



INTERNATIONAL TRAVEL INSURANCE COMBINED PRODUCT DISCLOSURE STATEMENT AND POLICY WORDING

POLICY CODE WD27 INTERNATIONAL QM1485
Effective 1 July 2017 and authorised for distribution by QBE Insurance.

Who are you dealing with?

QBE Insurance (Australia) Limited is a member of the QBE Insurance Group (ASX QBE). QBE Insurance Group is Australia's largest international general insurer and reinsurance group, and one of the top 25 insurers and reinsurers worldwide. The company has been operating in Australia since 1886. QBE is a household name in Australian insurance, backed by sizeable assets and well known as a strong and financially secure organisation.

QBE is exempt from the requirement to hold Professional Indemnity Insurance as we are regulated by the Australian Prudential Regulation Authority (APRA). These compensation arrangements comply with ASIC's requirements. If you require further information in relation to these arrangements, please contact QBE.

About QBE travel insurance

QBE Insurance (Australia) Limited ABN 78 003 191 035 A.F.S.L. 239545

About Ouch

Ouch Online Travel Insurance Trading as Ouch ABN: 31 115 166 946
Authorised Representative Number 291274
PO Box 7151 Upper Ferntree Gully VIC 3156

The Corporations Act 2001 (Cth) requires that we have compensation arrangements in place, should you suffer any loss as a result of our Authorised Representative breaching their obligations to you in their capacity as our Authorised Representative. QBE is a general insurer, regulated by the Australian Prudential Regulation Authority (APRA) and satisfies the requirements of the Corporations Act. If you require further information please contact QBE.

Enquiries and Assistance

For any enquiries and assistance please contact Ouch Online Travel Insurance on 1300 880 231 or email admin@ouch.com.au

Ouch can directly issue or vary QBE travel insurance under a binding authority in accordance with our underwriting guidelines. In some cases they may need to arrange for us to do this if they are not able to act under the underwriting guidelines. We, as the insurer of the product, and Ouch, as our agent, do not act on your behalf. Ouch does not have any authority to give you any advice (i.e. recommendation or opinion about the financial product). They can provide you with factual information on the product to help you decide if it is right for you. The choice is yours.

Remuneration arrangements

Ouch receive commission from QBE Insurance, which is part of the total amount payable by you to them for the product. The rate ranges up to 25% and is payable to us by QBE Insurance for each policy issued. Approximately 10% of this commission reimburses Ouch for the expenses they incur in distributing the QBE Insurance product. QBE Insurance provide web hosting of the ouch.com.au website on behalf of Ouch Online Travel Insurance Pty Ltd. Ouch may charge a fee for additional services provided to you after you have been issued with a policy. This may include but is not limited to alterations and other changes to your policy. Ouch will notify you of any fee at the time you make a request for additional services. Ouch may receive a profit share based on the profit earned by QBE Insurance on the travel insurance products sold by us. These payments are made to us by QBE Insurance within an agreed period based on a percentage of profit. Ouch are paid these amounts at the end of each year. From time to time Ouch may receive rewards for achieving certain targets or outcomes as determined by QBE Insurance which may include sales targets. These rewards could be up to 2.00% of the amount payable received by QBE Insurance for all travel insurance sold for the relevant period.

It is up to you to choose the cover you need.

The PDS is designed to assist you in your decision to purchase travel insurance. It contains information about key benefits and significant features. Any advice in this document is of a general nature only and has not considered your objectives, financial situation or needs. This booklet contains the following sections which provide:

- Part 1 - information about this travel insurance product (Product disclosure statement - PDS); and
- Part 2 - the detailed terms and conditions (Policy wording).



PART 1 - PRODUCT DISCLOSURE STATEMENT (PDS)

Applying for travel insurance

To apply for insurance please complete the online application. If your application is approved Ouch will issue your policy and provide you with a Certificate of Insurance. Your Certificate of Insurance confirms the cover that you have chosen including any additional benefits, the total amount paid by you and information about the terms of your policy.

Significant risks

This policy may not match your expectations

This policy may not match your expectations (for example, because an exclusion applies). You should therefore read this PDS and Policy wording carefully. Please ask Ouch or us if you are unsure about any aspect of the policy.

Are you sure you have the right level of cover?

You need to make sure the limits of cover are appropriate for your needs. Otherwise you may be under insured and have to bear part of any loss that exceeds the limits yourself. Please refer to the applicable limits as set out in the Schedule of benefits and the Policy wording.

A claim may be refused

We may refuse to pay or reduce the amount we pay under a claim if you do not comply with the policy conditions, if you do not comply with your Duty of Disclosure or make a misrepresentation, or if you make a fraudulent claim. You must nominate on the application the country or region you are spending the majority of your trip and whether you are spending more than 72 hours in the USA, Canada or Antarctica. If you do not nominate the appropriate country or region for your trip any claim under the policy may be reduced to nil.

Unattended luggage and personal effects

There is no cover under this policy for luggage and personal effects that are left unattended. Please refer to the definition of unattended in the Policy wording and "What is not covered?" under Section F1 "Luggage and personal effects".

Medical and ancillary costs

There is no cover for any medical, dental or ancillary costs incurred within Australia.

The cost of this insurance

When calculating the cost of your policy, we take a range of factors into account:

- The length of your trip;
- Your destination;
- Your departure date;
- Whether it is a Single or Family or Duo Policy;
- Any additional amounts determined by QBE Insurance to cover an existing medical condition; and
- Additional premium payable to cover any additional benefits you choose.

The premium paid by you for the travel plan selected and any additional benefits you choose, will be shown on your Certificate of Insurance, including compulsory government charges (including Stamp Duty and GST where applicable). This policy is only valid when you pay the premium and Ouch issues a Certificate of Insurance to you.

Service fees

We or Ouch may charge a fee for additional services provided to you after you have been issued with a Certificate of Insurance. This may include but is not limited to alterations and other changes you ask us to make to your policy. The amount of the service fee will be shown on the Certificate of Insurance and we or Ouch will notify you of any fee at the time you make a request for additional services.

Amendment of travel details

If you wish to change your personal details or travel dates after your Certificate of Insurance has been issued, please contact Ouch. They will either amend the policy over the telephone or in certain circumstances they may ask you to complete and submit to us a Policy Amendment Form which needs to be assessed and approved prior to any amendment to your policy. Also refer to section headed "Making changes to the period of insurance" in the Policy wording.

Updating this PDS

We will update the information in this PDS when necessary. A paper copy of any updated information is available to you at no cost by calling us. We will issue you with a new PDS or a supplementary PDS, where the update is to correct a misleading or deceptive statement or an omission which is materially adverse from the point of view of a reasonable person deciding whether to obtain this insurance.

Existing medical condition(s)

There is no cover under this policy for an existing medical condition, other than those automatically covered.

An existing medical condition is:

- a. any chronic or ongoing (whether chronic or otherwise) medical or dental condition, illness or disease of which you were aware or should reasonably have been aware, or which is medically documented or under investigation in the 12 months prior to the issue of the Certificate of Insurance; or
- b. any physical, Mental Illness or medical condition (including pregnancy), defect, illness or disease of which you were aware or should reasonably have been aware, or for which treatment, medication, preventative medication, advice, preventative advice or investigation have been received or prescribed by a medical or dental adviser in the 60 days prior to the issue of the Certificate of Insurance.

Note:

- Where any condition, illness or disease is the subject of an investigation, that condition, illness or disease falls within this definition, regardless of whether or not a diagnosis of the condition, illness or disease has been made.
- This definition applies regardless of whether or not the condition, illness or disease displays symptoms.
- This definition applies to you, your travelling party, your relatives, your business colleague, or any other person you have a relationship with whose state of health could impact on your travel plans.

Medical conditions automatically covered

Provided the following existing medical conditions are stable and you or anyone else to be covered are not waiting for treatment, on a hospital waiting list or awaiting results of medical tests or investigations in relation to any of these conditions, cover is provided.

- Acne
- Allergies - such as allergic rhinitis, chronic rhinitis, hayfever, sinusitis, anaphylaxis, dermatitis, eczema, psoriasis, urticaria, food intolerance, latex allergy
- Anaemia - including iron deficiency anaemia, B12 deficiency, folate deficiency, pernicious anaemia
- Asthma - provided you are under 60 years of age and you have not required cortisone medication, except taken by inhaler or puffer, or hospitalisation for the past 12 months including as an outpatient.
- Bell's palsy
- Benign breast cysts
- Bunions
- Carpal Tunnel syndrome
- Coeliac disease
- Congenital blindness/deafness
- Diabetes Mellitus Types 1 and 2 - where you have no known cardiovascular, hypertensive, vascular disease, no related kidney, eye or neuropathy complications
- Epilepsy - you have been seizure free for the past 12 months or do not require more than 1 anti-seizure medication
- Goitre, hypothyroidism, Hashimoto's disease, Graves disease
- Hiatus hernia/Gastro-oesophageal reflux disease, Peptic ulcer disease
- High Cholesterol (Hypercholesterolaemia)
- High Lipids (Hyperlipidaemia)
- Insulin resistance, impaired glucose tolerance
- Incontinence
- Menopause
- Migraines except where you have been hospitalised in the past 12 months
- Nocturnal cramps
- Osteoporosis - where there have been no fractures and you do not require more than 1 medication or suffer any back pain condition
- Plantar fasciitis
- Raynaud's Disease
- Stable High Blood Pressure (Hypertension)
- Trigeminal neuralgia
- Trigger finger
- Routine screening tests where no underlying disease has been detected.



Important matters

Cooling off period

If, having purchased the policy, you want to return it, you can do so within 14 days of receiving the Certificate of Insurance and obtain a full refund, provided no right or power has been exercised under it by you (eg no claim has been made) and your trip has not commenced.

