

Corporate Travel and Personal Accident Insurance

Product Disclosure Statement
(including Policy Wording)

Preparation Date: 16 May 2011



Allianz 

Table of Contents

2	About this Product Disclosure Statement
5	Words with Special Meanings
7	Important Matters
12	Your Policy Cover
13	Section 1 – Personal Accident
17	Section 2 – Overseas Medical Expenses and Emergency Assistance
18	Section 3 – Additional Expenses
20	Section 4 – Luggage and Personal Effects (including Travel Documents, Credit Cards, Travellers' Cheques and Money)
22	Section 5 – Cancellation Fees and Lost Deposits
23	Section 6 – Kidnap, Hijack, Detention, Extortion and Ransom
25	Section 7 – Extra Territorial Workers' Compensation
26	Section 8 – Rental Vehicle Excess
27	Section 9 – Alternative Employee Expenses
28	Section 10 – Personal Liability
29	Section 11 – Evacuation Cover and Personal Safety
30	Section 12 – Business Travellers Family Assistance
31	Section 13 – Home Insurance and Motor Vehicle Insurance Excess Reimbursement
32	Section 14 – Life Insurance
33	General Exclusions Applying to Sections 1 to 13
34	Terrorism Exclusion
35	Claims
37	Contact Details

About this Product Disclosure Statement (PDS)

This Policy Wording and Product Disclosure Statement (PDS) is a document required by the Corporations Act 2001 (Cth) and contains information designed to help you decide whether to buy the Policy.

This PDS sets out the features and benefits of the cover this insurance can provide and the limits, conditions and exclusions which apply.

You should read it carefully before making a decision to purchase this insurance.

It will help you to:

- decide whether this insurance will meet your needs; and
- compare it with other products you may be considering.

Please note that any recommendation or opinion in this document is of a general nature only and does not take into account your objectives, financial situation or needs.

Where we agree to enter into a policy with you it is a contract of insurance between us and you (the Insured).

The Policy consists of:

- this document which sets out the standard terms of cover and its limitations;
- your Certificate of Insurance. The Certificate of Insurance is a separate document, which shows the insurance details relevant to you and the Insured Persons. It may include additional terms, conditions, exclusions and limitations that amend the standard terms of this document; and
- any other change to the terms of the Policy otherwise advised by us in writing (such as an endorsement). These written changes may vary or modify the above documents.

These are all important documents and should be carefully read together and kept in a safe place for future reference.

We provide the cover specified in the Policy subject to its terms, conditions, exclusions and limitations.

We reserve the right to change the terms of this insurance where permitted to do so by law.

You are required to comply with the terms and conditions of the Policy. Please remember that if you do not comply with any term or condition, we may (unless

prohibited by the law) decline or reduce any claim payment and/or cancel your Policy.

How cover is provided under this insurance

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

Access to this insurance is provided to Insured Persons (other than you) solely by reason of the provisions of the Insurance Contracts Act 1984 (Cth). Insured Persons do not enter into any agreement with us, for example they have no rights to cancel or vary the Policy.

When we enter into the Policy with you, we agree to also provide cover to such persons that fall within the class of persons agreed between us and you and specified in the Certificate of Insurance. A person will become an Insured Person when the person falls within the agreed class of persons.

Neither we nor the Insured hold anything on trust or for the benefit or on behalf of such Insured Persons under the Policy. The Insured does not act on behalf of the Insurer or Insured Persons in relation to the insurance or hold an Australian Financial Services Licence and is not authorised to provide any recommendations or opinions about the insurance or to otherwise provide financial product advice.

We do not provide any notices in relation to the Policy to Insured Persons. Anyone wishing to access the insurance covers under the Policy as an Insured Person should consider obtaining financial product advice about it from a person who is licensed to give such advice. To confirm access to the cover and currency of the Policy contact us on the contact details provided.

Understanding the Policy and its important terms and conditions

To properly understand the Policy's significant features, benefits and risks please carefully read this PDS, in particular:

- "Words with Special Meanings" (page 5) – it sets out what we mean by certain words used in the Policy;
- "Important Matters" (pages 7–11) – this contains important information on applicable Excesses, the period of cover and extensions of cover, the cooling-off period, your Duty of Disclosure (including how the Duty applies to you and what happens if you breach the Duty), our privacy notice, dispute resolution process, compensation arrangements, when an Insured Person can choose their own doctor, when to contact Allianz Global Assistance concerning 24 hour medical assistance, overseas hospitalisation or medical evacuation, and more;
- "Policy Cover" (page 12) – which sets out the general terms, conditions, exclusions and limitations that apply to all covers and benefits and in particular the benefit limits provided under Section 1 – Personal Accident in the "Table of Benefits" pages 13–14 and in the Certificate of Insurance for all Sections and when we will pay a claim under each Section applicable to the cover you choose;
- when we will not pay a claim and any specific conditions you must comply with under each Section applicable to the cover you choose ("Your Policy Cover" page 12), "General Exclusions Applying to Sections 1-13" on page 33 and "Terrorism Exclusion" on page 34 (this restricts the cover, Benefit Limits and benefits);
- "Claims" (pages 35–36) – this sets out certain obligations that you, an Insured Person and we have in relation to claims made under the Policy. If you or an Insured Person do not meet them, we may refuse to pay a claim; and
- your Certificate of Insurance and any endorsements which may vary the standard terms, limits, conditions and exclusions of this document.

Some words have special meanings

Certain words used in the Policy have special meanings. The "Words with special meanings" section of this document on pages 5–6 contains such terms. In some cases, certain words may be given a special meaning in a particular Section of the Policy when used or in the other documents making up the Policy.

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

Applying for cover

When you apply for cover under this insurance by completing an application, we or our representative will confirm with you matters including the following:

- the number of Insured Persons;
- the Period of Insurance;
- details of the authorised business travel;
- the Sections selected;
- your industry type;
- the Excesses that will apply;
- whether any standard terms need to be varied (this may be by way of an endorsement);
- your prior claims history; and
- your premium.

Key details will be recorded on the Certificate of Insurance issued to you when we agree to enter into a Policy with you.

We provide the cover specified in the Policy subject to its terms, conditions, exclusions and limitations. You need to decide if the benefit limits, type and level of cover and Aggregate Limit of Liability are appropriate for you and will cover your potential loss.

If you have any queries, want further information about the Policy or want to confirm a transaction, please use the contact details provided in this document.

When does cover under the Policy begin and end?

Cover commences when you are issued with a Certificate of Insurance, which forms part of your Policy and continues for the Period of Insurance. The Period of Insurance you are insured for is set out on the Certificate of Insurance.

However:

- the cover for cancellation fees and lost deposits begins from the time the Policy is issued; and
- the cover for all other Policy Sections begins on the Date of Departure of the relevant Insured Person.

An Insured Person's access to cover will:

- commence on the Insured Person's Date of Departure; and
- end when:
 - the Period of Insurance ends (i.e. when the Policy expires or the Policy otherwise ends earlier (e.g. cancellation));
 - the Insured Person returns to the Point of Departure and completes their Journey; or
 - the person no longer falls within the definition of Insured Person (i.e. you notify us in writing that the person no longer falls within the class of persons agreed with you and specified in the Certificate of Insurance).

About your premium

You will be told the premium payable for the Policy when you apply. It is based on a number of factors such as the number of Insured Persons, the Period of Insurance, the Sections covered, the length of the travel and the destinations. The higher the risk, the higher the premium is.

Your premium also includes amounts that take into account our obligation to pay any relevant compulsory government charges, taxes or levies (e.g. Stamp Duty and GST) in relation to the Policy. These amounts are included on your Certificate of Insurance as part of the total premium.

Minimum premiums may apply. In some cases, a discount may apply if you meet certain criteria we set. Any discounts/entitlements only apply to the extent any minimum premium is not reached. Any discounts will be applied to the base premium calculated prior to any taxes being added.

Cooling-off period

Even after you have purchased the Policy, you have cooling-off rights (see page 8 of "Important Matters" for details).

Who is the insurer?

Sections 1 to 13 are underwritten by Allianz Australia Insurance Limited (Allianz) ABN 15 000 122 850 AFS Licence No. 234708. Any such covers issued together form a general insurance policy.

Section 14 is underwritten by Allianz Australia Life Insurance Limited (Allianz Life) ABN 27 076 033 782 AFS Licence No. 296559. Any such cover issued forms a life insurance policy in its own right.

Each insurer takes full responsibility for the whole of the PDS. However, each only insures you for the cover they are responsible for as specified above and has no responsibility for the obligations of the other insurer.

This PDS covers two separate financial products issued by two insurers. A reference to the "Policy" is a reference to each of the above policies entered into with you where relevant.

Who is ETI Australia Pty Ltd?

