



QBE Insurance (Australia) Limited

# Corporate Expatriate Package Insurance

Product Disclosure Statement and Accident & Health Insurance Policy

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

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

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

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

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

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

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

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

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

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

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## About this booklet

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

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

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

This booklet is also a Product Disclosure Statement (PDS). Other documents you receive may comprise the PDS. You'll know when this happens because it'll say so in the document.

Information in this PDS might change. If the change is adverse and might affect a reasonable person's decision to buy the policy, then either a supplementary PDS (SPDS) or a new PDS will be provided at renewal. You can get a copy of all updates (whether adverse or not adverse) at no charge by your financial services provider, simply by calling them.

### For more information or to make a claim

Please take the time to read through this booklet and if you have any questions, need more information or to confirm a transaction, please contact your financial services provider. You can find the contact details for your financial services provider in the financial services guide or other documentation they give you.

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

## About QBE

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

### QBE in the community

#### Premiums4Good™

We are committed to giving back to the communities that we operate in. Through Premiums4Good, we invest a portion of customer premiums into investments that have additional social or environmental features. So, when you choose us as your insurer, your premium automatically does some good.

## Part A – Important Information

### Insurer

This Policy and PDS is issued by QBE Insurance (Australia) Limited ABN 78 003 191 035, AFS Licence No. 239545.

Other documents may form part of the PDS. Any such documents will be dated and will include a statement identifying them as part of the PDS.

### Group policies: about your right to access cover

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

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

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

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

Neither we nor the insured hold the cover(s) or the benefits provided under the Policy on trust or for your benefit or on your behalf.

The insured also doesn't:

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

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

Nothing prevents you from entering into other arrangements regarding insurance.

To confirm if you may have access to the Policy, and its currency, please refer to the 'For more information or to make a claim' section in this booklet.

### Privacy

We take the security of your personal information seriously.

We will collect personal information directly from you when you deal with us, or sometimes through our agents, other companies in the QBE group or suppliers acting on our behalf. We will only ever collect the personal information we need in order to provide our services to you, such as issuing and administering our products and services and processing claims. We will obtain consent before collecting sensitive information, such as health information, unless we are required or permitted by law to collect it without consent. Sometimes we may store and disclose your personal information overseas. When we do this, we ensure your information is retained in accordance with the Australian *Privacy Act 1988* and local privacy laws.

Our Privacy Policy describes in more detail from whom we collect personal information, as well as where we store it and the ways we could use it. You can find it at [qbe.com/au/about/governance/privacy-policy](http://qbe.com/au/about/governance/privacy-policy)

If you would like to access or correct your personal information please contact us at [customer@qbe.com](mailto:customer@qbe.com) or on 1300 650 503.

### General Insurance Code of Practice

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

The Code Governance Committee is an independent body that monitors and enforces insurers' compliance with the Code. For more information about the Code Governance Committee please visit [insurancecode.org.au](http://insurancecode.org.au)

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

### Complaints

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

#### Step 1 – Talk to us

Your first step is to get in touch with the team looking after your Policy, direct debit or claim. You'll find their contact details on your policy documents, letters, or emails from us. Please provide our team with as much information as possible so they can try to fix the problem quickly and fairly.

For additional assistance in lodging a complaint, please refer to [qbe.com/au](http://qbe.com/au)

#### Step 2 – Customer Relations

If your complaint isn't resolved by the team looking after your Policy, direct debit or Claim, you can ask them to refer your complaint on to our Customer Relations team. A Dispute Resolution Specialist will review your complaint independently and provide you with our final decision.

You can also contact the Customer Relations team directly:

<b>Phone:</b>	1300 650 503
<b>Fax:</b>	(02) 8227 8594
<b>Email:</b>	<a href="mailto:complaints@qbe.com">complaints@qbe.com</a>
<b>Post:</b>	GPO Box 219, Parramatta NSW 2124

#### Step 3 – Still not resolved?

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

<b>Phone:</b>	1800 931 678
<b>Email:</b>	<a href="mailto:info@afca.org.au">info@afca.org.au</a>
<b>Post:</b>	GPO Box 3, Melbourne VIC 3001

AFCA will inform you if your complaint falls within its jurisdiction. Time limits apply to most complaints to AFCA. For more information, visit [afca.org.au](http://afca.org.au)

## More information

You can find more information about how we deal with complaints on our website at [qbe.com/au](http://qbe.com/au) or you can call us on 133 723 to speak with us or request a copy of our complaints brochure at no charge by us.

### Complaints just about privacy

If you're not happy with how we've handled your personal information, call us on 1300 650 503 or email us at [customercare@qbe.com](mailto:customercare@qbe.com). If you're not satisfied with our response, you can contact the Office of the Australian Information Commissioner (OAIC):

<b>Phone:</b>	1300 363 992
<b>Email:</b>	<a href="mailto:enquiries@oaic.gov.au">enquiries@oaic.gov.au</a>
<b>Post:</b>	GPO Box 5288, Sydney NSW 2001

## Financial Claims Scheme

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

How to contact APRA	
<b>Phone:</b>	1300 558 849 Calls from mobiles, public telephones or hotel rooms may attract additional charges.
<b>Online:</b>	<a href="http://www.apra.gov.au/financial-claims-scheme-general-insurers">www.apra.gov.au/financial-claims-scheme-general-insurers</a>

## Taxation implications

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

### Cooling off period

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

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

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

## Policy Terms and Conditions For Corporate Expatriate Package Insurance Policy

### Insurer

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

### Our agreement with you

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

The excesses set out in the section headed 'What you must pay if you make a claim – Excess' apply to all claims except where otherwise stated. The amount of any excess that applies to your Policy will be shown on your Policy Schedule.

The exclusions in the section(s) headed 'When you are not covered' and conditions in the section headed 'General conditions' apply to all types of cover.

### Your Policy

Your Corporate Expatriate Package Insurance Policy consists of the Policy Terms and Conditions in this booklet and the Policy Schedule we give you.

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

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

The address and telephone number of your QBE branch are on your Policy Schedule.

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

### Providing proof or evidence

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

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

- documents which substantiate your earnings; and
- any medical certificates that relate to your claim; and
- receipts or invoices for items you seek to be reimbursed for; and
- any statements of claims received under any Reciprocal Health Care Agreement.

### Jurisdiction

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

## Subrogation, Recovery Action and Uninsured Loss

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

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

### How you can pay your premium

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

### Paying your premium

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

## Words with special meanings

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

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

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

Word or term	Meaning
Accident	a single, physical and external event which occurs unexpectedly at a specific and identifiable time and place.
Children	<p>the insured person or the insured person's spouse/partner's:</p> <ul style="list-style-type: none"> <li>unmarried dependent children;</li> <li>Stepchildren; or</li> <li>legally adopted children,</li> </ul> <p>who are:</p> <ul style="list-style-type: none"> <li>living with the insured person in their country of assignment; and</li> <li>who are under 19 years of age or under 25 years of age if they are a full time student and primarily dependent on the insured person for maintenance and support.</li> </ul>
Close relative	a spouse/partner, parent, parent-in-law, step-parent, child, brother, sister, brother-in-law, sister-in-law, daughter-in-law, son-in-law, half-brother, half-sister, fiance(e), niece, nephew, uncle, aunt, step-child, grandparent or grandchild.
Compensation	the amount of benefit shown in the Compensation tables of this Policy.
Excess	a sum of money you or the insured person may be required to contribute to the amount of any claim under this Policy. Any amount payable is shown in the Policy Schedule.
Infectious or contagious disease	any disease capable of being transmitted from an infected person, animal or species to another person, animal or species by any means.
Insured person	<p>any person described in the Policy Schedule as an insured person and that is engaged in temporary employment with the insured or is temporarily contracted by the insured outside their country of residence.</p> <p>If the insured person has a couple cover then cover is provided to the insured person's spouse/partner.</p> <p>If the insured person has a family cover then cover is provided to the insured person's spouse/partner and their children.</p> <p>If the insured person has a single cover then cover is provided to the insured person only.</p>