QBE will arrange for a refund of the premium within 15 business days of you cancelling your policy. The Cooling off period does not apply to policy or trip extensions.

Confirming transactions

A Certificate of Insurance must be issued once you have completed the application process and you have paid the appropriate premium. If you want to confirm a transaction, for example whether the Certificate of Insurance has been issued, you may contact us in writing or by phone.

Duty of disclosure

Before you enter into an eligible contract of insurance with us, you have a duty of disclosure under the *Insurance Contracts Act 1984* (Cth).

We may ask you questions that are relevant to our decision to insure you and on what terms. If we do, you must tell us anything that you know and that a reasonable person in the circumstances would include in their answer.

You have this duty until we agree to insure you.

If you do not tell us something

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

Privacy

We'll collect personal information when you deal with us, our agents, other companies in the QBE group or suppliers acting on our behalf. We use your personal information so we can do business with you, which includes issuing and administering our products and services and

processing claims. Sometimes we might send your personal information overseas. The locations we send it to can vary but include the Philippines, India, Ireland, the UK, the US, China and countries within the European Union.

Our Privacy Policy describes in detail where and from whom we collect personal information, as well as where we store it and the full list of ways we could use it. To get a free copy of it please visit qbe.com.au/privacy or contact QBE Customer Care.

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

Resolving complaints & disputes

At QBE we're committed to providing you with quality products and delivering the highest level of service. We also do everything we can to safeguard your privacy and the confidentiality of your personal information.

Something not right?

We know sometimes there might be something you're not totally happy about, whether it be about our staff, representatives, products, services or how we've handled your personal information.

Step 1 – Talk to us

If there's something you'd like to talk to us about, or if you'd like to make a complaint, speak to one of our staff. When you make your complaint please provide as much information as possible. They're ready to help resolve your issue.



You can also contact our Customer Care Unit directly to make your complaint. Our aim is to resolve all complaints within 15 business days.

Step 2 – Escalate your complaint

If we haven't responded to your complaint within 15 days, or if you're not happy with how we've tried to resolve it, you can ask for your complaint to be escalated for an Internal Dispute Resolution (IDR) review by a Dispute Resolution Specialist.

The Dispute Resolution Specialist will provide QBE's final decision within 15 business days of your complaint being escalated, unless they've requested and you've agreed to give us more time.

Step 3 – Still not resolved?

If you're not happy with the final decision, or if we've taken more than 45 days to respond to you from the date you first made your complaint, you can contact the Financial Ombudsman Service Australia (FOS Australia). FOS Australia is an ASIC approved external dispute resolution body.

FOS Australia resolves insurance disputes between consumers and insurers, at no cost to you. QBE is bound by FOS Australia's decisions - but you're not. You can contact FOS Australia directly and they'll advise you if your dispute falls within their Terms of Reference.

Disputes not covered by the FOS Australia Terms of Reference

If your dispute doesn't fall within the FOS Australia Terms of Reference, and you're not satisfied with our decision then you may wish to seek independent legal advice.

Privacy complaints

If you're not satisfied with our final decision and it relates to your privacy or how we've handled your personal information, you can contact the Office of the Australian Information Commissioner (OAIC).

Contacting QBE's CCU, FOS or the OAIC

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

How to contact FOS Australia	
Phone	1800 367 287 (Monday to Friday from 9am to 5pm, Melbourne time, except on public holidays).
Email	info@fos.org.au
Online	www.fos.org.au

How to contact the OAIC	
Phone	1300 363 992 (Monday to Friday from 9am to 5pm, Sydney time, except on public holidays). Calls from mobiles, public telephones or hotel rooms may attract additional charges.
Email	enquiries@oaic.gov.au
Online	www.oaic.gov.au

The general insurance code of practice

QBE Australia is a signatory to the General Insurance Code of

Practice. The Code aims to:

- Commit us to high standards of service
- Promote better, more informed relations between us and you
- Maintain and promote trust and confidence in the general insurance industry
- Provide fair and effective mechanisms for the resolution of complaints and disputes between us and you
- Promote continuous improvement of the general insurance industry through education and training.

Financial Claims Scheme

Your policy is a protected policy under the Financial Claims Scheme (FCS), which protects certain insureds and claimants in the event of an insurer becoming insolvent. In the unlikely event of QBE becoming insolvent you may be entitled to access the FCS, provided you meet the eligibility criteria.

How to contact APRA	
Phone	1300 558 849 (Monday to Friday from 9am to 5pm, Sydney time, except on public holidays). Calls from mobiles, public telephones or hotel rooms may attract additional charges
Online	www.apra.gov.au

QBE Assist 24/7 worldwide medical and emergency assistance

QBE Assist is a wholly owned division of QBE and it provides emergency assistance, medical evacuation and repatriation services for persons covered under QBE travel insurance policies worldwide. All cases are managed from start to finish by our experienced insurance and medical specialists who are available by telephone 24 hours a day for advice and assistance in the event of a medical emergency. Specific services provided by QBE Assist to persons covered under this Policy who sustain an Injury or suffer an Illness or mishap while travelling outside their country of residence include:

- Medical transfer to an appropriate specialist hospital
- Repatriation to Australia
- Intra hospital transfer should specialist care be required
- Road ambulance transportation services
- Repatriation of mortal remains.

Additional services include:

- Providing a message service to enable persons covered under the Policy to keep in touch with their family, employees and travel agents
- Organising an evacuation in the event of a political or environmental event which necessitates a persons covered under the Policy to be evacuated.

How to contact QBE Assist

If you're in the following countries– these numbers are toll free from a landline. Calls from mobiles will be at your cost.

Country	Telephone	Country	Telephone
Canada	1800 665 3870	New Zealand	0800 441 678
United Kingdom	0800 899 813	United States	1800 765 8631

If you cannot use the toll free numbers above, please contact our Emergency Assistance team using the contact details below

Email qbeassist@qbe.com
Phone + 61 3 8523 2800
Fax + 61 3 8523 2815
Within Australia 1300 555 019 or 03 8523 2800
Customer Service / Claims (Within Australia) 1300 555 017 or 03 8523 2777

Within Australia

1300 555 019 - Emergency Assistance
1300 555 017 or 03 8523 2777 - Claims/Customer Service

Lost credit cards/travellers' cheques?

Due to privacy legislation you will need to call the Credit Card/Travellers Cheque company directly in order to cancel the card/cheques and arrange replacements.

Obtain the correct number by visiting your card provider's website.

International Travel Plan Schedule of benefits

INTERNATIONAL TRAVEL PLAN SCHEDULE OF BENEFITS This list is a summary of some of the benefits covered by this policy and the applicable limits. Please refer to the relevant section of the Policy wording for full details of cover. Other applicable limits may apply.		PREMIER PLUS EXTRAS TRAVEL PLAN		A TRAVEL PLAN		B TRAVEL PLAN		c TRAVEL PLAN	
		Minimum cover for the USA, Canada and Antarctica. Available for all other destinations. Qantas Frequent Flyer points available on this travel plan.		Minimum cover for Continental Europe, South and Central America, Middle East, Japan and Africa. Also available to B and C Travel Plan destinations. Not available if more than 72 hours of the trip is spent in the USA, Canada or Antarctica.		Minimum cover for UK, Asia and Tahiti. Also available to C Travel Plan destinations. Not available if more than 72 hours of the trip is spent in the USA, Canada or Antarctica or the majority of the trip is spent in A Travel Plan destinations.		Minimum cover for the Pacific region and Indonesia. Not available if any of the trip is spent in Premier Plus Extras, A or B travel plan destinations.	
		SINGLE	FAMILY/DUO	SINGLE	FAMILY/DUO	SINGLE	FAMILY/DUO	SINGLE	FAMILY/DUO
		APPLICABLE LIMITS		APPLICABLE LIMITS		APPLICABLE LIMITS		APPLICABLE LIMITS	
Cancellation or holiday deferment costs	Section A1	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited
Emergency travel arrangements and accommodation expenses	Section A2	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited
Agents cancellation fees	Section A3	\$1,500	\$3,000	\$1,500	\$3,000	\$1,500	\$3,000	\$1,500	\$3,000
Medical and dental expenses	Section B1	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited
Hospital compensation	Section B2	\$8,000	\$16,000	\$6,000	\$12,000	\$5,000	\$10,000	\$2,000	\$4,000
Critical Illness or Injury – emergency travel expenses for a relative	Section B3	\$20,000	\$40,000	\$15,000	\$30,000	\$10,000	\$20,000	\$5,000	\$10,000
Post hospital accommodation	Section B4	\$500	\$1,000	N/A	N/A	N/A	N/A	N/A	N/A
Dental expenses due to sudden and acute pain	Section B5	\$2,000	\$4,000	\$1,000	\$2,000	\$1,000	\$2,000	\$1,000	\$2,000
Medical evacuation and repatriation	Section C1	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited
Non-medical evacuation and repatriation	Section C2	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited
Travel delay	Section D1	\$1,500	\$3,000	\$1,200	\$2,400	\$800	\$1,600	\$400	\$800
Missed connection – special events	Section D3	\$2,500	\$5,000	\$2,000	\$4,000	\$1,500	\$3,000	\$1,000	\$2,000
Hijacking	Section D5	Unlimited	Unlimited	\$15,000	\$30,000	\$10,000	\$20,000	\$5,000	\$10,000
Rental vehicle insurance excess	Section E1	\$5,000	\$5,000	\$4,000	\$4,000	\$3,000	\$3,000	\$2,000	\$2,000
Return of rental vehicle	Section E2	\$750	\$750	\$500	\$500	\$500	\$500	\$500	\$500
Luggage and personal effects maximum item limit total	Section F1	\$15,000	\$30,000	\$15,000	\$30,000	\$15,000	\$30,000	\$15,000	\$30,000
Personal computer individual item limit		\$6,000	\$6,000	\$3,000	\$3,000	\$2,000	\$2,000	\$1,000	\$1,000
Camera & video individual item limit		\$4,000	\$4,000	\$3,000	\$3,000	\$2,000	\$2,000	\$1,000	\$1,000
Watches & jewellery individual item limit		\$600	\$600	\$500	\$500	\$500	\$500	\$500	\$500
Dentures or dental prosthesis individual item limit		\$800	\$800	\$800	\$800	\$800	\$800	\$800	\$800
Other individual item limit		\$700	\$700	\$600	\$600	\$500	\$500	\$400	\$400
Emergency luggage	Section F2	\$500	\$1,000	\$300	\$600	\$300	\$600	\$300	\$600
Stolen cash	Section F3	\$200	\$200	N/A	N/A	N/A	N/A	N/A	N/A
Replacement passports and travel documents	Section F4	\$3,000	\$3,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000
Accidental Death	Section G1	\$25,000 Limits apply. Refer to the policy wording.	\$50,000 Limits apply. Refer to the policy wording.	\$25,000 Limits apply. Refer to the policy wording.	\$50,000 Limits apply. Refer to the policy wording.	\$18,000 Limits apply. Refer to the policy wording.	\$36,000 Limits apply. Refer to the policy wording.	\$10,000 Limits apply. Refer to the policy wording.	\$20,000 Limits apply. Refer to the policy wording.
Funeral expenses overseas or repatriation of remains	Section G2	\$25,000	\$50,000	\$15,000	\$30,000	\$15,000	\$30,000	\$15,000	\$30,000
Funeral expenses within Australia	Section G3	\$10,000 Limit \$5,000 Per Person	\$20,000 Limit \$5,000 Per Person	N/A	N/A	N/A	N/A	N/A	N/A
Total permanent disability	Section G4	\$12,000	\$24,000	N/A	N/A	N/A	N/A	N/A	N/A
Loss of income	Section G5	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Personal liability	Section H1	\$3,000,000	\$3,000,000	\$3,000,000	\$3,000,000	\$3,000,000	\$3,000,000	\$3,000,000	\$3,000,000
Legal expenses	Section H2	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000