ETI Australia Pty Ltd ABN 52 097 227 177 AFS Licence No. 245631 trading as Allianz Global Assistance has been authorised by:

- Allianz, in relation to Sections 1 to 13 of the Policy, to act under a binder in entering into and arranging the general insurance policy and in dealing with and settling any claims under these sections as if it were Allianz; and
- Allianz Life, in relation to Section 14 of the Policy, to act under a binder in entering into and arranging the life insurance policy as if it were Allianz Life.

Who is Allianz Global Assistance?

Allianz Global Assistance administers all emergency assistance services and benefits of this insurance. You may contact Allianz Global Assistance in an emergency 24 hours a day, 7 days a week.

Updating the PDS

We may need to update this PDS from time to time if certain changes occur as required and permitted by law. We will issue you with a new PDS or supplementary PDS to update the relevant information, except in limited cases.

Where the information is not something that would be materially adverse from the point of view of a reasonable person considering whether to buy this product, we may issue you with notice of this information in other forms or keep an internal record of such changes (you can get a paper copy free of charge by calling us).

Preparation date

The preparation date of this PDS is 16 May 2011.

Words with special meanings

Some words used in this PDS have a special meaning. Words defined in a particular Section have the meaning set out in the definition contained in that Section. Otherwise, when these words are used they have the meaning set out below:

“Aggregate Limit of Liability” means the maximum amount payable for all claims by any one or all Insured Persons combined under the Policy in any one Period of Insurance as set out in the Certificate of Insurance under the heading “Aggregate Limit of Liability”.

“Benefit Limit” means the maximum we will pay for a claim under the relevant section of the Policy as set out in the Certificate of Insurance.

“Certificate of Insurance” means the current Certificate of Insurance we give you, including on renewal or variation of the Policy.

“Country of Residence” means the country in which the Insured Person normally resides and of which the Insured Person is considered to be a resident. It is normally the country from which the Insured Person departed in order to commence the Journey, or is the country to which the Insured Person will be expected to return to following the completion of the Journey.

“Date of Departure” means the date upon which an Insured Person leaves their Point of Departure to commence the Journey.

“Dependant” means any unmarried, dependent children, stepchildren or legally adopted children of the Insured Person who are living with the Insured Person and who are under 19 years of age or under 25 years of age if they are a full-time student and primarily dependent on the Insured Person for maintenance and support.

“Excess” means the first amount of each and every claim we do not pay which you or an Insured Person is required to bear themselves as stated in your Certificate of Insurance either expressed as a monetary amount or a percentage of the loss.

“Family” means the Insured Person’s spouse (or legally recognised de facto) and any Dependants.

“Injury” means a bodily injury resulting solely or directly from accidental and external means that occurs during the Insured Person’s Period of Cover.

“Insured Person” means any person who falls within the class of persons agreed between us and you and specified in the Certificate of Insurance to be covered for the insurance cover selected by you.

“Journey” means the authorised business travel as described in the Certificate of Insurance undertaken by an Insured Person during the Insured Person’s Period of Cover. The maximum period of any one Journey is 6 months.

“Medical Practitioner” means a legally qualified and registered medical practitioner acting within the scope of their registration and pursuant to the relevant laws.

“Period of Cover” means the period:

- a) commencing from
 - i) the start of the Period of Insurance; or
 - ii) the Date of Departure of the Insured Person;whichever is the later; and
- b) ending at the earlier of the:
 - i) end of the Period of Insurance;
 - ii) date the Policy was cancelled;
 - iii) date the Insured Person returns to the Point of Departure and completes their Journey; or
 - iv) date the person no longer falls within the definition of Insured Person (i.e. the date upon which you notify us in writing that the person no longer falls within the class of persons agreed between us and you and specified in the Certificate of Insurance).

“Period of Insurance” means the period we insure you for under the Policy. The Period of Insurance is set out in your Certificate of Insurance.

“Point of Departure” means the Insured Person’s usual place of residence from which the Insured Person departs to commence the Journey.

“Policy” means this document, your Certificate of Insurance and any other change to the terms of the Policy otherwise advised by us in writing (such as an endorsement).

“Pre-existing Medical Condition” means:

- a) An ongoing medical or dental condition of which an Insured Person is aware (or a reasonable person in the circumstances of the Insured Person would

have been aware of), or related complication an Insured Person has, or the symptoms of which an Insured Person is aware (or a reasonable person in the circumstances of the Insured Person would have been aware of), prior to the commencement of the Insured Person's relevant period of cover (e.g if an Insured Person becomes aware of a condition (or a reasonable person in the circumstances of the Insured Person would have been aware of) after a Journey it will be a Pre-existing Medical Condition for the purposes of claims made in relation to all subsequent Journeys).

- b) A medical or dental condition that is being, or has been investigated, or treated by a Medical Practitioner (including dentist or chiropractor) at any time in the past but prior to the person becoming an Insured Person under the Policy;
- c) Any condition for which an Insured Person has taken, or is recommended by a Medical Practitioner to take, prescribed medicine prior to the person becoming an Insured Person under the Policy;
- d) Any condition for which an Insured Person has had, or is recommended by a Medical Practitioner to have, surgery prior to the person becoming an Insured Person under the Policy;
- e) Any condition for which an Insured Person has seen a medical specialist or in relation to which a person has received a recommendation by a Medical Practitioner to see a specialist, prior to the person becoming an Insured Person; or
- f) Pregnancy where the Insured Person fell pregnant prior to the person becoming an Insured Person.

"Professional Sport" means any sport where payment (including prize money, a grant, sponsorship or a scholarship) or other benefit, financial or otherwise, is directly or indirectly received for utilising an Insured Person's skills with a view to receiving a payment or other benefit. This includes a payment or other benefit received for playing or participating (including coaching, instructing, officiating or appearing) in a sport on a full-time, part-time or casual basis, regardless of whether the payment or other financial benefit qualifies as assessable income for taxation purposes in the Insured Person's Country of Residence or the country where it is made.

"Relative" means the Insured Person's spouse, de facto partner, parent, parent-in-law, grandparent, step-parent, child, step-child, grandchild, brother, brother-in-law, sister, sister-in-law, daughter-in-law, son-in-law, fiancé, fiancée, half-brother or half-sister.

"Sickness" means an illness or disease which first occurs or manifests itself during a Journey.

"We", "Our" and "Us" means Allianz Australia Insurance Limited (Allianz) and Allianz Australia Life Insurance Limited (Allianz Life) except in relation to Sections 1 to 13 where "we", "our" and "us" means Allianz and in relation to Section 14 where "we", "our" and "us" means Allianz Life.

"You", "Insured" and "Your" means the insured named in the Certificate of Insurance.

Important matters

About the available covers

Cover is available under the following 14 Sections (Note: this is a limited summary only – please refer to the relevant Sections for full details, relevant limits and specific conditions and exclusions that apply):

Section 1 – Personal Accident

Section 2 – Overseas Medical Expenses and Emergency Assistance

Section 3 – Additional Expenses

Section 4 – Luggage and Personal Effects (including Travel Documents, Credit Cards, Travellers' Cheques and Money)

Section 5 – Cancellation Fees and Lost Deposits

Section 6 – Kidnap, Hijack, Detention, Extortion and Ransom

Section 7 – Extra Territorial Workers' Compensation

Section 8 – Rental Vehicle Excess

Section 9 – Alternative Employee Expenses

Section 10 – Personal Liability

Section 11 – Evacuation Cover and Personal Safety

Section 12 – Business Travellers Family Assistance

Section 13 – Home Insurance and Motor Vehicle Insurance Excess Reimbursement

Section 14 – Life Insurance

Cover is provided for you and the Insured Persons while they are travelling.

Age Limits

Age limits are as at the date of commencement of the Period of Insurance.

Sections 1 to 13

Available to persons 85 years of age and under.

If you choose cover under Section 1 (Personal Accident), then the compensation paid if the Insured Person is under 19 years of age for Insured Events 1 to 19 will be 10% of the Benefit Limit set out in the Certificate of Insurance unless otherwise specified.

Section 14

Available to persons 65 years of age and under.

The most we will pay

When you choose the cover you want under the Policy, you must also choose a Benefit Limit for each section of the Policy you have selected (except for Section 12, which has a limit of \$5,000 per dependant to a maximum of \$15,000 and Section 14 which has a maximum Benefit Limit of \$50,000). The maximum we will pay for a claim under a Section of the Policy is the Benefit Limit shown for that Section as set out in the Certificate of Insurance.

The most we will pay in total for all claims under this Policy during the Period of Cover is set out under the heading "Aggregate Limit of Liability" on the Certificate of Insurance.

The Aggregate Limit of Liability does not apply to Section 2 (Overseas Medical Expenses and Emergency Assistance) or Section 10 (Personal Liability). Once we have paid you the Aggregate Limit of Liability, you must pay us a further premium to reinstate the cover under the Policy.

