

SURESAVE

TRAVEL INSURANCE FOR A CHANGED WORLD

SKI TRAVEL INSURANCE



Combined Financial Services Guide & Product Disclosure Statement (including Policy Wording)

Effective 1 October 2009

Contents

PART 1 - Financial Services Guide	2
PART 2 - Product Disclosure Statement	4
Policy Wording	6
Summary Of Benefits	6
How to Purchase a Policy	8
Region Guide	9
Schedule Of Benefits	12
- Plan A - International Ski travel	12
- Plan B - Australia Only Ski travel	13
Additional Options	14
Pre-existing Medical Conditions	15
Important Matters	20
Words With Special Meanings	25
Policy Cover	27
General Exclusions Applicable To All Sections	42
Claims	44
Contact Details	Back Cover

SureSave travel insurance is underwritten by certain Underwriters at Lloyd's through its Australian underwriting agency, Cerberus Special Risks Pty Limited.

SureSave's philosophy is, and has always been, differentiation in a crowded travel insurance market by providing high value and high feature products.

Features of SureSave travel insurance are:

- ✓ High level of cover for all destinations under our *International Ski Travel* (Plan A)
- ✓ 43 Pre-existing Medical Conditions **automatically** covered
- ✓ Rental Vehicle Excess cover with additional cover options
- ✓ Bonus days at no additional cost



This policy entitles you to emergency assistance provided by Specialty Assist.

Specialty Assist are a leading global assistance provider based in London, UK. They have been providing expert emergency support to the international business community and travel industry for 15 years.

Specialty Assist's services include 24 hour multi-lingual telephone assistance to co-ordinate and liaise with patients, their families, doctors, nurses and specialists across the world. They can also help in locating the nearest medical facilities, and offer advice and support.

No matter what the problem is, Specialty Assist will ensure you are taken care of swiftly and professionally.

Financial Services Guide

This guide explains the insurance services that you receive when you purchase SureSave travel insurance through a distributor or authorised representative of Cerberus Special Risks Pty Limited (Cerberus), the underwriting agent of the insurer, Lloyd's. It also covers the charges for those services, how any complaints you may have will be dealt with and our professional indemnity insurance arrangements. We give it to you when you ask us to arrange travel insurance for you to help you decide whether to use our services.

This guide does not apply if you purchase SureSave travel insurance through an insurance broker.

If you are interested in SureSave travel insurance, you will also receive a Product Disclosure Statement (PDS). This describes the main features of the policy and will help you decide if it is suitable for you.

About us

Cerberus is licensed to advise on and deal in general insurance. Cerberus has a binding agreement with certain Underwriters at Lloyd's which allows it to issue, vary and renew travel insurance and to handle claims for them. Cerberus has appointed SureSave to manage its insurance activities. See below for information about how to contact Cerberus and SureSave.

A distributor or authorised representative of Cerberus will arrange travel insurance for you. See the back of this brochure for contact information and relevant details.

Services provided

The distributor or authorised representative can give you information about SureSave travel insurance and can arrange to issue, vary or renew your insurance. If they are an authorised representative of Cerberus, they can also provide some general advice about SureSave travel insurance. If you need any more advice than the distributor or authorised representative are able to provide, you can call SureSave on 1300 787 376.

The distributor, authorised representative and SureSave all act on behalf of Cerberus and Lloyd's Underwriters, and not on your behalf. Cerberus is responsible for the insurance services that are provided to you.

How we are paid

For providing these services, SureSave, Cerberus, and the distributor / authorised representative each receive a percentage of the premium when you buy a policy. Employees of Cerberus and SureSave receive an annual salary. SureSave employees may also receive a bonus based on performance criteria, including sales.

You may ask each of us for more information about our remuneration within a reasonable time after you receive this FSG and before your policy is issued.

If you have a complaint

If you have a complaint about the services provided to you, contact Cerberus, which has an internal dispute resolution process designed to resolve any complaints or disputes that may arise. You may call Cerberus or you may send your claim to Cerberus in writing at the address shown over.

If you are still dissatisfied after discussing your complaint with us, you should refer the matter to Lloyd's General Representative in Australia for consideration (for contact details, please refer to the policy wording).

If your complaint is still not resolved to your satisfaction, you may contact the Financial Ombudsman Service (FOS), which is an independent external dispute resolution body. For more information or to access the FOS process, please call 1300 780 808.

Professional indemnity insurance arrangements

Cerberus has a professional indemnity insurance policy which covers errors and mistakes relating to our insurance services. The policy meets the requirements of the Corporations Act and provides cover for claims relating to the conduct of Cerberus or its employees, even after that person ceases to be employed, provided that the claim is notified to them when it arises and within the relevant policy period.

Contact us

Cerberus Special Risks Pty Ltd
ABN 81 115 932 173
AFS Licence No. 308461
Ph 1300 625 229
PO Box A975, Sydney NSW 1235

SureSave Pty Limited
ABN 82 137 885 262
Authorised Representative No. 339902
Ph 1300 787 376

Date prepared

This FSG was prepared on 12 August 2009. Its distribution has been authorised by Cerberus.

About this Product Disclosure Statement

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

This PDS sets out the cover available and the terms and conditions which apply. **You** need to read it carefully to make sure **you** understand it and that it meets **your** needs.

The policy wording which is attached to this PDS, together with the Certificate of Insurance and any written endorsements by **us** make up **your** contract with the insurer. Please retain these documents in a safe place.

About the available covers

You can choose one of these 2 covers:

- Plan A - International Ski Travel (Sections 1A - 12, 14 - 18A & 19)
- Plan B - Australia Only Ski Travel (Sections 1B, 2A, 9, 15A - 16, 18A & 19)

Understanding the policy's important terms and conditions

To properly understand the policy's significant features, benefits and risks **you** need to carefully read:

- About each of the available types of cover and benefits in the "Summary of Benefits" pages 6 and 7 and the relevant sections of the PDS applicable to the cover **you** choose including any endorsements under "Pre-existing Medical Conditions" pages 15 to 19 and "Additional Options" page 14 (remember certain words have special meanings – see "Words with Special Meanings" pages 25 and 26);
- When "We Will Not Pay" a claim under each section of "Policy Cover" (applicable to the cover you choose) pages 27 to 41 and "General Exclusions applicable to all Sections" pages 42 and 43 (this restricts the cover and benefits);
- "Claims" pages 44 and 45 (this sets out certain obligations that **you** and **we** have. If **you** do not meet them **we** may be able to refuse to pay a claim); and
- "Important Matters" pages 20 to 24 (this contains important information on **your** duty of disclosure, how the duty applies to **you** and what happens if **you** breach the duty, **your** cooling-off period, claims queries/lodgements and **our** claims service guarantee, **our** privacy policy and **our** dispute resolution process, **your** policy extensions, **your excess** and when **you** should contact **us** concerning 24 hour medical assistance, **overseas** hospitalisation or medical evacuation).

Applying for cover

When **you** apply for the policy by completing **our** application form, **we** will confirm with **you** things such as the period of insurance, **your** premium, what cover options and **excesses** will apply, and whether any standard terms need to be varied (this may be by way of an endorsement). These details are recorded in the Certificate of Insurance **we** issue to **you**.

This PDS summarises the cover **we** are able to provide **you** with. **You** need to decide if the benefit limits, type and level of cover are appropriate for **you** and will cover **your** potential loss. Full details of the cover are set out in the policy wording.

If **you** have any queries or want further information about the policy, please contact SureSave.

About your premium

You will be told the premium payable for the policy when **you** apply. It is based on a number of factors such as **your** destination(s), length of **trip**, number of persons covered, age, **Pre-existing Medical Conditions** and Additional Options. The higher the risk, the higher the premium is.

Your premium also includes amounts that take into account our obligation to pay any relevant compulsory government charges, taxes or levies (e.g. Stamp Duty and GST) in relation to **your** policy. These amounts will be set out separately in **your** Certificate of Insurance as part of the total premium.

About us and the insurers

This insurance is underwritten by certain Underwriters at Lloyd's.

Cerberus Special Risks Pty Limited has been authorised by the underwriters to issue, vary and renew travel insurance on their behalf and to handle claims for them. Cerberus has appointed SureSave Pty Limited to assist it to manage its insurance activities.

Cerberus Special Risks Pty Ltd
ABN 81 115 932 173
AFS Licence No. 308461
Ph 1300 625 229
PO Box A975, Sydney NSW 1235

SureSave Pty Limited
ABN 82 137 885 262
Authorised Representative No. 339902
Ph 1300 787 376

Who do I contact for emergency assistance?

Specialty Assist will provide any emergency assistance **you** need. **You** can contact Specialty Assist in an emergency 24 hours a day 7 days a week on +44 (0) 20 7902 7405 (reverse charge).

Updating the PDS

We may need to update this PDS from time to time if certain changes occur where required and permitted by law. **We** will issue **you** with a new PDS to update the relevant information except in limited cases. Where the information is not something that would be materially adverse from the point of view of a reasonable person considering whether to buy this product, **we** may issue **you** with notice of this information in other forms or keep an internal record of such changes (**you** can get a paper copy free of charge by calling **us**).

Date prepared

This PDS is effective 13 August 2009.

This is only a summary of the benefits. Please read the Policy Cover section carefully for the complete details of what "We Will Pay" and what "We Will Not Pay" and which types of cover are provided under each Plan. Importantly, please note that exclusions do apply as well as limits to cover.

MEDICAL EXPENSES INCURRED OVERSEAS (see Section 1A)

Medical, emergency dental, hospital and ambulance costs and when agreed by **us**, medical evacuation **home** or to the nearest appropriate medical facility. Includes funeral and repatriation of mortal remains.

ADDITIONAL EXPENSES (see Section 1B)

Expenses **you** incur due to **you** not being able to continue **your** travel due to the **injury** or illness of **you** or a member of **your travelling party**. Also expenses **you** incur if **your** transport is delayed due to severe weather or accident.

CANCELLATION COSTS (see Section 2A)

Financial loss due to unforeseen cancellation of prepaid travel and accommodation arrangements. Includes conference/course fees, travel agency cancellation fees and loss of frequent flyer or equivalent points.

LOSS OF INCOME (see Section 3)

If **you** cannot return to **your** usual employment when **your** travel is completed due to an accidental **injury** suffered whilst **you** were away.

OUT OF POCKET HOSPITAL ALLOWANCE (see Section 4)

Cash payments if **you** are hospitalised.

TRAVEL DELAY (see Section 5)

Meals and accommodation expenses due to transport delay.

RETURN AIRFARE (see Section 6)

If the major part of **your** travel has been interrupted by **you** being hospitalised and **you** need to be escorted **home**, reimbursement of **your** return airfare.

RESUMPTION OF TRIP (see Section 7)

Transport costs to resume **your** travel if **you** had to return to Australia due to the hospitalisation of a **relative**.

SPECIAL EVENTS (see Section 8)

If **your** travel is interrupted and **you** will not get to a specified event in time, **reasonable** additional cost of using alternative public transport to arrive at the destination on time.

RENTAL VEHICLE (see Section 9)

Cover for the **rental vehicle excess** if **you** have an accident or **your** vehicle is stolen, including costs to return a vehicle if **you** are unfit to do so.

DOMESTIC SERVICES (see Section 10A)

Cover for domestic services if **you** have been repatriated back to Australia.

DOMESTIC PETS (see Section 10B)

Additional boarding fees if **you** are delayed from returning **home**; also includes

TRIP DISRUPTION (see Section 11)

veterinary fees if **your** pet is injured whilst **you** are away. Additional transport and accommodation expenses if disaster strikes **your home** whilst **you** are away.

HIJACKING (see Section 12)

Loss of prepaid travel if **you** decide to end **your** travel following a hijacking incident.

WITHDRAWAL OF SERVICES (see Section 14)

Additional costs **you** incur if the accommodation **you** are staying at is affected by industrial action or extended water and electricity supply failures.

SNOW SKIING COVER (see Sections 15A to 15D)

Cover for replacement hire costs, misdirection, resort closure and extra travel/ accommodation expenses if your outward/return journey is delayed due to bad weather/avalanche. Includes loss of prepaid lift passes, hire expenses and tuition fees if **you** cannot ski due to **sudden illness or serious injury**.