Word or term	Meaning
Period of insurance	the period shown in the Policy Schedule.
Policy Schedule	the schedule of insurance, or any endorsement schedule we give you.
Registered medical practitioner	<p>a medical practitioner or specialist who holds a current registration or licence to practice medicine with the respective medical practitioners board or medical board (or similar) in the country that the medical practitioner is providing medical services in, other than:</p> <ul style="list-style-type: none"> <li>an insured person;</li> <li>a close relative of an insured person; or</li> <li>an employee of the insured or an insured person.</li> </ul>
Spouse/partner	the insured person's husband or wife, de-facto or life partner living with the insured person or any person of any gender living in a de-facto relationship with the insured person in their country of assignment.
Subsequent legislation	<p>an act or regulation as amended, replaced or re-enacted;</p> <p>where an act or regulation has been repealed, the current equivalent act or regulation (Commonwealth, State or Territory) with materially the same object or purpose whether in whole or in part.</p>
We, our, us	QBE Insurance (Australia) Limited, ABN 78 003 191 035.
You, your	the person(s), companies or firms named on the current Policy Schedule as the 'Insured'.



## Types of cover

Section 1 – Corporate expatriate medical

Section 2 – Group personal accident

Section 3 – Corporate travel

## Section 1 – Corporate expatriate medical

Section 1 provides:

Section A – Expatriate medical cover and additional travel expenses

Section B – Personal liability

Section C – Emergency travel assistance

## Words with special meanings

Word or term	Meaning
Ambulance services	<p>charges made for an emergency vehicle/aircraft for transportation of an Insured person following a medical episode. Insured services include:</p> <ul style="list-style-type: none"> <li>• transportation to a hospital; and</li> <li>• inter hospital transfers necessary for access to medical treatment and/or facilities not available at the admitted hospital.</li> </ul> <p>Insured services does not include:</p> <ul style="list-style-type: none"> <li>• non urgent transportation; or</li> <li>• hospital transfers due to an Insured person's preference in medical facility; or</li> <li>• patient transfers not medically necessary for the health and treatment of the Insured person.</li> </ul>
Anaesthetic services	charges made for an anaesthetic and its administration.
Ancillary services	<p>charges made for services listed below which are provided by a qualified practitioner or registered medical practitioner for that service:</p> <ul style="list-style-type: none"> <li>• occupational therapy;</li> <li>• osteopathic;</li> <li>• chiropractic;</li> <li>• naturopathy;</li> <li>• homeopathy;</li> <li>• physiotherapy, rehabilitation and remedial massage;</li> <li>• speech therapy;</li> <li>• acupuncture;</li> <li>• chiropody/podiatry;</li> <li>• dietitian services;</li> <li>• audiology;</li> <li>• prosthetics and appliances;</li> <li>• optical;</li> </ul>

Word or term	Meaning
	<ul style="list-style-type: none"> <li>• psychology, psychiatry, psychotherapy, hypnotherapy, personal/family/marital counselling;</li> <li>• Traditional Chinese Medicine.</li> </ul>
Country of assignment	the country in which the insured person will spend most of their time during foreign assignment. This means their host country and not their country of residence.
Country of residence	the country of which the insured person is a citizen or permanent resident (i.e. holder of a multiple entry visa or permit which gives the insured person resident health care rights in such country). This means their home country and not their country of assignment.
General dental	<p>charges made by a qualified dentist or oral surgeon for:</p> <ul style="list-style-type: none"> <li>• treatment for fractures and dislocations of the jaw;</li> <li>• cutting procedures in the oral cavity and extractions and repair;</li> <li>• care for the teeth and gums.</li> </ul>
Emergency dental	charges made by a qualified dentist or oral surgeon for treatment which is non routine to sound and natural teeth as a result of injury.
Elective surgery	any surgery which does not result from an injury or illness, including cosmetic, plastic and reconstructive surgery.
Hearing aids	charges for hearing aids, considered necessary as evidenced by a written statement from a qualified audiologist.
Hospital services	<p>charges for in-patient and day patient services recommended by a registered medical or qualified dental practitioner for:</p> <ul style="list-style-type: none"> <li>• daily in-patient care;</li> <li>• performing a surgical procedure;</li> <li>• necessary medical care and treatment;</li> <li>• necessary dental care and treatment;</li> <li>• in-patient pharmaceutical supplies.</li> </ul>
Illness	any sickness or disease.
Injury	<p>bodily injury which:</p> <ul style="list-style-type: none"> <li>• is caused by an accident that occurs during the period of insurance; and</li> <li>• is not an illness; and</li> <li>• is the absolute, sole and independent cause of a payable condition covered under this Policy which occurs within 12 months of the injury.</li> </ul>

Word or term	Meaning
Medical condition	any actual or perceived state of health for which treatment is sought and includes but is not limited to states variously described as: abnormality, ailment, disability, disease, disorder, health problem, illness, impairment, impediment, infirmity, injury, malady, sickness or unwellness.
Medical expenses	medical expenses incurred for services or supplies, shown under the heading Section A – 'Expatriate medical cover - 'What we will pay'.
Nursing care services	charges made by a qualified nurse for nursing care, provided the nursing care is considered necessary as evidenced by a written statement from a registered medical practitioner.
Optical appliances	Spectacles (including repairs to frames) and contact lenses prescribed by a qualified optician.
Optical services	charges made by a qualified optician for routine eye tests.
Parenting accommodation	the reasonable cost of a parent staying in the same hospital with the child under the age of 12.
Pharmaceutical supplies	charges for drugs and medicine and all other surgical supplies deemed necessary for treatment by a registered medical practitioner.
Place of employment	the site at which the insured person is currently working, or the first or last place of business activity for the day.
Place of residence	the insured person's usual place of residence. In the event of temporary absence from the usual place of residence, it also includes the place within the boundary of the temporary accommodation.
Pregnancy and childbirth services	charges made by a registered medical practitioner for: <ul style="list-style-type: none"> <li>• routine pre-natal and post-natal care;</li> <li>• childbirth.</li> </ul>
Pregnancy and childbirth travel and accommodation services	charges: <ul style="list-style-type: none"> <li>• for one return economy class airfare for the mother to give birth at a hospital outside the insured person's country of assignment if recommended by a medical practitioner in writing that it medically necessary;</li> <li>• for accommodation outside of the insured person's country of assignment if their medical practitioner advises in writing that the insured person is medically unfit to travel, subject to a maximum period of eight weeks prior to the birth and two weeks after the birth.</li> </ul>

Word or term	Meaning
Pregnancy and childbirth emergency and complications services	charges for medical emergencies or complications resulting from pregnancy or childbirth.
Prostheses and appliances	charges for prostheses and appliances considered necessary as evidenced by a written statement from a registered medical practitioner.
Qualified	where a health or medical practitioner holds a current registration or licence as is legally required to practice in their health or medical field in the country that the health or medical practitioner is providing health or medical services in, and is not: <ul style="list-style-type: none"> <li>• an insured person; or</li> <li>• a close relative of an insured person; or</li> <li>• an employee of the insured or an insured person.</li> </ul>
Radiation therapy	charges for: <ul style="list-style-type: none"> <li>• X-Ray treatment;</li> <li>• radium and radioactive isotope treatment;</li> <li>• chemotherapy.</li> </ul>
Registered medical practitioner services	charges for outpatient services made by a registered medical practitioner: <ul style="list-style-type: none"> <li>• for performing a surgical procedure; and/or</li> <li>• for other medical care and treatment.</li> </ul>
Remedial Massage	consultation charges made by a qualified massage therapist or physiotherapist which are deemed necessary for the treatment of chronic pain and injuries as diagnosed by a registered medical practitioner.
Special Dental	charges by a duly qualified oral surgeon or dentist for root treatment, endodontic treatment, oral surgery, anaesthetic services, periodontal surgery, interceptive orthodontic services, installation of and repairs to crowns and bridges, new dentures, dental repairs and remodelling, mouthguards and other specialist and orthodontic services. This does not include cosmetic teeth whitening.
Traditional Chinese Medicine	charges made by a registered Traditional Chinese Medicine practitioner for: <ul style="list-style-type: none"> <li>• consultations; and/or</li> <li>• medications.</li> </ul>