It is important that you ensure that you have selected amounts which provide you with sufficient protection for your needs.

Emergency medical assistance

Allianz Global Assistance, part of the Allianz Group, is the global leader in emergency assistance services and travel insurance. Established in Europe 60 years ago, this group helps more than 700,000 people worldwide each year with emergency medical assistance, repatriation and evacuation services.

In Australia, their team of dedicated doctors, nurses and case managers—overseen by a highly skilled Chief Medical Officer and specialist emergency physicians—offers world-class medical care to people in need 24 hours a day, seven days a week, 365 days a year.

Worldwide, Allianz Global Assistance has more than 500 doctors and medically trained employees operating in 28 countries. Supporting them is a global network of multilingual travel and medical assistance specialists, certified service providers and international correspondents. Combining this global reach and local knowledge, Allianz Global Assistance is able to provide

high quality, responsive medical care to customers anywhere around the world.

Allianz Global Assistance can assist you with:

- assessing and managing your medical care while overseas
- emergency medical evacuation and repatriation home
- assistance with travel and accommodation
- locating the nearest embassy or consulate
- accessing interpreters in non-English speaking hospitals
- placing a guarantee of payment for hospital expenses and medical bills
- relaying messages to family members and your employer.

Safeguarding Luggage and Personal Effects

The Insured Person must take all reasonable precautions for the safety and supervision of any Luggage and Personal Effects. If they do not take such reasonable precautions, then we will not pay the claim.

For an explanation of what we mean by “Luggage and Personal Effects”, see page 21.

Physical examination and autopsy

We may at our expense conduct any medical examination or examinations of any Insured Person or arrange at our own expense for an autopsy to be carried out.

Basis on which we provide insurance under the Policy

We agree to insure you and an Insured Person:

- based on the information provided by you (whether in the application form or otherwise) and subject to the payment of the required premium by the required date; and
- in accordance with the terms, conditions, exclusions and limitations of the Policy.

The Policy contains 14 Sections. Cover is provided to an Insured Person under the Section(s) chosen by you as indicated in your Certificate of Insurance.

We agree to provide cover to persons who fall within the definition of Insured Persons. Such cover will be subject

to the terms, conditions, exclusions and limitations set out in the Policy.

No cover for Health Insurance Business

The Policy does not cover any event or occurrence where providing such cover would result in us contravening the Health Insurance Act 1973 (Cth), the Private Health Insurance Act 2007 (Cth) or the National Health Act 1953 (Cth).

Cooling-off period and cancellation

If you decide that you do not want the Policy, you may cancel it within 21 days after you are issued your Certificate of Insurance and PDS. You will be given a full refund of the premium you paid, provided no Insured Person has started their Journey, no claim has been made under the Policy or you have not exercised any other right under the Policy.

After this period you can still cancel the Policy by giving us notice in writing. We will retain a proportion of the premium calculated at pro rata rates for the time the Policy has been in force, provided no claim has already been made.

We may cancel the Policy in accordance with the provisions of the Insurance Contracts Act 1984 (Cth).

If you or we cancel the Policy we may deduct a pro rata proportion of the premium for time on risk, reasonable administrative and transaction costs related to the acquisition and termination of the Policy we incur and any government taxes or duties we cannot recover, provided no claim has been made under the Policy.

Renewal Procedure

Before the Policy expires we will advise you whether we intend to offer renewal and if so on what terms.

This document also applies for any offer of renewal we may make unless we tell you otherwise.

It is important that you check the information shown before renewing each year to satisfy yourself that the details are correct, and advise us of travel to be taken during the period of cover. In particular, check the Benefit Limit amounts and Excess(es) applicable and to ensure the levels of cover are appropriate for you.

At the end of each annual period, premiums may be

adjusted based on the actual number of trips taken.

Please note that you need to comply with your Duty of Disclosure before each renewal (see below).

Confirmation of cover

To confirm any policy transaction (if the Certificate of Insurance does not have all the information you require), call Allianz Global Assistance.

Jurisdiction and choice of law

The Policy is governed by and construed in accordance with the law of Queensland, Australia and you agree to submit to the exclusive jurisdiction of the courts of Queensland. You agree that it is your intention that this Jurisdiction and Choice of Law clause applies.

Your Duty of Disclosure

Before you enter into the Policy with us, the Insurance Contracts Act 1984 (Cth) requires you to provide us with the information we need to enable us to decide whether and on what terms your application for insurance is acceptable and to calculate how much premium is required for the Policy.

You will be asked various questions when you first apply for your policy. When you answer these questions, you must:

- give us honest and complete answers;
- tell us everything you know; and
- tell us everything that a reasonable person in the circumstances could be expected to tell us.

The duty applies until the Policy is entered into or where relevant, renewed, extended, varied or reinstated (Relevant Time). If anything changes between the time you provide answers or make disclosure and the Relevant Time, you need to tell Us.

Your Duty of Disclosure when you renew the Policy

When you renew the Policy, your duty is to tell us before the renewal is made, every matter which:

- you know; or
- a reasonable person in the circumstances could be expected to know,

is relevant to our decision whether to insure you and whether any special conditions need to apply to the Policy.

What you do not need to tell us for either duty

You do not need to tell us about any matter that:

- diminishes our risk;
- is of common knowledge;
- we know or should know as an insurer; or
- we tell you we do not need to know.

Who does the Duty apply to?

The duty of disclosure applies to you and everyone that is an Insured Person under the Policy. If you provide information for an Insured Person, it is as if they provided it to us.

What happens if the duty is breached?

If the duty of disclosure is not complied with, we may cancel the Policy and/or reduce the amount we pay if you make a claim. If fraud is involved, we may treat the Policy as if it never existed and pay nothing.

General Insurance Code of Practice

The General Insurance Code of Practice was developed by the Insurance Council of Australia to further raise standards of practice and service across the insurance industry through promoting better communication between insurers and customers and outlining a standard of practise and service to be met by insurers.

We keenly support the standards set out in the Code. You can obtain more information on the Code of Practice and how it assists you by contacting Allianz Global Assistance on 1300 725 154.

Dispute resolution process

If you have a complaint or dispute in relation to this insurance, or the services of ETI Australia, Allianz Global Assistance or its representatives, please call Allianz Global Assistance on 1800 761 173, or put the complaint in writing and send it to The Dispute Resolution Department, PO Box 162, Toowong, Queensland 4066.

Allianz Global Assistance will attempt to resolve the matter in accordance with its Internal Dispute Resolution process. To obtain a copy of Allianz Global Assistance's procedures, please contact them.

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

Financial Ombudsman Service Limited (FOS)

GPO Box 3, Melbourne VIC 3001

Phone: 1300 780 808

Fax: (03) 9613 6399

Website: www.fos.org.au

Email: info@fos.org.au

Privacy notice

To arrange and manage your travel insurance, we (in this Privacy Notice "we", "our" and "us" includes ETI Australia Pty Ltd, its authorised representatives and distributors and Allianz Global Assistance) collect personal information from you and others (including those authorised by you such as your doctors, hospitals and persons whom we consider necessary).

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

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

information for such secondary purpose.

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

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

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

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

If you do not agree to the above or will not provide us with personal information, we may not be able to provide you with our services or products or may not be able to process your application or issue you with a policy. In cases where we do not agree to give you access to some personal information, we will give you reasons why.

Compensation arrangements

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

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

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

entitled to payment under the Scheme (access to the Scheme is subject to eligibility criteria). Information about the Scheme can be obtained from the APRA website at <http://www.apra.gov.au> and the APRA hotline on 1300 13 10 60.

An Insured Person can choose their own doctor

If an Insured Person has cover under Section 2 – Overseas Medical Expenses and Emergency Assistance, they are free to choose their own Medical Practitioner registered in the place where they receive the services or we can appoint a Medical Practitioner approved by us to provide the required services to the Insured Person.

An Insured Person must, however, advise Allianz Global Assistance of admittance to hospital or early return to Australia based on written medical advice.

If an Insured Person does not get the medical treatment they expect, Allianz Global Assistance can assist them, but Allianz, Allianz Global Assistance and ETI Australia Pty Ltd are not liable for anything that results from that.

Excess

We will not pay the first Excess amount you have chosen for each claim as set out on your Certificate of Insurance.

In the event of a claim

Immediate notice should be given to Allianz Global Assistance.

PLEASE NOTE: For claims purposes, evidence of the value of the property insured or the amount of any loss must be kept. We will not be responsible for any payments under the Policy unless this form is fully completed and returned. Any costs involved in the collection of information for the form are your responsibility.

Refer to the “Claims” section of the PDS on page 35 for further information.

Claims processing

We will process your claim within 10 business days of receiving the completed claim form and all necessary documentation. If we need additional information, a written notification will be sent to you within 10 business days.