GOLFING COVER (see Sections 15B to 15C)

Cover for loss, theft or damage of golfing equipment, replacement hire costs and misdirection. Includes loss of prepaid green fees, hire expenses and tuition fees if **you** cannot play golf due to **sudden illness or serious injury**.

ACCIDENTAL DEATH (see Section 16)

Payment to **your** estate for accidental death.

TOTAL PERMANENT DISABILITY (see Section 17)

Cover if **you** suffer **injury** resulting in **your** permanent total loss of sight in one or both eyes or the permanent total loss of use of one or more limbs.

LUGGAGE AND PERSONAL EFFECTS (see Section 18A)

Accidental loss, damage or theft of **your** possessions. Includes emergency expenses if **your** luggage is delayed and losses due to fraudulent use of lost or stolen credit cards, travellers cheques. Note: Exclusions apply to **luggage and personal effects** stolen from a vehicle.

PERSONAL LIABILITY (see Section 19)

Protection for **you** being legally liable for injuring other people or causing damage to their property, including legal defence costs.

- STEP 1** Refer to "Who can purchase a policy?" see below
- STEP 2** Refer to "What are the age limits?" see below
- STEP 3** Refer to "Pre-existing Medical Conditions" (pages 15 to 19)
- STEP 4** Select the geographical region where you will be spending the majority of your trip (pages 9 to 11)
- STEP 5** Choose your Plan type from the Schedule of Benefits (pages 12 to 13)
- STEP 6** Choose your cover type (Single or Family) (pages 12 to 13)
- STEP 7** Nominate the duration of your trip (*please also refer to "Important Travel Dates" on page 23*)
- STEP 8** Choose the "Additional Options" you want to include (page 14)
- STEP 9** Visit www.suresave.net.au for premium details and to apply for cover

Who can purchase a policy?

Cover is only available if:

- **You** are a citizen or permanent **resident** of Australia
- **You** purchase **your** policy before **you** commence **your trip**
- **Your trip** commences and ends in Australia

What are the age limits?

Age limits as at date of Certificate issue.

- Available to travellers aged under 81 years of age.
- Age Loadings apply for all travellers 60 years of age and over.

Travellers aged 81 years and over

A Medical Declaration form is required to be submitted for assessment before a policy can be offered. **We** have the absolute right to accept or decline cover, or impose special conditions such as an **excess** or reduced benefits.

Bonus days

We allow the following bonus days (free days) on the following durations:

- 5 days – 1 bonus day;
- 1 week to 13 weeks – 3 bonus days;
- 4 months to 12 months – 7 bonus days;

You must choose the region where **you** are spending the majority of **your trip**.

COUNTRY	REGION	COUNTRY	REGION
Afghanistan	Region 2	Burundi	Region 2
Albania	Region 2	Cambodia	Region 3
Algeria	Region 2	Cameroon	Region 2
American Samoa (USA)	Region 4	Canada	Region 1
Andorra	Region 2	Cape Verde	Region 3
Angola	Region 2	Central African Republic	Region 2
Antarctic Circle	Region 1	Chad	Region 2
Antigua & Barbuda	Region 1	Chile	Region 2
Arctic Circle	Region 1	China	Region 3
Argentina	Region 1	Christmas Island	Region 4
Armenia	Region 2	Cocos (Keeling) Islands	Region 4
Ashmore & Cartier Islands	Region 4	Colombia	Region 1
Australia	Domestic	Comoros	Region 2
Austria	Region 2	Congo	Region 2
Azerbaijan	Region 2	Congo (Zaire)	Region 2
Bahamas	Region 1	Cook Islands (NZ)	Region 4
Bahrain	Region 2	Coral Sea	Region 4
Bali	Region 5	Costa Rica	Region 1
Bangladesh	Region 3	Cote d'Ivoire	Region 2
Barbados	Region 1	Croatia	Region 2
Belarus	Region 2	Cuba	Region 1
Belgium	Region 2	Cyprus	Region 2
Belize	Region 1	Czech Republic	Region 2
Benin	Region 2	Denmark	Region 2
Bermuda	Region 1	Djibouti	Region 2
Bhutan	Region 3	Dominica	Region 1
Bolivia	Region 2	Dominican Republic	Region 1
Bosnia - Herzegovina	Region 2	East Timor	Region 3
Botswana	Region 2	Ecuador	Region 1
Brazil	Region 1	Egypt	Region 2
Brunei	Region 3	El Salvador	Region 1
Bulgaria	Region 2	Equatorial Guinea	Region 2
Burkina Faso	Region 2	Eritrea	Region 2
Burma (Myanmar)	Region 3	Estonia	Region 2

COUNTRY	REGION	COUNTRY	REGION
Ethiopia	Region 2	Laos	Region 3
Fiji	Region 5	Lebanon	Region 1
Finland	Region 2	Lesotho	Region 2
France	Region 2	Liechtenstein	Region 2
French Polynesia (FR)	Region 4	Lord Howe Island	Domestic / Region 5
Gabon	Region 2	Luxembourg	Region 2
Gambia	Region 2	Macedonia	Region 2
Gaza Strip	Region 1	Madagascar	Region 2
Georgia	Region 2	Malawi	Region 2
Germany	Region 2	Malaysia	Region 3
Ghana	Region 2	Maldives	Region 3
Greece	Region 2	Mali	Region 2
Greenland	Region 1	Malta	Region 2
Grenada	Region 1	Marshall Islands	Region 4
Guam (USA)	Region 4	Mauritania	Region 4
Guatemala	Region 1	Mauritius	Region 2
Guinea	Region 2	Mexico	Region 1
Guinea - Bissau	Region 2	Micronesia	Region 3
Guyana	Region 1	Moldova	Region 2
Haiti	Region 1	Monaco	Region 2
Hawaiian Islands	Region 1	Mongolia	Region 3
Heard and McDonald Islands	Region 4	Morocco	Region 2
Honduras	Region 1	Mozambique	Region 2
Hong Kong	Region 3	Myanmar	Region 3
Hungary	Region 2	Namibia	Region 2
Iceland	Region 1	Nauru	Region 4
India	Region 3	Nepal	Region 3
Indonesia	Region 3	Netherlands	Region 2
Iran	Region 1	New Caledonia	Region 4
Iraq	Region 1	New Zealand	Region 5
Ireland	Region 3	Nicaragua	Region 1
Israel	Region 2	Niger	Region 2
Italy	Region 2	Nigeria	Region 2
Jamaica	Region 1	Niue (NZ)	Region 4
Japan	Region 3	Norfolk Island	Region 5
Jordan	Region 1	North Korea	Region 3
Kazakhstan	Region 2	Northern Ireland	Region 3
Kenya	Region 2	Northern Mariana Islands (USA)	Region 4
Kiribati	Region 4	Norway	Region 2
Kuwait	Region 1	Oman	Region 2
Kyrgyzstan	Region 2	Pakistan	Region 3

COUNTRY	REGION	COUNTRY	REGION
Palau	Region 4	Sweden	Region 2
Panama	Region 1	Switzerland	Region 2
Papua New Guinea	Region 4	Syria	Region 1
Paraguay	Region 1	Taiwan	Region 3
Peru	Region 1	Tajikistan	Region 2
Philippines	Region 3	Tanzania	Region 2
Pitcairn (UK)	Region 4	Thailand	Region 3
Poland	Region 2	Thursday Island	Region 5
Portugal	Region 2	Togo	Region 2
Qatar	Region 1	Tokelau (NZ)	Region 4
Romania	Region 2	Tonga	Region 4
Russia	Region 2	Trinidad & Tobago	Region 1
Rwanda	Region 2	Tunisia	Region 2
Samoa	Region 4	Turkey	Region 2
Sao Tome & Principe	Region 2	Turkmenistan	Region 2
Saudi Arabia	Region 1	Tuvalu	Region 4
Scotland	Region 3	Uganda	Region 2
Senegal	Region 2	Ukraine	Region 2
Serbia & Montenegro	Region 2	United Arab Emirates	Region 1
Seychelles	Region 2	United Kingdom	Region 3
Sierra Leone	Region 2	United States of America	Region 1
Singapore	Region 3	Uruguay	Region 1
Slovakia	Region 2	Uzbekistan	Region 2
Slovenia	Region 2	Vanuatu	Region 4
Solomon Islands	Region 4	Vatican City	Region 2
Somalia	Region 2	Venezuela	Region 1
South Africa	Region 2	Vietnam	Region 3
Spain	Region 2	Wales	Region 3
Sri Lanka	Region 3	Wallis and Futuna (FR)	Region 4
St. Kitts & Nevis	Region 1	West Bank	Region 1
St. Lucia	Region 1	Western Sahara	Region 2
St. Vincent & Grenadines	Region 1	Yemen	Region 2
Sudan	Region 2	Zaire	Region 2
Suriname	Region 2	Zambia	Region 2
Swaziland	Region 2	Zimbabwe	Region 2

Travel on cruise liners

Select the destination area where **your** cruise is spending the majority of **your** trip. Travellers on domestic cruises in Australian waters may take Region 5 as there may be circumstances where emergency medical assistance or emergency medical cover is required.

PLAN A - International Ski Travel

Policy Section & Benefit Description		Sum Insured	
		Single	Family
1A*	Medical Expenses Incurred Overseas	Unlimited	Unlimited
	Emergency Dental	\$1,000	\$1,000
1B	Additional Expenses/Medical Evacuation	Unlimited	Unlimited
2A*	Cancellation Costs	Unlimited	Unlimited
3*	Loss of Income	\$10,000	\$20,000
4*	Out of Pocket Hospital Allowance	\$6,000	\$12,000
5*	Travel Delay	\$2,000	\$4,000
6	Return Airfare	\$6,000	\$12,000
7*	Resumption of Trip	\$3,000	\$6,000
8	Special Events	\$2,000	\$4,000
9	Rental Vehicle Excess / Return of Rental Vehicle	\$4,000 \$500	\$4,000 \$500
10A	Domestic Services	\$500	\$500
10B*	Domestic Pets	\$500	\$500
11	Trip Disruption	\$2,000	\$4,000
12	Hijacking	\$2,000	\$4,000
14*	Withdrawal of Services	\$500	\$500
15A*	Snow Skiing Piste Closure	\$1,000	\$2,000
15B	Snow Skiing and/or Golfing Benefits	\$1,500	\$3,000
15C	Snow Skiing and/or Golfing Equipment Replacement	\$1,500	\$3,000
15D	Bad Weather and Avalanche Closure	\$750	\$1,500
16	Accidental Death	\$25,000	\$50,000
17*	Total Permanent Disability	\$12,500	\$25,000
18A*	Luggage & Personal Effects	\$12,000	\$24,000
19	Personal Liability	\$2,500,000	\$2,500,000

**sub-limits apply (refer to Policy Cover pages 27 to 41)*

PLEASE NOTE: All benefits and premiums referred to in this Schedule of Benefits and throughout the PDS are in Australian Dollars (AUD).

PLAN B - Australia Only Ski Travel

Benefit Description & Policy Section		Sum Insured	
		Single	Family
1B	Additional Expenses/Medical Evacuation	\$10,000	\$20,000
2A*	Cancellation Costs	\$10,000	\$20,000
9	Rental Vehicle Excess /	\$4,000	\$4,000
	Return of Rental Vehicle	\$500	\$500
15A*	Snow Skiing Piste Closure	\$1,000	\$2,000
15B	Snow Skiing and/or Golfing Benefits	\$1,500	\$3,000
15C	Snow Skiing and/or Golfing Equipment Replacement	\$1,500	\$3,000
15D	Bad Weather and Avalanche Closure	\$750	\$1,500
16	Accidental Death	\$10,000	\$20,000
18A*	Luggage & Personal Effects	\$4,000	\$8,000
19	Personal Liability	\$1,000,000	\$1,000,000

*sub-limits apply (refer to Policy Cover pages 27 to 41)

PLEASE NOTE: All benefits and premiums referred to in this Schedule of Benefits and throughout the PDS are in Australian Dollars (AUD).

Increased Luggage and Personal Effects Cover

The item limit **we** will pay for any one item, pair or set (including accessories) is;

- \$700 under Plans A and B (and \$4,000 where the item limit is a laptop, note book, handheld computer, camera or video camera).