Word or term	Meaning
Trauma counselling services	charges for trauma counselling provided by a qualified psychologist (who is not an insured person or their close relative) if the insured person suffers psychological trauma outside their country of residence as a result of being a victim of a criminal act (including car-jacking, sexual assault, rape, violent robbery or other such violent and external incidents of like nature).
X-ray and laboratory examinations	charges for: <ul data-bbox="277 510 727 712" style="list-style-type: none"><li>• X-Ray, magnetic resonance imaging (MRI) or computerised axial tomography (CT scan or CAT scan);</li><li>• pathology tests or analysis;</li><li>• laboratory tests or analysis made for diagnostic or treatment purposes.</li></ul>

## Section A – Expatriate medical cover and additional travel expenses

### What we will pay

We will pay compensation, less any excess that may be payable, by way of reimbursement of costs for medical expenses as set out in this section of the Policy, if the insured person incurs:

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

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

The benefits we pay under this section of the Policy will be shown in the Policy Schedule.

### What we will not pay

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

- medical expenses in Australia for which the insured person is eligible to claim Medicare benefits or are able to claim other benefits from any registered health fund of which the insured person is a member;
- medical expenses for which the insured person is eligible to claim compensation under any Workers' Compensation Legislation or Employers Liability Legislation or at common law;
- expenses recovered by you or the insured person under any Reciprocal Health Care Agreement;
- any medical condition for any Insured person which is specified in the Policy Schedule;
- artificial reproductive technologies of any kind including, but not limited to, in-vitro insemination, in-vitro fertilisation, gamete intra-fallopian transfer, intra cytoplasmic sperm injection or embryo transfer or any kind of treatment for infertility;
- sterilisation, vasectomy or reversal of same;
- any operative treatment to the cornea designed to counter the need for spectacles;
- elective surgery;
- pharmaceutical supplies available through the Pharmaceutical Benefits Scheme of Australia.

The 'General exclusions' set out under 'When you are not covered' in this Policy may also affect your claim.

### Medical expenses restrictions and conditions

- The maximum amounts we will pay in respect of any one insured person for any one medical condition in any one period of insurance is shown in the Policy Schedule.
- The insured person is covered for pregnancy and childbirth if you have selected family cover within 30 days of becoming aware of the pregnancy.
- After birth the child is covered for medical expenses up to the limits shown in the compensation table provided that you have purchased family cover and that the appropriate premium has been paid.
- The amount we will pay in respect of charges incurred in hospital used primarily as a mental institution or place for the care or treatment of alcoholics or drug addicts is limited to 60 days and up to the amount shown on the Policy schedule.

- Reimbursement of expenses incurred in Australia will be in accordance with Australian legislative requirements. If the insured person is eligible for Medicare we can only pay what is allowed.
- We will cover any additional persons for the remainder of the period of insurance as long as we have accepted a completed application within 60 days of additional persons becoming continuously employed or contracted by the insured and the insured has agreed to pay (or has paid) any reasonable additional premium we require.
- We will not pay compensation if the insured person incur expenses after the expiry of this Policy unless a renewal of this Policy is in force at that time.
- Amounts shown in this Policy are expressed in Australian dollars. If expenses are incurred in a foreign currency, then the rate of currency exchange used to calculate the amount to be paid will be the rate of exchange on the date the expense was incurred.
- The following restrictions also apply:

	For Australian residents	For non-Australian residents
Permanent Return	<p>If the insured person is a resident of Australia the insured person's cover will stop at the earlier of:</p> <ul style="list-style-type: none"> <li>• the insured person's permanent return to Australia; or</li> <li>• at the termination of the insured person's contract or employment with you.</li> </ul>	<p>If the insured person is not a resident of Australia their cover will stop at the earlier of:</p> <ul style="list-style-type: none"> <li>• 14 days after the insured person's permanent return to the insured person's country of residence; or</li> <li>• at the termination of the insured person's contract or employment with you.</li> </ul>
Temporary Return	<p>The cover provided to a resident of Australia on temporary return to Australia is limited to a period of 90 days any one period of insurance.</p>	<p>If the insured person is not an Australian resident and incurs emergency medical expenses in their country of residence, we will reimburse such expenses for a maximum period of 60 days to the limit of the Policy for any one insured person, any one period of insurance.</p>

## Table of Medical expenses

The maximum amount we will pay for Medical expenses are the amounts shown in the Policy Schedule for the following services:

Medical services	
<b>Part A: Hospital Services</b>	<ul style="list-style-type: none"> <li>Hospital services (In Patient/Day Patient);</li> <li>Parenting accommodation;</li> <li>In Patient/Day Patient treatment at mental institutions, alcohol or drug addiction facilities.</li> </ul>
<b>Part B: Registered medical practitioner services</b>	Registered medical practitioner services.
<b>Part C: Ancillary services</b>	<ul style="list-style-type: none"> <li>Occupational therapy;</li> <li>Osteopathy;</li> <li>Chiropractic;</li> <li>Naturopathy;</li> <li>Homeopathy;</li> <li>Physiotherapy, rehabilitation services and remedial massage;</li> <li>Speech therapy;</li> <li>Acupuncture;</li> <li>Chiropody/podiatry;</li> <li>Dietitian services;</li> <li>Audiology;</li> <li>Psychology, psychiatry, psychotherapy, hypnotherapy, personal/family/marital counselling;</li> <li>Hearing aids;</li> <li>Prosthetics and appliance;</li> <li>Traditional Chinese medicine.</li> </ul>
<b>Part D: Dental Expenses/Services</b>	<ul style="list-style-type: none"> <li>General dental;</li> <li>Emergency dental;</li> <li>Special dental.</li> </ul>
<b>Part E: Optical Expenses/Services</b>	<ul style="list-style-type: none"> <li>Optical services;</li> <li>Optical appliance.</li> </ul>

Medical services	
<b>Part F: Nursing care services</b>	<ul style="list-style-type: none"> <li>In hospital;</li> <li>Home nursing.</li> </ul>
<b>Part G: Other services</b>	<ul style="list-style-type: none"> <li>X-ray and laboratory examinations;</li> <li>Radiation therapy;</li> <li>Anaesthetic services;</li> <li>Pharmaceutical supplies.</li> </ul>
<b>Part H: Pregnancy and childbirth services</b>	<ul style="list-style-type: none"> <li>Routine care;</li> <li>Childbirth (hospital inpatient);</li> <li>Pregnancy and childbirth travel and accommodation services;</li> <li>Pregnancy and childbirth emergency and complications services.</li> </ul>
<b>Part I: Trauma counselling services</b>	<ul style="list-style-type: none"> <li>Trauma counselling services.</li> </ul>

## Additional travel expenses

### What we will pay

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

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

### What we will not pay

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

- the person on whom the journey depends (being any relative referred to under Payable Event 1 or 2 in the Additional travel expenses compensation table) is over 80 years of age, except in the event of that person's death as a result of an injury;
- a person on whom the journey depends (being any relative referred to under Payable Event 1 or 2 in the Additional travel expenses compensation table) had been diagnosed by a registered medical practitioner with a terminal illness at any time, and the insured person was aware of the diagnosis.

The general exclusions set out under 'When you are not covered' in this Policy may also affect your claim.