Policy Cover

This part of the PDS outlines what We Will Pay and what We Will Not Pay under each Section in the event of a claim. Specific conditions also apply to Sections 1, 4, 6, 7, 8 and 13 – if you do not comply with them we may decline the claim.

You must also check “General Exclusions Applicable to all Sections” on page 33 and “Terrorism Exclusion” on page 34 for other reasons why we will not make a payment in the event of a claim.

See “Words with Special Meanings” on pages 5 to 6 for the meanings of words that apply throughout this PDS unless those words are defined in a particular Section in which case they will have the meaning set out in the definition contained in that Section.

Section 1 – Personal accident

1.1 We Will Pay:

If an Insured Person during a Journey:

- a) sustains an Injury which directly results in any Injury Event set out in the Table of Benefits and the Event occurs within 12 consecutive calendar months of the Injury; or
- b) suffers a Sickness which continues for a period of at least 7 days from date treatment is first sought from

a Medical Practitioner and which results directly within 12 consecutive calendar months of the Sickness in Temporary Total Disablement (Event 23 of the Table of Benefits),

We will pay the Insured Person the Benefit Limit specified for the relevant Event set out in the Table of Benefits, subject to the other terms, conditions and exclusions of the Policy.

Table of Benefits

Events	Benefit Limit
<i>being the amount specified below or the percentage specified below of the Benefit Limit shown in the Certificate of Insurance subject to any maximum amount specified below</i>	
Injury Events	
1 Accidental death	100%
2 Permanent Total Disablement	100%
3 Permanent and incurable paralysis of all limbs	100%
4 Permanent Total Loss of sight of both eyes	100%
5 Permanent Total Loss of sight of one eye	100%
6 Permanent Total Loss of use of two limbs	100%
7 Permanent Total Loss of use of one limb	100%
8 Permanent and incurable insanity	100%
9 Permanent Total Loss of hearing in: a. both ears b. one ear	100% 50%
10 Permanent Total Loss of four fingers and thumb of either hand	80%
11 Permanent Total Loss of the lens of one eye	60%
12 Permanent Total Loss of use of four fingers of either hand	50%
13 Third degree burns and/or resultant disfigurement which covers more than 40% of the entire external body	50%
14 Permanent Total Loss of use of one thumb of either hand a. both joints b. one joint	30% 15%

15	Permanent Total Loss of use of fingers of either hand a. three joints b. two joints c. one joint	10% 8% 5%
16	Permanent Total Loss of use of toes of either foot a. all -one foot b. great -both joints c. great -one joint d. other than great, each toe	15% 5% 3% 1%
17	fractured leg or patella with established non-union	10%
18	shortening of leg by at least 5cm	7.5%
19	Permanent Total Disablement not otherwise provided for under Events 9 to 18	The percentage of the Benefit Limit we determine as being consistent with the compensation provided under Events 9 to 18. The maximum amount payable is \$50,000.
20	Temporary Total Disablement caused directly and solely by Injury	During the disablement, the Weekly Compensation as specified in the Certificate of Insurance or Salary whichever is the lesser for a maximum period of 104 weeks.
21	Temporary Partial Disablement caused directly and solely by Injury	40% of the amount payable for Event 20 for a maximum period of 104 weeks.
22	broken none benefits – Injury a. Neck or spine (full break) b. Hip, pelvis c. Skull, shoulder blade d. Collar bone, upper leg e. Upper arm, kneecap, forearm, elbow f. Lower leg, jaw, wrist, cheek, ankle, hand, foot g. Ribs h. Finger, thumb, toe maximum compensation any one accident	\$10,000 \$5,000 \$3,000 \$2,000 \$2,000 \$1,000 \$500 \$500 \$10,000
Sickness Events		
23	Temporary Total Disablement caused directly and solely by Sickness	During the disablement, the Weekly Compensation as specified or Salary whichever is the lesser for a maximum period of 104 weeks.
24	Temporary Partial Disablement caused directly and solely by Sickness	40% of the amount payable for Event 23 for a maximum period of 104 weeks.

Additional benefits

Exposure

If as a result of an Injury occurring during an Insured Person's Journey, the Insured Person is exposed to the elements and that exposure directly results in any Event set out in the Table of Benefits within 12 consecutive calendar months of the Injury, We will pay the Insured Person the Capital Benefit specified for the relevant Event set out in the Table of Benefits, subject to the other terms, conditions and exclusions of the Policy.

Disappearance

If an Insured Person disappears following the disappearance, sinking or wrecking of a conveyance in which he or she was then travelling and his or her body is not found within 12 consecutive calendar months after the date of disappearance, We will pay the Capital Benefit for Accidental Death Benefit (Event 1) on the basis that the Insured Person died as a direct result of an Injury at the time of the disappearance, sinking or wrecking of the conveyance.

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

Rehabilitation expenses

If we have paid a claim for Event 20 of the Table of Benefits (Temporary Total Disablement set out in the Table of Benefits), we will also pay expenses incurred for tuition or advice from a licensed vocational school, provided the tuition or advice is undertaken with our prior written agreement and the recommendation of the Insured Person's attending physician. The maximum amount we will pay for rehabilitation expense is the actual costs incurred up to \$1,000 dollars per month for a maximum of 6 consecutive months.

Increased Compensation

If we have paid Benefits for Event 20 (Temporary Total Disablement) for a period of 12 consecutive calendar months, we will increase the compensation by 5% for each additional calendar year that the benefit continues to be paid.

Conditions and limitations for payment of compensation

These conditions and limitations apply to Section 1:

1. Compensation payable to Insured Persons under 19 years of age for Events 1 to 19 will be 10% of the Benefit Limit shown in the Table of Benefits unless otherwise specified.
2. The Insured Person must as soon as reasonably possible after the happening of any Injury giving rise to a claim under this Section 1, obtain and follow medical advice from a Medical Practitioner.
3. Compensation shall not be payable for more than one of Events 1-19 in respect of the same Injury, in which case the highest compensation will be payable.
4. After the occurrence of any of Events 2 to 8, all cover with respect to that Insured Person under this Section 1 ends except for any entitlement under Events 20, 21 and 22. Any compensation payable for Events 1 to 19 will be paid in addition to any sum already paid under Events 20, 21 and 22 in respect of the same Injury.
5. The weekly compensation payable for Temporary Total Disablement under Event 20 will be reduced by the amount of any Workers' Compensation entitlement for incapacity for work or any other payment which the Insured Person is entitled to receive for disability from any insurance policy.

1.2 We Will Not Pay:

We will not pay a claim under this section if the Insured Person's Injury or Sickness is caused by, arises from or is in any way connected with:

- a) a disease, including but not limited to any congenital condition, heart condition, stroke or any form of cancer;
- b) an aggravation of a pre-existing injury;
- c) a Pre-existing Medical Condition;
- d) a degenerative condition; or
- e) engaging in or taking part in training for Professional Sports of any kind.

We will also not pay compensation for Events 20, 21, 23 and 24 in excess of a total period of 104 weeks from the first date of entitlement to the payment of weekly compensation in respect of any one Injury or Sickness.

Definitions

In this Section 1:

“Accident” means a sudden, external and identifiable event that happens by chance and could not have been expected from the perspective of an Insured Person. The word “Accidental” shall be construed accordingly.

“Deferral Period” means the period shown in the Certificate of Insurance during which no benefits are payable for Temporary, Total or Partial Disablement.

“Injury” means a bodily injury resulting solely and directly from an Accident and which occurs independently of any other cause or condition, including, but not limited to any other bodily injury or sickness, illness, disease, congenital or other condition where both the Accident and the bodily injury occur during a Journey.

An Injury does not include:

- a) a Sickness;
- b) Pre-existing Medical Condition; or
- c) any degenerative, congenital or other condition.

“Loss of Use” means loss of, by physical severance, or total and permanent loss of the effective use of the part of the body referred to in the Table of Benefits.

“Permanent” as used with respect to disablement, means disablement lasting at least 12 consecutive months, and at the end of that time is certified by a Medical Practitioner as being beyond hope of improvement.

“Total Disablement” means disablement which entirely prevents an Insured Person from engaging in his or her usual occupation, business, profession or employment, or any other occupation, business, profession or employment for which they are suited by reason of education, training, experience, or skill, or if not employed, from engaging in any and every occupation which has lasted for at least 12 consecutive calendar months from the date of the Injury and which is certified by a Medical Practitioner as being beyond hope of improvement.

“Salary” means:

- a) if the Insured Person is an employee, his or her gross weekly rate of pay exclusive of bonuses, commission, overtime payments and any allowances averaged over the period of 12 consecutive calendar months prior to the date disablement commences;

- b) if the Insured Person is not an employee, his or her gross weekly income derived from personal exertion after deducting any expenses necessarily incurred by the Insured Person in deriving that income averaged over the period of 12 consecutive calendar months prior to the date disablement commences.

