may refuse to pay any claim that arises after the unpaid instalment was due and if an instalment remains unpaid for at least a month or more, We may cancel the Policy by giving notice of cancellation to the Insured.

We may deduct from any claim payment, any unpaid Premium or instalment of Premium.

The amount of Premium payable will be shown in the Policy Schedule.

### IMPORTANT NOTICES

#### YOUR DUTY OF DISCLOSURE

Before You enter into a contract of insurance with Us, You have a duty, under the Insurance Contracts Act to disclose to Us every matter that You know, or could reasonably be expected to know, is relevant to Our decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to Us before You renew, extend, vary or reinstate the contract.

This duty of disclosure applies until the contract is entered into (or renewed, extended, varied or reinstated as applicable).

Your duty however does not require disclosure of any matter:

- that diminishes the risk to be undertaken by Us; or
- that is of common knowledge; or

- that We know or, in the ordinary course of Our business as an insurer, ought to know; or
- as to which compliance with Your duty is waived by Us.

### Non-disclosure

If You fail to comply with Your duty of disclosure, We may be entitled to reduce Our liability under the contract in respect of a claim, cancel the contract, or both.

If Your non-disclosure is fraudulent, We may also have the option of avoiding the contract from its beginning.

### COOLING-OFF RIGHTS

Where We agree to enter into a Policy with the Insured, We will issue the Insured with a Policy Schedule. The Policy Schedule will show the Period of Insurance for which cover is provided and the date it was issued.

The Insured has 14 days after entry into the Policy to decide whether to return the Policy. If the request is made to Us in writing within those 14 days, We will cancel the Policy, provided neither the Insured nor any Insured Person has exercised a right or power under the terms of the Policy in that period (e.g. a claim has been made or benefit has been paid).

We will provide a full refund of premium, less charges or taxes which We are unable to recover. After the expiry of the cooling off period, the Insured still has cancellation rights which are set out in the Cancellation clause.

### GENERAL INSURANCE CODE OF PRACTICE

The General Insurance Code of Practice was developed by the Insurance Council of Australia to further raise standards of practice and service across the insurance industry.

You can obtain more information on the Code of Practice and how it assists You by contacting AFA. Contact details are provided on page 1 of this document.

### Complaints

If You have a problem about anything to do with the Policy or Our services which You feel has not been resolved to Your satisfaction, please contact AFA on (02) 9259 8222 or phone 1300 728 997. Our staff will refer You to the Complaints Manager who will deal with and attend to the complaint within 15 business days.

If You are not satisfied with the response, You may contact the Insurer for a further review of the decision.

If You are not satisfied with Our response or a decision is not reached within 45 days, You may lodge a complaint with an external dispute resolution scheme which is independent and free to You (subject to it falling within its relevant terms and rules) as follows:

The Australian Financial Complaints Authority

Online: [www.afca.org.au](http://www.afca.org.au)

Email: [info@afca.org.au](mailto:info@afca.org.au)

Phone: 1800 931 678

Mail: Australian Financial Complaints Authority  
GPO Box 3, Melbourne, Victoria 3001

If the complaint is not covered by the AFCA scheme, You will be advised of other options for resolution.

To obtain a copy of Our procedures or if more information is required please contact AFA.

### Financial Claims Scheme

In the unlikely event Allianz were to become insolvent and could not meet its obligations under the Policy, a person entitled to claim may be entitled to payment under the Financial Claims Scheme. Access to the Scheme is subject to eligibility criteria. More information can be obtained from <http://www.fcs.gov.au>.

### PRIVACY NOTICE

In this Privacy Notice, “We”, “Us”, “Our” means Allianz and AFA. “You”, “Your” or “Yours” means the Insured or an Insured Person as applicable.

We give priority to protecting the privacy of Your personal information. We do this by handling personal information in a responsible manner and in accordance with the *Privacy Act 1988 (Cth)* (**Privacy Act**).

This privacy notice details how We collect, disclose and handle personal information.

### How we collect your personal information

We usually collect Your personal information from You or Your agents. We may also collect it from Our agents and service providers; other insurers and insurance reference bureaus; people who are involved in a claim or assist Us in investigating or processing a claim, including third parties claiming under Your Policy, witnesses and medical practitioners; third parties who may be arranging insurance cover for a group that You are a part of; law enforcement, dispute resolution, statutory and regulatory bodies; marketing lists and industry databases; and publicly available sources.

### Why we collect your personal information

We collect Your personal information to enable Us to provide Our products and services, including to, process and settle claims; make offers of products and services provided by Us, Our related companies, brokers, intermediaries, business partners and others that We have an association with that may interest You; and conduct market or customer research to determine those products or services that may suit You.

You can choose not to receive product or service offerings from Us (including product or service offerings from Us on behalf of Our brokers, intermediaries and/or Our business partners) or Our related companies by calling the Allianz Direct Marketing Privacy Service Line on 1300 360 529, EST 8am to 6pm Monday to Friday, or going to our website's Privacy section at [www.allianz.com.au](http://www.allianz.com.au).

If You do not provide Your personal information We require, We may not be able to provide You with Our services, including settlement of claims.

### Who we disclose your personal information to

We may disclose Your personal information to others with whom We have business arrangements for the purposes listed in the paragraph above or to enable them to offer their products and services to You. These parties may include insurers, intermediaries, reinsurers, insurance reference bureaus, related companies, Our advisers, persons involved in claims, external claims data collectors and verifiers, parties that We have an insurance scheme in place with under which You purchased Your Policy (such as a financier). Disclosure may also be made to government, law enforcement, dispute resolution, statutory or regulatory bodies, industry databases or as required by law.

## PART 1: ABOUT THIS INSURANCE CONTINUED

### Disclosure overseas

Your personal information may be disclosed to other companies in the Allianz Group, business partners, reinsurers and service providers that may be located in Australia or overseas. The countries this information may be disclosed to will vary from time to time, but may include Canada, Germany, New Zealand, United Kingdom, United States of America and other countries where the Allianz Group has a presence or engages subcontractors.

We regularly review the security of Our systems used for sending personal information overseas. Any information disclosed may only be used for the purposes of collection detailed above and system administration.

### Access to your personal information and complaints

You may ask for access to the personal information We hold about You and seek correction by calling Allianz on 1300 360 529 EST 8am 6pm, Monday to Friday. Our Privacy Policy contains details about how You may make a complaint about a breach of the privacy principles contained in the Privacy Act and how We deal with complaints. Our Privacy Policies are available at [www.afainsurance.com](http://www.afainsurance.com) and [www.allianz.com.au](http://www.allianz.com.au).

### Telephone Call Recording

We may record incoming and/or outgoing telephone calls for training or verification purposes. Where We have recorded a telephone call, We can provide You with a copy at Your request, where it is reasonable to do so.

### Your consent

By providing Us with personal information You and any other person You provide personal information for consent to these uses and disclosures until You tell Us otherwise. If You wish to withdraw Your consent, including for things such as receiving information on products and offers by Us or persons We have an association with, please contact Us.

## ENQUIRIES AND ASSISTANCE

### Fullerton Health Corporate Services

The Fullerton Health Corporate Services Pty Ltd ACN 074 864 609, (FHCS, Fullerton Health) core offering essentially involves the delivery of 24/7 assistance services via our call centre and global network partners. This offering is often attached to a corporate travel or expat medical insurance offering. This core offering includes:

- Worldwide medical & travel assistance servicing overseas travellers and expatriates
- Emergency medical and travel assistance to travellers into the Asia Pacific region.
- Cost containment via our numerous global networks which ultimately provides savings to clients.
- Ability to place payment guarantees to medical providers both within the FHCS family and its broader associate network.
- Prompt access to available seats, lower travel costs and faster re-ticketing via its dedicated travel agent.
- Emergency medical evacuation and medically supervised Repatriation.
- Access to medical advice that can only be obtained by being part of a true medical services group.
- For the Qantas Aircrew Program, FHCS has the following structure in place so they can provide the best level of services.
- For Emergencies as per above call Fullerton Health Assistance Services on +61 2 8256 1740.
- For all routine, policy, claims, coverage or administrative issues please call the dedicated FHCS Qantas Claims Line on +61 2 8256 1779 during Australian business hours.
- FHCS can also be contacted by fax on +61 2 8256 1775 or email [CLAIMS@FULLERTONHEALTHCS.COM.AU](mailto:CLAIMS@FULLERTONHEALTHCS.COM.AU).