An increased item limit of up to \$4,000 per item can be purchased for an additional premium. The maximum limit is \$10,000 for all items combined. The additional premium payable is calculated at a rate of 4% of the amount in excess of the standard limit*.

Note: The General Exclusions of the policy apply regardless of the limit of Increased Luggage and Personal Effects Cover purchased.

It is important that **you** report all losses to the police if theft is suspected or **you** lose something. However all losses that occur aboard public transport or whilst **you** are a guest of an accommodation provider should be reported to a responsible officer where the loss occurred. Please obtain a written report from whomever **you** reported **your** loss to. All losses must be reported within 24 hours.

*see Schedule of Benefits for standard policy limits.

Increased Rental Vehicle Excess Cover

For Plans A and B, a \$4,000 limit applies to **your** Rental Vehicle Excess cover. **You** can purchase additional amounts in \$500 units up to \$4,000. The additional premium payable is \$25 per \$500 unit.

Excess

You can remove the **excess** on Plan A by paying an additional \$15.

Nil **excess** applies to Plan B.

Pregnancy

This section outlines the cover available for medical expenses or cancellation costs arising from, or related to, pregnancy. There is no need to complete a Medical Declaration form for the cover detailed in the table below.

In any event **we** will not pay medical expenses for:

- regular antenatal care
- childbirth at any gestation
- care of the newborn child

No cover is available for **your** pregnancy if **your journey** extends past the 26th week for a single pregnancy or past the 19th week for a multiple pregnancy.

Fertility Treatment	Outcome
You are not yet pregnant, however, you are undergoing fertility treatment, now, or before your journey commences.	No cover is available under any Plan for this treatment or any resulting pregnancy.
Your Pregnancy	Outcome
You have a single, uncomplicated pregnancy, which did not arise from services or treatment associated with an assisted reproduction program including but not limited to in vitro fertilisation	Cover is available under all Plans for journeys ending on or before 26 weeks gestation
You have a single uncomplicated pregnancy, which arises from services or treatment associated with an assisted reproduction program including but not limited to in vitro fertilisation	Cover is available if you pay an additional premium under a Pre-existing Medical Condition Plan for journeys ending on or before 26 weeks gestation
You have a multiple uncomplicated pregnancy, which does not arise from services or treatment associated with an assisted reproduction program including but not limited to in vitro fertilisation	Cover is available if you pay an additional premium under a Pre-existing Medical Condition Plan for journeys ending on or before 19 weeks gestation
You have a multiple pregnancy, which arises from services or treatment associated with an assisted reproduction program including but not limited to in vitro fertilisation	Cover is not available under any Plan
You have experienced any pregnancy complications prior to your policy being issued	Cover is not available under any Plan

Complications are defined as "Any secondary diagnosis occurring prior to, during the course of, concurrent with, or as a result of the pregnancy, which may adversely affect the pregnancy outcome."

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 42 AND 43 FOR OTHER REASONS WHY WE WILL NOT PAY.

Pre-existing Medical Conditions

Please read this section carefully.

Travel insurance only provides cover for emergency **overseas** medical events that are unforeseen. Medical conditions that were pre-existing at the time of the policy being issued are not covered, unless they are a condition that **we** expressly agree to cover.

If **you** have a **Pre-existing Medical Condition** that is not covered, **we** will not pay any claims arising from, related to or associated with that condition. This means that **you** may have to pay for an **overseas** medical emergency, which can be prohibitive in some countries.

What is a Pre-existing Medical Condition?

A **Pre-existing Medical Condition** means:

- An ongoing medical or dental condition of which **you** are aware, or related complication **you** have, or the symptoms of which **you** are aware;
- A medical or dental condition that is currently being, or has been investigated, or treated by a health professional (including dentist or chiropractor) at any time in the past, prior to policy purchase;
- Any condition for which **you** take prescribed medicine;
- Any condition for which **you** have had surgery;
- Any condition for which **you** see a medical specialist; or
- Pregnancy.

This definition applies to **you**, **your travelling party** or a **relative**.

How do I obtain cover for my Pre-existing Medical Condition?

If **you** have a **Pre-existing Medical Condition** and **you** want cover for that condition, read the following information. If **you** have any questions, please contact the pre-existing medical team on 1300 619 953.

Group 1 – Pre-existing Medical Conditions which are automatically excluded

We will not pay any costs or expenses arising directly or indirectly from any of the following **Pre-existing Medical Conditions**, e.g. cost of medical care while **overseas**, or cost of cancellation of **your** travel plans due to a change in health.

- Any type of cancer that **you** have previously been diagnosed with, or secondaries from that cancer
- Any condition for which surgery/treatment/procedure is planned
- Any condition which arises from signs or symptoms that **you** are currently aware of, but;
 - You** have not yet sought a medical opinion regarding the cause; OR
 - You** are currently under investigation to define a diagnosis; OR
 - You** are awaiting specialist opinion
- Any condition for which **you** have undergone surgery in the past 6 weeks
- Any condition for which **you** have ever required spinal or brain surgery
- Any condition which has caused a seizure in the past 12 months
- Any **chronic** or recurring pain (including back pain) requiring regular

medication or other ongoing treatment such as physiotherapy or chiropractic treatment

- Any mental illness as defined by DSM-IV including;
 - Dementia, depression, anxiety, stress or other nervous condition; OR
 - Behavioural diagnoses such as autism; OR
 - A therapeutic or illicit drug or alcohol addiction
- Any cardiovascular disease or cerebrovascular disease (see example) if **you** have:
 - Experienced angina (chest pain) within the past 6 months; OR
 - Had a stroke or a Transient Ischaemic Attack (TIA) within the past 12 months; OR
 - Been diagnosed with Congestive Heart Failure
- Any condition for which **you** have been given a terminal prognosis for any condition with a life expectancy of under 24 months
- Any respiratory condition (see examples) for which **you** require home oxygen therapy or **you** will require oxygen for the **journey**
- Chronic Renal Failure which is treated by haemodialysis or peritoneal dialysis
- Full-blown AIDS (not an asymptomatic HIV infection)
- Organ transplantation, previous organ transplantation, or any condition for which **you** are awaiting organ transplantation

Travel insurance is available to **you**, however there is no provision to claim for any of the medical conditions as listed in the above Group 1.

Group 2 – Pre-existing Medical Conditions which are automatically covered – no additional premium is payable

You are automatically covered if **your Pre-existing Medical Condition** is described below, provided that **you** have **not** been hospitalised (including Day Surgery or Emergency Department attendance) for that condition in the past 24 months.

We do not require any further information or a Medical Declaration form if **your** condition is described in this list, and has not caused hospitalisation in the past 24 months:

- Acne
- Allergies limited to Rhinitis, Chronic Sinusitis, Eczema, Food Intolerance, Hay Fever
- Asthma – providing **you**:
 - have no other lung disease and
 - are less than 60 years of age at the date of policy purchase.
- Bell's palsy
- Benign Positional Vertigo
- Bunions
- Carpal Tunnel Syndrome
- Cataracts
- Coeliac disease
- Congenital Blindness
- Congenital Deafness
- Diabetes Mellitus (Type I)* – providing **you**:
 - were diagnosed over 12 months ago, and
 - have no eye, kidney, nerve or vascular complications, and
 - do not also suffer from a known cardiovascular disease, hypertension, hyperlipidaemia or hypercholesterolaemia and
 - are under 50 years of age at the date of policy purchase.
- Diabetes Mellitus (Type II)* – providing **you**:
 - were diagnosed over 12 months ago, and
 - have no eye, kidney, nerve or vascular complications, and

- do not also suffer from a known cardiovascular disease, hypertension, hyperlipidaemia or hypercholesterolaemia.
- Dry eye syndrome
 - Epilepsy – providing there has been no change to **your** medication regime in the past 12 months
 - Folate Deficiency
 - Gastric Reflux
 - Goitre
 - Glaucoma
 - Graves' Disease
 - Hiatus Hernia
 - Hypercholesterolaemia (High Cholesterol) – provided **you** do not also suffer from a known cardiovascular disease and/or diabetes
 - Hyperlipidaemia (High Blood Lipids) – provided **you** do not also suffer from a known cardiovascular disease and/or diabetes
 - Hypertension (High Blood Pressure) – provided **you** do not also suffer from a known cardiovascular disease and/or diabetes
 - Hypothyroidism, including Hashimoto's Disease
 - Impaired Glucose Tolerance
 - Incontinence
 - Insulin Resistance
 - Iron Deficiency Anaemia
 - Macular Degeneration
 - Meniere's Disease
 - Migraine
 - Nocturnal cramps
 - Osteopaenia
 - Osteoporosis
 - Pernicious Anaemia
 - Plantar fasciitis
 - Raynaud's Disease
 - Sleep apnoea
 - Solar keratosis
 - Trigeminal Neuralgia
 - Trigger finger
 - Vitamin B12 Deficiency

If hospitalisation has occurred, or **your** condition does not meet the description above, cover is **not** automatic. **You** are required to submit a completed Medical Declaration form, as explained in Group 3.

* These conditions are examples of Cardiovascular Disease. If **you** do not ensure sufficient cover for these conditions, **you** will not be covered for any claims relating to Cardiovascular Disease, as outlined below.

Group 3 – Pre-existing Medical Conditions about which we need further information – require approval and an additional premium is payable

If **your Pre-existing Medical Condition** does not fall within Group 1 or 2 and **you** would like to apply for cover for **your Pre-existing Medical Condition**, **we** will require **you** to complete a Medical Declaration form and send it to **us** for consideration. **We** will respond within 1 business day.

Examples of two common Pre-existing Medical Conditions are set out below:

Cardiovascular disease:

Medical conditions involving the heart and blood vessels are collectively called cardiovascular disease (CVD). All such conditions are interrelated. If **you** have ever needed to see a specialist cardiologist, or been diagnosed with a form of CVD such as (but not limited to):

1. Aneurysms
2. Angina
3. Cardiomyopathy
4. Cerebrovascular Accident (Stroke)
5. Disturbances in heart rhythm (cardiac arrhythmias)
6. Previous heart surgery (including valve replacements, bypass surgery, stents)
7. Myocardial infarction (heart attack)
8. Transient Ischaemic Attack

and **you** do not purchase adequate cover for CVD, **you** may not be covered for any claims relating to the heart/cardiovascular system (including heart attacks and strokes). If any of these conditions are expressly excluded from the policy, all CVD is excluded.

Chronic Lung Disease:

If **you** have ever been diagnosed with a chronic lung disease including (but not limited to) Emphysema and Chronic Bronchitis, Bronchiectasis, Chronic Obstructive Airways Disease (COAD) or Chronic Obstructive Pulmonary Disease (COPD) and **you** do not purchase adequate cover for **your** respiratory disease, **you** may not be covered for any claims relating to a new airways infection.

If a chronic lung condition is expressly excluded under **your** policy, all new respiratory infections are also excluded.

If **you** have a **Pre-existing Medical Condition** and:

- (i) **you** do not apply for cover (or **you** apply for cover and **we** do not agree to provide cover); or
- (ii) **you** do not pay the relevant additional premium,

we will **not** pay any claims arising from or related to **your Pre-existing Medical Condition**.

PLEASE ALSO READ THE "GENERAL EXCLUSIONS Applicable TO ALL SECTIONS" ON PAGE PAGES 42 and 43 AND THE SECTION-SPECIFIC EXCLUSIONS ON PAGES 27 TO 41.

You cannot apply for cover for conditions outlined in Group 1 (pages 16 and 17 of your policy).

You are only covered for claims which arise from a **Pre-existing Medical Condition** suffered by a **relative** that is hospitalised or dies in Australia after the policy is issued and at the time of the policy issue **you** were unaware of the likelihood of such hospitalisation or death. The most **we** will pay in respect of all claims under all the sections of the policy is \$2,000 for a **Single Plan** and \$4,000 for a **Family Plan**.

A Medical Declaration form is available from **your** distributor or authorised representative or online at www.suresave.net.au. In most cases it can be completed entirely by **you**.

In some cases we will also need a Doctor's Declaration to be completed by **your** regular treating doctor, but this is explained in more detail in the Medical Declaration form.

Under **your** policy there are rights and responsibilities which **you** and **we** have. **You** must read this PDS in full for more details, but here are some **you** should be aware of.