“Sickness” means a sickness, illness or disease that is not a congenital condition, Injury or Pre-existing Medical Condition and which must first occur or manifest itself during the Insured Person’s Journey and continue for a period of not less than 7 consecutive calendar days from the date the Insured Person first sought treatment from a Medical Practitioner for that sickness, illness or disease.

“Partial Disablement” means disablement which entirely prevents an Insured Person from carrying out a substantial part of the duties normally undertaken by him or her in connection with his or her usual occupation, business, profession or employment and are under the regular care of and acting in accordance with the instructions or professional advice of a Medical Practitioner.

“Temporary” as used with respect to disablement, means disablement lasting less than 12 consecutive calendar months.

Section 2 – Overseas Medical Expenses and Emergency Assistance

2.1 We Will Pay:

- a) If an Insured Person sustains an Injury or suffers a Sickness during the Insured Person's Journey, we will pay:
- medical expenses incurred outside of Australia within 24 months from the date the first expense was incurred and paid to a Medical Practitioner, nurse, hospital or ambulance service for medical surgery, hospitalisation or nursing treatment including the cost of medical supplies and ambulance hire;
 - the cost of emergency dental treatment.

If the Insured Person sustains an Injury during a Journey, we will also pay a maximum of \$2,000 for expenses incurred outside of Australia to repair, replace or adjust dentures as a result of the Injury.

- b) If an Insured Person sustains an Injury or suffers a Sickness while overseas during the Insured Person's Journey, Allianz Global Assistance will arrange for the following assistance services:
- Access to a Medical Practitioner for emergency medical treatment while overseas.
 - Passing on any messages which need to be passed on to the Insured Person's family or employer in the case of an emergency.
 - Provision of any written guarantees for payment of reasonable expenses for emergency hospitalisation while overseas.
 - Medical transfer or evacuation if the Insured Person must be transported to the nearest hospital for emergency medical treatment overseas, or be brought back to Australia with appropriate medical supervision. The evacuation must be due to medical treatment being immediately required. The medical condition must be sudden and life threatening and the evacuation must be recommended by a Medical Practitioner and authorised by Allianz Global Assistance.
- c) We will pay on-going medical expenses provided under 2.1a) incurred after the Insured Person returns to Australia provided they relate to a condition which first manifests itself during the Journey and provided that doing so will not result in us contravening the Health Insurance Act 1973 (Cth), the Private Health Insurance Act 2007 (Cth) or the National Health Act 1953 (Cth).

2.2 We Will Not Pay:

We will not pay for any expenses which:

- a) are incurred in relation to any condition which was known or should reasonably have known would require treatment during the Insured Person's Journey;
- b) are recoverable by you or by the Insured Person from any other source to the extent to which they are so recoverable; or
- c) are incurred when the Insured Person has travelled against the advice of a Medical Practitioner or when the Insured Person is unfit to undertake the Journey.

Section 3 – Additional expenses

3.1 We Will Pay:

- a) We will reimburse an Insured Person or other persons for additional and/or forfeited expenses reasonably and necessarily incurred provided such expenses are authorised by Allianz Global Assistance and are as a direct consequence of:
- the Unexpected Death, Injury or Sickness of the Insured Person or a member of the Insured Person's travelling party (provided that they are under the age of 85 years) happening after the commencement of the Journey and resulting in the Insured Person or any members of the Insured Person's travelling party having to return to the Insured Person's Point of Departure. We will also pay for a Relative, friend, business partner or co-director of the Insured Person to travel to or remain with or escort the Insured Person directly back to the Insured Person's Point of Departure on the written advice of a Medical Practitioner if the Insured Person has suffered Injury or Sickness during the Journey;
 - the Injured Person requiring treatment by a Medical Practitioner as a result of the Injury or Sickness. The Medical Practitioner must certify that the Insured Person or other person is unfit to travel or continue with the original Journey;
 - the Unexpected Death or Serious Injury or Sickness of a Relative, business partner or co-director of the Insured Person (provided that they are under the age of 85 years) happening after the commencement of the Journey and resulting in the Insured Person or any of those persons having to return to the Insured Person's Point of Departure. We will also pay for the return of the Insured Person so they can continue with their Journey.
- "Serious Injury or Sickness"** means a condition other than pregnancy which a person has not received regular treatment or advice for treatment at the Date of Departure. A Medical Practitioner must certify that the attendance of the Insured Person is necessary for the health of or treatment of that person or in the case of a business partner or co-director require the Insured Person to take over that person's business role;
- any other unforeseen Injury or Sickness of the Insured Person happening after the commencement of the Journey which results in the Journey being delayed or disrupted and which is outside the control of the Insured Person; or
 - loss of passport and/or travel documents.
- b) If an Insured Person necessarily and reasonably incurs legal costs by reason of false arrest or wrongful detention by any Government or foreign power during a Journey, we will reimburse those legal costs up to \$50,000 for each Insured Person. We will also pay an amount of \$500 dollars per day for every day the detention continues but not exceeding a period of 30 days.
- c) If a Journey is delayed or interrupted in excess of 12 hours and the Insured Person is prevented from reaching their scheduled destination as a result of an aircraft on which they are travelling being Hijacked, we will pay an amount of \$1,000 dollars per day for every day that the Insured Person's Journey is interrupted whilst the Hijack continues but not exceeding a period of 30 days.
- d) If an Insured Person dies during the Journey, we will pay the reasonable costs of either a funeral or cremation if the body is buried at the place of death, or the cost of returning the Insured Person's body or ashes to his or her home address.
- e) We will reimburse an Insured Person for additional expenses reasonably and necessarily incurred as a direct consequence of cancellation including as a result of strikes, riot, Hijacking, civil commotion, flood, adverse weather conditions or natural disasters.
- f) We will pay \$200 for each day an Insured Person is hospitalised overseas as an in-patient for more than 24 continuous hours due to an accident or illness. The maximum amount we will pay is \$6,000.
- g) If an Insured Person necessarily and reasonably incurs expenses in circumstances outside their control which cause a missed transport connection so that the Insured Person is unable to arrive at an official, pre-determined meeting or conference arranged by you or the Insured Person which cannot

be delayed because of the Insured Person's late arrival, we will pay to the Insured Person a sum of up to \$10,000 dollars (less any compensation recoverable from any carrier) to enable the Insured Person to use alternative scheduled public transport to arrive at the specified destination by the scheduled time.

3.2 We Will Not Pay:

We will not pay for any expenses:

- a) incurred as a result of the Insured Person or any other person engaging in or taking part in or training for any Professional Sports of any kind;
- b) that arise directly or indirectly from:
 - cancellation, curtailment or diversion of scheduled public transport services, including strikes, if there had been prior warning before the date of commencement of the particular Journey that such events were likely to occur during the Period of Cover;
 - delays caused by a carrier where the cost of the expenses is recoverable from the carrier;
 - any business or financial contractual obligations of the Insured Person or any other person;
 - any change of plans or disinclination of the Insured Person or any other person to travel; or
 - the inability of any tour operator or wholesaler to complete arrangements for any tour due to a deficiency in the required number of persons to commence any tour or journey; or
- c) which are incurred when the Insured Person has travelled against the advice of a Medical Practitioner or when the Insured Person is unfit to undertake the Journey.

3.3 Limit of liability

Subject to any other limits that apply to the Insured or an Insured Person, the maximum amount we will pay under this Section 3 is the Benefit Limit shown in the Certificate of Insurance.

Definitions

In this Section 3:

"Hijack" means the capture by force of any aircraft, on which the Insured Person is located within.

"Unexpected Death" means death which occurs as a result of an Injury and does not include the death of a terminally ill person unless the death is caused by any other reason.

Section 4 – Luggage and personal effects (including travel documents, credit cards, travellers' cheques and money)

4.1 We Will Pay:

- a) Subject to the Claims section below, we will pay the Insured Person the repair cost or value of any Luggage and Personal Effects which are damaged or permanently lost during the Period of Cover and while the Insured Person is on a Journey.
- b) If the Insured Person's Luggage and Personal Effects are misplaced by a carrier for more than 8 hours while the Insured Person is on a Journey during the Period of Cover, we will pay up to \$3,000 to cover the emergency purchase of essential replacement items.
- c) We will pay the Insured Person the replacement costs, and cover the Insured Person's legal liability for payment, resulting from the theft or unauthorised use by other persons of the Insured Person's personal travel documents including passports which are lost or stolen during the Period of Cover and while the Insured Person is on a Journey. We will also cover the Insured Person for loss resulting from the theft or fraudulent use of travellers' cheques, travel documents and credit cards occurring during the Period of Cover and while the Insured Person is on a Journey.
- d) We will pay the Insured Person for accidental loss of cash, bank or currency notes, cheques, postal or money orders or petrol coupons occurring on a Journey during the Period of Cover, together with the cost of replacing them and the legal liability of the Insured Person for payment as a result of loss by theft or by unauthorised use by other persons. For the loss of money taken with the Insured Person for the purpose of a Journey, cover will commence from the time of collection from the bank or 72 hours prior to the start of the Journey, whichever occurs last and continue up to 72 hours after termination of the Journey or until deposited at the bank whichever occurs first.
- e) If an Insured Person loses their identification and keys at the same time as loss covered under 4.1d), we will pay up to \$1,000 dollars for the replacement of keys and locks.