Qantas Frequent Flyer points

One Qantas Point can be earned for every dollar spent on the Premier Plus Extras Travel Plan. You will be eligible for these points upon departure. Points will be credited to your Qantas Frequent Flyer account within 6 weeks of departure. You must be a member of the Qantas Frequent Flyer program to earn and redeem points. Membership and points are subject to the terms and conditions of the Qantas Frequent Flyer program. A joining fee applies. For further information on the Qantas Frequent Flyer program visit qantas.com/terms

Additional benefits you can purchase

Benefits are available prior and post departure.

Snow sports cover

You are not automatically covered for snow sports. Cover can be purchased for an additional amount.

Additional rental vehicle insurance excess cover

If you are renting a car, campervan, motorcycle or boat you may have to pay an insurance excess for an accident or theft. We have included cover for rental vehicle insurance excess however you may wish to increase this cover for an additional amount.

MAXIMUM ADDITIONAL COVER	ADDITIONAL UNITS OF COVER
\$5,000	\$20 per \$500 unit

Specified item cover

You can cover items worth more than the item limits on payment of an additional amount. Items separately insured under Specified item cover are covered up to the amount specified even if this amount exceeds the total luggage limit set out in the Schedule of benefits.

MAXIMUM INDIVIDUAL ITEM LIMIT	MAXIMUM TOTAL FOR ALL ITEMS
\$5,000	\$12,000

To calculate the additional amount to specify a necklace valued at \$4,000.

$$\$4,000 \times 4\% = \$160$$

You must insure the total value per item. Please ensure you have proof of value (not more than 12 months old) of any item you specify. This will be required should you make a claim.

Depreciation does not apply to specified items in the event of a claim. Specified item cover is subject to the terms and conditions as detailed under Section F1 "Luggage and personal effects" in the Policy wording.

Guidelines

- This policy is only available to residents of Australia and must be issued prior to the commencement of your trip.
- Insurance is not available to travellers outside of Australia.
- There is no cover under this policy for an existing medical condition of you, a relative or anyone in the travelling party. Refer to the section headed Existing medical condition(s) in the PDS and the definitions section in the Policy wording.
- The terms and conditions of the policy are subject to the laws of the Australian state or territory where the Certificate of Insurance is issued. You agree to submit to the jurisdiction of the courts of that state or territory.
- The premium payable for your travel insurance depends on a range of factors including your destination. You must select the travel plan based on your destination.
- There is no provision to suspend this policy during the period of insurance.
- This policy can be purchased up to 24 months in advance.
- You cannot extend the policy beyond the period of insurance shown on your original Certificate of Insurance. This policy can be purchased for a maximum duration of 12 months.

Age limits

There is no cover under this policy if you are aged 65 years or over at the time the Certificate of Insurance is to be issued. Ask Ouch about an alternative travel insurance policy that may be available.

Excesses

It is up to you to choose your excess level from the available options. The amount of the excess will be shown on your Certificate of Insurance. This excess will apply to each claim you make under this policy except on the applicable section of the policy wording listed as "No excess applies to claims under this benefit". The excess is an amount that will be subtracted from the amount paid to you if you should make a claim under a section of the policy where the excess is applicable. If you make more than one claim under your policy the excess will apply to each claim which arises as a result of each separate set of circumstances.

Availability

 Is this travel plan available to me?

Residents of Australia	Yes	If you are under 65 years when Certificate of Insurance is issued
Non residents of Australia	No	Regardless of your age

PART 2 - POLICY WORDING

Terms and conditions

Definitions

Applicable limit(s) means the sum insured specified in the Schedule of benefits or Policy wording for the travel plan selected as shown on the Certificate of Insurance.

Carrier(s) means the scheduled airline, vessel, train, or motor coach transport in which you are to travel to or from your intended destination.

Child or children means your child or children, stepchild or stepchildren, grandchild or grandchildren, nieces and nephews who are under 21 years of age at the time the Certificate of insurance is to be issued and who are financially dependant on you during the trip.

Electronic equipment means any equipment that operates using batteries or electricity including ipods, MP3 players, satellite navigation units and electronic games.

Existing medical condition(s) means:

- a. any chronic or ongoing (whether chronic or otherwise) medical or dental condition, illness or disease of which you were aware or should reasonably have been aware, or which is medically documented or under investigation in the 12 months prior to the issue of the Certificate of Insurance; or
- b. any physical, Mental Illness or medical condition (including pregnancy), defect, illness or disease of which you were aware or should reasonably have been aware, or for which treatment, medication, preventative medication, advice, preventative advice or investigation have been received or prescribed by a medical or dental adviser in the 60 days prior to the issue of the Certificate of Insurance.

Note:

- Where any condition, illness or disease is the subject of an investigation, that condition, illness or disease falls within this definition, regardless of whether or not a diagnosis of the condition, illness or disease has been made.
- This definition applies regardless of whether or not the condition, illness or disease displays symptoms.
- This definition applies to you, your travelling party, your relatives, your business colleague, or any other person you have a relationship with whose state of health could impact on your travel plans.

Family or Duo means you and your travel partner named in the Certificate of Insurance and accompanying child or children provided you and your travel partner are under 65 years of age at the time the Certificate of Insurance is to be issued.

Financial default means the insolvency, bankruptcy, provisional liquidation, financial collapse, appointment of receivers or any other form of insolvency administration of any person, company, or organisation.

Home in Australia means your usual residential address in Australia or an Australian hospital if we repatriate you.

Illness means any disease or sickness affecting the body or mind. This includes a Mental Illness

Injury means a bodily injury that is caused solely and directly by external and visible means as a result of an accident and which does not result from an illness.

Medical Practitioner means a medical professional registered and certified by the National and/or State Health Board either in Australia or in the country in which you are being treated whilst on your trip, and who is licensed to provide treatment, medication/prescriptions and medical opinions and reports – for example, doctors, physiotherapists and dentists. In the case of a Mental Illness, 'medical practitioner' means a mental health professional registered and certified by the National and/or State Health Board either in Australia or in the country in which you are being treated whilst you are on your trip, and who is licensed to provide treatment, medication/ prescriptions and medical opinions and reports – for example, psychologists, general practitioners and psychiatrists.

A medical practitioner does not include a person who is related to you or a member of your travelling party.

Mental illness means any sickness, disorder or condition recognised or provided for in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders, where a clinical diagnosis has been made and Mental Health Treatment Plan has been prescribed by a Medical Practitioner.

Mental Health Treatment Plan means the evidence based assessment and medical treatment plan, referred to and required by Australian Medicare, which includes, the patient's diagnosed Mental Illness, their Mental Illness medical history and their mental state and medical needs following diagnosis, as well as details of any medications prescribed, the patient's actions to be undertaken to treat their Mental Illness and details of any medical referrals for the diagnosed Mental Illness.

Period of insurance means the period of cover specified in the Certificate of Insurance.

Personal computer means laptops, personal digital assistants including a blackberry and other hand-held wireless devices and notebooks.

Premium means the total amount payable for the insurance. It includes commission, stamp duty, GST and administration fees if applicable.

Professional sporting activity means an activity for which you receive financial reward, or benefits from participating in that sporting activity, regardless of whether or not you are a professional sports person.

Relative(s) is limited to a relative of yours, or of a member of the travelling party, who is resident in Australia or New Zealand. It means a spouse, defacto partner, parent, parent-in-law, daughter, son, daughter-in-law, son-in-law, brother, sister, brother-in-law, sister-in-law, grandchildren, grandparent, stepparent, stepchildren, fiance or fiancée, or guardian.