## SCHEDULE OF BENEFITS

The list is a summary of some of the benefits covered by the Policy and Applicable Limits. Please refer to the relevant sections of the Policy for full details of cover. Other Applicable Limits may apply.

PART	APPLICABLE LIMITS AUD\$
Medical And Dental Expenses Outside Australia - Sections 1A, 1B, 2A and 2B	\$1,000,000^
Medical and Dental Expenses outside Australia whilst on Duty Travel - Sections 1C and 2C	\$1,000,000^
Medical Evacuation And Repatriation - Section 3	\$1,000,000^
Cancellation Or Holiday Deferment Costs - Section 4	\$30,000
Emergency Travel Arrangements And Accommodation Expenses - Section 4C	\$400,000
Off-Loading - Section 4D	\$600
Extra Travel Cover - Section 5	\$1,600
Hijacking - Section 5E	\$200,000
Rental Vehicle Insurance Excess - Section 6	\$3,000
Accidental Death - Section 7	\$50,000
Hiring Replacement Snow Ski, Snowboards Golf And Surf Equipment - Section 8	\$600
Home And Contents Insurance Excess - Section 9A	N/A
Loss Of Income - Section 9B	\$10,000
Luggage And Personal Effects - Section 10A	\$8,000
• Personal Computer Item Sub Limit	\$2,000
• Electronic Equipment	\$2,000
• Camera & Video Item Sub Limit	\$2,000
• Dentures or Dental Prostheses Sub Limit	\$800
• Other Item Sub Limit	\$500
Personal Liability - Section 11	\$1,000,000
Legal Expenses - Section 12	\$20,000
Kidnap and Ransom - Section 13	\$250,000

^ Combined Applicable Limit for all claims per Insured Person per event across Sections 1A,1B, 1C, 2A, 2B, 2C and 3.

PART 2:

# Policy wording

## DEFINITIONS

Word	Definition
<b>Accident</b>	means a sudden, external and identifiable event that happens by chance and could not have been expected from the perspective of the Insured Person. The word "Accidental" shall be construed accordingly.
<b>Accidental Death</b>	means an Insured Person suffers a Bodily Injury which results in the Insured Person's death within twelve (12) months of the Bodily Injury being sustained.
<b>Applicable Limit(s)</b>	means the sum insured specified in the Schedule of Benefits or the Policy which is the maximum amount We will pay under each Section of the Policy for all claims for any one Insured Person caused by or arising from any one event unless otherwise specified in the Policy or the Schedule of Benefits.
<b>Bodily Injury</b>	means a bodily injury resulting solely from an Accident, where the injury and Accident occur during the Period of Cover and whilst the Insured Person is on a Trip or Duty Travel. For avoidance of doubt, the following would not be a Bodily Injury: <ul style="list-style-type: none"> <li>• a Sickness or a condition ordinarily described as a Sickness;</li> <li>• a Pre Existing Medical Condition;</li> <li>• the aggravation of a condition which existed before the start of the period during which cover is provided under the Policy; or</li> <li>• any degenerative or congenital condition or other condition which does not result solely and directly from an Accident.</li> </ul>
<b>Carrier</b>	means the scheduled airline, vessel, train, or motor coach transport in which an Insured Person is to travel to or from their intended destination.
<b>Child or Children</b>	means the child or children of an Insured Person (including step or legally adopted children) who are under 26 years of age at the time the Insured Person's Period of Cover commences, who are financially dependant on the Insured Person and who are Nominated Group C Staff Travel Beneficiaries..
<b>Duty Travel</b>	means any travel undertaken by an Insured Person in the course of the Insured Person's employment with Qantas Airways, whilst operating and/or paxing.
<b>Electronic Equipment</b>	means any equipment that operates using batteries or electricity including iPods, MP3 players, satellite navigation units and electronic games. Electronic Equipment does not include Personal Computers.
<b>Financial Default</b>	means the insolvency, bankruptcy, provisional liquidation, financial collapse, appointment of receivers or any other form of insolvency administration of any person, company, or organisation.

Word	Definition
<b>Healthy Natural Teeth</b>	means natural teeth including teeth with crowns or veneers which have not required dental treatment, other than routine treatment, within the 6 months prior to the incident causing the claim.
<b>Insurance Contracts Act</b>	means the <i>Insurance Contracts Act 1984</i> (Cth).
<b>Insured</b>	means Qantas Aircrew Club Incorporated (NSW Y1430940).
<b>Insured Person(s)</b>	means persons who meet the eligibility criteria specified in the Policy Schedule and with respect to whom Premium has been paid or is agreed to be paid by the Insured. They are persons who are legally entitled to claim under the Policy by reason of the operation of section 48 of the Insurance Contracts Act and on no other basis. An Insured Person is not a contracting insured under the Policy with Us. Our agreement is entered into with the Insured.
<b>Medical Practitioner</b>	means a legally qualified doctor (including a General Practitioner, Physician or Specialist) currently registered to practice in the country in which they are practicing, who is not the Insured Person or their relative.
<b>Mental Illness</b>	means a condition characterised by the presence of symptoms such as delusions, hallucinations, disorder of thought form, disturbance of mood, or sustained or repeated irrational behavior, which impairs, either temporarily or permanently, the mental functioning of a person.
<b>Off Loaded</b>	means where an Insured Person is required by any participating airline to relinquish their allocated seat whether in favour of a full-fare paying passenger or for any other reason.
<b>Period of Cover</b>	means the period: <ol style="list-style-type: none"> <li>starting from the later of the start of the Period of Insurance and the time a person becomes an Insured Person; and</li> <li>ending at the earlier of: <ol style="list-style-type: none"> <li>the end of the Period of Insurance;</li> <li>the date the Policy was cancelled by Us; or</li> <li>the date the person no longer meets the eligibility criteria set out in the Policy Schedule under the heading Insured Persons.</li> </ol> </li> </ol>
<b>Period of Insurance</b>	means the period during which the Policy continues in force as specified in the 'When does the Policy begin and end?' on page 4 of this document. . It begins at 4pm on the Commencement Date as shown on the Policy Schedule and ends at the expiry date specified in the Policy Schedule but not exceeding a maximum period of 12 months from the Commencement Date as shown in the Policy Schedule (unless terminated earlier in accordance with the law and the terms of the Policy).

Word	Definition
<b>Personal Computer</b>	means laptops, iPads, tablets, personal digital assistants and other hand-held wireless devices and notebooks but not including: (a) any type of smartphone or mobile phone including, but not limited to, an iPhone; or (b) Electronic Equipment.
<b>Point of Arrival</b>	means an airport, port, station or bus terminal to which an Insured Person's pre-paid Scheduled Public Transport arrives.
<b>Point of Departure</b>	means an as applicable: (a) the Australian air or sea terminal that is the departure point for the Insured Person's Trip; (b) an Australian or overseas hospital when an Insured Person is Repatriated by Us; or (c) for the purposes of Section 4 Cancellation And Additional Expenses, clause 13 only, the place where the tour was to depart from.
<b>Policy Schedule</b>	means the most recent Policy Schedule and endorsements that We provide to the Insured which contains details of the cover provided under the Policy.
<b>Premium</b>	means the total amount payable for the insurance as stated in the Policy Schedule. It includes commission, stamp duty, GST and other government charges if applicable.
<b>Pre Existing Medical Condition(s)</b>	(a) any chronic or ongoing (whether chronic or otherwise) medical or dental condition, illness or disease of which an Insured Person was aware or should reasonably have been aware, and which is medically documented or under investigation prior to commencement of the Insured Person's Period of Cover; or (b) any physical or Mental Illness or medical condition (including pregnancy), defect, illness or disease of which an Insured Person was aware or should reasonably have been aware, and for which treatment, medication, preventative medication, advice, preventative advice or investigation has been received or prescribed by a Medical Practitioner within 30 days prior to booking a particular Trip.  Note: (a) Where any condition is the subject of an investigation, that condition falls within this definition, regardless of whether or not a diagnosis of the condition has been made. (b) This definition applies to an Insured Person, his/her Travelling Party, Relative(s), his/her business colleague, or any other person an Insured Person has a relationship with whose state of health could impact on the Insured Person's travel plans.
<b>Pre-paid Travel Arrangements</b>	means any pre-paid travel arrangements including Rental Vehicle hire, accommodation, event tickets and tours.
<b>Professional Sporting Activity</b>	means an activity for which the Insured Person receives financial reward, or benefits from participating in that sporting activity, regardless of whether or not the Insured Person is a professional sports person.