How we will settle a claim

- a) Unless otherwise provided for in the Claims section below, the amount payable for loss of or damage to the Luggage and Personal Effects will be no more than the cost to repair or replace the articles in the same condition but not better or more extensive than the article when new.
- b) We may choose to repair or replace lost or damaged property or pay for the loss in cash.
- c) If we replace damaged goods then salvage remains our property. If we replace or pay cash for lost or stolen goods, and those goods are subsequently recovered, then we may seek recovery of these goods.

Conditions

These conditions apply to Section 4:

1. The Insured Person must substantiate their loss and provide receipts of purchase of articles claimed for and provide withdrawal confirmation of money lost or stolen.
2. The Insured Person must take all reasonable precautions for the safety and supervision of any Luggage and Personal Effects.

4.2 We Will Not Pay:

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

- a) wear and tear, deterioration or losses caused by atmospheric or climatic conditions, mechanical or electrical breakdown, insects, rodents or vermin or by any process of cleaning, repairing, restoring or alteration;
- b) loss, theft or misplacement not reported within 24 hours to the police or responsible officer of any aircraft, vehicle or vessel on which the Insured Person is travelling. The Insured Person must prove that they made such report by providing us with a written statement from whoever they reported it to;

- c) loss of credit cards, travellers' cheques, travel documents, cheques, postal or money orders or petrol coupons unless reported to the issuing authority as soon as possible after discovery;
- d) loss or damage to unaccompanied Luggage and Personal Effects unless collected from the Insured Person by a carrier in order to be taken on the Journey;
- e) loss or damage of any goods over \$5,000 that are intended for use in connection with any trade, business or occupation unless otherwise specified in the Certificate of Insurance;
- f) personal computers including laptops, cameras and camera equipment, and all electronic equipment including mobile phones, personal digital assistants (PDA), electronic organisers, palm pilots and other hand held computers:
 - where theft or attempted theft occurs whilst such equipment is unattended unless securely locked inside a building or securely locked out of sight inside a motor vehicle;
 - while carried in or on any aircraft, aerial device, waterborne vessel or craft unless they accompany you or one of your employees as personal cabin baggage or luggage;
- g) loss or damage arising through confiscation by quarantine, customs regulations or by order of any Government or Public Authority, or losses due to devaluation of currency;
- h) loss of money in excess of the amount allowed by any applicable local currency regulation at the time of commencement of the Journey; or
- i) any loss which is recoverable by you or by the Insured Person from any other source such as an airline or tour operator. However, if the full amount of the loss is not recovered, we will pay the difference between the amount of the loss and what was recovered.

4.3 Limit of liability

Subject to any other limits that apply to the Insured or an Insured Person, the maximum amount we will pay under this Section 4 is the relevant Benefit Limit or Sub-limit shown in the Certificate of Insurance.

Definitions

In this Section 4:

"Luggage and Personal Effects" means:

- a) personal items (other than household furniture) that accompany the Insured Person while on a Journey, including tickets, credit cards, travellers' cheques, travel documents and passports. The maximum amount we will pay for any one item (including its attached or unattached accessories) or a set or pair of items such as earrings, golf clubs, camera equipment etc is 50% of the Benefit Limit noted on the Certificate of Insurance unless the item is listed as covered on the Certificate of Insurance with a nominated Benefit Limit; and
- b) money, cheques, postal notes, money orders and petrol coupons taken by the Insured Person while on a Journey.

Section 5 – Cancellation fees and lost deposits

5.1 We Will Pay:

We will pay your and any Insured Person's cancellation fees and lost deposits for travel and accommodation arrangements that you or the Insured Person have paid in advance and cannot recover in any other way if a Journey is cancelled or shortened at any time through circumstances neither expected nor intended by you and outside your control.

5.2 We Will Not Pay:

We will not pay for cancellation fees or lost deposits caused by:

- a) any person engaging in or taking part in or training for Professional Sports of any kind;
- b) carrier-caused delays that are recoverable from the carrier;
- c) any business, financial or contractual obligations;
- d) any changes of plans or disinclination to travel;
- e) a tour operator or wholesaler being unable to complete arrangements for any tour because there were not enough people to go on the tour;
- f) the death of a Relative who has been given a terminal prognosis for any condition; or
- g) the death, injury or sickness of any Relative, business partner or co-director of the Insured Person aged 85 years or over.

5.3 Limit of liability

Subject to any other limits that apply to the Insured or an Insured Person, the maximum amount we will pay under this Section 5 is the Benefit Limit shown in the Certificate of Insurance.

Section 6 – Kidnap, hijack, detention, extortion and ransom

6.1 We Will Pay:

If an Insured Person is Kidnapped, Hijacked, Detained or receives an Extortion demand during the Insured Person's Period of Cover, while on a Journey within the territorial limits, we will reimburse any monetary loss which is incurred by you for the delivery of services or property in order to secure the resolution of the kidnap, hijack, detention or extortion incident, including:

- a) reasonable fees and expenses of Allianz Global Assistance or other independent negotiators authorised by us or Allianz Global Assistance as a result of any damage; and
- b) any other direct expenses which are reasonable in amount and necessarily incurred by you for the purpose of investigating, negotiating or paying a Ransom demand or recovering the Insured Person, but not including any expenses, fees or damages incurred as a result of any proceedings brought against you arising out of such a demand or any losses or damages caused or claimed to be caused by way of interruption to any business.

Subject to any other limits that apply to an Insured or Insured Person the maximum amount we will pay under this Section is the Benefit Limit shown in the Certificate of Insurance.

Conditions

These conditions apply to Section 6:

1. You and all Insured Persons must take all reasonable precautions to protect the confidentiality of the cover provided under this Section.
2. Allianz Global Assistance must be involved (where practical) in dealing with any Kidnapper and their details are included in this Section.
3. In the event of a reported or threatened Kidnap, Detention or Extortion, you must make every reasonable effort to:
 - determine that the Insured Person has been Kidnapped, Detained or is the recipient of an Extortion threat;
 - record the serial number of any currency paid or goods delivered to secure the release of the Insured Person; and
 - give immediate notice to Allianz Global Assistance and us.

4. No monies will be payable by us unless ransom monies have been paid by you.
5. You must do all things necessary to assist in the prosecution of any person who has acted fraudulently or in collusion with any other person with respect to a Kidnap, Hijack, Detention or Extortion threat against an Insured Person.
6. You must also comply with the recommendations and instructions issued to you by Allianz Global Assistance.

Allianz Global Assistance

In order for a claim for reimbursement for a Kidnap, Detention or Extortion incident to be approved, Allianz Global Assistance must be involved (where practical) in the incident resolution process. Allianz Global Assistance is able to act as an intermediary or negotiator for you and can offer advice to you on dealing with an incident.

To contact Allianz Global Assistance, call: +61 7 3360 7852.

Allianz Global Assistance provides a 24 hour, 7 days a week emergency service offering protection, planning and intelligence vital for the safety and security of all clients.

6.2 We Will Not Pay:

We will not pay:

- a) any monies by way of reimbursement where, with respect to the particular Insured Person:
 - Kidnap, Ransom and Extortion insurance or a similar type of cover has been declined, cancelled or issued with special conditions in the past;
 - a Kidnapping or attempted Kidnapping has occurred in the past; or
 - an Extortion demand has been made in the past.
- b) any monies with respect to a Kidnapping or Extortion occurring in the Insured Person's Country of Residence, or any country located in Central or South America.
- c) any more than the amount shown in the Certificate of Insurance for any one Kidnapping or series of Kidnappings, inclusive of monies paid by way of expenses, arising out of one event, subject to the Aggregate Limit of Liability.

Definitions

In this Section 6:

“Detained” or **“Detention”** means the holding under duress of an Insured Person. This includes being held illegally by militias, militants or governments without legal justification. Detention/Detained also includes being held hostage as part of Hijacking.

“Extortion” means a physical threat to an Insured Person for demand of Ransom.

“Hijack” means the capture by force of any building, aircraft, motor vehicle, railroad train or waterborne vessel on which the Insured Person is located within.

“Kidnap” means the actual or alleged taking away of an Insured Person against the person’s will, usually to hold the person in false imprisonment without legal authority for the purpose of demanding ransom.

“Ransom” means cash and/or marketable goods surrendered by or on behalf of the Insured in connection with a Kidnap, Detention or Extortion incident.