Rental vehicle means any car, campervan, motorcycle or boat you rent from a licenced rental vehicle company and have a signed contract with that company.

Repatriate(d) or repatriation means travel arrangements made by us for your return to your home in Australia or where we consider to be the nearest suitable alternative.

Resident of Australia means someone who currently resides in Australia and is eligible for an Australian Medicare Card.

Scheduled public transport means a public transport system that runs to a timetable.

Single means a single person travelling alone or accompanied by a child or children.

Snow sports means skiing, snow boarding and ski biking on groomed terrain, ski slopes or open trails within ski resort boundaries that are maintained and monitored and patrolled by the ski resort

Terrorist act means an act or threat of force or violence by any person acting alone or in association with an organisation or foreign government, where the purpose, by its nature or context, is to put the public or a section of the public in fear, to resist or influence a government or, to further an ideological, religious, ethnic or similar act.

Total permanent disability means you have lost any part of your arm between the shoulder and wrist or any part of your leg between the hip and ankle or use of the above, or lost sight in one or both eyes for at least 12 months and after consultation with an appropriate medical specialist and, in our opinion, that loss will continue indefinitely.

Travelling party means you and any travelling companion who has made arrangements to accompany you for at least 50% of the trip.

Trip(s) means the period of travel stated in the Certificate of Insurance. The period begins on the date of departure, as stated in the Certificate of Insurance, from your home in Australia and ends when you return to your home in Australia or when the period of the trip set out in the Certificate of Insurance ends, whichever happens first. The period of travel cannot be altered without our consent.

Unattended means leaving your luggage either with a person you have not previously met, or, in a public place where it can be taken without your knowledge or at a distance from which you cannot prevent it from being taken.

We, our(s), us refers to QBE Insurance (Australia) Limited ABN 78 003 191 035.

You, your, yours, yourself means the person or persons listed as adults in the Certificate of Insurance and their accompanying child or children.

Your policy is a contract of insurance

Your policy is a contract of insurance between you and us. You pay us the premium, and in return we provide you with cover under the travel plan you have chosen.

Your contract consists of:

- these terms and conditions;
- the section in the Schedule of benefits, which relates to the travel plan you have chosen;
- your Certificate of Insurance, which will show the travel plan you have chosen;
- any additional options; and
- any written endorsements we give you. Together these documents make up your policy.

It is important that you read your policy carefully, and keep this booklet in a safe place for future reference. If you have any questions regarding your policy, please contact us using the details on the front page of this brochure.

You must co-operate with us

You must co-operate with us and give us all the information and assistance we need to deal with your claim. If you do not, we may not be able to settle your claim.

When does the policy begin and end?

Your policy will be valid for the period of insurance when you have paid the premium and you have been provided with a Certificate of Insurance. The period of insurance will start and end on the dates shown in your Certificate of Insurance or when you return to your home in Australia whichever happens first.

When does the cover under each benefit begin and end?

This policy contains a number of different benefits. Cover under those benefits may begin and end at different times. Each section of the policy sets out when the cover begins and ends.

Making changes to the period of insurance

The period of insurance cannot be changed without our consent. If you wish to defer or alter the period of insurance, we may ask you to submit a Policy Amendment Form. We will decide whether or not to agree to alter the period of insurance based on the information you give us, together with any additional information we ask for. If we agree to defer or alter that period of insurance you will be issued with a new Certificate of Insurance which will show the change of the period of insurance and any premium adjustment. However, if the scheduled transport in which you are to travel is delayed, or your trip is delayed by an event that entitles you to make a claim under this policy, the period of insurance is automatically extended beyond the period of your original trip. This extension lasts until you are capable of travelling to your final destination, including the journey there, or for a period of 6 months beyond the period of insurance, whichever happens first.

Cancellation

By you

Once the Certificate of Insurance has been issued you are not entitled to a refund of any part of the premium except as provided for in the section headed "Cooling off period". See the Cooling off period Section for further details on page 4.

By us

We can cancel your insurance in any way permitted by law, including if you have:

- failed to comply with your Duty of Disclosure; or
- made a misrepresentation to us before the policy was entered in to; or
- failed to comply with a provision of a policy, including failure to pay the premium; or
- made a fraudulent claim under this policy or any other current policy; or
- failed to notify us of a specific act or omission as required by the policy.

If we cancel your policy, we will do so by giving you written notice. We will deduct from the premium an amount to cover the shortened period for which you have been insured by us, and refund to you what is left.

General exclusions

These are the general exclusions which apply to all sections of this policy. You should read them, together with the cover and the specific exclusions referred to under each section of cover. There is no cover under any section of this policy for any claim arising directly or indirectly because of any of the following:

1. you travel:
 - (a) even though you know you are unfit to travel; or
 - (b) against medical advice; or
 - (c) when you know you will have to consult a Medical Practitioner; or
 - (d) for the purpose of obtaining medical advice or treatment.
2. you maintain a course of treatment you were on at the time your trip commenced, except where this is covered under Section F1 "Luggage and personal effects".
3. the death, illness or injury is caused or exacerbated by, or consequential upon, an existing medical condition of you, a member of the travelling party or a non-travelling relative or business partner. This exclusion will not apply if the medical condition is one that is covered automatically.
4. the death, illness or injury of you, a member of the travelling party or a non-travelling relative or business partner is caused or exacerbated by or consequential upon, any condition which has been the subject of a medical investigation within the period of 12 months prior to the issue of the Certificate of Insurance, in respect of which no diagnosis has been made. This exclusion will not apply if the medical condition is one that is automatically covered.
5. a death, illness or injury where a metastatic condition and/or terminal prognosis was made, in relation to any medical condition, prior to the issue of the Certificate of Insurance.
6. the birth of a child, whatever the proximate cause is.

7. any cover if you are 65 years of age or over at the time the Certificate of Insurance is to be issued.
8. the death, illness or injury of a person who is not a member of your travelling party and is 80 years of age or over at the time the Certificate of Insurance is issued.
9. a member of the travelling party decides to alter their plans or not to continue with the trip.
10. a member of the travelling party:
 - (a) deliberately injures themselves; or
 - (b) being under the influence of, or is addicted to, intoxicating liquor or a drug, except a drug taken in accordance with the advice of a registered medical practitioner; or
 - (c) suffers HIV with AIDS related infection or illness; or
 - (d) takes part in a riot or civil commotion; or
 - (e) acts maliciously; or
 - (f) hunts, plays polo, races (except on foot), mountaineers or rock climbs using support ropes, participates in base jumping, running with the bulls, or pot holing; or
 - (g) travels in international waters in a private sail vessel or privately registered sail vessel; or
 - (h) participates in, or trains for, a professional sporting activity; or
 - (i) scuba dives unless you hold an open water diving licence or you were diving under licensed instruction; or
 - (j) rides a motor cycle in excess of 100 cc (except as a pillion passenger) without a licence that is valid in your country of residence; or
 - (k) rides a 4 wheel motor cycle even as a pillion passenger; or
 - (l) participates in a snow sports activity without payment of the additional premium.
 - (m) participates in off piste or back country snow sports activities
11. a loss which is recoverable under some other scheme. For example, Medicare, a private health fund, national reciprocal health fund or scheme, workers' compensation scheme, travel compensation fund or accident compensation scheme.
12. any consequential loss or loss of enjoyment.
13. a loss caused by, or in any way connected with a criminal or dishonest act by you or by a person with whom you are in collusion.
14. a loss caused by, or in any way connected with war, invasion, act of a foreign enemy, hostilities (whether war is declared or not), civil war, rebellion, revolution, military or usurped power or civil insurrection, except as provided for in event 2 under "What are the events that will be covered under Section A?"
15. a loss caused by, or in any way connected with the use, existence or escape of nuclear weapons material, or ionising radiation from, or contamination by, radioactivity from any nuclear fuel, or nuclear waste from the combustion of nuclear fuel.
16. a loss caused by, or in any way connected with any government intervention, prohibition, or regulation except as provided for in event 5 under "What are the events that will be covered under Section A?"
17. a government authority seizing, withholding or destroying anything of yours or any prohibition by or regulation or intervention of any government or any government not allowing you to enter or to stay in that country.
18. an act or threat of terrorism. This exclusion does not apply to Section B1 "Medical and dental expenses", Section D5 "Hijacking", Section F1 "Luggage and personal effects" or under Section C1 "Medical evacuation and repatriation" for the cost of repatriation to or within Australia, if the carrier requires you to be brought back with a medical escort.
19. the cancellation or delay of travel arrangements due to mechanical breakdown of transportation or failure of the carrier to operate the service. This exclusion does not apply to Section D1 "Travel delay" or Section D3 "Missed connection - special events".
20. you fail to take reasonable precautions to avoid a financial loss after a public warning of a strike, riot, civil commotion, or natural disaster.
21. you operate a rental vehicle in violation of the rental agreement.
22. the financial default of a travel agent, scheduled serviced airlines, hotel and resort operators, car and campervan hire companies, cruise lines, railway operators and theme park operators to the extent that your loss is covered by a scheme or fund (not a contract of insurance), or would be covered but for this insurance.
23. the financial default of any person, company or organisation involved in your travel arrangements and that financial default occurred prior to the issue of the Certificate of Insurance.
24. credit card conversion fees or any other bank charges.

Section A - Cancellation and additional expenses

Am I covered under Section A?

You must read Section A together with the General exclusions, as these may affect your cover.

What are the events that will be covered under Section A?

We will cover you under Section A in respect of your planned trip if one of the following events occurs after the issue of the Certificate of Insurance:

1. you are unable to start or finish the trip because of the death, sudden serious illness or serious injury arising before or during the trip of:
 - you; or
 - a member of your travelling party; or
 - a relative, who is a resident in Australia or New Zealand.