### Additional travel restrictions

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

### Compensation table – Additional travel expenses

What needs to happen: Payable event	What we will pay: Compensation
1. The unexpected life-threatening injury or illness of the insured person's close relative.	The cost of economy class return airline tickets for the insured person to travel to their country of residence up to a maximum of \$10,000 per person or couple or family.
2. The unexpected death of the insured person's close relative.	The cost of economy class return airline tickets for the insured person to travel to their country of residence up to a maximum of \$10,000 per person or couple or family.

## Section B - Personal liability

### What we will pay

We will pay the amounts as set out in the compensation table in this section of the Policy if the insured person becomes legally liable during the period of insurance to pay damages as a result of an occurrence.

Occurrence under this section includes continuous or repeated exposure to substantially the same general conditions. We regard all death, bodily injury or loss of or damage to property arising from one original source or cause as one occurrence.

### What we will not pay

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

- any liability which would not have been imposed by law;
- death of or bodily injury to the insured person or any member of their family or to any person who normally lives with the insured person;
- death of or bodily injury to anyone employed by the insured person or by someone who lives with the insured person if the death or injury arises out of their employment;
- damage to property belonging to or in control of the insured person or any member of their family or their employees;
- damage to property belonging to or in control of any person who normally lives with the insured person or their employees;
- loss of or damage to property or bodily injury arising out of the insured person's business or trade, or out of professional advice given by you or the insured person;
- any workers compensation legislation, industrial award or agreement, or statutory accident compensation scheme;
- the ownership, custody, or use of any lift, aerial device or aircraft (including remotely piloted aircraft), aircraft landing area, boat exceeding three metres in length (except canoes, surfboards, surf skis or sailboards) or motorised watercraft; However, this exclusion does not apply to model aircraft or toy kites;
- the conduct of any activity carried on by the insured person for reward except part time babysitting or as a lessor of the home;
- vibration or the weakening of, removal of or interference with support to land, buildings or other property;
- construction or demolition of a building;
- death or bodily injury to any person arising out of pregnancy or the transmission of any Infectious or contagious disease by the insured person;
- the ownership of land, buildings or structures;
- loss, damage or injury intentionally caused by the insured person or a person acting with their consent;
- the lawful seizure, confiscation, nationalisation or requisition of the property insured;
- destruction of or damage to property by any government or public or local authority;
- the ownership or use of any motor vehicle which is registered or required to be insured under any applicable law;
- fines, penalties, or punitive, aggravated or exemplary damages.

The general exclusions set out under 'When you are not covered' in this Policy may also affect your claim.

### Compensation table – Personal liability

What needs to happen: Payable event	What we will pay: Compensation
1. The insured person becomes legally liable to pay damages as a result of the death or bodily injury to any person.	As per Policy Schedule
2. The insured person becomes legally liable to pay damages as a result of loss of or damage to property.	
3. Third party legal costs are incurred for which the insured person becomes legally liable as a consequence of payable event 1 or 2.	
4. Legal costs are incurred which we approve in advance (approval of which will not be unreasonably withheld), of defending claims arising from payable event 1 and/or 2.	

## Section C – Emergency travel assistance

### What we will pay

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

- incurred during the period of insurance;
- are as a result of injury or illness.

### What we will not pay

The general and additional exclusions set out under 'When you are not covered' in this Policy may also affect your claim.

### Compensation table – Emergency travel assistance

What needs to happen: Payable event	What we will pay: Compensation
Medical transfer and emergency evacuation and repatriation.	As per Policy Schedule.

### Medical transfer and emergency evacuation and repatriation

#### If the insured person suffers an injury or illness for which:

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

Our emergency assistance provider will organise and pay for:

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

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

#### Return transportation benefit

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

- economy class airfares for the insured person to return to their country of assignment, provided such return occurs within 90 days of evacuation; or
- an alternate mode of transport for the insured person to return to their country of assignment, provided such return occurs within 90 days of evacuation and provided that their condition warrants such a return.

### Accompanying person for a repatriated child

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

### Accompanying person for a repatriated adult

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

### Your additional accommodation

Our emergency assistance provider will pay:

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

providing that their attending registered medical practitioner certifies that it is medically necessary.

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

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

### Accompanying person's accommodation

Our emergency assistance provider will pay:

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

### Repatriation of mortal remains or local burial

Our emergency assistance provider will pay:

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

### Ambulance service

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



### **Advance payment of medical expenses**

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

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

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

### **Emergency travel assistance claims – what you must do**

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

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

In case of any injury or illness requiring hospitalisation, the insured person or any person acting on their behalf must inform our emergency assistance provider within three days (or such other period as reasonably practicable) of the date of occurrence. Failure to do so may entitle our emergency assistance provider to invoice you or the insured person any additional costs which would not have been incurred had the notification been provided in accordance with this provision.

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

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

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

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

If the insured person uses another emergency assistance service provider to provide any of the benefits we cover, our emergency assistance provider will only cover costs that have been submitted for its prior approval (which shall not be unreasonably withheld). Failure to do so may entitle our emergency assistance provider to invoice the insured person any reasonable additional costs above our emergency assistance provider's standard quotation.

## Section 2 – Group personal accident

This section of the Policy operates if it is noted on the Policy Schedule.

This section provides a choice of cover. You can choose any or all of the following types of cover:

- Section A – Capital benefits;
- Section B – Weekly benefits – Injury;
- Section C – Weekly benefits – Illness.

The types of cover you have chosen will be shown on your Policy Schedule.

### Words with special meanings

Word or term	Meaning
Commencement date of cover	the date from which you have continuously been an insured person under this Policy, or another policy held by the insured with us which provided equivalent cover.
Excluded period of claim	the number of days after medical treatment by a registered medical practitioner, for which an insured person does not receive a weekly benefit.
Illness	any sickness or disease which first occurs during the period of insurance.
Injury	<p>bodily injury resulting from accident and which is not an illness and which:</p> <ul style="list-style-type: none"> <li>• occurs during the period of insurance; and</li> <li>• within 12 months of the injury, results solely and independently of any other cause in the events covered under this Policy; and</li> <li>• includes any condition resulting from exposure to the elements as a result of injury.</li> </ul>
Loss of use	<p>in connection with a limb, finger or toe means:</p> <ul style="list-style-type: none"> <li>• permanent physical severance; or</li> <li>• permanent and total loss of use, including the loss of ability to perform all domestic and other non-occupational functions.</li> </ul>
Paraplegia	total paralysis of both legs and part or whole of the lower half of the body.
Permanent	continuing for at least 12 consecutive months and which thereafter will, in the opinion of a registered medical practitioner, be unlikely to materially improve.
Permanent total disablement	<p>1. if you are in full time employment at the time of injury resulting in your disablement, permanent total disablement means, in the opinion of a registered medical practitioner:</p> <p>(a) your disability is permanent; and</p>

Word or term	Meaning
	<p>(b) you are entirely and continuously unable to engage in, perform or attend to any occupation(s), business(es) and profession(s) for which they are reasonably qualified by training, education or experience.</p> <p>2. if you are not in full time employment at the time of injury resulting in your disablement, permanent total disablement means, in the opinion of a registered medical practitioner:</p> <p>(a) your disability is permanent; and</p> <p>(b) you are entirely and continuously unable to engage in, perform or attend to any occupation or business whatsoever.</p> <p>The definition of permanent total disablement is subject to restriction 5 under Section A - 'Capital benefit restrictions'.</p>
Pre disability earnings	<p>1. if an insured person is self-employed:</p> <ul style="list-style-type: none"> <li>○ gross weekly income from personal exertion after allowing for costs and expenses incurred in deriving that income averaged over the 12 months prior to Injury or Illness or any shorter period that they have been engaged in their occupation.</li> </ul> <p>2. if an insured person is an employee:</p> <ul style="list-style-type: none"> <li>○ basic weekly base rate of pay exclusive of overtime payments, bonuses, commission or allowances at the time of injury or illness;</li> <li>○ where an insured person has elected to salary sacrifice income, basic weekly base rate of pay will be deemed to mean the total cost of employment inclusive of such income salary sacrificed.</li> </ul>
Pre-existing condition	<p>1. any illness, injury, disability or other condition for which in the six months before your commencement date of cover:</p> <ul style="list-style-type: none"> <li>○ you have required treatment, medication or advice from a registered medical practitioner, chiropractor, physiotherapist, naturopath, psychologist or psychiatrist; or</li> <li>○ you are aware of or a reasonable person in the circumstances would be expected to have been aware of;</li> <li>○ or</li> </ul> <p>2. any condition for any Insured person which is specified in the Policy Schedule.</p>