Section 7 – Extra territorial workers’ compensation

7.1 We Will Pay:

If while the Insured Person is on a Journey during the Insured Person’s Period of Cover they suffer or are involved in an incident which results in you being liable to pay:

- a) compensation benefits payable under any Workers’ Compensation legislation which provides for payment of compensation to injured workers or their Dependants for death, personal injury or occupational disease arising out of or in the course of employment; or
- b) damages at law (but not where entitlement arises solely under any statute) arising out of the death, injury or occupational disease suffered by an Insured Person as a result of an accident or occurrence happening during the Period of Insurance;

then we will cover you for that liability.

Limit of liability

Subject to any other limits that apply to the Insured or an Insured Person, the maximum amount we will pay under this Section 7 is the Benefit Limit shown in the Certificate of Insurance.

Conditions

These conditions apply to Section 7:

1. This Section 7 only applies with respect to an Insured Person who is your employee or is deemed by any applicable Workers’ Compensation legislation to be a worker employed by you, and who is employed within Australia in a managerial, clerical, administrative, technical or sales capacity and whose employment or engagement is to be performed substantially within Australia.
2. You must have a valid and current Workers’ Compensation insurance policy covering your employees as required by the law of any Australian State or Territory.
3. If an Insured Person is working on a temporary basis outside the State or Territory in which his or her usual place of employment or employment base is located, this Section 7 only applies if the period of their temporary employment does not exceed 6 months.

4. You must make available to us all information and documentation in your possession relating to any claim submitted by any Insured Person.
5. You must authorise your Workers’ Compensation insurer or other insurer upon request to make available to us all such information and documentation as we may reasonably require.
6. In the case of a claim for compensation benefits, the amount payable to you will be reduced by the amount which you are entitled to receive under any Workers’ Compensation insurance policy or any statutory workers’ compensation scheme (or which you would have been entitled to receive, had such policy been in place).
7. In the case of a claim for common law damages, the amount payable to you will be reduced by the amount which you are entitled to receive under any Workers’ Compensation insurance policy or any other liability policy providing indemnity in respect of such a claim (or which you would have been entitled to receive, had such a policy been in place).

7.2 We Will Not Pay:

We will not pay for any exemplary, punitive or aggravated damages.

Section 8 – Rental vehicle excess

8.1 We Will Pay:

If the Insured Person hires a rental vehicle from an organisation whose business is to rent rental vehicles whilst the Insured Person is on a Journey and the rental vehicle suffers damage or is stolen during the rental period, then we will pay the rental vehicle insurance excess the Insured Person is required to pay up to the Benefit Limit shown in the Certificate of Insurance.

Conditions

These conditions apply to Section 8:

1. The Insured Person must take out all comprehensive motor vehicle insurance (except the excess buy-back) for loss or damage to the rental vehicle during the rental period offered by the rental organisation.
2. The Insured Person must comply with all requirements of the rental organisation under the hiring agreement and of the insurer under the motor vehicle insurance.

8.2 We Will Not Pay:

We will not pay a claim under this Section if the loss or damage:

- a) was caused or contributed to by the operation of the vehicle in breach of the provisions of the rental vehicle agreement.
- b) is not covered by the insurance offered by the rental organisation because of the application of an exclusion clause.

Section 9 – Alternative employee expenses

9.1 We Will Pay:

If an Insured Person dies or sustains an Injury or suffers a Sickness while on a Journey during the Period of Cover, then we will pay the following necessary expenses up to the Benefit Limit shown in the Certificate of Insurance incurred in sending a substitute person to complete the original Insured Person's Journey and objectives:

- a) an economy return air flight for interstate and intrastate air trips within Australia;
- b) a business class return air flight for international air trips outside Australia; and other essential expenses incurred in transportation of the substitute person; and
- c) other essential expenses incurred in transportation of the substitute person.

We will only pay if:

- a) the Injury or Sickness entirely prevents the Insured Person from carrying out their usual occupation or business and which based on medical evidence is likely to last for at least 14 days; and
- b) we have agreed that the expenses are reasonable in the circumstances.

9.2 We Will Not Pay:

We will not pay for any expenses:

- a) if the original Insured Person's Journey is undertaken against the advice of a Medical Practitioner;
- b) which you or the original Insured Person had paid or budgeted before the commencement of the Journey; or
- c) incurred as a result of the original Insured Person engaging in the racing of any motor propelled conveyance of any kind.

Section 10 – Personal liability

10.1 We Will Pay:

If the Insured Person becomes legally liable to pay compensation arising out of:

- a) death or bodily injury to another person; or
- b) damage to property of another person

as a result of an Occurrence that happens while the Insured Person is on a Journey, then we will cover the Insured Person for the compensation (including all legal expenses including defence costs incurred with our prior consent).

We will pay up to the Benefit Limit as shown in the Certificate of Insurance for each Occurrence.

10.2 We Will Not Pay:

We will not pay for claims arising from:

- a) death, bodily injury or illness to or loss of or damage to property owned by or in the control of:
 - the Insured Person or members of their Family ordinarily residing with them; or
 - any employee of the Insured Person arising out of or during the course of their employment
- b) the business, trade or professional activities of the Insured Person; or
- c) the ownership, possession or use of mechanically propelled vehicles, aircraft, aerial devices or watercraft powered by motor excluding golf buggies and wheelchairs.

We will also not pay for any exemplary, punitive or aggravated damages.

Definitions

In this Section 10:

“Occurrence” means an accident or a series of accidents arising out of the one event.

Section 11 – Evacuation cover and personal safety

11.1 We Will Pay:

a) If it is unsafe for an Insured Person while on a Journey (outside Australia) to remain in a country or region after Australian officials recommend certain categories or persons (which include the Insured Person) in that country or region should leave because of a:

- security threat such as insurrection, war, rebellion, civil unrest or political instability, or
- a natural disaster such as earthquake, cyclone, flooding or volcanic eruption,

after the Insured Person has arrived in the country or region, then we will pay:

- the cost of evacuating the Insured Person to the nearest place of safety, and the cost of accommodation, up to a maximum of \$500 dollars per day for any one Insured Person up to a maximum of 14 days for any one event, provided we have agreed that the cost of accommodation is reasonable in the circumstances; or
- if commercial flights are unavailable, the cost of returning the Insured Person to their Country of Residence, provided we have agreed that the cost of returning the Insured Person are reasonable in the circumstances; or
- if commercial flights are available, the cost of a direct business class flight.

b) The evacuation must be authorised by Allianz Global Assistance.

c) If an Insured Person, while on a Journey (outside Australia) is in an emergency situation where their personal safety and security is at risk, we will provide assistance where possible and pay the necessary expenses incurred for each Insured Person, provided we have agreed that such expenses are reasonable in the circumstances. The emergency situation must be unforeseen and outside the control of the Insured Person and the expenses must be authorised by Allianz Global Assistance.

d) The maximum amount we will pay for any one evacuation or emergency situation for all persons covered under the Policy is the Benefit Limit shown on your Certificate of Insurance.

Security or personal safety emergency

Allianz Global Assistance provides international emergency assistance, 24 hours a day, 7 days a week.

In the event of an emergency while travelling, please call Allianz Global Assistance on +61 7 3360 7852 .

11.2 We Will Not Pay:

We will not pay claims for expenses under this Section that arise because you or the Insured Person did not follow our advice or advice in the mass media or any government or other official body's warning against travel to a particular country or parts of a country, and you or the Insured Person did not take appropriate action to avoid or minimise any potential claim under the policy (including delay of travel to the country or part of the country referred to in the warning). See www.smartraveller.gov.au for current travel advice and warnings.

Section 12 – Business travellers family assistance

12.1 We Will Pay:

If an Insured Person sustains an Injury while on a Journey during the Period of Insurance which results in death within 12 consecutive calendar months of the Injury, then we will pay \$5,000 for each Dependant up to a maximum of \$15,000 in total for all Dependents.

Section 13 – Home insurance and motor vehicle insurance excess reimbursement

13.1 We Will Pay:

- a) If while an Insured Person is on a Journey during the Period of Cover the Insured Person's normal place of residence in Australia is damaged or burgled, then we will pay the home buildings insurance policy excess and/or home contents insurance policy excess.
- b) If while an Insured Person is on a Journey during the Period of Cover a motor vehicle owned by the Insured Person is stolen, we will pay the motor vehicle insurance policy excess.

Conditions

These conditions apply to Section 13:

- 1. The home buildings, home contents and/or motor vehicle (as applicable) must be comprehensively insured at the time of the incident referred to in 13.1a) or 13.1b) above and the claim must be accepted by the Insured Person's home or motor vehicle insurer and written confirmation of the acceptance must be provided to us.
- 2. A police report in support of the claim made under the Insured's home contents insurance policy for burglary or motor vehicle insurance policy must be provided to us.