But before we will cover you, you must provide us with proof that:

- the death has occurred or the illness or injury requires hospitalisation or confinement; or
 - in the case of a Mental Illness
 - i. a diagnosis has been made by a Medical Practitioner; and
 - ii. the diagnosed individual has been assigned a Mental Health Treatment Plan; and
 - ii. the Mental Illness prevents you from travelling.
2. You are unable to start or finish the trip because of the death, sudden serious illness or serious injury arising before or during the trip of a business partner or co-worker. But before we will cover you, you must provide us with proof that the business partner or co-worker's absence due to death, sudden serious illness or serious injury made the cancellation or ending of the trip necessary and you have written confirmation of that fact from a senior representative or director of the business.
 3. your pre-paid scheduled public transport services or pre-paid tour have been cancelled or restricted because of severe weather, natural disaster, riot, strike or civil insurrection.
 4. your pre-paid accommodation has been destroyed or is uninhabitable due to severe weather or natural disaster and no alternative equivalent accommodation is available in the vicinity. You must have done everything reasonable to obtain alternative accommodation.
 5. a member of the travelling party is required to do jury service or has received a summons to give evidence in a criminal court of law.
 6. a member of the travelling party is confined in compulsory quarantine.

9. you have been involved in, or your travel arrangements have been cancelled or delayed by, a motor vehicle, railway, air or marine accident or incident. You must have
10. written confirmation of the accident or incident from an official body in the country where the accident or incident happened.
11. your passport, travel documents or credit cards are lost or damaged.
12. a member of your travelling party, who is a full time student, is required to sit supplementary examinations conducted by their educational institution.
13. a member of your travelling party has been made redundant from full-time permanent employment in Australia.
14. the cancellation of pre-arranged leave by an employer for a member of your travelling party who is a full-time permanent employee of the police, fire, ambulance or emergency services.
15. your normal place of residence or business premises in Australia has been destroyed or rendered insecure due to a natural disaster, fire or malicious damage.
16. a wedding, conference, pre-paid concert, course, tuition or ticketed sporting event has been cancelled, and the sole purpose of the trip is to attend that wedding, conference, concert, course, tuition or ticketed sporting event.
17. a member of your travelling party has been affected by any form of insolvency, administration or bankruptcy of their employer.
18. a tour operator or wholesaler has cancelled a tour because there are not enough people to begin or complete the tour. Cover is limited to the pre-paid cost of the transport arrangements purchased solely to get to the departure point and returning from the finishing point of that tour, or rearrangement costs, whichever is the lesser.
19. the financial default of scheduled service airlines, hotel and resort operators, car and campervan hire companies, cruise lines, railways operators and theme park operators excluding travel agents or wholesalers. Cover is limited to \$10,000 Single Policy or \$20,000 Family or Duo Policy.

Section A1 - Cancellation or holiday deferment costs

When does the cover begin and end?

The cover under this benefit begins from the time the Certificate of Insurance is issued to you and ends when you return to your home in Australia or when the period of insurance ends, whichever happens first.

What is covered?

We will pay the value of unused pre-paid travel arrangements, less any refunds you are entitled to, if you have to cancel these arrangements because of an event set out under "What are the events that will be covered under Section A?", or the reasonable cost of rearranging your trip, provided that this cost is not greater than the cancellation fees or lost deposits which would have been incurred had the trip been cancelled. We will also pay the value of pre-paid theme park and event tickets, golf green fees or tuition fees that cannot be used due to death, illness or injury, less any refunds you are entitled to, if you have to cancel these arrangements. If cancellation is due to an illness or injury you must provide us with documentation from your Medical Practitioner to confirm you are medically unfit to commence or continue with your trip. We will not pay for cancellation or holiday deferment costs unless these costs are medically justified and if you have already commenced your trip you must have our consent.

What is not covered?

1. We will not pay for the value of unused pre-paid transport costs where we have repatriated you a distance equivalent to, or greater than, the total distance remaining on your itinerary at the point of repatriation. Where the total distance of the repatriation is less than the unused travel arrangements we will calculate your entitlement on a pro-rata basis, taking into account the cost of your original ticket.
2. We will not pay for the value of any pre-paid snow sport arrangements except where you have purchased Snow sports cover.

What is the most we will pay?

The most we will pay is the applicable limit set out in the Schedule of benefits for the travel plan selected, unless you are claiming for pre-paid theme park and event tickets, golf green fees or tuition fees that cannot be used because of an event set out under "What are the events that will be covered under Section A?" which are limited to \$500 Single Policy or \$1,000 Family or Duo Policy.

Section A2 - Emergency travel arrangements and accommodation expenses

When does the cover begin and end?

The cover under this benefit begins when you leave on your trip and ends when you return to your home in Australia or when the period of insurance ends, whichever happens first.

What is covered?

We will cover you for expenses you incur for reasonable additional travel, accommodation, meals and internet use and emergency telephone calls if you have to interrupt your trip after it has begun, because of an event set out under "What are the events that will be covered under Section A?". We will pay the higher of the non-refundable cancellation fees (Under Section A1 "Cancellation or holiday deferment costs") or the additional rearrangement costs that have been incurred as a result of the same event. If the interruption to your trip requires repatriation refer to Section C "Evacuation and repatriation" for details of cover. You must not organise any additional travel or accommodation in excess of \$2,000 without prior consent from us.

What is not covered?

1. Any additional travel you undertake must be at the fare class that you originally chose, except where written approval is provided by us.
2. If you return to your home in Australia because of the interruption and you do not have a return ticket at the time of the event that causes a claim under this section, we will deduct from the amount we pay you the cost of an economy class airfare at the carrier's regular published rates for the return journey.
3. We will not pay for any expenses you incur to resume your trip after you have returned to your home in Australia.
4. We will not pay for additional accommodation where you have claimed for cancelled accommodation expenses covering the same period of time or for additional transport costs in excess of the distance of the cancelled travel arrangements.
5. We will not pay for accommodation expenses for periods where you have not forfeited pre-paid accommodation arrangements, except as set out under Section B4 "Post-hospital accommodation".

What is the most we will pay?

The most we will pay under this benefit for the reasonable cost of additional meals is \$75 Single Policy or \$150 Family or Duo Policy for each 24 hour period up to a maximum of \$500 Single Policy or \$1,000 Family or Duo Policy. For additional travel and accommodation the most we will pay you under this benefit is the amount set out in the section in the Schedule of benefits. We will also pay you for necessary emergency internet use and telephone calls up to a maximum of \$250.

Section A3 - Agents cancellation fees

When does the cover begin and end?

The cover under this benefit begins from the time the Certificate of Insurance is issued to you and ends when you return to your home in Australia or when the period of insurance ends, whichever happens first.

What is covered?

We will cover you for agent's cancellation fees when you have paid the agent the full amount for your trip and you have cancelled because of an event set out under "What are the events that will be covered under Section A?". If only a deposit has been paid at the time of cancellation, we will pay the agent's cancellation fees up to the maximum amount of the deposit.

What is not covered?

1. We will not pay more than the level of commission and/or service fees normally earned by the agent, had the trip not been cancelled.

What is the most we will pay?

The most we will pay is the applicable limit set out in the Schedule of benefits for the travel plan selected.

Section A4 - Loss of reward points

When does the cover begin and end?

The cover under this benefit begins when you leave on your trip and ends when you return to your home in Australia or when the period of insurance ends, whichever happens first.

What is covered?

We will pay for lost Qantas Points or similar flight reward points lost due to the cancellation of your airline ticket because of an event set out under "What are the events that will be covered under Section A?".

The amount we will pay is calculated as follows:

- (a) the cost of the equivalent class airline ticket, based on the best available advance purchase airfare for the same season of the following year, less your financial contribution towards the airline ticket;
- (b) multiplied by the total amount of points lost;
- (c) divided by the total amount of points redeemed to obtain the airline ticket.

What is not covered?

1. We will not provide cover if you can recover your Qantas Points or similar reward points, or their value, from any source.

What is the most we will pay?

Cover is unlimited.

Section B - Medical and dental expenses

Am I covered under Section B?

You must read Section B together with the General exclusions, as these may affect your cover.

Section B1 - Medical and dental expenses

When does the cover begin and end?

The cover under this benefit begins when you leave on your trip and ends when you return to your home in Australia or when the period of insurance ends, whichever happens first.

What is covered?

We will cover you for:

- medical, hospital and ambulance expenses you incur as a result of death, illness or injury; or
- dental treatment expenses you incur as a result of an injury to healthy natural teeth; that you suffer while you are overseas.

We will pay medical treatment that in our opinion cannot be safely delayed until your return to Australia and is required urgently to stabilise your illness or injury. This decision will be determined by us.

All treatment must be provided by a qualified and registered Medical Practitioner in the country you are being treated in, utilizing evidence based techniques and methodology.

Where you need treatment for an injury by a physiotherapist or a chiropractor or emergency dental treatment, you may have the first 6 treatments without asking us. Any treatments after that must be with our consent. All expenses under this section must be incurred within 12 months of the date of the illness or injury.

What is not covered?

1. There is no cover for any medical, hospital or ambulance expenses you incur in Australia. We cannot cover these because we are not allowed to do so by law. There is no cover for any dental expenses you incur in Australia.
2. There is no cover under this benefit because of an Illness or Injury, the signs and symptoms of which you first became aware of before you went on your trip.
3. There is no cover for any person whose date of birth is after the date that the Certificate of Insurance was issued unless you advised us and we agreed to provide cover.
4. There is no cover for damage to dentures or dental prostheses under this section. Refer to Section F1 "Luggage and personal effects" for cover that may be available.
5. There is no cover for expenses incurred for dental treatment due to normal wear and tear or the normal maintenance of dental health.
6. There is no cover for any existing medical condition for any member of the travelling party unless the medical condition is one that is automatically covered.
7. There is no cover for ongoing payments under this benefit if we decide that you are capable of being repatriated to or within Australia. If you do not agree to return to your home in Australia
8. we will not make any further payment for medical expenses and associated costs as determined by us.