Word	Definition
<b>Relative(s)</b>	is limited to a relative of an Insured Person, or of a member of the Travelling Party, who is a Group A or Group C Staff Travel Beneficiary. It means a spouse, de facto partner, parent, parent in-law, daughter, son, daughter-in-law, son-in-law, brother, sister, brother-in-law, sister-in-law, grandchild, grandparent, stepparent, stepchild, fiancé or fiancée, or guardian.
<b>Rental Vehicle</b>	means any car, campervan, motorcycle or boat which an Insured Person rents from a licenced rental vehicle company and has a signed contract with that company.
<b>Repatriate(d) or repatriation</b>	means travel arrangements made by Us for an Insured Person's return to his/her Usual Place of Residence or where We consider to be the nearest suitable alternative.
<b>Scheduled Public Transport</b>	means a public transport system that runs to a timetable.
<b>Sickness</b>	means an illness, sickness or disease that is not a Bodily Injury and which occurs solely, directly and independently of any other cause or condition (including, but not limited to any Bodily Injury or Pre Existing Medical Condition, other sickness, illness, disease, congenital or degenerative condition(s) which existed prior to the Period of Cover.
<b>Terrorist Act</b>	means an act or threat of force or violence by any person acting alone or in association with an organisation or foreign government, where the purpose, by its nature or context, is to put the public or a section of the public in fear, to resist or influence a government or, to further an ideological, religious, ethnic or similar act.
<b>Travelling Party</b>	means an Insured Person and any travelling companion who has made arrangements to accompany the Insured Person for at least one sector of the Trip and who is a Nominated Group A or Group C Staff Travel Beneficiary.

## PART 2: POLICY WORDING CONTINUED

Word	Definition
<b>Trip(s)</b>	<p>means a period of travel undertaken by an Insured Person during the Insured Person's Period of Cover, that includes Pre-paid Travel Arrangements:</p> <p>(a) commencing when the Insured Person leaves his/her workplace or Usual Place of Residence, provided the Insured Person travels from there directly to his/her Point of Departure, or if the Insured Person does not travel directly to his/her Point of Departure then when the Insured Person arrives at his/her Point of Departure; and</p> <p>(b) ceasing at the earlier of:</p> <p>(i) when the Insured Person arrives at his/her workplace or Usual Place of Residence, provided the Insured Person travelled there directly from his/her Point of Arrival, or if the Insured Person does not travel directly to his/her workplace or Usual Place of Residence then when the Insured Person leaves his/her Point of Arrival;</p> <p>(ii) 90 days after the commencement of the relevant Trip; or</p> <p>(iii) the expiry of the Period of Cover. The period of travel cannot be altered without Our consent.</p>
<b>Unattended</b>	<p>means when an Insured Person leaves his/her luggage either with a person that the Insured Person has not previously met, or in a public place where it can be taken without the Insured Person's knowledge or at a distance from which the Insured Person cannot prevent it from being taken.</p>
<b>Usual Place of Residence</b>	<p>means an Insured Person's usual residential address either in Australia or otherwise an Australian or overseas hospital if We repatriate an Insured Person.</p>
<b>We, Our(s), Us,</b>	<p>refers to AFA Pty Ltd (ABN 83 067 084 333) AFS Licence No. 247122.</p>
<b>You, Your(s)</b>	<p>means the Insured or an Insured Person as applicable.</p>

## LOSSES WE DO NOT COVER AT ALL

1. We will not pay the first \$250 (the excess) per Insured Person for any one event, unless otherwise specified.
2. We will not pay the first \$250 (the excess) for the loss of, theft of, or damage to sporting equipment per Insured Person for any one event. This excess is in addition to any other excess and cannot be removed.
3. We will not pay the first \$500 (the excess) per Insured Person for any one event under section 10A Luggage and Personal Effects in respect of Personal Computers.
4. In all sections of the Policy, We will pay only up to the Applicable Limit unless a sub-limit is specified in the relevant section.
5. There are General Exclusions, which apply to all types of cover. Particular Exclusions apply to specific sections of cover under the Policy and are listed following the relevant types of cover. Please read them carefully.

## GENERAL EXCLUSIONS

We will not pay for any of the following losses:

1. A loss which would result in Us contravening the Health Insurance Act 1973 (Cth), the Private Health Insurance Act 2007 (Cth) the National Health Act 1953 (Cth) or any other succeeding or applicable legislation (whether in Australia or otherwise).
2. A loss which is recoverable in whole or in part under any workers' compensation legislation or any other insurance which applies to the employment of an Insured Person, transport accident legislation, common law entitlement, any government sponsored fund, plan or medical benefit scheme or any other insurance policy required to be effected by or under any law.
3. Consequential loss of any nature.
4. A loss caused by, arising directly or indirectly from or in any way connected with a criminal or dishonest act by an Insured Person or by a person with whom the Insured Person is in collusion.
5. A loss caused by, arising directly or indirectly from or in any way connected with war, invasion, act of a foreign enemy, hostilities (whether war is declared or not), civil war, rebellion, revolution, insurrection, military or usurped power, or popular uprising.
6. A loss caused by, arising directly or indirectly from, or in any way connected with the use, existence or escape of nuclear weapons material, or ionising radiation from, or contamination by, radioactivity from any nuclear fuel, or nuclear waste from the combustion of nuclear fuel.
7. A loss caused by, arising directly or indirectly from or in any way connected with any Government intervention, prohibition, or regulation.
8. Ongoing payments under Section 1 A Medical Expenses Incurred Outside Of Australia, if We decide on the advice of a Medical Practitioner appointed by Us that the relevant Insured Person is capable of being Repatriated. If the relevant Insured Person does not agree to return to his/ her Usual Place of Residence, We may limit the amount We will pay for medical expenses and associated costs as determined by Us had the Insured Person returned.

9. A loss caused by, arising directly or indirectly from, or in any way connected with any Terrorist Act . This exclusion does not apply to Section 1 A Medical Expenses Incurred Outside Of Australia, Section 2A Emergency Dental Expenses Incurred Outside Of Australia, Section 5E Hijacking, Section 7B Repatriation Of Remains Or Funeral Expenses Overseas, Section 10 Luggage or under Section 3 Medical Evacuation And Repatriation, for the cost of Repatriation to or within Australia, if the Carrier requires the Insured Person to be brought back with a medical escort.
10. A loss caused by, arising directly or indirectly from, or in any way connected with the cancellation of travel arrangements due to mechanical breakdown of transportation.
11. Any claim arising from Sickness or Bodily Injury where a metastatic or terminal prognosis was made, in relation to any medical condition, whether related or not to the cause of the claim, prior to the relevant Insured Person's Period of Cover.
12. Any claim arising directly or indirectly as a result of a member of the Travelling Party:
  - (a) deliberately injuring or harming themselves, committing or attempting suicide including but not limited to consuming any drug not taken in accordance with the advice of a Medical Practitioner;
  - (b) being under the influence of, or addicted to, intoxicating liquor or a drug, except a drug taken in accordance with the advice of a Medical Practitioner;
  - (c) suffering any Mental Illness; or
  - (d) suffering HIV with AIDS related infection or illness.
13. The Sickness, Bodily Injury or death of an Insured Person, a member of the Travelling Party or a non-travelling Relative or business partner, caused or exacerbated by or consequential upon, any condition which has been the subject of a medical investigation within the period of 12 months prior to the relevant Insured Person's Period of Cover, in respect of which no diagnosis has been made.
14. The Sickness, Bodily Injury or death of a person who is not a member of an Insured Person's Travelling Party and is 85 years of age or over at the commencement of the relevant Insured Person's Period of Cover.
15. Sickness, Bodily Injury or death where a metastatic condition and/or terminal prognosis was made, in relation to any medical condition, 30 days prior to booking any Trip.
16. If an Insured Person fails to take reasonable precautions to avoid a financial loss after a public warning of a strike, riot, civil commotion, or natural disaster.
17. The Financial Default of a travel agent, scheduled service airlines, hotel and resort operators, car and campervan hire companies, cruise lines, railway operators and theme park operators to the extent that an Insured Person's loss is covered by a scheme or fund (not a contract of insurance), or would be covered but for this insurance.
18. The Financial Default of any person, company, or organisation involved in an Insured Person's travel arrangements and that Financial Default occurred prior to the commencement of the relevant Insured Person's Period of Cover.
19. A loss which occurs whilst an Insured Person is on Duty Travel, except in relation to Sections 1C and 2C.
20. A loss which occurs in excess of 90 days of any Trip commencing.
21. Credit card conversion fees or any other bank charges.
22. Any claim that occurs in respect of an Insured Person after they have attained the age of 75.
23. Any loss incurred where an Insured Person has not been issued a valid boarding pass with an assigned seat and is Off-Loaded from a flight.