Word or term	Meaning
Physical severance	if it occurs: <ul style="list-style-type: none"> <li>• to a hand or foot at or above the wrist or ankle;</li> <li>• to an arm or leg at or above the elbow or knee; and</li> <li>• to a toe other than a great toe, at or above the third joint from its extremity.</li> </ul>
Quadriplegia	total paralysis of both legs and both arms.
Temporary partial disablement	disablement as a result of Injury covered under 'Weekly benefits – Injury' that prevents an insured person from carrying out a substantial part of all the normal duties of their usual occupation, business or profession.
Temporary total disablement	total disablement as a result of injury covered under 'Weekly benefits – Injury' that entirely prevents an insured person from: <ul style="list-style-type: none"> <li>• carrying out all the normal duties of their usual occupation, business or profession; or</li> <li>• where they are engaged in more than one occupation, business or profession, carrying out the normal duties of all of them.</li> </ul> If weekly benefits – Illness cover has been selected, total disablement will also mean such inability occurring in the same circumstances resulting from Illness.

## Section A – Capital benefits

If you have chosen this cover it will be shown on your Policy Schedule.

### What we will pay

We will pay amounts set out in the compensation tables in this section of the Policy in respect of an insured person if the payable conditions shown:

- occur during the period of insurance; and
- are a result of injury.

### What we will not pay

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

The general and additional exclusions set out under 'When you are not covered' in this Policy may also affect your claim.

### Capital benefit restrictions

1. Any payable condition claimed under capital benefits must occur within 12 months of the date of injury.
2. Any capital benefit payable will be reduced by any amount of any other capital benefit we have paid or are liable to pay in connection with the same injury.
3. Any capital benefit payable under this section will be reduced by any amounts paid under the disappearance capital benefit.
4. The death benefit payable for children is limited to \$50,000 unless otherwise stated on the Policy Schedule.
5. If we do not agree with the opinion provided by a registered medical practitioner in relation to payable conditions 2 or 3 in the Compensation table - Capital benefits below, we will, at our own expense, appoint another registered medical practitioner to examine you. If the registered medical practitioner appointed by us disagrees with the opinion of the first registered medical practitioner with respect to payable conditions 2 or 3, we will (at our expense) arrange for you to be examined by an independent registered medical practitioner, who will be appointed in mutual agreement by you and us. In that case, the compensation amount we pay (if any) for either payable condition 2 or 3 will be based solely on the opinion of the independent registered medical practitioner.

### Compensation table – Capital benefits

Injury resulting in: Payable condition	Compensation as a percentage of the capital sum insured shown in the Policy Schedule
1. Death	100%
2. Permanent total disablement	100%
3. Permanent disability not otherwise provided	Subject to 'Capital benefit restriction 5' above, the lesser of: <ul style="list-style-type: none"> <li>• the percentage as determined by a registered medical practitioner consistent with the compensation provided in this table; or</li> <li>• 75%</li> </ul>

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

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

### Additional capital benefits

- Any payable condition claimed under additional capital benefits must occur within 12 months of the date of injury.
- Surgical procedures and broken bones additional capital benefits can only be claimed when the injury occurs outside of Australia.
- 'Broken' means a complete break of a bone and does not include a fracture.

### Compensation table – Broken bones

#### Broken bones benefit

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

Injury resulting in the following broken bone(s): Payable condition	Compensation as a percentage of the broken bones benefit limit shown in the Policy Schedule
8. In the case of established non-union of any of the above breaks, an additional	5%

### Surgical procedures benefit

Injury resulting in the following surgical procedures: Payable condition	Compensation as a percentage of the surgical procedures benefit limit shown in the Policy Schedule
1. Craniotomy	100%
2. Amputation of a limb	50%
3. Fracture of a limb requiring open reduction	50%
4. Dislocation requiring open reduction	50%
5. Any other surgical procedure carried out under a general anaesthetic	10%

### Disappearance benefit

If an insured person is travelling on a conveyance and:

- their means of transportation disappears, sinks or is wrecked; and
- their body has not been found within one year, or a coroner's report or police report has been issued confirming the presumption that they have died as a result of injury,

we will pay the death benefit.

If we have paid the disappearance benefit we will not pay for any other capital benefits as well.

If the insured person is later found to be alive then you must refund the amount we have paid.

## Section B – Weekly benefits – Injury

If you have chosen this cover it will be shown on your Policy Schedule.

### What we will pay

We will pay a weekly benefit of the amounts as set out in the compensation table in this section of the Policy in respect of an insured person if the payable conditions shown:

- occur during the period of insurance; and
- are a result of injury.

### What we will not pay

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

- directly or indirectly out of any pre-existing condition; or
- directly out of any illness;
- in respect of a person who is not an employee of the insured;
- the general and additional exclusions set out under 'When you are not covered' in this Policy may also affect your claim.

### Weekly benefit – Injury restrictions

- Any payable condition claimed must occur within 12 months of the date of injury.
- Successive periods of disablement:
  - > resulting from the same injury; and
  - > which are not separated by a return to active full-time employment for six months or more,
 will be considered as one period of disablement.
- Weekly benefits will be paid after the excluded period of claim has elapsed.
- We will continue to pay weekly benefits while the insured person suffers disablement up to a maximum of 104 weeks unless otherwise specified in the policy schedule.

The weekly benefit we pay will be:

- the amount shown in the compensation table in this section of the Policy; or
- the amount of the insured person's pre disability earnings which they have actually lost,

whichever is less, and will be reduced by weekly benefits paid or payable from any:

- statutory transport accident scheme; or
- statutory workers' compensation scheme; or
- income protection insurance.

If you receive a lump sum amount from the statutory transport accident scheme or statutory workers' compensation scheme which is a commutation of future lost income, we will reduce your benefit by the weekly amount you would have received had it not been paid as a lump sum.

## Compensation table – Weekly benefits – Injury

Injury resulting in: Payable condition	What we will pay: Compensation
1. Temporary total disablement (weekly benefit).	As per Policy Schedule.
2. Temporary partial disablement (weekly benefit).	30% of temporary total disablement.

## Section C – Weekly benefits – Illness

If you have chosen this cover it will be shown on your Policy Schedule.

### What we will pay

We will pay a weekly benefit of the amounts as set out in the compensation table in this section of the Policy in respect of an insured person if the payable conditions shown:

- occur during the period of insurance; and
- are a result of illness.

### What we will not pay

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

- directly or indirectly out of any pre-existing condition; or
- directly out of any injury; or
- in respect of a person who is not an employee of the insured.

The General and Additional exclusions set out under 'When you are not covered' in this Policy may also affect your claim.

### Weekly benefits – Illness restrictions

- Any payable condition claimed must occur within 12 months of the date of illness.
- Successive periods of disablement:
  - > resulting from the same illness; and
  - > which are not separated by a return to active full-time employment for six months or more,
 will be considered as one period of total disablement.
- Weekly benefits will be paid after the excluded period of claim has elapsed.
- We will continue to pay weekly benefits while the insured person suffers total disablement up to a maximum of 104 weeks.