What is the most we will pay?

The most we will pay under this benefit is the applicable limit set out in the Schedule of benefits for the travel plan selected.

Section B2 - Hospital compensation

No excess applies to claims under this benefit.

When does the cover begin and end?

The cover under this benefit begins when *you* are hospitalised overseas.

What is covered?

We will cover you if you are hospitalised overseas for more than 48 continuous hours because of an Illness or Injury which first happened while you were outside Australia on your trip.

What is the most we will pay?

We will pay is \$100 Single Policy and \$200 Family or Duo Policy for every 24 hours up to the applicable limit set out in the Schedule of benefits for the travel plan selected.

Section B3 - Critical Illness or injury – emergency travel expenses for a relative**When does the cover begin and end?**

The cover under this benefit begins when you are hospitalised overseas and ends when you are discharged from hospital.

What is covered?

We will pay for a return economy class airfare and reasonable accommodation for a friend or relative to travel directly to you, if you are hospitalised as a direct result of you suffering a sudden life-threatening critical Injury or Illness during your trip. Before we will pay this you must have written consent from us.

What is the most we will pay?

The most we will pay is the amount set out in the Schedule of benefits for the travel plan selected.

Section B4 - Post-hospital accommodation

No excess applies to claims under this benefit. Cover not available to A, B and C Travel Plans.

When does the cover begin and end?

The cover under this benefit begins when you leave hospital and ends when your Medical Practitioner deems you are fit to resume your trip, or after 5 days, whichever occurs first.

What is covered?

We will cover you if you are hospitalised overseas for more than 48 hours because of an Illness or Injury which first happened while you were outside Australia on your trip, and you need accommodation to recover from your Illness or Injury after you leave hospital. Before we will pay this you must written consent from us.

What is not covered?

1. We will not pay for post-hospitalisation accommodation expenses when you have also made a claim for cancelled accommodation expenses covering the same period of time.
2. Any cover under an A, B or C Travel Plan.

What is the most we will pay?

The most we will pay is \$100 Single Policy and \$200 Family or Duo Policy per day up to the applicable limit set out in the Schedule of benefits for the Premier Plus Extras Travel Plan.

Section B5 - Dental expenses due to sudden and acute pain

When does the cover begin and end?

The cover under this benefit begins when you leave on your trip and ends when you return to your home in Australia or when the period of insurance ends, whichever happens first.

What is covered?

We will cover you for dental treatment expenses you incur overseas to relieve sudden and acute pain which occurs while you are outside Australia. We will pay expenses which we believe are reasonable and necessary to treat the pain. Before we will pay this you must give us written certification from your treating dentist that treatment is necessary to alleviate your pain and provide itemized costs detailing the extent of treatment required. Any treatment you receive must be given by a dentist or oral surgeon who is registered to practice in the country where you receive treatment.

What is not covered?

1. There is no cover for expenses incurred for dental treatment due to normal wear and tear or the normal maintenance of dental health.
2. There is also no cover for any dental expenses you incur in Australia.

What is the most we will pay?

The most we will pay under this benefit is the applicable limit set out in the Schedule of benefits for the travel plan selected.

Section C- Evacuation and repatriation

Am I covered under Section C?

You must read Section B together with the General exclusions, as these may affect your cover.

Section C1 - Medical evacuation and repatriation

When does the cover begin and end?

The cover under this benefit begins when you leave on your trip and ends when you return to your home in Australia or when the period of insurance ends, whichever happens first.

What is covered?

We will cover you if you have to interrupt your trip after it has begun because you have suffered an Illness or Injury while you are on your trip, and in our opinion you need to be evacuated or repatriated.

We will pay expenses which we believe are reasonable and necessary to bring you back to your home in Australia or to another destination of our choice.. The decision to evacuate or repatriate you is ours, and we will not pay for any evacuation or repatriation expenses unless it is medically justified and you have received our consent.

We will either;

- return you to your home in Australia with a medical attendant; or
- pay for a return economy class airfare, reasonable accommodation and additional expenses for a friend or relative to fly to, remain with and escort you in place of a medical attendant; or
- return you to your home in Australia without an attendant.

What is not covered?

1. We will not cover you if you evacuate or repatriate when it is not deemed medically necessary by us or without our consent.
2. We will not pay for any expenses you incur to resume your trip after you have returned to your home in Australia.
3. For repatriation, we will not pay more than the cost of repatriation to your home in Australia.
4. There is no cover under this benefit because of an Illness or Injury, the signs and symptoms of which you first became aware of before you went on your trip.
5. Any additional costs for travel you undertake that is not at the fare class that you originally chose, unless undertaken with our consent.
6. If you do not have a return ticket at the time of the event that causes a claim under this section, we will deduct from the amount we pay you the cost of an economy class airfare at the carrier's regular published rates for the return journey.

What is the most we will pay?

The most we will pay under this benefit is the applicable limit set out in the Schedule of benefits for the travel plan selected.

Section C2 - Non-medical evacuation and repatriation

When does the cover begin and end?

The cover under this benefit begins when you leave on your trip and ends when you return to your home in Australia or when the period of insurance ends, whichever happens first.

What is covered?

We will cover you if you have to interrupt your trip after it has begun because of one of the events listed in "What are the events that will be covered under Section A?", while you are on your trip, and in our opinion you need to be evacuated or repatriated.

We will pay expenses which we believe are reasonable and necessary to bring you back to your home in Australia or to another destination of our choice. The decision to evacuate or repatriate you is ours, and we will not pay for any evacuation or repatriation expenses unless you have received our prior consent.

What is not covered?

1. We will not cover you if you evacuate or repatriate without our consent.
2. We will not pay for any expenses you incur to resume your trip after you have returned to your home in Australia.
3. For repatriation, we will not pay more than the cost of repatriation to your home in Australia.
4. Any additional travel you undertake must be at the fare class that you originally chose unless you have our consent.
5. If you do not have a return ticket at the time of the event that causes a claim under this section, we will deduct from the amount we pay you the cost of an economy class airfare at the carrier's regular published rates for the return journey.

What is the most we will pay?

The most we will pay under this benefit is the applicable limit set out in the Schedule of benefits for the travel plan selected.

Section D - Extra travel cover

No excess applies to any claims under these benefits.

Am I covered under Section D?

You must read Section D together with the General exclusions, as these may affect your cover.

Section D1 - Travel delay

When does the cover begin and end?

The cover under this benefit begins when you leave on your trip and ends when you return to your home in Australia or when the period of insurance ends, whichever happens first.

What is covered?

We will cover you if your scheduled public transport from or within Australia or overseas in respect of any individual leg of your trip is delayed for at least 6 hours for a reason outside your control, and for each subsequent 24 hours (or part of that time) from the original departure time.

What is not covered?

1. If you are entitled to a claim under Section A2 "Emergency travel arrangements and accommodation expenses" there is no cover under this benefit.

What is the most we will pay?

The most we will pay under this benefit, is the applicable limit which is the total of:

- (a) the reasonable cost of rearranging your travel arrangements, including additional accommodation and travel arrangements to resume your pre-paid arrangements; and
- (b) up to a maximum of \$375 Single Policy or \$750 Family or Duo Policy for Premier Plus Extras Travel Plan, \$300 Single Policy or \$600 Family or Duo Policy for A Travel Plan, \$200 Single Policy or \$400 Family or Duo Policy for B Travel Plan and \$100 Single Policy or \$200 Family or Duo Policy for C Travel Plan for the cost of reasonable additional accommodation and \$50 Single Policy and \$100 Family or Duo Policy for meals.

Section D2 - Airfare compensation

When does the cover begin and end?

The cover under this benefit begins when you leave on your trip and ends when you return to your home in Australia or when the period of insurance ends, whichever happens first.

What is covered?

We will cover you if, because of an Injury occurring during your trip that happens after your departure from Australia, the carrier requires you to be brought back to Australia with a medical attendant.

However, We will only do so if either:

- there are more than 5 days of the trip, or 25% of the length, whichever is the greater, remaining; or
- you have been confined to hospital overseas for more than 25% of the trip.

What is the most we will pay?

The most we will under this benefit is the cost of your original air ticket (less any refund that is due to you), up to a maximum of \$6,000 Single Policy or \$12,000 Family or Duo Policy for Premier Plus Extras Travel Plan, \$5,000 Single Policy or \$10,000 Family or Duo Policy for A Travel Plan, \$2,000 Single Policy or \$4,000 Family or Duo Policy for B Travel Plan and \$1,000 Single Policy or \$2,000 Family or Duo Policy for C Travel Plan.

Section D3 - Missed connection - special events

When does the cover begin and end?

The cover under this benefit begins when you leave on your trip and ends when you return to your home in Australia or when the period of insurance ends, whichever happens first.

What is covered?

We will cover you if your trip is interrupted by an event that is not anticipated, is unexpected, and outside of your control, and you are unable to arrive at your destination by the time originally scheduled for the purpose of attending a wedding, funeral, conference, 25th or 50th Wedding Anniversary or ticketed sporting event which cannot be delayed as a consequence of your late arrival. We will pay for the reasonable additional cost of using alternative public transport to arrive at the destination on time.

What is the most we will pay?

The most we will pay under this benefit is the applicable limit set out in the Schedule of benefits for the travel plan selected.

Section D4 - Withdrawal of services

When does the cover begin and end?

The cover under this benefit begins when you leave on your trip and ends when you return to your home in Australia or when the period of insurance ends, whichever happens first.

What is covered?