Cooling-off period

If **you** decide that **you** do not want this policy, **you** may cancel it within 14 days after **you** are issued **your** Certificate of Insurance and PDS, and **you** will be given a full refund of the premium **you** paid, provided **you** have not started **your trip** or **you** do not want to make a claim or to exercise any other right under the policy.

After this period **you** can still cancel **your** policy but **we** will not refund any part of **your** premium if you do.

Confirmation of cover

To confirm any policy transaction, (if the Certificate of Insurance does not have all the information **you** require), call SureSave on 1300 787 376.

Jurisdiction and choice of law

This policy is governed by and construed in accordance with the law of New South Wales, Australia and **you** agree to submit to the exclusive jurisdiction of the courts of New South Wales. **You** agree that it is **your** intention that this Jurisdiction and Choice of Law clause applies.

Your Duty of Disclosure

Before **you** enter into this policy, the Insurance Contracts Act 1984 (Cth) requires **you** to provide **us** with the information **we** need to enable **us** to decide whether and on what terms **your** proposal for insurance is acceptable and to calculate how much premium is required for **your** policy. **You** will be asked various questions when **you** first apply for **your** policy. When **you** answer these questions, **you** must:

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

If **you** vary, extend, reinstate or replace **your** policy **your** duty is to tell **us** before that time, every matter known to **you** which:

- **you** know; or
 - a reasonable person in the circumstances could be expected to know,
- is relevant to **our** decision whether to insure **you** and whether any special conditions need to apply to **your** policy.

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

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

Who does the duty apply to?

Everyone who is insured under the policy must comply with the duty of disclosure.

What happens if you or they breach the duty?

If **you** or they do not comply with the relevant duty, **we** may cancel the policy or reduce the amount **we** pay if **you** make a claim. If fraud is involved, **we** may treat the policy as if it never existed and pay nothing.

General Insurance Code of Practice

The Insurance Council of Australia Limited has developed the General Insurance Code of Practice (the Code), which is a self-regulatory code for adoption by insurers. Cerberus proudly supports the Code and embraces its objectives of raising the standards of practice and service in the insurance industry. **You** can obtain a copy of the Code from www.codeofpractice.com.au

Dispute Resolution Process

Should **you** have a complaint or dispute arising out of this insurance, or **our** employees, distributors, authorised representatives or service providers, please contact Cerberus on 1300 625 229. **We** will respond to **your** complaint within 15 business days, provided **we** receive all necessary information and have completed any investigation required. If **we** need more time, **we** will agree on a reasonable alternative timeframe.

If **we** were unable to resolve **your** concern through **our** internal dispute resolution process, **you** may refer **your** case to Lloyd's General Representative in Australia for consideration. If **you** are still not satisfied with the outcome and **you** purchased a policy in Australia, **you** may then request the matter be reviewed by the Financial Ombudsman Service Limited (FOS): an independent body that operates nationally in Australia and aims to resolve certain insurance disputes. This service is free of charge to customers. Please note that **you** must register **our** dispute with the FOS within 3 calendar months of receiving a decision from **our** internal dispute resolution team.

Lloyd's General Representative in Australia
Suite 2, Level 21, Angel Pl, 123 Pitt St, Sydney NSW 2000
Phone: (02) 9223 1433

Financial Ombudsman Service Ltd
GPO Box 3, Melbourne VIC 3001
Phone: 1300 780 808 (Toll Free)
Fax: (03) 9613 6399
Email: info@fos.org.au
Website: www.fos.org.au

The Underwriters accepting this Insurance agree that:

- (i) if a dispute arises under this Insurance, this Insurance will be subject to Australian law and practice and the Underwriters will submit to the jurisdiction of any competent Court in the Commonwealth of Australia;
- (ii) any summons notice or process to be served upon the Underwriters may be served upon:

Lloyd's Underwriters' General Representative in Australia
Suite 2, Level 21, Angel Place, 123 Pitt St, Sydney NSW 2000

who has authority to accept service and to appear on the Underwriters' behalf;
- (iii) if a suit is instituted against any of the Underwriters, all Underwriters participating in this Insurance will abide by the final decision of such Court or any competent Appellate Court.

Claims and Enquiries

If **you** are admitted to hospital or **you** anticipate **you** will incur medical costs, **you** must immediately contact Specialty Assist on the emergency assistance number. For information about Specialty Assist's worldwide 24 hour emergency assistance network, see page 23.

If **you** need to make a claim, follow the instructions below and at pages 44 and 45. Claim forms are available:

- From **your** distributor or authorised representative
- From SureSave

For claims purposes, evidence of purchase and the value of the property insured or the amount of any loss must be kept.

Please complete the claim form in full (answering all questions) to allow **your** claim to be processed. **You** must attach all supporting ORIGINAL documents, reports, receipts, valuations, other proof of ownership and value, any amount of any loss and any other information relevant to **your** claim to the claim form and send to the address shown on the claim form.

In the event of a claim

IMMEDIATE NOTICE should be given (see Contact Details on back cover).

Please note: for claims purposes, evidence of the value of the property insured or the amount of any loss must be kept.

Claims processing

Your claim will be processed within 10 business days of **us** receiving a completed claim form and all necessary documentation. If **we** need additional information, a written request will be sent to **you** within 10 business days.

Please also read the "Claims" section of the PDS pages 44 and 45 for important information.

Privacy Notice

To arrange and manage **your** travel insurance, **we** (in this Privacy Notice "we", "our" and "us" includes Cerberus and its distributors and authorised representatives, SureSave and Specialty Assist) collect personal information from **you** and others (including those authorised by **you** such as **your** doctors, hospitals and persons whom **we** consider necessary). Any personal information **you** provide is used by **us** to evaluate and arrange **your** travel insurance. **We** also use it to administer and provide the insurance services and manage **your** and **our** rights and obligations in relation to the insurance services, including managing, processing and investigating claims. **We** may also collect, use and disclose it for product development, marketing, research, IT systems maintenance and development, recovery against third parties and for any other purposes with **your** consent.

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

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

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

We rely on **you** to have obtained their consent on these matters. If **you** have not done or will not do either of these things, **you** must tell **us** or **our** distributors and authorised representatives before **you** provide the relevant information.

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

If **you** do not agree to the above or will not provide **us** with personal information, **we** may not be able to provide **you** with **our** services or products or may not be able to process **your** application nor issue **you** with a policy. In cases where **we** do not agree to give **you** access to some personal information, **we** will give **you** reasons why.

24 hour worldwide emergency assistance

Specialty Assist has trained medical staff to assist **you** with emergency medical assistance. **You** must contact them immediately in the event of **you** becoming ill or having an accident.

For emergency assistance anywhere in the world at any time, Specialty Assist is only a telephone call away. The team will help with medical problems, locating nearest medical facilities, **your** evacuation **home**, locating nearest embassies and consulates as well as keeping **you** in touch with **your** family and work in an emergency.

If **you** are hospitalised **you**, or a member of **your travelling party**, MUST contact Specialty Assist as soon as possible.

If **you** do not **we** will not pay for these expenses or for any evacuation or airfares that have not been approved or arranged by **us** (see Section 1A and 1B).

If **you** are not hospitalised but **you** are being treated as an outpatient, and the total cost of such treatment will exceed AUD \$2,000, **you** MUST contact Specialty Assist immediately.

**IN THE EVENT OF AN EMERGENCY CALL
REVERSE CHARGE +44 (0)20 7902 7405 TO CONTACT SPECIALTY ASSIST.**

As soon as **you** become ill, contact Specialty Assist and **their** medical assistance team will help direct **you** to the appropriate hospital or health care facility. Subject to medical advice, **you** must take **their** advice as to where **you** can be treated to ensure **you** receive quality medical care. **We** also have the option of returning **you** to Australia or evacuating **you** to another country, if the cost of **your overseas** medical expenses could exceed the cost of returning **you** to Australia.

Period of cover

You are not covered until **we** issue a Certificate of Insurance. That Certificate forms part of the policy. The period **you** are insured for is set out in the Certificate.

However:

- The cover for cancellation fees and lost deposits begins from the time the Certificate of Insurance is issued.
- Cover for all other Sections begins on date of departure as stated on the Certificate of Insurance. Cover ends when **you** return to **your home** or on the date of return set out on **your** Certificate of Insurance, whichever happens first.

Important travel dates

Please note that cover under Sections 15A, 15B, 15C and 15D is excluded for periods outside of:

- 15th December to 31st March in Northern Hemisphere resorts
- 15th June to 30th September in Southern Hemisphere resorts

Extensions

Extensions of **your** insurance policy are available unless:

- **You** are over 81 years of age at the time of extension, or
- **Your Pre-existing Medical Condition** was accepted by **us** in writing following the completion of a medical declaration, or
- There has been any change in **your** health status, including the discovery of new medical conditions, since the start of **your** original policy, or
- **You** are aware of a possible claim resulting from **your** original policy, but **you** have not advised **us** of it.

Extensions of **your** insurance cover are available and calculated at the current rates for the relevant Plan at the time of the extension.

If the scheduled transport in which **you** are to travel is delayed, or the delay is caused by an event that entitles **you** to make a claim under this policy, the insurance is automatically extended beyond the period of the **trip** stated in the Certificate of Insurance. The extension lasts until **you** are capable of travelling to **your** final destination, including the **journey** there, or for a period of six (6) months, whichever happens first.

Excess

Plan A

We will not pay the first \$100 for any one event under Sections 1A - 3 and 18A - 19.

You can remove this **excess** by paying an additional \$15.

Nil **excess** applies to Sections 4 - 17.

Plan B

Nil **excess** applies to all Sections.

All Plans

We will not pay the first \$100 for ski or golfing equipment whilst in use.

You cannot pay to remove this **excess**.

If any additional **excess** applies to **your** policy, the amount is shown in the Certificate, Pre-Existing Medical Conditions Assessment Letter or advised to **you** in writing before the Certificate is issued to **you**.

Safeguarding your Luggage and Personal Effects

You must take all reasonable precautions to safeguard **your luggage and personal effects**. If **you** leave **your luggage and personal effects** **unattended** in a **public place** **we** will not pay **your** claim. (For an explanation of what **we** mean by "Luggage and Personal Effects", "Unattended" and "Public Place" see pages 27 and 28).

Some words in this PDS and the policy wording that have special meanings are defined here.

Accident means an unexpected, unintended, unforeseeable event causing **injury**. The **accident** must happen while **you** are on **your trip** and covered under the policy.

AICD/ICD means an implantable cardioverter-defibrillator (ICD), also known as an automated implantable cardioverter-defibrillator (AICD).

Amount Payable means the total **amount payable** for the policy in accordance with the rates set out in the Schedule of Benefits. It includes administration fees payable to the agent, stamp duty, policy issue fee, GST if applicable and the premium payable to the insurer.

Applicable limit means the sum insured specified in the Schedule of Benefits for the Plan selected on the travel insurance policy.

Arises or Arising means directly or indirectly arising or in any way connected with. **Carrier or Carriers** means an aircraft, vehicle, train, vessel or other public transport operated under a license for the purposes of transporting passengers. This definition excludes taxis.

Chronic means a persistent and lasting condition in medicine. **We** do not consider that **chronic** pain has to be 'constant' pain, however in many situations it has a pattern of relapse and remission. The pain, disease or medical issue may be long-lasting, recurrent (occurred on more than 2 occasions) or characterised by long suffering.

Country of Residence means the country of which **you** are a citizen or permanent resident.

Dependent means **your** children or grandchildren not in full time employment who are under the age of 21 and are travelling with **you** on the **journey**.

Epidemic means a sudden development and rapid spreading of a contagious disease in a region where it developed in a simply endemic state or within a previously unscathed community.

Excess means the amount which **you** must first pay for each claim arising from the one event before a claim can be made under **your** policy.

Family means **you** and **your** travel partner named in the Certificate of Insurance and **your dependent** children/grandchildren under the age of 21, at the date of policy issue, travelling with **you**, listed as covered on **your** Certificate of Insurance.

Home means **your** usual place of residence in Australia.

Injury means a bodily **injury** caused solely and directly by violent, accidental, visible and external means, during **your** period of cover and which does not result from any illness, **sickness** or disease.

Insolvency means bankruptcy, provisional liquidation, liquidation, appointment of a receiver or administrator, entry into a scheme of arrangement, statutory protection, stopping the payment of debts or the happening of anything of a similar nature under the laws of any jurisdiction.