## GENERAL CONDITIONS APPLICABLE TO ALL SECTIONS

1. An Insured Person must:
  - (a) give Us written notice as soon as possible of an event that may result in a claim under the Policy;
  - (b) give Us confirmation of his/her eligibility as an Insured Person and provide Us with any other documents, medical certificates, original receipts or information that We reasonably ask for;
  - (c) not make any promise or offer of payment, or admit fault to anyone, or become involved in any litigation, in respect of an event that may result in a claim under the Policy, without Our consent; and
  - (d) in the event of a claim caused by a physical, mental or medical condition, obtain evidence from the treating Medical Practitioner to verify such symptoms of the condition.
  - (e) notify Us as soon as practical of any potential claim exceeding \$2,000 so that cost containment measures can be explored.
2. We may, at Our expense, take proceedings in an Insured Person's name to recover compensation or enforce an indemnity against someone else in respect of a loss covered by this insurance in accordance with the law. Anything We recover belongs to Us.
3. Claims will be paid to an Insured Person or his/her personal representative in Australian dollars on the basis of the exchange rate that applied at the time of incurring the expense or suffering a loss. We will not pay more than the Insured Person's actual loss.
4. The Policy covers GST inclusive costs (up to the relevant Policy limit). However, We will reduce any claim payment by any input tax credit the Insured Person is or would be entitled to for the repair or replacement of insured property or for other things covered by the Policy.
5. In the event that an Insured Person makes a claim, We will automatically reinstate the sum insured, up to the Applicable Limit, for each Trip undertaken during the Period of Insurance.

## PART 2: POLICY WORDING CONTINUED

### Aggregate Limit of Liability

Our total liability for all claims arising under this insurance during the Period of Insurance shall not exceed the Aggregate Limit of Liability stated in the Policy Schedule. In the event that claims made under this policy exceed the Aggregate Limit of Liability, then the amount by which claims exceed this limit will be proportionally reduced.

### SECTION 1: MEDICAL EXPENSES

This cover is limited to travel outside Australia.

Cover under this Section 1 is limited to the Applicable Limit in the Schedule of Benefits or as specified in this section.

#### SECTION 1A: MEDICAL EXPENSES INCURRED OUTSIDE OF AUSTRALIA

We will pay the actual cost of medical, hospital, ambulance or other medically justified treatment which an Insured Person received outside Australia due to a Bodily Injury or Sickness, the signs or symptoms of which the Insured Person first become aware of, during the Trip.

However, We will only make payments under this Section 1A if the treatment is given or prescribed by a Medical Practitioner. An Insured Person may have up to six (6) treatments by a chiropractor or physiotherapist for any Bodily Injury covered by this Section 1A without first obtaining Our consent, but the

Insured Person must obtain Our consent before he/she has any further treatments of such nature.

If We pay any medical expenses on behalf of an Insured Person or reimburse the Insured Person for any medical expenses, then We have the right to:

- (a) seek reimbursement from the Insured Person if the Insured Person receives any payment from any other source for those expenses; and/or
- (b) take action in the Insured Person's name to recover these payments.

#### SECTION 1B: CASH IN HOSPITAL

We will pay an Insured Person \$75 for each completed 24 hour period that the Insured Person is confined to hospital outside Australia up to a maximum of \$6,000. Payment under this Section 1B will be made if such confinement is as a result of a Bodily Injury or Sickness which occurred during the Insured Person's Trip and resulted in a total period of confinement exceeding 48 hours for any one event.

#### SECTION 1C: MEDICAL EXPENSES INCURRED OUTSIDE OF AUSTRALIA WHILST ON DUTY TRAVEL

If during the Period of Cover and whilst on Duty Travel outside Australia, an Insured Person suffers a Bodily Injury that is not covered in whole or in part by any workers' compensation insurance which applies to the employment of the Insured Person, We will pay the actual cost of medical, hospital, ambulance or other medically justified treatment which the Insured Person received outside Australia due to such a Bodily Injury.

However, We will only make payments under this Section 1C if the treatment is given or prescribed by a Medical Practitioner. An Insured Person may have up to six (6) treatments by a chiropractor or physiotherapist for any Bodily Injury covered by this Section 1C without first obtaining Our consent, but the

Insured Person must obtain Our consent before he/she has any further treatments of such nature.

If We pay any medical expenses on behalf of an Insured Person or reimburse the Insured Person for any medical expenses then We have the right to:

- (a) seek reimbursement from the Insured Person if the Insured Person receives any payment from any other source for those expenses; and/or
- (b) take action in the Insured Person's name to recover these payments.

### SECTION 2: DENTAL EXPENSES

This cover is limited to travel outside Australia.

Cover under this Section 2 is limited to the Applicable Limit in the Schedule of Benefits or as specified in this Section.

If We pay any dental expenses on behalf of an Insured Person under Section 2 or reimburse the Insured Person for any dental expenses, then We have the right to:

- (a) seek reimbursement from the Insured Person if he/she receives any payment from any other source for those expenses; and/or
- (b) take action in an Insured Person's name to recover these payments.

#### SECTION 2A: EMERGENCY DENTAL EXPENSES INCURRED OUTSIDE OF AUSTRALIA

We will pay the cost of emergency dental treatment received outside of Australia by an Insured Person during a Trip, if the Insured Person suffers a Bodily Injury to healthy natural teeth during the Trip. This does not cover damage to dentures or dental prostheses (which is covered under point 2 of Section 10A). An Insured Person may have up to six (6) emergency dental treatments for any Bodily Injury covered by this Section 2A without first obtaining Our consent, but an Insured Person is required to obtain Our consent before he/she has any further treatments.

#### SECTION 2B: DENTAL EXPENSES DUE TO SUDDEN AND ACUTE PAIN

We will pay up to \$500 for dental costs incurred by an Insured Person outside of Australia, during a Trip, which the treating dentist certifies in writing is for the relief of sudden and acute pain to otherwise Healthy Natural Teeth.

## SECTION 2C: DENTAL EXPENSES INCURRED WHILST ON DUTY TRAVEL

If during the Period of Cover and whilst on Duty Travel outside Australia, an Insured Person suffers a Bodily Injury to Healthy Natural Teeth that is not covered in whole or in part by any workers' compensation insurance which applies to the employment of the Insured Person, We will pay the cost of emergency dental treatment which the Insured Person received outside of Australia due to such a Bodily Injury.

This does not cover damage to dentures or dental prostheses (which is covered under point 2 of Section 10A). An Insured Person may have up to six (6) emergency dental treatments for any Bodily Injury covered by this Section 2C without first obtaining Our consent, but an Insured Person is required to obtain Our consent before he/she has any further treatments.

## SECTION 3: MEDICAL EVACUATION AND REPATRIATION

Cover under this Section 3 is limited to the Applicable Limit in the Schedule of Benefits .

We will pay an Insured Person under this Section 3 if the Insured Person has to interrupt his/her Trip after it has begun, for necessary medical evacuation or Repatriation that the Insured Person undertakes with Our consent. Travel expenses for an Insured Person's evacuation or Repatriation are only covered if the attending Medical Practitioner advises Us in writing that the Insured Person is unfit to continue the Trip. The following conditions apply:

- (a) We will not pay for expenses incurred to resume the Trip after the Insured Person has returned to his/her Usual Place of Residence.
- (b) For Repatriation, We will not pay more than the cost of Repatriation to the Insured Person's Usual Place of Residence.
- (c) Additional travel must be at the fare class that the Insured Person originally chose, except where We agree otherwise on the basis of a written recommendation by the Insured Person's attending Medical Practitioner.
- (d) If an Insured Person does not have a return ticket at the time of the event that causes a claim under this Section 3, We will deduct the cost of an economy class airfare at the Carrier's regular published rates for the return journey.