Section 14 – Life insurance

The death cover under this Section does not have a surrender value, nor does it entitle you to participate in Allianz Life's profits. The assets of the Allianz Life No.1 Statutory Fund of Allianz Life are liable for the payment of the benefit contracted under this Section of the Policy.

14.1 We Will Pay:

We will pay you a benefit if the Insured Person dies solely and directly as the result of a Sickness. The death must occur within 4 weeks of the commencement of the Journey and before the scheduled end date of the trip. The amount of the benefit is shown in the Certificate of Insurance or \$50,000, whichever is the lesser.

For the purpose of this Section, a Sickness commences when the symptoms of the Sickness are such that a reasonable person in the circumstances of the Insured Person would seek medical treatment.

Cover is not available for an Insured Person who is aged 65 years or over. The cover comes to an end when a benefit is paid or on an Insured Person's 65th birthday, whichever happens first.

14.2 We Will Not Pay:

We will not pay a benefit with respect to:

- a) death caused by any Pre-existing Medical Condition;
- b) death caused by childbirth, pregnancy or any complications arising from childbirth or pregnancy;
- c) a deliberately self-inflicted injury;
- d) the use, existence or escape of nuclear weapons material or ionising radiation from or contamination by radioactivity from any nuclear fuel or nuclear waste from the combustion of nuclear fuel;
- e) death caused by a sexually transmitted disease, or Acquired Immune Deficiency Syndrome (AIDS) disease or Human Immunodeficiency Virus (HIV) infection;
- f) any Journey within the Insured Person's Country of Residence;
- g) death which occurs as a direct or indirect result of the Insured Person not following our advice or advice in the mass media or any government or other official body's warning against travel to a particular country or parts of a country, and the Insured Person did not take appropriate action to avoid or minimise any potential claim under the Policy (including delay of travel to the country or part of the country referred to in the warning); or
- h) death where the Insured Person voluntarily remains in a place when the Australian Government has co-ordinated an evacuation.

General exclusions applying to sections 1 to 13

We will not pay for any claim arising from, caused by, related to or associated with:

1. the Insured Person engaging in or taking part in or training for any Professional Sports of any kind;
2. the Insured Person engaging in travel in any air-supported device, other than as a passenger in a fully licensed aircraft operated by an airline or charter company. This exclusion does not apply to regulated or licensed ballooning;
3. any event that is also or should be, covered in whole or in part, by a statutory fund or other statutory compensation scheme;
4. any loss, damage, liability, event, Injury or Sickness which would result in us contravening the Health Insurance Act 1973 (Cth), the Private Health Insurance Act 2007 (Cth) or the National Health Act 1953 (Cth);
5. any act of war, whether war is declared or not or from any rebellion, revolution, insurrection or usurped power, invasion, acts of foreign enemies, hostilities, civil wars or taking of power by the military;
6. the use, existence or escape of nuclear weapons material or ionising radiation from or contamination by radioactivity from any nuclear fuel or nuclear waste from the combustion of nuclear fuel;
7. a nuclear reaction or contamination from nuclear weapons or radioactivity;
8. biological and/or chemical materials, substances, compounds or the like use directly or indirectly for the purpose to harm or to destroy human life and/or create public fear;
9. an Insured Person engaging in or taking part in naval, military, peacekeeping forces or air force service or operations;
10. an Insured Person acting illegally or breaking any government prohibition or regulation including visa requirements;
11. an Insured Person suffering from depression, anxiety, stress, mental or nervous conditions;
12. an Insured Person committing suicide or attempting suicide or any deliberately self-inflicted injury;
13. a sexually transmitted disease, or Acquired Immune Deficiency Syndrome (AIDS) disease or Human Immunodeficiency Virus (HIV) infection.

Terrorism Exclusion

Notwithstanding any provision to the contrary within the Policy or any endorsement thereto, the Policy excludes and does not cover death, injury, illness, loss, damage, cost or expense, directly or indirectly caused by, contributed to by, resulting from or arising out of or in connection with, any Act of Terrorism, as defined herein, regardless of any other cause or event contributing concurrently or in any other sequence to the death, injury, illness, loss, damage, cost or expense.

An Act of Terrorism includes any act, or preparation in respect of action, or threat of action designed to influence the government de jure or de facto of any nation or any political division thereof, or in pursuit of political, religious, ideological or similar purpose to intimidate the public or a section of the public of any nation by any person or group(s) of persons whether acting alone or on behalf of or in connection with any organisation(s) or government(s) de jure or de facto, and which:

- a) involves violence against one or more persons;
- b) involves damage to property;
- c) endangers life other than that of the person committing the action;
- d) creates a risk to health or safety of the public or a section of the public; or
- e) is designed to interfere with or to disrupt an electronic system.

The Policy also excludes and does not cover death, injury, illness, loss, damage, cost or expense, directly or indirectly caused by, contributed to by, resulting from, or arising out of or in connection with, any action in controlling, preventing, suppressing, retaliating against or responding to any Act of Terrorism.

The above Terrorism exclusion will apply to Section 5 – Cancellation Fees and Lost Deposits, Section 7 – Extra Territorial Workers’ Compensation, Section 10- Personal Liability and Section 14 – Life Insurance of the Policy unless otherwise provided for in the Terrorism Insurance Act 2003, in which event it may not apply to certain loss, damage or liability covered by these sections of the Policy.

Please refer to any other exclusions that may have been included by endorsement as part of the Policy.

Claims

How to make a claim

An Insured Person (or authorised representative) must give the Insured (or its broker) notice of their claim as soon as possible. The Insured or the Insured's broker (or authorised representative) must notify us of an Insured Person's claim as soon as possible by completing a claim form and posting it to the address shown on the claim form. If the claim form is not fully completed, we cannot process the claim and we can reduce the claim by the amount of prejudice we have suffered because of the delay.

In the event of claim, the Insured Person or Insured (whichever is relevant), must:

- give us any information we reasonably ask for to support the claim at their expense, such as, but not limited to, police reports, valuations, medical reports, original receipts or proof of ownership. If required, we may ask for translations into English of such documents to enable us to carry out our assessment of the claim.
- co-operate with us at all times in relation to the provision of supporting evidence and such other information as we may reasonably require.
- for medical, hospital or dental claims – contact Allianz Global Assistance as soon as possible.
- for loss or theft of Luggage and Personal Effects – report it immediately to the police and obtain a written notice of the report.
- for damage or misplacement of Luggage and Personal Effects caused by the airline or any other operator or accommodation provider – report the damage or misplacement to an appropriate official and obtain a written report, including any offer of settlement that they may make.
- submit full details of any claim in writing within 30 days of the Insured Person's return to its point of departure.

Claims are payable in Australian dollars to you

We will pay all claims in Australian dollars. We will pay the Insured's broker (or other authorised representative) unless we are directed to pay someone else. The rate of currency exchange that will apply is the rate at the time the Insured Person incurred the expense.

You must not admit fault or liability

In relation to any claim under the Policy, you and / or the Insured Person must not admit fault and must not offer or promise to pay any money or become involved in litigation without our approval.

You must help us to recover any money we have paid

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

If you can claim from anyone else, we will only make up the difference

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

Other insurance

If any loss, damage or liability covered under the Policy is covered by another insurance policy, you or the relevant Insured Person must give us details. If an Insured Person makes a claim under one insurance policy and the Insured Person is paid the full amount of their claim, the Insured Person cannot make a claim under the other policy. If an Insured Person makes a claim under another insurance policy and they are not paid the full amount of their claim, we will make up the difference. We may seek contribution from an Insured Person's other insurer. The Insured Person must give us any information we reasonably ask for to help us make a claim from the Insured Person's other insurer.

Subrogation

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

Recovery

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

- 1) To us, Our administration and legal costs arising from the recovery
- 2) To us, an amount equal to the amount that we paid under the Policy
- 3) To you, or an Insured Person their uninsured loss (less Excess)
- 4) To you, your Excess

Business travellers – how GST affects your claim

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

Travel within Australia only

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

Fraud

Insurance fraud places additional costs on honest policyholders. Fraudulent claims force insurance premiums to rise. We encourage the community to assist in the prevention of insurance fraud. You can help by reporting insurance fraud by calling Allianz Global Assistance on 1800 453 937. All information will be treated as confidential and protected to the full extent under law.

This insurance is issued and managed by
ETI Australia Pty Ltd
ABN 52 097 227 177
AFS Licence No. 245631
74 High Street, Toowong QLD 4066

Sections 1-13 of this insurance are underwritten by
Allianz Australia Insurance Limited
ABN 15 000 122 850
AFS Licence No. 234708
2 Market Street, Sydney NSW 2000
Section 14 of this insurance is underwritten by
Allianz Australia Life Insurance Limited
ABN 27 076 033 782
AFS Licence No. 296559
Level 14, 2 Market Street, Sydney NSW 2000