Journey means the time from when **you** leave **your home** to go directly to the place **you** depart from on **your** travels and ends when **you** return to **your home**.

Luggage and Personal Effects means any personal items owned by **you** and that **you** take with **you** or buy on **your journey** and which are designed to be worn or carried about with **you**. This includes items of clothing, personal jewellery, photographic and video equipment or personal computers, or electrical devices or portable equipment. However, it does not mean any business samples or items that **you** intend to trade.

Overseas means in any country other than your **country of residence**.

Pandemic means a form of an **epidemic** that extends throughout an entire continent, even the entire human race.

Pre-existing Medical Condition means:

- (a) An ongoing medical or dental condition of which **you** are aware, or related complication **you** have, or the symptoms of which **you** are aware;

- (b) A medical or dental condition that is currently being, or has been investigated, or treated by a health professional (including dentist or chiropractor) at any time in the past, prior to policy purchase;
- (c) Any condition for which **you** take prescribed medicine;
- (d) Any condition for which **you** had surgery;
- (e) Any condition for which **you** see a medical specialist; or
- (f) Pregnancy.

This definition applies to **you**, **your travelling party** or a **relative**.

Public Place means any place that the public has access to, including but not limited to planes, trains, cruise ships, taxis, buses, air or bus terminals, stations, wharves, streets, museums, galleries, hotels, hotel foyers and grounds, beaches, restaurants, private carparks, public toilets and general access areas.

Reasonable means for medical or dental expenses, the standard level of care given in the country **you** are in or, for other expenses, the standard level **you** have booked for the rest of **your journey** or, as determined by **us**.

Relative means any of the following who is under 85 years of age and who is resident in Australia or New Zealand. It means **your** or a member of **your travelling party's** spouse, de facto partner, parent, parent-in-law, daughter, son, daughter-in-law, son-in-law, brother, sister, brother-in-law, sister-in-law, grandchild, grandparent, step-parent, step-son, step-daughter, fiancé or fiancée, or guardian.

Rental Vehicle means a rented sedan, campervan, hatchback or station-wagon, four wheel drive or mini bus/people mover rented from a licensed motor vehicle rental company.

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

Sick or Sickness means a medical condition, not being an **injury**, which first occurs during **your** period of cover.

Single means covering **you** and **your dependent** children/grandchildren under the age of 21, at the date of policy issue travelling with **you** listed as covered on **your** Certificate of Insurance.

Sudden Illness or Serious Injury means a condition which first occurs during **your** period of cover and which necessitates treatment by a legally qualified medical practitioner and which results in **you** or any other person to which this Insurance applies being certified by that medical practitioner at the time as being unfit to travel or continue with **your** original **trip**.

Travel Services Provider means a scheduled services airline, hotel and resort operator, car rental agency, bus, cruise line and railway operator.

Travelling Party means those people defined in **Family** and any travelling companion who has made arrangements to accompany **you** for at least 50% of the **trip**.

Trip means the period of travel stated in the Certificate of Insurance.

It begins on the date of departure as stated in the Certificate of Insurance and ends when **you** return to **your** normal place of residence, or when the period of the **trip** set out in the Certificate of Insurance ends, whichever happens first.

Unsupervised means:

- leaving **your** luggage with a person **you** did not know prior to commencing **your journey**
- leaving it in any position where it can be taken without **your** knowledge
- leaving it at such a distance from **you** that **you** are unable to prevent it being taken.

We, Our, Us means certain Underwriters at Lloyd's who will deal with **you** through their agent Cerberus Special Risks Pty Limited.

You or Your means the person or people named in the Certificate of Insurance as well as their accompanying **dependent** children/grandchildren who are under 21 years of age at the date of policy issue.

SECTION 1A: MEDICAL EXPENSES INCURRED OVERSEAS

This Section outlines what **we** will pay and what **we** will not pay under each benefit in the event of a claim.

You only have this cover if **you** chose Plan A.

WE WILL PAY:

1. The **reasonable** cost of emergency medical, hospital, road ambulance or other treatment **you** actually and necessarily received during the **trip** because **you** suffered a **sudden illness or serious injury**. **You** must make an effort to keep **your** medical expenses to a minimum. If **we** determine that **you** should return **home** to Australia for treatment and **you** do not agree to do so then **we** will pay **you** the amount which **we** determine would cover **your** medical expenses and/or related costs had **you** agreed to **our** recommendation. **You** will then be responsible for any ongoing or additional costs relating to or arising out of the event **you** have claimed for. However:
We will only pay for treatment received and/or hospital accommodation during the 12 month period after the **sudden illness** first showed itself or the **serious injury** happened.
The treatment must be given or prescribed by a registered medical practitioner or paramedic.
2. The cost of emergency dental treatment up to a maximum amount of \$1,000 per person per **trip** for dental costs incurred which the treating dentist certifies in writing is for the relief of sudden and acute pain to sound and natural teeth.
3. For **your** burial or cremation **overseas**, or the transporting of **your** remains to your **country of residence**. The maximum amount **we** will pay is \$12,000 for all claims combined.

Please note we will not pay for any costs incurred in your Country of Residence.

The maximum amount we will pay for all claims combined under this Section is shown under the Schedule of Benefits for the Plan you have selected.

WE WILL NOT PAY:

1. Ongoing payments under Section 1A (Medical Expenses Incurred Overseas) if **we** decide on the advice of a doctor appointed by **us** that **you** are capable of being repatriated to Australia or, if **we** decide, **your country of residence** if this is not Australia.
2. If **you** have received medical care under a reciprocal national health scheme. Reciprocal Health Agreements are currently in place with the following countries; Finland, Italy, Malta, the Netherlands, Norway, Sweden, the Republic of Ireland, the United Kingdom and New Zealand.
3. If, despite **our** advice otherwise, **you** received private hospital or medical treatment where public funded services or care is available in Australia or under any Reciprocal Health Agreement between the Government of Australia and the Government of any other country. Please see www.medicareaustralia.gov.au for further information.
4. Medical and/or dental costs incurred in your **country of residence**.
5. Dental treatment involving the use of precious metals or for cosmetic dentistry.
6. For any loss arising from **Pre-existing Medical Conditions** except as

specified under the heading “Pre-existing Medical Conditions” on pages 15 to 19.

- When **you** have not notified Specialty Assist as soon as practicable of **your** admittance to hospital.
- If **you** do not take the advice of Cerberus or Specialty Assist.
- For any expenses for medical evacuation, funeral services or cremation or bringing **your** remains back to Australia unless it has been first approved by Specialty Assist.
- For a loss that arises directly or indirectly because of a terminal illness suffered by a member of **your travelling party** - or **your relative, your** business partner or person in the same employ as **you**, who is resident in **your country of residence** - if a terminal prognosis was made before the Certificate of Insurance was issued.

YOU MUST CHECK “GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS” PAGES 42 AND 43 FOR OTHER REASONS WHY WE WILL NOT PAY.

SECTION 1B: ADDITIONAL EXPENSES/MEDICAL EVACUATION

You have this cover if **you** chose Plan A or B.

WE WILL PAY:

This Section only covers **you** for **reasonable** additional travel or accommodation expenses that result directly from one of the following events:

- You** being unable to continue the **trip** because of the death, **sudden illness or serious injury** of:
You or a member of **your travelling party**; or
A **relative** or business partner or person in the same employ as **you**, who is resident in Australia or New Zealand, provided that the **sudden illness or serious injury** required hospitalisation or confinement; and in the case of a business partner or person in the same employ, the person’s absence made the ending of the **trip** necessary and **you** have written confirmation of that fact from a senior partner or director.
- The need, because of a **sudden illness or serious injury**, resulting in **you** being hospitalised as an in-patient, for a **relative** or friend to travel to, remain with, or escort **you** in place of the attending physician. **You** must have written advice from the attending physician and **our** consent.
- Cancellation or restriction of scheduled public transport services caused by severe weather, natural disaster, hijacking, riot, strike, or civil commotion. The event must have begun after **we** issued the Certificate of Insurance. **You** must have done everything reasonable to avoid the expenses and **you** must get the **carrier’s** written confirmation of **your** claim.
- Motor vehicle, railway, air, or marine accident. **You** must have written confirmation of the accident from an official body in the country where the accident happened.
- Loss (excluding Government confiscation) of passports, travel documents or credit cards, but limited to expenses incurred within the country where the loss occurred in having the documents replaced.
- A member of **your travelling party** who is a full-time student being required to sit supplementary examinations.

We will pay **you** if **you** have to interrupt **your trip** after it has begun, for **your** necessary additional travel, accommodation, repatriation and meals that **you** undertake with **our** consent. Travel expenses for **your** return **home** or evacuation, are only covered if the attending physician advises **us** in writing that as a result of **sudden illness or serious injury** **you** are unfit to continue the **trip**.

The maximum amount we will pay for all claims combined under this Section is shown under the Schedule of Benefits for the Plan you have selected.

The following rules apply:

- Additional travel must be at the fare class originally chosen, except where **we** agree otherwise based on a written recommendation by **your** attending physician.
- If **you** do not have a return ticket at the time of the event that causes **you** to return to Australia, **we** will deduct the cost of an economy class airfare at the **carrier’s** regular published rates for the return **journey**. **We** will use **your** return ticket if this reduces **our** costs.
- Benefits are payable for a period up to 12 months from the date **your trip** was interrupted.

The maximum amount we will pay for all claims combined under this Section is shown under the Schedule of Benefits for the Plan you have selected.

WE WILL NOT PAY:

- For the cost of resuming the **trip** after **you** have returned to Australia or **your country of residence**.
- For additional transport or accommodation expenses when a claim is made under Section 2A Cancellation Costs, for cancelled transport or accommodation expenses covering the same period of time.
- A loss arising from the failure of any travel agent, tour operator, accommodation provider, airline or other **carrier**, car rental agency or any other travel or tourism services provider to provide services or accommodation due to their **insolvency** or the **insolvency** of any person, company or organisation they deal with.
- For delays, rescheduling or cancellation of scheduled transport services caused by the **carrier** or related to the **carrier** including maintenance, repairs, rescheduling, service faults, industrial activity other than a strike or corporate takeover.
- If **you** or a member of **your travelling party** changes plans or decides not to continue with the **trip**.
- If **you** decline to promptly follow the medical advice of Specialty Assist, **we** will not be responsible for any subsequent medical, hospital or evacuation expenses.
- If **you** were aware of any reason, before **your** period of cover commenced, that may cause **your journey** to be cancelled or disrupted or delayed.
- If **you** can claim **your** additional travel and accommodation expenses from anyone else.
- For any loss arising from **Pre-existing Medical Conditions** except as specified under the heading “Pre-existing Medical Conditions” on pages 15 to 19.
- For a loss that arises directly or indirectly because of a terminal illness suffered by a member of **your travelling party** - or **your relative, your** business partner or person in the same employ as **you**, who is resident in **your country of residence** - if a terminal prognosis was made before the Certificate of Insurance was issued.

YOU MUST CHECK “GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS” PAGES 42 AND 43 FOR OTHER REASONS WHY WE WILL NOT PAY.

SECTION 2A: CANCELLATION COSTS

You have this cover if **you** chose Plan A or B.

WE WILL PAY:

- The value of the unused arrangements, less any refunds due to **you** if **you** have to cancel any prepaid transport or accommodation arrangements, due to any unforeseen or unforeseeable circumstances outside of **your** control.
- The **reasonable** cost of rearranging **your trip** prior to the commencement of **your journey** because something unforeseen and outside of **your** control occurs, provided that this cost is not greater than the cancellation fees or lost deposits which would have been incurred had the **trip** been cancelled.
- The cancellation cost of tuition or course fees up to \$2,000 if the sole purpose of **your trip** is to attend that course and that course is cancelled due to circumstances outside of your control.
- The travel agent’s cancellation fees up to 10% of the amount paid to the travel agent or \$1,500 **Single** Plan or \$3,000 **Family** Plan, whichever is the lesser; when all monies have been paid or the maximum amount of the deposit has been paid at the time of cancellation. **We** will not pay any travel agent’s cancellation fees above the level of commission or service fees normally earned by the agent had the **trip** not been cancelled.
- For the loss of frequent flyer or similar air travel points **you** used to purchase an airline ticket following cancellation of **your** air ticket and **you** cannot recover the lost points from any other source. The cancellation must be due to unforeseen or unforeseeable circumstances outside of **your** control. **We** calculate the amount **we** pay **you** by multiplying:
 - the cost of an equivalent class airline ticket based on the quoted retail price at the time the ticket was issued, less **your** financial contribution;
 - by the total value of points lost divided by the total value of points used to obtain the ticket.