## SECTION 4: CANCELLATION AND ADDITIONAL EXPENSES

Cover under this Section 4 is limited to the Applicable Limit in the Schedule of Benefits or as specified in this section.

### CANCELLATION AND ADDITIONAL EXPENSES

We will cover the Insured Person for Cancellation and Additional Expenses under this Section 4, in respect of his/her planned Trip, that result directly from one of the following events occurring during the Insured Person's Period of Cover:

1. The Insured Person being unable to start or finish the Trip because of the death, sudden serious Sickness or serious Bodily Injury arising before or during the Trip of:
  - (a) a member of the Insured Person's Travelling Party; or
  - (b) of a Relative or business partner or person in the same employ as the Insured Person. We will only cover the Insured Person for this event if:
    - (i) the Sickness or Bodily Injury results in hospitalisation or confinement of the relevant person; or
    - (ii) in the case of a business partner or person in the same employ as an Insured Person, the person's absence made the cancellation or ending of the Trip necessary, and the Insured Person has written confirmation of that fact from a senior partner or director.
2. Cancellation or restriction of pre-paid Scheduled Public Transport services caused by severe weather, natural disaster, riot, strike or civil commotion. The Insured Person must have done everything reasonable to avoid the expenses and must also provide Us with the Carrier's written confirmation of his/her claim.
3. The Insured Person's pre-paid accommodation being destroyed or uninhabitable due to severe weather or natural disaster and no alternative equivalent accommodation being available in the vicinity. The Insured Person must have done everything reasonable to obtain alternative accommodation. The Insured Person must also provide Us with written confirmation of his/her claim from an official of the hotel or government body where the incident took place.
4. A member of the Travelling Party being required to do jury service or being confined in compulsory quarantine.
5. The Insured Person being involved in a motor vehicle, railway, air or marine Accident. The Insured Person must provide Us with written confirmation of the Accident from an official body in the country where the Accident happened.
6. Loss (excluding Government confiscation) of the Insured Person's passport, travel documents or credit cards.
7. A member of the Travelling Party who is a full time student being required to sit supplementary examinations. The Insured Person must provide Us with written confirmation of this supplementary exam from the institution at which the relevant person is enrolled for the exam.
8. A member of the Travelling Party being made redundant from full time usual employment in Australia. The Insured Person must provide Us with written confirmation from such former employer of the relevant person.

## PART 2: POLICY WORDING CONTINUED

9. The cancellation of pre-arranged leave for a member of the Travelling Party who is a full time employee of the police, fire, ambulance or emergency services.
10. The Insured Person's Usual Place of Residence being destroyed or rendered insecure due to a natural disaster.
11. The cancellation of a wedding, conference, pre-paid concert, course, tuition or sporting event and the sole purpose of the Trip is to attend that wedding, conference, concert, course, tuition or sporting event.
12. A member of the Travelling Party being affected by any form of Financial Default of their employer.
13. A tour operator informing the Insured Person that there are not enough people to begin or complete the tour. Cover is limited to the pre-paid cost of the airline tickets purchased to reach the Point of Departure.

### SECTION 4A: CANCELLATION OR HOLIDAY DEFERMENT COSTS

If during the Period of Cover an Insured Person has to cancel a Trip due to any of the events listed above, We will pay:

- (a) the value of unused Pre-paid Travel Arrangements incurred by the Insured Person, less any refunds due to the Insured Person; or
- (b) the reasonable cost of rearranging an Insured Person's Trip, provided that this cost is not greater than the cancellation fees or lost deposits which would have been incurred had the Trip been cancelled.

We will not pay for the value of unused pre-paid transport costs where We have Repatriated the Insured Person a distance equivalent to, or greater than, the total distance remaining on the Insured Person's itinerary at the point of Repatriation. Where the total distance of the Repatriation is less than the unused travel arrangements, We will calculate the Insured Person's entitlement on a pro-rata basis, taking into account the cost of the Insured Person's original ticket.

### SECTION 4B: LOSS OF REWARD POINTS

If during the Period of Cover an Insured Person has to cancel a Trip due to any of the events listed above, We will pay for frequent flyer or similar flight reward points lost due to the cancellation

of an Insured Person's airline ticket. The amount We will pay is calculated as follows:

- (a) the cost of the equivalent class airline ticket, based on the best available advance purchase airfare at the time of cancellation, less the Insured Person's financial contribution towards the airline ticket;
- (b) multiplied by
- (c) the total amount of points lost;
- (d) divided by
- (e) the total amount of points redeemed to obtain the airline ticket.

We will not provide cover if the loss of such points or their value can be recovered from any other source.

### SECTION 4C: EMERGENCY TRAVEL ARRANGEMENTS AND ACCOMMODATION EXPENSES

If during the Period of Cover an Insured Person has to interrupt his/her Trip after it has begun due to any of the events listed above, We will pay the Insured Person for necessary additional travel, accommodation and meals that the Insured Person undertakes with Our consent. Travel expenses for an Insured Person's return to his/her Usual Place of Residence are only covered if the attending Medical Practitioner advises Us in writing that the Insured Person is unfit to continue the Trip. The following conditions apply:

- (a) We will not pay for expenses incurred to resume the Trip after the Insured Person has returned to his/her Usual Place of Residence;
- (b) additional travel must be at the fare class that the Insured Person originally chose, except where We agree otherwise on the basis of a written recommendation by the Insured Person's attending Medical Practitioner;
- (c) if the Insured Person does not have a return ticket at the time of the event that causes the cancellation, We will deduct the cost of an economy class airfare at the Carrier's regular published rates for the return journey;
- (d) We will not pay for additional transport or accommodation expenses when a claim is made for cancelled transport or accommodation expenses covering the same period of time;
- (e) We will not pay for accommodation expenses for periods where the Insured Person has not forfeited pre-paid accommodation arrangements;
- (f) We will pay the Insured Person for necessary additional meals up to a maximum of \$50 per day up to a maximum of \$500 in total; and
- (g) The Insured Person must give Us his/her receipts and written advice that the Insured Person is unfit to continue the Trip.

### SECTION 4D: OFF-LOADING

We will pay 75% of additional accommodation costs reasonably incurred as a direct result of an Insured Person being Off-Loaded and unable to obtain alternative transport on the same day. However the insured Person must take all reasonable steps to minimise or avoid such expense. We will not pay more than \$200 inclusive of all costs up to a maximum of 2 nights.

To be eligible for this benefit, a valid boarding pass with an assigned seat must have been issued to the Insured Person by the airline prior to being Off-Loaded from a flight.

## SECTION 5: EXTRA TRAVEL COVER

Cover under this Section 5 is limited to the Applicable Limit in the Schedule of Benefits or as specified in this section

### SECTION 5A: TRAVEL DELAY

We will pay an Insured Person:

- (a) up to a maximum per day of \$200 for the cost of reasonable additional accommodation and \$50 for meals; or
- (b) up to the Applicable Limit for the reasonable cost of rearranging the Insured Person's travel arrangements, including additional accommodation and travel arrangements to resume the Insured Person's Pre-paid Travel Arrangements,

if the Insured Person's scheduled transport from Australia or overseas in respect of the Insured Person's planned Trip is delayed for at least 6 hours, for a reason outside the Insured Person's control and for each subsequent 12 hours (or part of that time) of delay. The Insured Person must provide Us with his/her receipts, and written confirmation of the delay from the Carrier.

The Applicable Limit is a combined total for additional meals, accommodation and rearrangement costs.

### SECTION 5B: RESUMPTION OF TRIP

We will pay an Insured Person up to a maximum of \$2,500, if the Insured Person has to return to his/her Usual Place of Residence with more than 25% of his/her Trip remaining because of the hospitalisation or death of a Relative which occurred whilst the Insured Person was on the Trip and as a direct result of sudden serious Sickness or serious Bodily Injury, for the transport costs paid to resume the Insured Person's original Trip, so the Insured Person can use any travel, accommodation or tours, that were paid for before the departure date. We will not pay more than the cancellation costs that would have been incurred on those Pre-paid Travel Arrangements had the Insured Person not resumed his/her Trip.

This benefit is in place of, and not in addition to, any benefit payable under Section 4A. We will extend the Policy to cover the remainder of the Insured Person's Trip where a claim is accepted by Us under this Section 5B. In no other circumstances will the resumption of an Insured Person's Trip be covered under the Policy unless the Insured Person has obtained Our consent.

### SECTION 5C: INTERNET USE AND TELEPHONE CALLS

We will pay up to a maximum of \$250 for an Insured Person's necessary internet use or telephone calls where they arise directly out of a claimable event covered by any section of the Policy. An Insured Person's first point of contact for assistance is Fullerton Health – refer to Fullerton Health page for contact details.

### SECTION 5D: WITHDRAWAL OF SERVICES

If during an Insured Person's Trip all:

- (a) electrical and water facilities in the Insured Person's room;
- (b) waiter service at meals;
- (c) kitchen services where no food is served; or
- (d) chambermaid services,

are withdrawn due to unforeseeable circumstances at the pre-paid accommodation that the Insured Person is staying at during the Insured Person's Trip, We will pay the Insured Person up to \$50 for each completed 24 hour period up to a maximum \$500 .

These services must be withdrawn for 48 hours continuously and the Insured Person must provide Us with written confirmation of his/her claim from the accommodation manager.

### SECTION 5E: HIJACKING

If during an Insured Person's Period of Cover the Insured Person wants to cancel his/her Trip and return to his/her Usual Place of Residence after the scheduled transport service on which the Insured Person is travelling is hijacked during his/her Trip, We will pay for the Insured Person's Pre-paid Travel Arrangements that the Insured Person does not use, less any refunds due to the Insured Person.

### SECTION 5F: NON MEDICAL ATTENDANT

We will pay an economy class airfare and necessary accommodation for a relative or friend of an Insured Person to travel to, remain with or escort an Insured Person, in place of a medical attendant, if the Insured Person is hospitalised as an in-patient as a result of suffering a Bodily Injury or Sickness which occurred whilst the Insured Person was on a Trip and, the symptoms of which the Insured Person first became aware during the Trip. However, the Insured Person must:

- (a) provide Us with a written advice from the attending Medical Practitioner; and
- (b) have Our prior consent.

The maximum We will pay under this Section 5E is \$40,000.

## SECTION 6: RENTAL VEHICLE EXPENSES

Cover under this Section 6 is limited to the Applicable Limit in the Schedule of Benefits or as specified in this section.

### SECTION 6A: RENTAL VEHICLE INSURANCE EXCESS

We will pay an Insured Person for the Rental Vehicle insurance excess, or the cost of repairing the vehicle, whichever is lower, if an Insured Person rents a vehicle from a rental company during the Insured Person's Trip and it is involved in an Accident whilst the Insured Person is the driver or it is stolen. The Insured Person must provide Us with a copy of the repair account and/ or quote.

This cover is not in place of Rental Vehicle insurance and only provides cover for the excess component up to the Applicable Limit.

### SECTION 6B: RETURN OF RENTAL VEHICLE

We will pay up to a maximum of \$750 towards the cost of returning an Insured Person's Rental Vehicle rented during the Insured Person's Trip to the nearest depot, including airport concession charges, if due to a claimable event covered by any section of the Policy, the Insured Person is unable to do so during the Insured Person's Trip.

## PART 2: POLICY WORDING CONTINUED

### SECTION 7: DEATH EXPENSES

Cover under this Section 7 is limited to the Applicable Limit in the Schedule of Benefits or as specified in this section.

#### SECTION 7A: ACCIDENTAL DEATH

If an Insured Person is 18 years of age or over and the Insured Person suffers a Bodily Injury which results in the Insured Person's death within twelve (12) months of the Bodily Injury being sustained, We will pay the amount specified in the Schedule of Benefits for this section to the Insured Person's estate. There is no cover under this Section 7A for any accompanying Child or Children.

#### SECTION 7B: REPATRIATION OF REMAINS OR FUNERAL EXPENSES OVERSEAS

If an Insured Person dies during the Insured Person's Trip, We will pay up to a maximum of \$10,000 for the Insured Person's burial or cremation overseas, or the transporting of the Insured Person's remains to his/her Usual Place of Residence.

#### SECTION 7C: FUNERAL EXPENSES WITHIN AUSTRALIA

If an Insured Person suffers from a Bodily Injury during the Insured Person's Trip which results in the Insured Person's death, We will pay for funeral expenses incurred within Australia. The maximum We will pay under this Section 7C is \$5,000. There is no cover under Section 7C for any accompanying Child or Children.

### SECTION 8: SPORTS AND ENTERTAINMENT PACKAGE

Cover under this Section 8 is limited to the Applicable Limit in the Schedule of Benefits or as specified in this section.

#### SECTION 8A: GOLF GREEN FEES AND SKI LIFT PASSES

If an Insured Person sustains a Bodily Injury or Sickness during the Insured Person's Trip, We will pay the Insured Person a maximum of \$200 for non-refundable pre-paid golf green fees or ski lift passes, golf or ski equipment hire or tuition fees that cannot be used due to the Insured Person's Bodily Injury or Sickness so sustained.

#### SECTION 8B: SKI RUN CLOSURE

If an Insured Person is prevented from skiing or snowboarding at a pre-booked ski resort for more than 24 continuous hours during the Insured Person's Trip because of insufficient snow, or too much snow causes a total closure of the lift system, We will pay the Insured Person a daily benefit of \$100, up to a maximum of \$500.

However:

- (a) We will not pay for claims in respect of ski resorts that do not have skiing facilities at least 1,000 metres above sea level; and
- (b) We will not pay for claims that arise due to insufficient snow in Northern Hemisphere ski resorts outside the period 15 December to 31 March, or, in Southern Hemisphere ski resorts outside the period 1 July to 30 September.

### SECTION 8C: HIRING REPLACEMENT SNOW SKI, GOLF AND SURF EQUIPMENT

If an Insured Person's snow skiing, snowboarding, golf or surf equipment is lost, delayed or damaged during the Insured Person's Trip, We will pay the Insured person the necessary cost of hiring replacement equipment. Any claim made under this Section 8C must be supported by receipts.

### SECTION 8D: PRE-PAID THEME PARK AND EVENT TICKETS

If an Insured Person has to cancel any pre-paid theme park or event tickets, which the Insured Person was planning to attend during the Insured Person's Trip, due to the Insured Person sustaining a Bodily Injury or Sickness during the Insured Person's Trip, We will pay the Insured Person the cost of such pre-paid theme park or event tickets less any refunds due to the Insured Person.

### SECTION 9: BENEFITS BACK HOME

Cover under this Section 9 is limited to the Applicable Limit in the Schedule of Benefits or as specified in this section.

*(No Excess Applies)*

#### SECTION 9A: HOME AND CONTENTS INSURANCE EXCESS

If an Insured Person's Usual Place of Residence is damaged or burgled during the Insured Person's Trip and the Insured Person makes a claim against his/her home and contents insurance, We will pay the Insured Person for the home and contents insurance excess. The Insured Person must provide Us with a copy of his/her police report or insurance claim or both.

#### SECTION 9B: LOSS OF INCOME

If whilst on a Trip an Insured Person sustains a Bodily Injury which results in the Insured Person being unable to attend his/her usual work, We will pay the Insured Person up to \$1,666 per month for the Insured Person's monthly net of income tax wage. We will not pay the Insured Person in respect of the first 30 days after the Insured Person originally planned to resume his/her work. The benefit under this Section 9B is only payable if the Insured Person's disability occurs within 30 days of the Bodily Injury. The benefit payable is limited to a period of 6 months from the first day in respect of which compensation is paid. The benefit payable is also limited to a maximum of \$10,000.

The Insured Person must provide Us with a written opinion of a Medical Practitioner which confirms that the Insured Person is unable to attend his/her usual work. Where We do not agree with the written opinion provided by the Medical Practitioner appointed by the Insured Person, We may, at Our own expense, obtain the opinion of another Medical Practitioner. If the opinion of the Medical Practitioner appointed by Us differs from the Medical Practitioner appointed by the Insured Person, We will rely on the opinion of the Medical Practitioner appointed by Us for the purposes of this Section 9B.

## SECTION 9C: HOME SERVICES

We will pay the Insured Person for necessary home services provided by a registered home services business, up to a maximum of \$500 if an Insured Person has been Repatriated by Us during the Insured Person's Trip and the Insured Person's Bodily Injury or Sickness (sustained during the Insured Person's Trip) restricts the Insured Person's ability to perform these duties. The Insured Person must have Our prior consent.

## SECTION 9D: DOMESTIC PETS

We will pay an Insured Person up to \$15 for each full 24 hour period, up to a maximum of \$500 for additional kennel or cattery boarding fees for domestic cats and dogs owned by the Insured Person if the Insured Person is delayed beyond the Insured Person's original return date from a Trip due to an event covered by the Policy. However, the Insured Person must provide Us with a statement confirming such additional fees.

## SECTION 9E: CHILD CARE COSTS

If whilst on a Trip an Insured Person is delayed beyond the Insured Person's original return date due to an event covered by the Policy, We will pay an Insured Person up to \$75 for each full 24 hour period, up to a maximum of \$750, for the additional cost of child care provided by a registered or appropriately qualified child care worker for a child or children who are related to the Insured Person, financially dependent on the Insured Person, under the age of 18 years at the commencement of the Insured Person's Period of Cover and who are in the Insured Person's full time care. However, the Insured Person must provide Us with a statement from the registered or appropriately qualified child care worker confirming the additional fees.

## LOSSES WE DO NOT COVER UNDER SECTIONS 1, 2, 3, 4, 5, 6, 7, 8 AND 9

We will not pay a claim under Section 1, 2,3,4,5,6,7,8 and/or 9 that arises directly or indirectly because of any of the following:

1. A member of the Travelling Party:
  - (a) takes part in a riot or civil commotion;
  - (b) acts maliciously;
  - (c) engaging in sporting activities such as:
    - hunting;
    - playing polo;
    - racing (except on foot);
    - mountaineering or rock climbing using support ropes;
    - parachuting, BASE jumping, sky diving or travel in any other air supported device other than as a passenger in a licenced passenger aircraft operated by an airline or charter company. (This does not apply to hot air ballooning or parasailing);
    - running with the bulls;
    - pot holing;
    - participating in, or training for, a Professional Sporting Activity;
2. An Insured Person travels even though the Insured Person knows he/she is unfit to travel.
3. An Insured Person travels against advice of a Medical Practitioner or an Insured Person travels when he/she knows he/she will have to consult a Medical Practitioner.
4. An Insured Person arranges to travel when he/she knows of circumstances that could lead to the Trip being disrupted or cancelled.
5. Death, Sickness or Bodily Injury, caused or exacerbated by, traceable to, or related to, a Pre-existing Medical Condition (including pregnancy).
6. Replacing medication in use at the time the Trip began or not maintaining a course of treatment an Insured Person was on at the time.
7. The birth of a child, whatever the proximate cause is. (Unless otherwise excluded by the Policy and provided a Medical Appraisal Form has been submitted and approved by Us, We will cover pregnancy-related Sickness of the mother, but not any expenses associated with or consequent upon the birth of a child).
8. A member of the Travelling Party decides to change or not to continue with the Trip.
9. An Insured Person operates a Rental Vehicle in violation of the rental agreement.
10. Any kennel or cattery charges incurred outside the Insured Person's Usual Place of Residence or as a result of quarantine regulations.
11. Any child care costs incurred outside the Insured Person's Usual Place of Residence.
12. Medical, ambulance and ancillary expenses incurred by an Insured Person within Australia.
  - scuba diving unless the relevant person holds an open water diving licence or was diving under licenced instruction;
  - travels in international waters in a private sailing vessel or privately registered sailing vessel;
  - riding a motor cycle in excess of 100 cc (except as a pillion passenger) without a licence that is valid in the relevant country; or
  - riding a 4 wheel motor cycle even as a pillion passenger.

## PART 2: POLICY WORDING CONTINUED

### SECTION 10: LUGGAGE

Cover under this Section 10 is limited to the Applicable Limit in the Schedule of Benefits or as specified in this Section.

#### SECTION 10A: LUGGAGE AND PERSONAL EFFECTS

We will pay an Insured Person for each of the following whilst on the Insured Person's Trip:

1. Accidental loss or theft of, or damage to, the Insured Person's luggage or personal effects including items the Insured Person buys during the Trip. We are entitled to choose between repairing or replacing the property, or paying the Insured Person its value in cash, after allowing for wear, tear, and depreciation. The limits in total, for any Electronic Equipment and Personal Computer are set out in the Schedule of Benefits. A pair or related set of items – for example, a camera, lenses (attached or not), tripod and accessories or a chain and pendant - are only one item for this purpose.

However, We will only accept liability under this Section 10A (1) if the Insured Person:

- (a) within 24 hours of becoming aware of the loss, notifies the police or the responsible officer, in the aircraft, vessel, train, or motor coach in which the Insured Person is travelling, or in the hotel in which the Insured Person is staying and gives Us their written report of the incident when the Insured Person makes the claim;
  - (b) keeps receipts for goods the Insured Person buys separate from the goods themselves;
  - (c) keeps any relevant ticket and luggage checks and give them to Us
  - (d) provides evidence of the value and the Insured Person's ownership of the goods; or
  - (e) if a Carrier loses or damages an Insured Person's accompanying luggage, report it in writing to the Carrier within 3 days and send to Us written confirmation of the report along with details of any settlement that they make in relation to the loss or damage.
2. for loss of, or damage to, dentures or dental prostheses during the Insured Person's trip, up to \$800; and
  3. in the event that a claimable loss, theft, or damage to the Insured Person's luggage or personal effects is incurred during the Insured Person's Trip, We will allow the Insured Person one automatic reinstatement of the sum insured.

#### SECTION 10B: EMERGENCY LUGGAGE

We will pay up to a maximum of \$300 towards the cost of purchasing essential articles such as clothing, toiletries and personal requisites if an Insured Person's total accompanied luggage is delayed, misdirected or temporarily misplaced by the Carrier for a period in excess of 12 hours during the Insured Person's Trip. If after 72 hours the Insured Person's delayed luggage is still missing, the limits under this extension are doubled. If the Insured Person's luggage is not recovered, the amount paid by Us for its loss will be reduced by the total of any amounts paid for under this Section 10B. The Insured Person must provide Us with the relevant receipts and written

confirmation of the Insured Person's claim from the appropriate authority. This benefit does not apply to the leg of an Insured Person's Trip that brings the Insured Person to his/her Usual Place of Residence.

#### SECTION 10C: REPLACEMENT PASSPORTS AND TRAVEL DOCUMENTS

We will pay up to a maximum of \$2,000 for the cost of reissuing or replacing an Insured Person's travel documents, travellers cheques, passport or credit cards, after they have been accidentally lost or have been stolen during the Insured Person's Trip. The Insured Person must comply with any conditions of the issuing body.

#### LOSSES WE DO NOT COVER UNDER SECTION 10

We will not pay for any of the following:

1. Loss or theft of, or damage to:
  - (a) cash, bank or currency notes, cheques or negotiable instruments;
  - (b) watercraft of any type (excluding surfboards);
  - (c) fragile or brittle items (e.g. glass or china), except loss or damage caused by fire, or by Accident to the transport carrying them;
  - (d) computer screens at any time;
  - (e) unaccompanied luggage or personal effects;
  - (f) property that an Insured Person leaves Unattended or that occurs because the Insured Person does not take reasonable care to protect it. For example, leaving property in a hotel foyer or grounds;
  - (g) luggage or personal effects for which the Insured Person is entitled to compensation from the Carrier;
  - (h) any Electronic Equipment or Personal Computer left Unattended by the Insured Person in a motor vehicle for any length of time, even if in the boot of the motor vehicle;
  - (i) luggage or personal effects left Unattended by the Insured Person overnight in a motor vehicle; or
  - (j) any Electronic Equipment or Personal Computer checked in as luggage.
  - (k) smartphones or mobile phones (including, but not limited to, iPhones), sunglasses or drones.
2. Wear and tear or depreciation of property or damage by the action of insects or vermin, mildew, rust or corrosion.
3. Mechanical or electrical breakdown or malfunction repair costs.

## SECTION 11: PERSONAL LIABILITY

Cover under this Section 11 is limited to the Applicable Limit in the Schedule of Benefits.

We will pay an Insured Person for his/her legal liability to pay damages or compensation because the Insured Person's negligence during the Trip causes Bodily Injury to a person who is not a Relative of the Insured Person or a member of the

Travelling Party, or loss or damage to property that is not owned by the Insured Person or his/her Relative or member of the Travelling Party, or is not in the Insured Person's or their custody or control. Provided Our consent is obtained We will also pay the Insured Person's legal costs in relation to that liability. The Applicable Limit is a combined total for the Insured Person's liability and costs.

### LOSSES WE DO NOT COVER UNDER SECTION 11

We will not pay for a liability:

- (a) arising out of the Insured Person's trade, business or profession;
- (b) for Bodily Injury to an employee arising out of, or in the course of, their employment by the Insured Person;
- (c) arising out of an unlawful, wilful or malicious act by the Insured Person;
- (d) arising out of the Insured Person's ownership, possession or use (including as a passenger) of a mechanically propelled vehicle, or any aircraft or watercraft; or
- (e) arising out of the Insured Person passing on a Sickness to another person.

## SECTION 12: LEGAL EXPENSES

Cover under this Section 12 is limited to the Applicable Limit in the Schedule of Benefits.

We will pay the Insured Person (or his/her estate where relevant) for legal costs and expenses incurred in pursuit of compensation and/or damages from a third party arising from, or out of, Bodily Injury or the Insured Person's death occurring during the Trip, provided that all such legal costs and expenses are incurred with Our express consent in writing and that We have complete control over the selection and appointment of the Insured Person's lawyers and the conduct of the proceedings.

### LOSSES WE DO NOT COVER UNDER SECTION 12

We will not pay for:

- (a) any claims against a travel agent, tour operator, accommodation provider or Carrier involved in the arrangement or provision of the Insured Person's travel or accommodation;
- (b) any legal expenses incurred without Our written consent;

- (c) any claims reported in excess of 180 days after the commencement of the event giving rise to such a claim; or
- (d) any claim in which We consider that no benefit would be achieved in pursuing such claim.

## SECTION 13

### KIDNAP AND RANSOM

Cover under this Section 13 is limited to the Applicable Limit in the Schedule of Benefits.

If the Insured Person Is Kidnapped or a demand for Ransom/ Extortion Monies is received during the Insured Person's Trip, We will reimburse any monetary loss which is incurred for the delivery of services or property in order to secure the resolution of the Kidnap or Ransom, including:

1. reasonable fees and expenses of Fullerton Health or other independent negotiators authorised by Us or Fullerton Health; and
2. any other direct expenses which are reasonable in amount and necessarily incurred for the purpose of investigating, negotiating or paying a Ransom demand or recovering the Insured Person.
3. reasonable payment made, when authorised by Us or Fullerton Health, to a person providing information which leads to the arrest of the individuals responsible for a Kidnap or Extortion covered under this Section of the Policy;
4. usual and customary transaction or loan costs charged by a financial institution for arranging money to be used for payment of Extortion/Ransom Monies;
5. reasonable additional travel and accommodation expenses incurred by an Insured Person as a result of a Kidnap that were not part of the original travel budget;6. Salary paid by Qantas to an Insured Person or on behalf of an Insured Person who is the victim of a Kidnap up to:
  - (a) 45 days after the release of the Insured Person from a Kidnap;
  - (b) the confirmed date of the death during the period of the Kidnap of the Insured Person;
  - (c) 120 days after We receive the last credible evidence that the Insured Person is still alive; or
  - (d) 5 years from the date of the Kidnap, if the victim has not been released.
7. costs incurred in reuniting the Insured Person with his or her immediate family upon his or her release. Travel costs will be at an economy fare and We will only meet one fare for any Insured Person;
8. personal financial loss suffered by the Insured Person;
9. actual reasonable expenses of a qualified interpreter required in the event of a Kidnap; and;
10. any other reasonable and necessary expenses incurred with Our prior approval in resolving a Kidnap or Ransom covered by the Policy.

## DEFINITIONS APPLICABLE TO THIS SECTION

**Extortion** means to intimidate by a threat or series of threats to Kidnap or cause Injury.

**Extortion/Ransom Monies** means a consideration paid for the return of a Kidnap victim or consideration paid to terminate or end an Extortion, to a person believed to be responsible for the Kidnap or Extortion and includes but is not limited to cash, securities, marketable goods or services, property or monetary instruments.

**Kidnap** means the illegal abduction and holding hostage of an Insured Person for the purpose of demanding Extortion/Ransom Monies as a condition of release. A joint Kidnap of more than one Insured Person shall be considered a single Kidnap.

**Ransom** means cash and/or marketable goods surrendered by or on behalf of the Insured in connection with a Kidnap incident.

## CONDITIONS APPLICABLE TO THIS SECTION

These conditions apply to Section 13 in addition to the General Conditions applicable to all sections of this Policy:

1. each Insured Person will make every reasonable effort not to disclose the existence of this insurance;
2. Fullerton Health must be involved (where practical) in dealing with any kidnapper;
3. In the event of a reported or threatened Kidnap, the Insured must make every reasonable effort to:
  - (a) determine that the Insured Person has been Kidnapped or is the recipient of an Extortion threat;
  - (b) ensure that the serial number of any currency paid or goods delivered to secure the release of the Insured Person is recorded; and
  - (c) give immediate notice to Fullerton Health and Us;

## EXCLUSIONS APPLICABLE TO THIS SECTION

These exclusions apply to Section 13 in addition to the General Exclusions applicable to all sections of this Policy.

We shall not be liable for:

1. any monies by way of reimbursement where, with respect to the particular Insured Person:
  - (a) Kidnap, Ransom and Extortion insurance or a similar type of cover has been declined, cancelled or issued with special conditions in the past;
  - (b) a kidnapping or attempted kidnapping that has occurred in the past; or
  - (c) an Extortion demand that has been made in the past; or
2. any monies with respect to a kidnapping or Extortion occurring in Australia, or any country located in Central or South America; or
3. any loss resulting from the surrender of property, personal belongings or money as the result of a physical face-to-face encounter involving the use of threat or force or physical violence unless such property, personal belongings or money are Extortion/Ransom Monies being stored or transported for the purpose of paying an Extortion or Kidnap demand; or

4. any loss relating to the Kidnap or Extortion of an Insured Person, where the Insured Person is a permanent resident of, or has stayed for more than 180 consecutive days in, the country where the Kidnap or Extortion occurs; or
5. any fraudulent or dishonest act committed by the Insured, an Insured Person or any person authorised to have custody of Extortion/Ransom Monies.

## HOW TO MAKE A CLAIM

### NOTIFICATION

The Insured or Insured Person must tell Us as soon as possible (but after the Insured Person sustains a Bodily Injury or a Sickness which may give rise to a claim under the Policy) about a potential claim. We may reduce the amount of a benefit, or may refuse to pay the claim to the extent that We are prejudiced by late notification of the claim.

### CLAIM FORMS

When We are notified of a potential claim, We will send claim forms which must be completed and returned to Fullerton Health within 30 days.

The following documents must be attached to a completed claim form:

- (a) a copy of the relevant e-tickets; and
- (b) a print-out of the relevant page on the Qantas website confirming that the claimant is a Nominated Group A or Group C Staff Travel Beneficiary.

A medical certification will be required by the Insured Person's Medical Practitioner in the format Fullerton Health provides to them so the claim can be assessed. The Insured Person must meet the cost of these medical certifications.

We may also require the Insured Person to undergo medical examinations, and vocation and/or rehabilitation assessments but, if this is required, We will meet those costs..

### OTHER INFORMATION

We may ask the Insured Person or Insured to provide such evidence to support the Insured Person's entitlement to a benefit as We may reasonably request. This evidence may include, but is not limited to the following:

- (a) written authorities allowing Us to access medical, financial or other relevant information, which may include personal and sensitive information;
- (b) evidence of the Insured Person's earnings and details of income or periodic payments the Insured Person received from other sources. We may require verification of this information by way of a financial audit; and
- (c) details of any other insurance covering the same, or similar, condition for which the Insured Person is making the claim.

### CO-OPERATION

When making a claim the Insured and Insured Persons are under a duty to act with utmost good faith. We owe the same duty in assessing the claim. The Insured and Insured Persons must therefore cooperate with Us and comply with Our reasonable requests in assessing the claim.

## **SUBROGATION**

We are entitled to commence or take over legal proceedings in the Insured or Insured Person's name for the defence or settlement of any claim, or to sue or prosecute any other person to recover any monies payable by them at law. No action must be taken to prejudice any such right of recovery and the Insured and Insured Person must cooperate and do all things necessary to enable the recovery action to be prosecuted. This includes providing any statements, documents or assistance We require, including the giving of evidence in court.



**WE'RE FAST,  
FLEXIBLE AND FAIR  
WE'RE AFA**

Qantas Air Crew Club Group Travel Insurance Policy Wording,  
Version No. 01-2019-PW-CT-01 (AFA 9678)