We will cover you if all electrical and water facilities in your room; or waiter service at meals, or kitchen services where no food is served, or all chambermaid services are withdrawn due to unforeseeable circumstances at the pre-paid accommodation that you are staying at during your trip. These services must be withdrawn for 48 hours continuously and you must have written confirmation of your claim from the accommodation manager.

What is the most we will pay?

The most we will pay under this benefit is up to \$50 for each completed 24 hour period up to a maximum \$500 Single Policy and \$1,000 Family or Duo Policy for Premier Plus Extras and A Travel Plans, \$300 Single Policy or \$600 Family or Duo Policy for B Travel Plan and \$200 Single Policy and \$400 Family or Duo Policy for C Travel Plan.

Section D5 - Hijacking

When does the cover begin and end?

The cover under this benefit begins when you leave on your trip and ends when you return to your home in Australia or when the period of insurance ends, whichever happens first.

What is covered?

We will cover you if the scheduled public transport on which you are travelling is hijacked during your trip and you subsequently want to cancel your trip and return to your home in Australia. We will pay you for your reasonable additional travel expenses and the cost of pre-paid travel arrangements that you do not use, less any refunds due to you.

What is the most we will pay?

The most we will pay under this benefit is the applicable limit set out in the Schedule of benefits for the travel plan selected.

Section D6 - Home and contents insurance excess

When does the cover begin and end?

The cover under this benefit begins when you leave on your trip and ends when you return to your home in Australia or when the period of insurance ends, whichever happens first.

What is covered?

We will cover you for the home and contents insurance excess if your normal place of residence in Australia is damaged or burgled during your trip and you make a claim against your home and contents insurance.

What is the most we will pay?

The most we will pay under this benefit is \$200.

Section E - Rental vehicle expenses

No excess applies to claims under these benefits.

Am I covered under Section E?

You must read Section E together with the General exclusions, as these may affect your cover.

Section E1 - Rental vehicle insurance excess

When does the cover begin and end?

The cover under this benefit begins when you leave on your trip and ends when you return to your home in Australia or when the period of insurance ends, whichever happens first.

What is covered?

We will cover you for the rental vehicle insurance excess, or the cost of repairing the vehicle, whichever is lower, if

- you rent a vehicle from a rental company;
- it is damaged by accident, storm, fire or theft; and
- you are a nominated driver on the Rental Vehicle Agreement.

For this benefit to apply, the rental vehicle must have comprehensive motor vehicle insurance for the period of hire.

What is not covered?

1. This cover is not in place of rental vehicle insurance and only provides cover for the excess component up to the applicable limit.

What is the most we will pay?

The most we will pay under this benefit is the applicable limit set out in the Schedule of benefits for the travel plan selected.

Section E2 - Return of rental vehicle

When does the cover begin and end?

The cover under this benefit begins when you leave on your trip and ends when you return to your home in Australia or when the period of insurance ends, whichever happens first.

What is covered?

We will pay towards the cost of returning your rental vehicle to the nearest depot, including airport concession charges, if due to a claimable event covered by any section of this policy you are unable to do so during your trip.

What is the most we will pay?

The most we will pay under this benefit is the applicable limit set out in the Schedule of benefits for the travel plan selected.

Section F - Luggage and personal effects

Am I covered under Section F?

You must read Section F together with the General exclusions, as these may affect your cover.

Section F1 - Luggage and personal effects

When does the cover begin and end?

The cover under this benefit begins when you leave on your trip and ends when you return to your home in Australia or when the period of insurance ends, whichever happens first.

What is covered?

We will cover you for each of the following:

1. accidental loss, theft of, or damage to, your luggage or personal effects including things you buy during the trip, while they are accompanying you during your trip.
2. loss of, or damage to, dentures or dental prostheses during your trip.
3. the cost of medical consultation fees you incur to replace prescription medication which is accidentally lost, stolen or damaged, together with the cost of the medication itself.
4. theft of, or damage to, your luggage or personal effects while they are left in a locked motor vehicle or a motor home during daylight hours and there is forced entry into the vehicle.

We will allow you one automatic reinstatement of the sum insured in the event of a claim.

What is not covered?

There is no cover under Section F1 for any of the following:

1. accidental loss or damage to or theft of:
 - (a) cash, bank or currency notes, cheques or negotiable instruments;
 - (b) fragile or brittle items (e.g. glass or china), except loss or damage caused by fire, or by accident to the transport carrying them;
 - (c) damage to computer screens at any time, computer software or applications;
 - (d) luggage or personal effects that are being transported independently of you;
 - (e) property that you leave unattended or that occurs because you do not take reasonable care to protect it;
 - (f) luggage or personal effects for which you are entitled to compensation from the carrier;
 - (g) personal computer, communication or photographic equipment, electronic equipment, jewellery or watches left unattended by you in a motor vehicle or a motor home for any length of time, even if they are locked in the motor vehicle or motor home;
 - (h) luggage or personal effects left unattended by you during non-daylight hours in a motor vehicle or a motor home for any length of time;
 - (i) luggage or personal effects left unattended by you in a tent or caravan for any length of time;
 - (j) personal computer, communication or photographic equipment, electronic equipment, jewellery or watches checked in as luggage;
 - (k) trade items, trade samples or your tools of trade or profession;
 - (l) gold or precious metals, precious unset or uncut gemstones;
 - (m) watercraft of any type (excluding theft of surfboards or damage to surfboards whilst in the custody of the carrier);
 - (n) sporting equipment whilst in use; or
 - (o) snow sports equipment without payment of the additional premium.
2. wear and tear or depreciation of property or damage by the action of insects or vermin, mildew, rust or corrosion.
3. mechanical or electrical breakdown, or malfunction repair costs.

What is the most we will pay?

The most we will pay under this benefit is the applicable limit set out in the Schedule of benefits for the travel plan selected. We will not pay more than the original price you paid for an item, even if the applicable limit set out in the Schedule of benefits is higher.

We will choose between:

- repairing or replacing your items to a condition no better than their condition at the time of loss, damage or theft; or
- paying you their value in cash, taking into account an allowance for age, wear and tear. The way in which we depreciate is set out in the Depreciation Schedule under Section I "Claims" on page 22.

The limits in total, for a camera, video camera or personal computer, set of golf clubs, watches, jewellery and for any other item are set out in the Schedule of benefits unless you have separately insured an item under Specified item cover. A pair or related set of items - for example, a camera, lenses (attached or not), tripod and accessories or a chain and pendant - are only one item for this purpose unless each individual item has been separately insured under Specified item cover.

Specified item cover - If you have separately insured an item under Specified item cover, depreciation does not apply. You must have a receipt or valuation (less than 12 months old) for any item you specify. Items separately insured under Specified item cover are covered up to the amount specified even if this amount exceeds the total luggage limit set out in the Schedule of benefits.

Section F2 - Emergency luggage

No excess applies to claims under this benefit.

When does the cover begin and end?

The cover under this benefit begins when you leave on your trip and ends when you return to your home in Australia or when the period of insurance ends, whichever happens first.

What is covered?

We will cover you towards the cost of purchasing essential articles such as clothing, toiletries and personal requisites if your accompanied luggage is delayed, misdirected or temporarily misplaced by the carrier for a period in excess of 10 hours during your trip. If your luggage is not recovered, the amount paid by us for the loss will be reduced by the total of any amounts paid for under this section.

What is the most we will pay?

The most we will pay under this benefit is the applicable limit set out in the section in the Schedule of benefits for the travel plan selected. If after 72 hours your delayed luggage is still missing, the applicable limit for this benefit are doubled.

Section F3 - Stolen cash

No excess applies to claims under this benefit. Cover not available to A, B or C Travel Plans.

When does the cover begin and end?

The cover under this benefit begins when you leave on your trip and ends when you return to your home in Australia or when the period of insurance ends, whichever happens first.

What is covered?

We will cover you for the loss of cash that was either carried on your person at the time of loss or secured in a locked safe, provided that you reported the loss to the police within 12 hours of becoming aware of the loss and obtained a written police report.

What is not covered?

1. Any cover under an A, B or C Travel Plan.

What is the most we will pay?

The most we will pay under this benefit is the applicable limit set out in the section in the Schedule of benefits for the Premier Plus Extras Travel Plan.

Section F4 - Replacement passports and travel documents

When does the cover begin and end?

The cover under this benefit begins when you leave on your trip and ends when you return to your home in Australia or when the period of insurance ends, whichever happens first.

What is covered?

We will pay for the cost of reissuing or replacing your travel or personal documents, travellers' cheques, passport, or debit or credit cards, after they have been stolen, accidentally lost or damaged during your trip.

We will also cover the reasonable cost of you travelling to the nearest location where the documents can be replaced. You must comply with any conditions of the issuing body of the travel documents, travellers' cheques, passport, or debit or credit cards.

What is the most we will pay?

The most we will pay under this benefit is the *applicable limit* set out in the section in the Schedule of benefits for the travel plan selected.

Section G - Death expenses, permanent disability and loss of income

Am I covered under Section G?

You must read Section G together with the General exclusions, as these may affect your cover.

Section G1 - Accidental death

No excess applies to claims under this section.

When does the cover begin and end?

The cover under this benefit begins when you leave on your trip and ends when you return to your home in Australia or when the period of insurance ends, whichever happens first.

What is covered?

We will pay your Estate if during your trip:

- you suffer an Injury which results in your death within 12 months of the Injury being sustained; or
- you disappear because your means of transport disappeared, sank or was wrecked, and your body has still not been found 12 months after your disappearance.

What is not covered?

1. There is no cover if your death is due to an Illness or your suicide.

What is the most we will pay?

The most we will pay under this benefit is the applicable limit set out in the section in the Schedule of benefits for the travel plan selected. Cover for each accompanying child or children is limited to a total amount of \$1,000.