The maximum amount we will pay for all claims combined under this Section is shown under the Schedule of Benefits for the Plan you have selected.

WE WILL NOT PAY:

- A loss arising from the failure of any travel agent, tour operator, accommodation provider, airline or other **carrier**, car rental agency or any other travel or tourism services provider to provide services or accommodation due to their **insolvency** or the **insolvency** of any person, company or organisation they deal with.
- A loss that arises directly or indirectly from an act or threat of terrorism.
- For delays, rescheduling or cancellation of scheduled transport services caused by the **carrier** or related to the **carrier** including maintenance, repairs, rescheduling, service faults, industrial activity other than a strike or corporate takeover.
- A loss that relates directly or indirectly to financial, business, professional or contractual arrangements. This exclusion does not apply to claims under Section 2A where:
 - you** or a member of **your travelling party** are made redundant from full-time permanent employment in Australia provided **you** or they were not aware that the redundancy was to occur before **you** purchased this policy;or

b) where **you** are a full-time permanent employee and prearranged leave is cancelled by **your** employer.

- If **you** or a member of **your travelling party** changes plans or decides not to continue with the **trip**.
- If a tour operator or wholesaler is unable to complete arrangements for a tour because there are not the required number of people to begin or complete a tour or trip. This does not apply in relation to prepaid travel arrangements bought separately to reach the departure point for the tour or other travel arrangements.
- If **your** claim arises directly or indirectly from an **epidemic** or **pandemic**.
- If **you** were aware of any reason, before **your** period of cover commenced, that may cause **your journey** to be cancelled, abandoned or shortened.
- For a loss that arises directly or indirectly because of a terminal illness suffered by a member of your **travelling party** - or **your relative**, **your** business partner or person in the same employ as **you**, who is resident in **your country of residence** - if a terminal prognosis was made before the Certificate of Insurance was issued.
- For any loss arising from **Pre-existing Medical Conditions** except as specified under the heading "Pre-existing Medical Conditions" on pages 15 to 19.

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 42 AND 43 FOR OTHER REASONS WHY WE WILL NOT PAY.

SECTION 3: LOSS OF INCOME

You only have this cover if **you** chose Plan A.

WE WILL PAY:

Your average gross income less normal legal deductions for up to 6 months, calculated from the return date on the Certificate of Insurance if, as a result of suffering an **injury** during the **trip**, **you** become totally unable within 30 days after that **injury** to attend to **your** usual full-time occupation or business when **you** return to Australia. This benefit is not applicable to accompanying **dependent** children/grandchildren. The maximum **we** will pay is \$1,500 per month.

The maximum amount we will pay for all claims combined under this Section is shown under the Schedule of Benefits for the Plan you have selected.

WE WILL NOT PAY:

For the first 30 days of **your** disablement from the time **you** return to Australia.

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 42 AND 43 FOR OTHER REASONS WHY WE WILL NOT PAY.

SECTION 4: OUT OF POCKET HOSPITAL ALLOWANCE – NIL EXCESS APPLIES

You only have this cover if **you** chose Plan A.

WE WILL PAY:

\$50 for each day **you** are necessarily confined to hospital **overseas** provided that the period of confinement exceeds 48 hours because of a **sudden illness** or **serious injury** that happens or first shows itself during the **trip**.

The maximum amount we will pay for all claims combined under this Section is shown under the Schedule of Benefits for the Plan you have selected.

WE WILL NOT PAY:

- For the first 48 continuous hours **you** are in hospital.
- If **you** cannot claim for **overseas** medical expenses in Section 1A.

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 42 AND 43 FOR OTHER REASONS WHY WE WILL NOT PAY.

SECTION 5: TRAVEL DELAY – NIL EXCESS APPLIES

You only have this cover if **you** chose Plan A.

WE WILL PAY:

Up to \$2,000 for a **Single** Plan (\$4,000 for a **Family** Plan) (sub limit of \$200 per 12 hour delay) for the cost of **reasonable** additional meals and accommodation if, for a reason outside **your** control, **your** scheduled transport from Australia or **overseas** is delayed for at least 6 hours, for each subsequent 12 hours (or part of that time) of delay.

You must give **us** **your** receipts, and written confirmation of the delay from the **carrier**.

The maximum amount we will pay for all claims combined under this Section is shown under the Schedule of Benefits for the Plan you have selected.

WE WILL NOT PAY:

- For a loss arising from the failure of any travel agent, tour operator, accommodation provider, airline or other **carrier**, car rental agency or any other travel or tourism services provider to provide services or accommodation due to their **insolvency** or the **insolvency** of any person, company or organisation they deal with.
- For a loss that arises directly or indirectly from an act or threat of terrorism.
- If **you** can claim **your** additional meals and accommodation expenses from anyone else.

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 42 AND 43 FOR OTHER REASONS WHY WE WILL NOT PAY.

SECTION 6: RETURN AIRFARE – NIL EXCESS APPLIES

You only have this cover if **you** chose Plan A.

WE WILL PAY:

Towards the cost of **your** original airline ticket (less any refund that is due to **you**) if, because of a **sudden illness** or **serious injury** that happens during **your** **trip** the attending registered medical practitioner or **carrier** requires **you** to be brought back to Australia with a medical escort. **However, we will only do so if we bring you back when either:**

- There are more than 5 days of the **trip**, or 25% of its length, whichever is the greater left to go; or
- You** have been confined to hospital **overseas** for more than 25% of the insured part of the **trip**.

The maximum amount we will pay for all claims combined under this Section is shown under the Schedule of Benefits for the Plan you have selected.

WE WILL NOT PAY:

- If the **injury** or illness occurred before **your** departure from Australia
- If the **injury** or illness was a **Pre-existing Medical Condition**
- If **you** have a valid claim lodged under Section 2A.

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 42 AND 43 FOR OTHER REASONS WHY WE WILL NOT PAY.

SECTION 7: RESUMPTION OF TRIP – NIL EXCESS APPLIES

You only have this cover if you chose Plan A..

WE WILL PAY:

If **you** return to **your home** in Australia because, during **your trip**, a **relative** in Australia or New Zealand dies unexpectedly or is hospitalised following a **sudden illness** or **serious injury**, we will reimburse **you** up to \$3,000 for a **Single** Plan (\$6,000 for a **Family** Plan) towards return airfares to continue **your trip** within 12 months of **your** return to Australia.

The maximum amount we will pay for all claims combined under this Section is shown under the Schedule of Benefits for the Plan you have selected.

WE WILL NOT PAY:

- If **you** have a valid claim lodged under Section 2A.
- If **you** were aware of any reason, before **your** period of cover commenced, that may cause **your journey** to be cancelled or disrupted or delayed.
- If the death, **injury** or **sickness** of a **relative** is a result of a **Pre-existing Medical Condition** except as specified under the heading "Pre-existing Medical Conditions" on pages 15 to 19.

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 42 AND 43 FOR OTHER REASONS WHY WE WILL NOT PAY.

SECTION 8: SPECIAL EVENTS – NIL EXCESS APPLIES

You only have this cover if **you** chose Plan A.

WE WILL PAY:

If **your trip** is interrupted by any fortuitous cause outside of **your** control and **you** are unable to arrive at **your** destination by the time originally scheduled – for the purpose of attending a pre-arranged wedding, funeral, conference, or sporting event which cannot be delayed as a consequence of **your** late arrival – **we** will reimburse **you** for the **reasonable** additional cost of using alternative public transport to arrive at the destination on time.

The maximum amount we will pay for all claims combined under this Section is shown under the Schedule of Benefits for the Plan you have selected.

WE WILL NOT PAY:

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

2. A loss that arises directly or indirectly from an act or threat of terrorism.

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 42 AND 43 FOR OTHER REASONS WHY WE WILL NOT PAY.

SECTION 9: RENTAL VEHICLE EXCESS/RETURN OF RENTAL VEHICLE – NIL EXCESS APPLIES

You only have this cover if you chose Plan A.

WE WILL PAY:

1. We will reimburse the Rental Vehicle Insurance Excess or the cost of repairing the vehicle, whichever is the lesser, if a vehicle **you** have rented from a rental company is involved in a motor vehicle accident while **you** are driving, or is damaged or stolen while in **your** custody. **You** must provide a copy of the repair account and/or quote and rental company agreement/documentation. This benefit does not cover motorcycles.
2. The cost of returning **your rental vehicle** to the nearest depot if **your** attending registered medical practitioner or dentist certifies in writing that **you** are unfit to do so during **your trip**.

The maximum amount we will pay for all claims combined under this Section is shown under the Schedule of Benefits for the Plan you have selected.

We will also pay up to the limits(s) shown in your Certificate of Insurance for any additional cover purchased, as nominated by you and for which the additional premium has been paid. The "General Exclusions applicable to all Sections" of the policy apply regardless of the limit of Increased Rental Vehicle Excess Cover purchased.

WE WILL NOT PAY:

1. If **you** operate a **rental vehicle** in violation of the rental agreement.
2. If **you** use the **rental vehicle** to transport items other than luggage.
3. If **you** use the **rental vehicle** while affected by alcohol or any other drug in a way that is against the law of the place **you** are in.
4. If **you** use a vehicle without a license for the purpose that **you** were using it for.

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 42 AND 43 FOR OTHER REASONS WHY WE WILL NOT PAY.

SECTION 10A: DOMESTIC SERVICES – NIL EXCESS APPLIES

You only have this cover if **you** chose Plan A.

WE WILL PAY:

For any **reasonable** domestic services provided by a registered domestic service business up to a maximum of \$500 if **you** have been repatriated to Australia by **us** and your **sudden illness or serious injury** restricts **your** ability to perform domestic duties. These **reasonable** domestic services and costs must be approved by **us**.

WE WILL NOT PAY:

If **you** do not have a medical certificate confirming **your** disablement and verifying the need for housekeeping services necessary, whilst disabled.

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 42 AND 43 FOR OTHER REASONS WHY WE WILL NOT PAY.

SECTION 10B: DOMESTIC PETS – NIL EXCESS APPLIES

You only have this cover if **you** chose Plan A.

WE WILL PAY:

1. Up to \$20 for each full 24 hour period, for additional kennel or boarding cattery fees for domestic cats and dogs owned by **you** if **you** are delayed beyond **your** original return date due to an event covered by this policy. However, **you** must give **us** a statement confirming the additional fees. **We** will not pay more than the **applicable limit**.
2. Up to \$500 if **your** pet suffers an **injury** during **your trip** and requires in-patient veterinary treatment. **Your** pet must be in the care of a **relative**, friend or boarding kennel whilst **you** are on **your trip** and **you** must provide a written report from the treating veterinary surgeon in support of **your** claim.

The maximum amount we will pay for all claims combined under this Section is shown under the Schedule of Benefits for the Plan you have selected.

WE WILL NOT PAY:

1. Any kennel or cattery fees incurred outside Australia or as a result of quarantine regulations.

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 42 AND 43 FOR OTHER REASONS WHY WE WILL NOT PAY.

SECTION 11: TRIP DISRUPTION – NIL EXCESS APPLIES

You only have this cover if **you** chose Plan A.

WE WILL PAY:

Your reasonable additional transport and accommodation expenses if **your trip** is disrupted due to **your** usual place of residence in Australia being destroyed by a natural disaster or a fire.

The maximum amount we will pay for all claims combined under this Section is shown under the Schedule of Benefits for the Plan you have selected.

WE WILL NOT PAY:

1. If **you** were aware of any reason, before **your** period of cover commenced, that may cause **your trip** to be cancelled or disrupted or delayed.
2. If **you** can claim **your** additional travel and accommodation expenses from anyone else.

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 42 AND 43 FOR OTHER REASONS WHY WE WILL NOT PAY.

SECTION 12: HIJACKING – NIL EXCESS APPLIES

You only have this cover if **you** chose Plan A.