The weekly benefit we pay will be:

- the amount shown in the compensation table; or
- the amount of the insured person's pre disability earnings which they have actually lost,

whichever is less, and will be reduced by weekly benefits paid or payable from any:

- statutory transport accident scheme; or
  - statutory workers' compensation scheme; or
  - income protection insurance.
- If you receive a lump sum amount from the statutory transport accident scheme or statutory workers' compensation scheme which is a commutation of future lost income, we will reduce your benefit by the weekly amount you would have received had it not been paid as a lump sum.

## Compensation table – Weekly benefits – Illness

Injury resulting in: Payable condition	Compensation
1. Temporary total disablement (weekly benefit).	As per Policy Schedule.
2. Temporary partial disablement (weekly benefit).	30% of temporary total disablement.

### Additional illness surgical procedures capital benefits

- Any payable condition claimed must occur within 12 months of the date of illness; and
- These additional benefits apply only if the insured person is entitled to receive illness weekly benefits; and
- The surgical procedures additional benefit can only be claimed when the illness occurs outside of Australia.

### Compensation table –surgical illness surgical procedures capital benefits

Illness resulting in the following surgical procedures: Payable condition	Compensation as a percentage of the surgical procedures benefit limit shown in the Policy Schedule
1. Open heart surgical procedure	100%
2. Brain surgery	50%
3. Abdominal surgery carried out under general anaesthetic	50%
4. Any other surgery carried out under a general anaesthetic	5%

## Section D - Benefit extensions

The following benefit extensions are covered by this Policy up to the amounts shown in the Policy Schedule. If a sum insured is not shown in the Policy Schedule then no cover applies for that benefit.

### Chauffeur benefit

If we pay you a claim for temporary partial disablement or temporary total disablement under either Section B or Section C of Section 2 - Group personal accident, we will also pay for expenses incurred for a chauffeur or taxi service to transport you between your usual place of residence and:

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

The maximum amount we will pay for all chauffeur or taxi services in relation to any one injury or illness is shown in the Policy Schedule.

### Coma benefit

If you suffer an injury during the operative time of the Policy which results in you being in a state of continuous unconsciousness, and a registered medical practitioner confirms in writing that the injury was the direct cause of your continuous unconsciousness, we will pay you or your legal representative a weekly benefit amount for each complete week that you remain unconscious.

The weekly amount we will pay, and the maximum number of weeks we will pay for while you remain unconscious, are shown on the Policy Schedule. Your entitlement to claim for the coma benefit will cease when your first regain consciousness or after you have remained continuously unconscious for the maximum number of weeks shown in the Policy schedule, whichever occurs first.

### Dependent child supplement

If you suffer an injury which results in a valid claim under Section A - Capital benefits of Section 2 - Group personal accident, payable condition 1 (death), we will also pay to your estate or legal representative an amount for each of your surviving dependent child, subject to a maximum benefit amount for any family.

The maximum amount we will pay for each dependent child, and in total for a family, are shown in the Policy Schedule.

### Guaranteed Payment

If you suffer an injury or an illness for which benefits are payable under Section B- Weekly Benefits- Injury or Section C- Weekly Benefits- Illness- Total Disablement of Section 2 - Group personal accident, we will immediately pay 12 weeks benefit provided that your medical practitioner certifies you will be disabled in excess of 26 weeks. The above 12 weeks benefit will be counted towards the maximum weekly benefit available under the policy.

### Independent financial advice

If you suffer an injury which results in a valid claim under Section A - Capital benefits of Section 2 - Group personal accident, payable conditions 1 to 15, we will, at the request of either you or your estate, pay an additional amount for costs incurred for independent financial advice, up to the maximum amount shown in the Policy Schedule.

This payment is conditional upon the advice being given by an independent financial adviser who is authorised and regulated by the Australian Securities and Investments Commission to provide this type of financial advice and who is not a Relative of the Insured Person. If the financial advice is obtained in a country other than Australia, the person who provides the advice must be a person who is authorised under relevant laws of that country to provide such financial advice.

### Lifestyle modification benefit

If you suffer an injury which results in a valid claim under Section A - Capital benefits of Section 2 - Group personal accident, payable conditions 2, 4, 5 or 7 we will also pay for the costs necessarily incurred by the insured person in modifying:

- their motor vehicle; or
- home; or
- in relocating to a suitable home,

up to a maximum limit shown in the Policy Schedule.

### Orphan benefit

If you suffer an injury which results in a valid claim under Section A - Capital benefits of Section 2 - Group personal accident, payable condition 1 (death), and your spouse/partner also dies as a result of injury caused by the same accident, we will also pay to your estate or legal representative an amount for each of your surviving dependent child, subject to a maximum benefit amount for any family.

The maximum amount we will pay for each dependent child, and in total for a family, are shown in the Policy Schedule.

### Partner retraining benefit

If you suffer an injury which results in a valid claim under Section A - Capital benefits of Section 2 - Group personal accident, payable condition 1 (death) or 2 (permanent total disablement) we will pay for expenses incurred in the training or retraining of your spouse/partner:

- for the purpose of obtaining gainful employment; or
- to improve their employment prospects; or
- to become your full-time carer.

Training must be provided by an institution recognised to provide such training and the cost incurred within 24 months from the date of your injury.

The maximum amount we will pay in total for all expenses incurred for partner retraining is shown in the Policy Schedule.

### Rehabilitation benefit

If you suffer an injury or an illness for which benefits are payable under Section B- Weekly Benefits- Injury or Section C- Weekly Benefits- Illness- Total Disablement of Section 2 - Group personal accident, we will pay, up to- the amount shown on the Policy schedule for the costs incurred by the insured person for their participation in a return-to-work program if the insured person's registered medical practitioner agrees that the program is likely to be beneficial in aiding the insured person's return to work.



## Section 3 – Corporate travel

This section of the Policy operates if it is noted on the Policy Schedule.

### What you are covered for

We will cover you and any insured person for the events set out in sections H to M, and in the additional covers. Please note that general exclusions and conditions apply to all of this Policy.

### Words with special meanings

Word or term	Meaning
Additional accommodation, meal and travelling expenses	reasonable expenses, over and above what the insured person expected to pay for accommodation, meals and travelling expenses had the journey gone ahead as planned.
Baggage	baggage means: <ul style="list-style-type: none"> <li>personal effects including luggage accompanying the insured person;</li> <li>business papers, plans, specifications and manuscripts;</li> <li>laptop computers, mobile telephones; cameras and video cameras;</li> <li>electronic business equipment.</li> </ul>
Electronic business equipment	any business equipment accompanying you during a journey which operates using batteries or electricity excluding laptops, cameras, video cameras and mobile telephones.
Illness	sickness or disease which first occurs during the period of insurance.
Injury	bodily injury resulting from an accident and which is not an illness and which: <ul style="list-style-type: none"> <li>occurs during the period of insurance; and</li> <li>within 12 months of the injury, results solely and independently of any other cause in the events covered under this Policy; and</li> <li>includes any condition resulting from exposure to the elements as a result of injury.</li> </ul>
Journey	authorised business travel: <ul style="list-style-type: none"> <li>commencing during the period of insurance;</li> <li>as shown in the Policy Schedule under time of operation of cover.</li> </ul>
Personal extortion	to intimidate by a threat or series of threats to kidnap, or cause bodily injury.
Temporary employment	employment during a journey which does not exceed 90 days.

Word or term	Meaning
Unattended	<ul style="list-style-type: none"> <li>left with a person you have not previously met; or</li> <li>intentionally or unintentionally left in a public place, in either an open or enclosed space, whereby an item:               <ul style="list-style-type: none"> <li>can be taken without your knowledge; or</li> <li>is at a distance from which you cannot prevent it being taken.</li> </ul> </li> </ul>

## Section H – Baggage and personal effects

### What we will pay

If during the period of insurance the insured person's Baggage is damaged, lost or stolen while on a journey we will pay the amounts shown in the Policy Schedule.