Section G2 - Funeral expenses overseas or repatriation of remains

No excess applies to claims under this section.

When does the cover begin and end?

The cover under this benefit begins when you leave on your trip and ends when you return to your home in Australia or when the period of insurance ends, whichever happens first.

What is covered?

We will pay for expenses for your burial or cremation overseas or the transporting of your remains to a funeral home in Australia if you die during the trip.

What is the most we will pay?

The most we will pay under this benefit is the applicable limit set out in the section in the Schedule of benefits for the travel plan selected.

Section G3 - Funeral expenses within Australia

No excess applies to claims under this section. Cover not available to A, B or C Travel Plans

When does the cover begin and end?

The cover under this benefit begins when you leave on your trip and ends when you return to your home in Australia or when the period of insurance ends, whichever happens first.

What is covered?

We will pay for funeral expenses incurred within Australia if during your trip you suffer an Injury which results in your death.

What is not covered?

1. Any cover under an A, B or C Travel Plans.

What is the most we will pay?

The most we will pay per person named in the Certificate of Insurance is up to the applicable limit on the Premier Plus Extras Travel Plan. There is no cover for any accompanying child or children.

Section G4 - Total permanent disability

Cover not available to A, B or C Travel Plans

When does the cover begin and end?

The cover under this benefit begins when you leave on your trip and ends when you return to your home in Australia or when the period of insurance ends, whichever happens first.

What is covered?

We will cover you if during your trip you suffer an Injury and as a result of that Injury you suffer total permanent disability within 12 months of sustaining the Injury.

What is not covered?

1. There is no cover if you suffer total permanent disability as a result of illness.
2. Any cover under an A, B or C Travel Plan.

What is the most we will pay?

The most we will pay under this benefit is the applicable limit set out in the section in the Schedule of benefits for the Premier Plus Extras Travel Plan.

Section G5 - Loss of income

When does the cover begin and end?

The cover begins from the time you leave Australia on your trip and ends 6 months from the first day in respect of which compensation is paid or when you are fit to resume your employment, whichever happens first.

What is covered?

We will cover you if due to an Injury you suffer during your trip, and on the advice of your Medical Practitioner, you are unable to return to your usual place of employment or take up an offer of employment in Australia. This benefit is only payable if you are unable to resume or begin your employment within 30 days of the injury. Before we make any payment we will contact Centrelink or similar bodies to confirm any payments that must be deducted from any payment we make.

What is not covered?

1. We will not pay you in respect of the first 30 days after you originally planned to resume work in Australia.

What is the most we will pay?

The most we will pay under this benefit per month is up to \$2,000 for Premier Plus Extras Travel Plan, \$1,666 for A Travel Plan, \$833 for B Travel Plan and \$416 for C Travel Plan. Cover is also limited to the applicable limit set out in the section in the Schedule of benefits for the travel plan selected.

Section H - Personal liability and legal expenses

Am I covered under Section H?

You must read Section H together with the General exclusions, as these may affect your cover.

Section H1 - Personal liability

When does the cover begin and end?

The cover under this benefit begins when you leave on your trip and ends when you return to your home in Australia or when the period of insurance ends, whichever happens first.

What is covered?

We will pay you for your legal liability to pay damages or compensation because your negligence during the trip causes:

- (a) Injury to a person who is not a member of your family or travelling party; or
- (b) loss or damage to property that is not owned by you or a member of your family or travelling party, or which is not in your or their custody or control.

We will also pay your legal costs in relation to that liability, but only if you get our consent before you take or are involved in any legal action.

What is not covered?

1. There is no cover for any liability:
 - (a) arising out of your trade, business or profession; or
 - (b) for Injury to an employee arising out of, or in the course of, their employment by you; or
 - (c) arising out of your unlawful, wilful or malicious act; or
 - (d) arising out of your ownership, possession or use (including as a passenger) of a mechanically propelled vehicle, or any aircraft or watercraft, or firearm; or
 - (e) arising out of you passing on an to another person.

What is the most we will pay?

The most we will pay under this benefit is the applicable limit set out in the section in the Schedule of benefits for the travel plan selected. The applicable limit is a combined total for your liability and your costs.

Section H2 - Legal expenses

When does the cover begin and end?

The cover under this benefit begins from the time you leave on your trip and ends when you return to your home in Australia or the period of insurance ends, whichever happens first.

What is covered?

We will cover you for legal costs and expenses incurred in pursuit of compensation and/or damages arising from, or out of personal Injury or your death occurring during the trip. Before we will cover you for any legal costs and expenses under this benefit you or your Estate must obtain our express consent in writing and we will have complete control over the selection and appointment of your lawyers and the conduct of the proceedings.

What is not covered?

1. There is no cover for:
 - (a) any claims against a travel agent, tour operator, accommodation provider or carrier involved in the arrangement or provision of your travel or accommodation;
 - (b) any legal expenses incurred without our written consent;
 - (c) any claims reported in excess of 180 days after the commencement of the incident giving rise to such a claim;
 - (d) any claim in which we consider that no benefit would be achieved in pursuing such claim; or
 - (e) any claim against any insurance company.

What is the most we will pay?

The most we will pay under this benefit is the applicable limit set out in the section in the Schedule of benefits for the travel plan selected.

Section I - Making a claim

You must do everything reasonable to prevent a loss from occurring or, when a loss has occurred, from making the loss worse. In the event of a claim you must:

- (a) notify us promptly of a claim and complete a Claim Form;
- (b) give us any documents, letters or notices relating to a claim or possible claim, medical certificates, itemised medical accounts, original receipts, rental agreements, repair quotes, ticket and luggage checks or information that we reasonably ask for. This will be at your expense;
- (c) forward immediately any letters or documents you receive from anyone else relating to a potential claim;
- (d) not make any promise or offer of payment, or admit fault to anyone, or become involved in any litigation in respect of an event that may result in a claim under this policy, without our consent;
- (e) in the event of a claim caused by any medical condition, obtain evidence from the Medical Practitioner as soon as you are aware of signs or symptoms of the condition;
- (f) in the event of a claim caused by any Mental Illness, obtain evidence from the Medical Practitioner as soon as you are aware of the signs and symptoms of the condition and provide details of your Mental Health Treatment Plan as assigned by your Medical Practitioner;
- (g) in cases of theft, damage or loss, report the matter to the police, transport provider, hotel or other authority within 24 hours and obtain a copy of that report; and
- (h) report any loss or damage to your accompanying luggage in writing to the carrier within 3 days and send to us a property irregularity report, along with details of any settlement that they make in relation to the loss or damage.
 - we may, at our expense, take proceedings in your name to recover compensation or enforce an indemnity against someone else in respect of a loss covered by this insurance in accordance with the law.
 - we may refuse to pay a claim under this policy if you do not comply with any condition of this policy.
 - we will not pay a claim if your claim is fraudulent.
 - if anyone else is legally responsible for your Illness, Injury or death we may seek compensation from them to recover any costs we have paid or seek reimbursement from you if you receive any payment from any other source for these expenses.

Proof of loss

If you make a claim under your policy we will ask you for evidence of the circumstances which gave rise to the claim and proof that you have suffered a loss. If you are claiming for loss of, or damage to any item we will ask you to provide:

- proof that you owned the item; and
- proof of its value and age.

Therefore you should keep all relevant receipts, accounts, valuations and police or medical reports. We will not pay any claim when the only proof of ownership is:

- a photograph; or
- a photocopy of any documentation; or
- a statutory declaration; or
- a copy of the user's manual downloaded from the internet.

If you cannot provide the evidence or proof that we ask for we may not pay you.

Paying the claim

1. An excess may apply to a claim you make under this policy. The amount of the excess is shown on your Certificate of Insurance. Where applicable we will deduct the excess from any payment we make to you. This excess will be reimbursed to you if we successfully recover an amount exceeding the amount of the excess.
2. Claims will be paid to you or your personal representative in Australian dollars on the basis of the exchange rate that applied at the time of the event that gave rise to the claim. We will not pay more than your actual loss.
3. You must tell us if you are entitled to claim an input tax credit at the time of making the claim. If you do not provide us with this information we may deduct up to 1/11th of the amount otherwise payable in settlement of your claim.
4. If we agree to pay a claim under your policy, this policy covers GST inclusive costs (up to the relevant travel plan limit). However, we will reduce any claim payment by any input tax credit you are or would be entitled to for the repair or replacement of insured property or for other things covered by the policy.
5. At the time you make a claim you must tell us if your entitlement to an input tax credit which you have told us:
 - (a) is incorrect; or
 - (b) changes from what you have told us, when you extend or vary your policy.

Depreciation

The nominated depreciation rate will apply to each year of age up to a maximum of 80% of the original purchase price of that item.

10% Camping, sporting and leisure equipment (not leisure clothing), and musical instruments.

15% Clothing, footwear, personal effects, luggage, prescription glasses, sunglasses, costume jewellery and books.

20% Personal and or laptop computers, communication or photographic equipment, electronic equipment, ipods, mobile phones, CDs and DVDs.

50% Toiletries including skin care, makeup, perfume, medication.

Items not listed above will also be subject to depreciation at our discretion.

Obtaining a claim form

To obtain a claim form go to <http://travel.qbe.com/qbe/claims> or contact Ouch or us. You can help us to speed up the processing of your claim by following the instructions on the Claim Form which will advise you of what documentation you need to provide to support your claim. The completed claim form should be sent to:

QBE Travel Insurance

PO Box 12090, Melbourne VIC 8006

Claims Enquiries: 1300 555 017 or (03) 8523 2777 Email: travel.claims@qbe.com

Claims service standard

Our claims service standard is to settle your claims within 10 working days upon the receipt of a completed Claim Form and all necessary supporting information. If more information is required we will contact you within 10 working days.