WE WILL PAY:

If **you** want to cancel **your trip** and return **home** after the scheduled transport service on which **you** are travelling is hijacked. **We** will pay **you** **your** prepaid travel and accommodation arrangements that **you** do not use, less any refunds due to **you**.

The maximum amount we will pay for all claims combined under this Section is shown under the Schedule of Benefits for the Plan you have selected.

WE WILL NOT PAY:

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 42 AND 43 FOR REASONS WHY WE WILL NOT PAY.

SECTION 14: WITHDRAWAL OF SERVICES – NIL EXCESS APPLIES

You only have this cover if **you** chose Plan A.

WE WILL PAY:

\$50 per day if the unforeseeable withdrawal of any of the following services occurs for 48 hours continuously during **your trip** at the pre-booked accommodation at which **you** are staying:

1. All water and electrical facilities in **your** room;
2. Waiter service at meals;
3. Kitchen services so that no food is served;
4. All chambermaid services.

You must obtain a written report from the accommodation manager where **you** are staying in support of **your** claim.

The maximum amount we will pay for all claims combined under this Section is shown under the Schedule of Benefits for the Plan you have selected.

WE WILL NOT PAY:

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 42 AND 43 FOR OTHER REASONS WHY WE WILL NOT PAY.

SECTION 15A: SNOW SKIING PISTE CLOSURE – NIL EXCESS APPLIES

You only have this cover if **you** chose Plan A or B.

WE WILL PAY:

\$200 for a **Single** Plan (\$400 for a **Family** Plan) for each day that the skiing facilities at the resort **you** have pre-booked before **your trip** commenced and that **you** are staying in, is totally closed due to adverse snow conditions. The most **we** will pay is \$1,000 for a **Single** Plan (\$2,000 for a **Family** Plan).

You must obtain a detailed written report from the resort management in support of **your** claim.

WE WILL NOT PAY:

1. If **you** engage in bobsleighbing, snow rafting, para-penting, heli-skiing, ski acrobatics, ski joreing, any form of power assisted skiing or use of mechanised snow-mobiles except as provided by the recognise piste authorities for transport to and from areas designed for recreational skiing.
2. If the resort does not have skiing facilities at least 1000 metres above sea level.
3. If the claim arises outside the period 15th December to 31st March in Northern Hemisphere resorts and 15th June to 30th September in Southern Hemisphere resorts.

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 42 AND 43 FOR OTHER REASONS WHY WE WILL NOT PAY.

SECTION 15B: SNOW SKIING AND/OR GOLFING BENEFITS – NIL EXCESS APPLIES

You only have this cover if **you** chose Plan A or B.

WE WILL PAY:

The proportional amounts of irrecoverable prepaid charges **you** have paid (or contracted to pay before the **trip** commenced) for:

- ski equipment hire, lift passes and ski-school costs, and cannot recover, if during **your trip you** are prevented from skiing for more than 24 hours following **your sudden illness or serious injury** sustained during **your trip**; and/or
- golf equipment hire, green fees and golfing tuition costs, and cannot recover, if during **your trip you** are prevented from playing golf for more than 24 hours following **your sudden illness or serious injury** sustained during **your trip**.

You must obtain a medical certificate from a registered medical practitioner in support of **your** claim for your **sudden illness or serious injury**.

The maximum amount we will pay for all claims combined under this Section is shown under the Schedule of Benefits for the Plan you have selected.

WE WILL NOT PAY:

1. If **you** engage in bobsleighting, snow rafting, para-penting, heli-skiing, ski acrobatics, ski joreing, any form of power assisted skiing or use of mechanised snow-mobiles except as provided by the recognised piste authorities for transport to and from areas designed for recreational skiing.
2. If the resort does not have skiing facilities at least 1000 metres above sea level.
3. If the claim arises outside the period 15th December to 31st March in Northern Hemisphere resorts and 15th June to 30th September in Southern Hemisphere resorts.

YOU MUST CHECK “GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS” PAGES 42 AND 43 FOR OTHER REASONS WHY WE WILL NOT PAY.

SECTION 15C: SNOW SKIING AND/OR GOLFING EQUIPMENT REPLACEMENT – NIL EXCESS APPLIES

You only have this cover if **you** chose Plan A or B.

WE WILL PAY:

1. For the hire of alternative ski and/or golf equipment following accidental loss, theft or breakage of ski and/or golf equipment and for which a claim has been accepted by **us** under Section 18A.
2. If **you** are temporarily deprived of **your** ski and/or golf equipment for a period of more than 24 hours from the scheduled time of arrival at the snow and/or golf destination due to delay or misdirection of **your** ski and/or golf equipment.

The maximum amount we will pay for all claims combined under this Section is shown under the Schedule of Benefits for the Plan you have selected.

WE WILL NOT PAY:

1. If **you** engage in bobsleighting, snow rafting, para-penting, heli-skiing, ski acrobatics, ski joreing, any form of power assisted skiing or use of mechanised snow-mobiles except as provided by the recognised piste

- authorities for transport to and from areas designed for recreational skiing.
2. If the resort does not have skiing facilities at least 1000 metres above sea level.
3. If the claim arises outside the period 15th December to 31st March in Northern Hemisphere resorts and 15th June to 30th September in Southern Hemisphere resorts.

YOU MUST CHECK “GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS” PAGES 42 AND 43 FOR OTHER REASONS WHY WE WILL NOT PAY.

SECTION 15D: BAD WEATHER AND AVALANCHE CLOSURE - NIL EXCESS APPLIES

You only have this cover if **you** chose Plan A or B.

WE WILL PAY:

The reasonable extra travel and accommodation expenses that you need to pay if your pre-booked outward or return journey is delayed for more than 12 hours from your scheduled arrival time because of an avalanche or bad weather.

It is a condition of this Section that you obtain a written statement from the appropriate authority confirming that the reason for the delay was related to either an avalanche or bad weather, and its duration.

The maximum amount we will pay for all claims combined under this Section is shown under the Schedule of Benefits for the Plan you have selected.

WE WILL NOT PAY:

1. If you engage in bobsleighting, snow rafting, para-penting, heli-skiing, ski acrobatics, ski joreing, any form of power assisted skiing or use of mechanised snow-mobiles except as provided by the recognised piste authorities for transport to and from areas designed for recreational skiing.
2. If the resort does not have skiing facilities at least 1,000 metres above sea level.
3. If the claim arises outside the period 15th December to 31st March in Northern Hemisphere resorts and 15th June to 30th September in Southern Hemisphere resorts.

YOU MUST CHECK “GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS” PAGES 42 AND 43 FOR OTHER REASONS WHY WE WILL NOT PAY.”

SECTION 16: ACCIDENTAL DEATH – NIL EXCESS APPLIES

You only have this cover if **you** chose Plan A or B.

WE WILL PAY:

1. **Your** estate the **applicable limit**, if **you** die within twelve (12) months as the direct result of an **injury** that happens to **you** during **your trip**. However, there is no cover for **your dependent** children/grandchildren under the age of 21, who are travelling with **you**. Under a **Family Plan**, **we** only pay the **Single** Plan limit for any one person.
2. **Your** estate the **applicable limit** if **you** are presumed dead and **your** body is not found within 12 months after the conveyance **you** were travelling in disappears, sinks, is wrecked or crashes.

The maximum amount we will pay for all claims combined under this Section is shown under the Schedule of Benefits for the Plan you have selected.

WE WILL NOT PAY:

For death caused by suicide or for any other reason other than caused by accidental bodily **injury** as defined.

YOU MUST CHECK “GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS” PAGES 42 AND 43 FOR OTHER REASONS WHY WE WILL NOT PAY.

SECTION 17: TOTAL PERMANENT DISABILITY – NIL EXCESS APPLIES

You only have this cover if **you** chose Plan A.

WE WILL PAY:

If during **your journey you** suffer an **injury** caused solely and directly by violent, accidental, visible and external means (not caused by a **sickness** or disease) resulting in **your** permanent total loss of sight in one or both eyes or the permanent total loss of use of one or more limbs within one year of the date of the **accident**.

The maximum limit in respect of **dependents** is \$10,000 for each child.

The maximum amount we will pay for all claims combined under this Section is shown under the Schedule of Benefits for the Plan you have selected.

WE WILL NOT PAY:

YOU MUST CHECK “GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS” PAGES 42 AND 43 FOR OTHER REASONS WHY WE WILL NOT PAY.

SECTION 18A: LUGGAGE AND PERSONAL EFFECTS

You only have this cover if **you** chose Plan A or B.

WE WILL PAY:

1. Accidental loss, theft of, or damage to **your luggage and personal effects** including things **you** buy during the **trip**, whilst they are accompanying **you**. **We** are entitled to choose between repairing, replacing the property, or paying **you** its value in cash, after allowing for wear, tear, and depreciation. Any payment however will not exceed the original purchase price of the item. The limits in total, for a laptop, note book, handheld computer, camera or video camera and for any other item are set out below.

A pair or related set of items for example - but not limited to:

- a camera, lenses (attached or not), tripod and accessories;
- a matched or unmatched set of golf clubs, golf bag and buggy;
- a matching pair of earrings;

are considered as only one item for the purpose of this insurance.

The maximum amount we will pay for any item (item limit) is:

- \$4,000 for a laptop, note book, handheld computer, camera or video camera
- \$700 for all other items

If **you** have purchased “Increased Luggage and Personal Effects Cover”, **your** increased item limit is shown on the Certificate of Insurance. The maximum item limit under this Additional Option is \$4,000, and \$10,000 for all items combined.

However, if **we** are to pay a claim, **you** must:

- (a) keep receipts for goods **you** buy separate from the goods themselves;
- (b) keep any relevant ticket and luggage check and give them to **us**;
- (c) provide evidence of the value and **your** ownership of the goods;
- (d) if an airline loses or damages **your** accompanying luggage, report it in writing to the airline within 24 hours; and

- (e) get written confirmation that **you** made the report, and give it to **us**, with details of any settlement that they make in relation to the loss or damage.
- 2. Theft of cash up to \$250 providing **you** obtain a police report confirming the theft has occurred.
- 3. Loss of dentures or dental prostheses up to \$800.
- 4. Essential items bought because **your** luggage is temporarily lost or delayed (not permanently lost) by the **carrier** for more than 12 hours. This does not apply on the leg of **your trip** that brings **you** to **your country of residence** or **your home** in Australia. **We** will not pay more than \$250 for the **Single Plan** (\$500 for the **Family Plan**) if the delay is more than 12 hours or more than \$500 for the **Single Plan** (\$1,000 for the **Family Plan**) if the delay is more than 72 hours. **You** must give **us** relevant receipts and written confirmation of the length of the delay from the appropriate authority. No **excess** applies to this benefit.
- 5. Financial loss **you** suffer because of loss, theft, or fraudulent use, of **your** – travel documents, travellers cheques, passport, or credit cards – after they have been accidentally lost or have been stolen. **We** will not pay more than \$2,000. **You** must comply with any conditions of the issuing body.
- 6. The **reasonable** additional costs in obtaining a replacement passport or travel document following the accidental loss, theft or damage of **your** passport whilst outside Australia up to \$2,000. No **excess** applies to this benefit.
- 7. In the event that a claimable loss, theft, or damage to **your luggage and personal effects** is incurred, **we** will allow **you** one automatic reinstatement of the sum insured for the Plan selected.

The maximum amount we will pay for all claims combined under this Section is shown under the Schedule of Benefits for the Plan you have selected. We will also pay up to the limits(s) shown in your Certificate of Insurance for any additional cover purchased under “Increased Luggage and Personal Effects Cover”, and for which the applicable premium has been paid.