### What we will not pay

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

- baggage that is left unattended unless stored inside a securely locked building or stored out of sight inside a securely locked motor vehicle;
- baggage that is sent somewhere and won't be travelling with the insured person on the journey;
- sporting equipment while it is being used;
- furniture;
- brittle or fragile items;
- money;
- precious unset or uncut gemstones;
- normal wear and tear or damage arising from atmospheric or climatic conditions;
- items intended to be sold or dealt with for trade;
- items stolen or lost unless reported to police or other relevant authority as soon as reasonably possible following discovery of the theft or loss.

The general and additional exclusions set out under 'When you are not covered' in this Policy may also affect your claim.

### Compensation table – Baggage and personal effects

What needs to happen: Payable event	What we will pay: Compensation
The insured person's luggage is delayed, misdirected or misplaced by any carrier for more than eight hours.	The reasonable cost of the insured person having to buy essential clothing and personal items up to the amount shown on the policy schedule.
The insured person's business documents or samples are accidentally damaged, lost or stolen.	The reasonable cost of replacing the documents or samples, including the cost of delivery of replacements up to the amount shown on the policy schedule.
The insured person's baggage is accidentally damaged, lost or stolen.	Depending on the circumstances of the payable event, whichever is the lesser of the cost to: <p>For all items except laptop computers:</p> <ul style="list-style-type: none"> <li>• replace or repair or pay for the cost of replacement or repair to a condition equal to but not better than their condition when new.</li> </ul> <p>For laptop computers:</p> <ul style="list-style-type: none"> <li>• replace or repair, or pay for the cost of replacement or repair, to a condition equal to but not better than their condition when damaged or lost.</li> </ul>

What needs to happen: Payable event	What we will pay: Compensation
	In either case, up to the maximum shown on the Policy Schedule.

## Section I – Personal money, travellers cheques and credit cards

### What we will pay

If during the period of insurance the insured person's property, as described below is damaged, lost or stolen while on a journey we will pay the amounts as set out in the compensation table in this section of the Policy.

Property under this section is cash, travellers cheques, credit cards, passports and travel documents.

### What we will not pay

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

- cash unless carried by the insured person;
- loss of property from suitcases that have been left in accommodation rooms or motor vehicles or transported as checked baggage or forwarded as unaccompanied baggage;
- property stolen unless reported to police or other relevant authorities as soon as reasonably possible following discovery of the theft;
- confiscation by customs or other officials;
- losses due to devaluation in currency.

The general and additional exclusions set out under 'When you are not covered' in this Policy may also affect your claim.

### Compensation table – Personal money, travellers cheques and credit cards

What needs to happen: Payable event	What we will pay: Compensation
The insured person's money is lost or stolen.	As per Policy Schedule.
The insured person's credit cards or travellers cheques or travel documents are damaged, lost or stolen.	The reasonable cost of replacing the documents and any amounts that the insured person has to pay resulting from their illegal use up to the amount shown on the Policy Schedule.

## Section K – Kidnap and ransom and personal extortion

### What we will pay

We will pay the amounts as set out in the compensation table in this section of the Policy if the insured person is kidnapped or the insured person is subject to a personal extortion threat while on a journey.

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

### What we will not pay

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

- any kidnapping or personal extortion occurring in Mexico or any country located in Central or South America;
- if you or the insured person has had this type of insurance declined in the past for reasons specified to you or the insured person;
- if you or the insured person has had this type of insurance cancelled or issued with special conditions in the past for reasons specified to you or the insured person;
- if you or the insured person has had a kidnapping or attempted kidnapping in the past;
- if you or the insured person has had an extortion demand made against them in the past.

The general and additional exclusions set out under 'When you are not covered' in this Policy may also affect your claim.

### Special conditions

You must take all reasonable precautions to protect the confidentiality of this cover.

We will not act as an intermediary or negotiator for you or the insured person nor will we offer advice to you or the insured person on dealing with any kidnapper.

If the insured person is kidnapped you must:

- record the serial numbers of any currency paid to secure the insured person's release.

If the insured person has committed a fraudulent kidnapping, you will:

- reimburse us all moneys paid by us for that loss;
- do all things reasonably necessary to prosecute the insured person.

You will make every reasonable effort to notify the local law enforcement agency of the demand for ransom prior to the payment of the ransom monies and to comply with their recommendations and instructions.

## Compensation table – Kidnap and ransom

What needs to happen: Payable event	What we will pay: Compensation
The insured person is kidnapped.	Ransom money paid by you less any amounts recovered.  Expenses we consider reasonable that are incurred following receipt of a ransom demand.  Up to the maximum amount payable shown on the Policy schedule.

## Section L – Loss of travel deposits and additional expenses

### What we will pay

We will pay the amounts as set out in the compensation table in this section of the Policy if expenses in relation to the events stated in the compensation table:

- are incurred during the period of insurance.

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

The maximum for all claims arising from:

- Coronavirus disease (COVID-19);
- Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-Cov-2);
- any mutation of SARS-Cov-2;
- any fear or threat of (a), (b), or (c) above,

and occurring during any one period of insurance, whether involving one or more Insured Persons, is the amount shown on the Policy Schedule.

### What we will not pay

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

- disinclination to travel;
- travel plans made after a warning in the mass media of strike riot or bad weather;
- any medical condition for which the insured person or any other person on whom the journey depends:
  - is taking regular medication;
  - has required treatment or advice from a doctor, chiropractor, physiotherapist, naturopath, psychologist or psychiatrist in the 30 days before arrangements for each journey have been made;
- international border closures arising from:
  - Coronavirus disease (COVID-19);
  - Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-Cov-2);
  - any mutation of SARS-Cov-2;
  - any fear or threat of (a), (b), or (c) above.

The general and additional exclusions set out under 'When you are not covered' in this Policy may also affect your claim.

### Compensation table – Loss of travel deposits and additional expenses

What needs to happen: Payable event	What we will pay: Compensation
1. Delay or interruption to the journey in excess of 12 hours resulting in the insured person being prevented from reaching the scheduled destination as a result of aircraft hijacking.	\$250 per day and \$4,000 in total.

What needs to happen: Payable event	What we will pay: Compensation
2. Cancellation or curtailment of scheduled public transport services caused by strike, riot or civil commotion, flood or natural disaster.	Additional accommodation, meal and travelling expenses up to \$250 per day and \$2,500 in total.
3. Insured person is delayed as a result of something outside their control and the journey is shortened or cancelled.	<ul style="list-style-type: none"> <li>• Cancellation fees and lost deposits on prepaid tickets and bookings that cannot be claimed from anyone else; or</li> <li>• The reasonable cost of rearranging the journey provided that the cost is not greater than the cancellation fees and lost deposits which would have been incurred if the trip had been cancelled.</li> </ul> <p>The maximum benefit payable under the policy as shown on the policy schedule.</p>
4. Insured person's false arrest or wrongful detention during the period of insurance by any Government or foreign power.	Reimbursement of legal costs incurred up to \$20,000.
5. Insured person is delayed as a result of something outside their control and will be late arriving for a pre-planned business meeting, conference or event which cannot be delayed.	Cost of using alternative public transport to arrive at the destination on time, up to a maximum limit of \$1,000.
6. Passport or travel documents are lost and the journey is delayed.	Additional accommodation, meal and travelling expenses up to \$250 per day and \$2,500 in total.
7. Quarantine regulations are innocently broken and the journey is delayed.	Additional accommodation, meal and travelling expenses up to \$250 per day and \$2,500 in total.
8. The insured person's death or injury or illness providing it exceeds 14 days and a substitute employee completes the insured person's objective within Australia.	Reasonable additional accommodation, meal and travelling expenses.  The maximum benefit payable under the policy as shown in the policy schedule.

## Section M – Refund of excess following collision damage or theft

### What we will pay

We will pay the insured person up to the amount shown on the Policy Schedule following collision, damage or theft if, while on a journey, the insured person hires a rental vehicle; and as a result of the vehicle being:

- damaged;
- stolen; or
- involved in a collision.

The insured person is liable for refund or payment of an excess amount under the terms of the rental vehicle hiring agreement, or the motor vehicle insurance policy.

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

### What we will not pay

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

- if the insured person does not hold a valid driving licence;
- if the insured person uses the vehicle illegally;
- if the insured person is under the influence of intoxicating liquor or drugs unless they have been prescribed by a registered medical practitioner. We will regard a blood alcohol reading in excess of the area's legal limit as being under the influence of intoxicating liquor;
- if the vehicle is not rented from a licensed rental agency;
- if the insured person does not have motor insurance;
- you cause loss or damage to a rental vehicle while in breach of the provisions of the hiring agreement;
- there is no claimable event or excess payable under the motor vehicle insurance policy;
- if the motor vehicle is not in the control of the insured person.

The general and additional exclusions set out under 'When you are not covered' in this Policy may also affect your claim.

## Options you can choose for an additional premium

The following options may be obtained on application, and for an additional premium.

### 1. Environmental and natural disaster evacuation and political evacuation

This part of the Policy operates if it is noted in the Policy Schedule.

#### Environmental and natural disaster evacuation

This cover applies only if:

- the insured person is in a country outside Australia; and
- is in the aftermath of a natural disaster or environmental emergency situation; and

after we have consulted with you and any relevant governments the insured person:

- (who is not in need of medical attention) is at high risk if exposure to adverse local conditions continues; or
- is unable to adequately continue to lead a healthy lifestyle.

#### We will pay

If the situation will or is likely to continue for less than 30 days we will pay for arrangements necessary for the evacuation of the insured person to either:

- the nearest location outside the impacted area; or
- the nearest country which will accept the insured person.

At the conclusion of the situation, for the arrangements to return the insured person to their workplace via scheduled commercial airline or equivalent.

If the situation will or is likely to continue for more than 30 days, we will pay for arrangements necessary for the evacuation of the insured person to their home country.

#### We will not pay

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

- evacuation assistance or travel arrangements made independently by the insured person; or
- accommodation and living expenses of the insured person incurred following evacuation.

Our liability to pay any claim under this section of the Policy shall not commence until reasonable local measures to protect the health and safety of the insured person have been exhausted.

#### Maximum limits

The maximum we will pay under this part of the Policy is - the amount shown on the Policy schedule.

## Political evacuation

This cover applies only if while the insured person is on a journey in a country outside Australia and:

- officials in that country recommend that certain categories of persons which include the insured person should leave that country; or
- the insured person is expelled or declared persona non grata; or
- there is wholesale seizure, confiscation or expropriation of the insured person's property, plant or equipment.

#### We will pay

We will pay:

- the cost of the insured person's return to their home country or the nearest place of safety up to the cost of an economy class airfare for the same trip;
- the insured person's reasonable accommodation costs up to a maximum of \$500 per day for seven days if the insured person is unable to return to their home country.

#### We will not pay

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

- you or the insured person violating the laws or regulations of the country the insured person is in;
- the failure to produce or maintain immigration, work, residence or similar visas, permits or other documentation;
- debt, insolvency, commercial failure, repossession of property by a titleholder or any other financial cause;
- the failure to honour any contractual obligation or bond or to obey any conditions in a licence;
- the insured person being a national of the country the insured person is in;
- natural disasters;
- nuclear fuel or waste.

#### Maximum limits

The maximum we will pay under this part of the Policy is - the amount shown on the Policy schedule.

#### Exclusions which apply to this section

##### Things that are not covered by Section 3 of this Policy

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

- the failure of any travel agent, tour operator, accommodation provider, airline or other carrier, car rental agency or any other travel or tourism services provider to provide services or accommodation due to their insolvency or the insolvency of any person, company or organisation they deal with.

## When you are not covered

### General exclusions applying to this Policy

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

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

1. War, invasion, acts of foreign enemies, hostilities or war-like operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power.
2. Radioactivity or the use, existence or escape of any nuclear fuel, nuclear material, or nuclear waste or action of nuclear fission or fusion.

This Policy also excludes any loss, destruction, damage, death, injury, illness, liability, cost or expense of any nature directly or indirectly caused by, contributed to by, resulting from or arising out of or in connection with any action taken in controlling, preventing, suppressing, retaliating against, or responding to or in any way relating to 1 or 2 above.

### Sanctions limitation and exclusion

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

### Laws impacting cover

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

### Additional exclusions applying to this Policy

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

1. intentional self-injury or suicide or any attempt at suicide;
2. flying or other aerial activity unless as a passenger in a properly licensed aircraft;
3. the insured person's criminal or illegal act;
4. alcoholism and drug addiction except as provided under Section A - Corporate medical expenses, Part A Hospital expenses - In Patient/Day Patient treatment at mental institutions, alcohol or drug addiction facilities;
5. if the insured person is under the influence of intoxicating liquor or drugs unless they have been prescribed by a registered medical practitioner;
6. participating in or training for any professional sport;
7. expenses recoverable by you or the insured person from any other source such as Workers' Compensation, or any other statutory scheme, or Medicare, or private health insurance.

We will not pay any benefit, if its payment would constitute the carrying on of a 'Health Insurance Business' as defined under the *Private Health Insurance Act 2007* (Cth) or any succeeding legislation to that Act.

### Age limit applying to this Policy

We will not pay for any claim under any section of the Policy if the insured person is over 70 years of age unless specified otherwise in Policy Schedule.



## General conditions

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

### Aggregate limit

This Policy is subject to an aggregate limit. The aggregate limit is the maximum amount we will pay for all claims arising out of any one event or occurrence. The aggregate limit for this Policy is set out in the Policy Schedule.

If the aggregate limit is not enough to pay all claims in full, then we'll reduce the amount we pay for each claim proportionately.

### Changing your Policy

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

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

### Other interests

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

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

### Cancelling your Policy

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

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

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

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

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

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

### Contribution and other insurance

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

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

## Sending you documents

Documents relating to your insurance policy will be sent by post or email. Where you have been given the choice, they will be sent by your chosen delivery method and you can change your preference at any time.

It is your responsibility to make sure your contact details are current (including telephone number, email and mailing address where relevant) and you must update these as soon as they change.

### Preventing our right of recovery

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

### References to legislation

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

## Claims

### What you must do after an incident

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

1. If anything happens that is likely to lead to a claim you or the insured person must:
  - follow medical advice from a registered medical practitioner as soon as possible after sustaining injury or illness;
  - give us notice as soon as possible in writing, by telephone or in person describing the occurrence;
  - fully complete our claim form and return it to us within 30 days, or as soon as reasonably possible after a payable condition occurs;
  - at our expense undergo any medical examination by a doctor appointed by us if we reasonably require it; and
  - provide us with any relevant information about the claim we ask for including, but not limited to:
    - > reports from police, transport provider hotel or other authority;
    - > reports or certificates from a registered medical practitioner;
    - > accounts and receipts;
    - > valuations and proof of ownership;
    - > letters and notices you receive from anyone else about your claim.
2. You and the insured person must give us written notice as soon as reasonably possible of every claim, writ, summons or proceedings, including any prosecution or inquest, and all relevant information in regard to matters which may lead to liability under this Policy.
3. As soon as an event that can justify a claim occurs, you or the insured person must make reasonable endeavours to minimise the loss, damage or liability.
4. We may refuse to protect the insured person if you or the insured person admits fault, makes any offer of payment or defends a claim in court without our consent (which will not be unreasonably withheld).
5. We will pay benefits to you or to the insured person unless you instruct us to do otherwise.

### How claims administration and legal proceedings are undertaken

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

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

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

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

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

### What can affect a claim

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

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

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

This policy has an aggregate limit any one event. If the aggregate limit is not enough to pay all claims in full, then we'll reduce the amount we pay for each claim proportionately. We may refuse to pay or to reduce the amount of a claim if:

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