WE WILL NOT PAY:

For a claim that arises because of any of the following:

- 1. Loss, theft of or damage to watercraft of any type (excluding surfboards).
- 2. Damage to sporting equipment (including surfboards) while in use except snow skiing or golf equipment.
- 3. Breakage or damage to snow skiing or golf equipment over three years old.
- 4. Loss of luggage not reported to the transport provider, police, hotel or appropriate authority within 24 hours of **you** becoming aware of the loss and where no written report is obtained.
- 5. A loss, or theft of, or damage to:
 - (a) cash, bank or currency notes, cheques or negotiable instruments (excluding Section 18A (2));
 - (b) unaccompanied **luggage or personal effects**;
 - (c) property that **you** leave **unsupervised** in a **public place** or that happens because **you** do not take reasonable care to protect it;
 - (d) **luggage or personal effects**, but only to the extent that **you** are entitled to compensation from the **carrier** responsible for the lost, theft or damage;
 - (e) items left unattended in a motor vehicle, unless taken from a locked boot or locked concealed luggage compartment of a station wagon, hatchback, van or motorhome, between sunrise and sunset local time and there is evidence of damage or forced entry which is confirmed by a police report (this exclusion does not apply to video cameras, mobile

- telephones, photographic equipment, personal computers or jewellery);
- (f) video cameras, mobile telephones, photographic equipment, personal computers or jewellery left unattended in a motor vehicle;
- (g) video cameras, mobile telephones, photographic equipment, personal computers or jewellery checked in to be held and transported in the cargo hold of any **carrier** (including any loss from the point of check-in until receipt of the said goods);
- (h) luggage that is fragile, brittle or an electronic component is broken or scratched – unless either:
 - it is the lens of spectacles, binoculars, photographic or video equipment; or
 - the breakage or scratch was caused by a crash involving a vehicle in which **you** are travelling.
- 6. Loss, theft or damage which is not reported and a written report is not obtained within 24 hours of discovery from the police or the appropriate authority such as - but not limited to - the airline, accommodation manager, transport provider, airport authority, tour operator or guide.
- 7. Loss, wear and tear or depreciation of property or damage caused by the action of insects, vermin, mildew, rust or corrosion.
- 8. Mechanical, electrical breakdown or a malfunction.

YOU MUST CHECK “GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS” PAGES 42 AND 43 FOR OTHER REASONS WHY WE WILL NOT PAY.

SECTION 19: PERSONAL LIABILITY

You have this cover if **you** chose Plan A or B.

WE WILL PAY:

For damages or compensation **you** are legally liable for if, because **your** negligence during **your trip** causes:

- 1. **Injury** to a person who is not a member of **your family** or **travelling party**; or
- 2. Loss or damage to property that is not owned by **you** or a member of **your family** or **travelling party**, or is not in **your** or their custody or control.

We will also reimburse **your reasonable** legal costs and legal expenses for settling or defending the claim made against **you**. **We** decide whether the costs were **reasonable**. **You** must not accept any liability without **our** prior approval.

The maximum amount we will pay for all claims combined under this Section is shown under the Schedule of Benefits for the Plan you have selected.

WE WILL NOT PAY:

For **your** liability arising out of:

- 1. **Your** trade, business or profession.
- 2. An employee suffering an **injury** or illness that occurs during their course of employment with **you**.
- 3. An unlawful, wilful or malicious act by **you**.
- 4. **Your** ownership, possession or use (including as a passenger) of a mechanically propelled vehicle, or any aircraft or watercraft.
- 5. **You** passing on an illness or disease to another person.

YOU MUST CHECK “GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS” PAGES 42 AND 43 FOR OTHER REASONS WHY WE WILL NOT PAY.

We will not pay for any of the following claims or losses:

- 1. **Your** claim arises directly or indirectly from any **injury, sudden illness or serious injury** where a metastatic or terminal prognosis was made prior to the issue of the Certificate of Insurance.
- 2. Which arises from a lack of due care and responsibility on **your** part by neglecting to observe appropriate preventative measures for the travel region, as outlined by the World Health Organisation including relevant vaccinations, malaria prophylaxis, and hygiene measures. Please see www.who.int for further information.
- 3. **You** travel even though **you** know **you** are unfit to travel, travel against medical advice, travel to obtain medical treatment or **you** arrange to travel when **you** know of circumstances that could lead to the **trip** being disrupted or cancelled.
- 4. **You** have been instructed by **your** medical practitioner that **you** are unfit to travel and **you** fail to promptly cancel **your** pre-booked travel, **you** will be responsible for any extra cost (including cancellation charges) incurred from **your** failure to promptly cancel the prearranged travel.
- 5. Despite **our** advice otherwise following **your** call to Specialty Assist, **you** received private hospital or medical treatment where public funded services or care is available in Australia or under any Reciprocal Health Agreement between the Government of Australia and the Government of any other country. Please see www.medicareaustralia.gov.au for further information.
- 6. **Your** claim arises out of pregnancy or related complications after 26 weeks of pregnancy with a single baby or after 19 weeks of pregnancy with a multiple pregnancy. Expectant mothers should consider whether they travel under this policy, as no cover is provided for childbirth or the health of a newborn child, irrespective of the stage of pregnancy at which the child is born.
- 7. **Your** claim arises from **Pre-existing Medical Conditions** except as specified under the heading ‘Pre-existing Medical Conditions’ on page 15 to 19.
- 8. **Your** claim arises out of pregnancy, childbirth or related complications except as specified under the heading ‘Pregnancy’ on page 15.
- 9. **Your** claim arises from any medical procedures in relation to **AICD/ICD** insertion during overseas travel. If **you** or a member of **your travelling party** or a **relative** (as listed on your Certificate of Insurance) requires this procedure, due to sudden and acute onset which occurs for the first time during **your** period of cover and not directly or indirectly related to a **Pre-existing Medical Condition**, **we** will exercise **our** right to organise a repatriation to Australia for this procedure to be completed.
- 10. A loss which is recoverable by compensation under any workers compensation act or transport accident laws or by any Government sponsored fund, plan, or medical benefit scheme, or any other similar type legislation required to be effected by or under a law.
- 11. Consequential loss of any nature including loss of enjoyment.
- 12. A loss resulting from a criminal or dishonest act by **you** or by a person with whom **you** are in collusion or if **you** have not been honest and frank with all answers, statements and submissions made in connection with **your** insurance application or claim.
- 13. A loss that arises from any act of war (whether war is declared or not) or from any rebellion, revolution, insurrection or taking of power by the military.
- 14. A loss that arises from a nuclear reaction or contamination from nuclear weapons or radioactivity.

15. A loss that arises from biological and/or chemical materials, substances, compounds or the like used directly or indirectly for the purpose to harm or to destroy human life and/or create public fear.
16. **Your** claim arises from errors or omissions in any booking arrangements or failure to obtain relevant visa, passport or travel documents.
17. **Your** claim arises because **you** did not follow advice in the mass media of a government or other official body's warning:
 - against travel to a particular country or parts of a country;
 - of a strike, riot, bad weather, civil commotion or contagious disease;
 - of a likely or actual **epidemic** or **pandemic** (such as H5N1 Avian influenza);
 - of a threat of an **epidemic** or **pandemic** (such as H5N1 Avian influenza) that requires the closure of a country's borders; or
 - of an **epidemic** or **pandemic** that results in **you** being quarantined;
 and **you** did not take the appropriate action to avoid or minimise any potential claim under **your** policy, including delay of travel referred to in the warning. Please refer to www.who.int for further information.
18. A loss that arises from parachuting, sky diving, hang gliding, paraponting or travel in an air supported device other than as a passenger in a licensed passenger aircraft operated by an airline or charter company. This does not apply to hot air ballooning or parasailing.
19. A loss arising from **your**, any of **your travelling party's** or a **relative's** intentional exposure to a needless risk or lack of reasonable care, except in an attempt to save human life.
20. Delay, detention, seizure or confiscation by Customs or other officials.
21. The cost of medication in use at the time the **trip** began or for maintaining a course of treatment **you** were on prior to the **trip**.
22. Loss, theft or damage to anything shipped as freight or under a Bill of Lading.
23. If **your** claim arises directly or indirectly from a sexually transmitted disease (except where Human Immunodeficiency Virus (HIV) infection has been accepted by **us** in writing).
24. If **your** claim arises from or is in any way related to depression, anxiety, stress, mental or nervous conditions, whether they arise independently or are secondary to other medical conditions.
25. If **you**, a **relative** or a member of **your travelling party**:
 - (a) commits suicide, attempts to commit suicide or deliberately injures himself or herself;
 - (b) is 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;
 - (c) takes part in a riot or civil commotion;
 - (d) acts maliciously;
 - (e) races (except on foot); mountaineers – or rock climbs – using support ropes; or takes part in a professional sporting activity;
 - (f) rides a motor cycle (except as a pillion passenger) without a licence that is valid in the relevant country; or
 - (g) dives underwater using an artificial breathing apparatus unless **you** hold an open water diving licence or **you** were diving under licensed instruction.
26. For any costs or expenses incurred outside the period of the **trip**.

How to make a claim

You must give **us** notice of **your** claim as soon as possible by completing the claim form supplied by our customer service department and posting to the address shown on the claim form. If the claim form is not fully completed by **you**, **we** cannot process **your** claim.

If **you** do not, **we** can reduce **your** claim by the amount of prejudice **we** have suffered because of the delay.

You must give **us** any information **we** reasonably ask for to support **your** claim at **your** expense, such as but not limited to police reports, valuations, medical reports, original receipts or proof of ownership.

You must co-operate with **us** at all times in relation to the provision of supporting evidence and such other information as **we** may reasonably require.

- a) For medical, hospital or dental claims, contact Cerberus as soon as practicable.
- b) For damage or permanent loss of **your luggage and personal effects**, report it immediately to the police and obtain a written notice of **your** report.
- c) For damage or misplacement of **your luggage and personal effects**, caused by the airline or any other operator or accommodation provider, report the damage or misplacement to an appropriate official and obtain a written report, including any offer of settlement that they may make.
- d) Submit full details of any claim in writing within 30 days of **your** return.

Claims are payable in Australian dollars to you

We will pay all claims in Australian dollars. **We** will pay **you** unless **you** tell **us** to pay someone else. The rate of currency exchange that will apply is the rate at the time **you** incurred the expense.

You must not admit fault or liability

In relation to any claim under this policy, **you** must not admit that **you** are at fault, and **you** must not offer or promise to pay any money, or become involved in litigation, without **our** approval.

You must help us to recover any money we have paid

If **we** have a claim against someone in relation to the money **we** have to pay under this policy, **you** must do everything **you** can to help **us** do that in legal proceedings. If **you** are aware of any third party that **you** or **we** may recover money from, **you** must inform **us** of such third party.

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

If **you** can make a claim against someone other than under an insurance policy in relation to a loss or expense covered under this policy and they do not pay **you** the full amount of **your** claim, **we** will make up the difference. **You** must claim from them first.

Depreciation

Depreciation will be applied to claims for **luggage or personal effects** at such rates as reasonably determined by Cerberus.

Other insurance

If any loss, damage or liability covered under this policy is covered by another insurance policy, **you** must give **us** details. If **you** make a claim under one insurance policy and **you** are paid the full amount of **your** claim, **you** cannot make a claim under the other policy. If **you** make a claim under another insurance policy and **you** are not paid the full amount of **your** claim, **we** will make up the difference.

We may seek contribution from **your** other Insurer. **You** must give **us** any information **we** reasonably ask for to help **us** make a claim from **your** other insurer.

Subrogation

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

Recovery

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

1. To **us**, **our** administration and legal costs arising from the recovery.
2. To **us**, an amount equal to the amount that **we** paid to **you** under the policy.
3. To **you**, **your** uninsured loss (less your **excess**).
4. To **you**, **your excess**.

Once **we** pay **your** total loss **we** will keep all money left over. If **we** have paid **your** total loss and **you** receive a payment from someone else for that loss or damage, **you** must pay **us** the amount of that payment up to the amount of the claim **we** paid **you**.

If **we** pay **you** for lost or damaged property and **you** later recover the property or it is replaced by a third party, **you** must pay **us** the amount of the claim **we** paid **you**.

Business travellers – how GST affects your claim

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

Travel within Australia only

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

Fraud

Insurance fraud places additional costs on honest policyholders.

Fraudulent claims force insurance premiums to rise. **We** encourage the community to assist in the prevention of insurance fraud. **You** can help by reporting insurance fraud. All information will be treated as confidential and protected to the full extent under law. Report insurance fraud by calling Cerberus on 1300 625 229.



SureSave Pty Ltd

ABN: 82 137 885 262

PO Box H2, Australia Square, Sydney NSW 1215

Phone: 1300 787 376 Facsimile: 61 2 9234 3199

Email: info@suresave.net.au

24 hour emergency assistance call: Specialty Assist

Reverse charge: **+44 (0) 20 7902 7405**

Claims enquiries: **1300 625 229**

Your Distributor / Authorised Representative's details are: