

Comprehensive Holiday Insurance



COMBINED FINANCIAL SERVICES GUIDE, PRODUCT DISCLOSURE STATEMENT & POLICY WORDING

AFS Licensee: ETI Australia Pty Ltd
Trading as Mondial Assistance



Effective 15 January 2006

Financial Services Guide (FSG) for Mondial Assistance's Authorised Representative

This Financial Services Guide (FSG) has been designed to help you make an informed decision about the financial services and products Mondial Assistance's Authorised Representative provides. It explains the financial services the Authorised Representative provides. It also contains information about who the Authorised Representative is, how the Authorised Representative and others are remunerated in relation to these services and how your complaints are dealt with.

The second part of this document is a Product Disclosure Statement (PDS), which sets out the significant features and relevant risks of CHI Travel Insurance and is designed to assist you to make informed choices about this product.

ABOUT MONDIAL ASSISTANCE

ETI Australia Pty Ltd, trading as Mondial Assistance (Mondial Assistance) is an Australian Financial Services Licensee (AFS Licensee) authorised to deal in and advise on general insurance products on its own behalf and others. Mondial Assistance has been authorised to act on behalf of Allianz Australia Insurance Limited (Allianz) ABN 15 000 122 850, AFSL 234708, in dealing in and providing general advice on travel insurance issued by Allianz as the insurer. In issuing, varying or cancelling the insurance, Mondial Assistance acts under a binder which means that Mondial Assistance can do these things as if Mondial Assistance were Allianz. Mondial Assistance does not act on behalf of you.

Name: ETI Australia Pty Ltd
trading as Mondial Assistance

ABN: 52 097 227 177

AFS Licence Number: 245631

Address: 74 High Street, Toowong, Qld 4066

Phone: 07 3305 7000

ABOUT MONDIAL ASSISTANCE'S AUTHORISED REPRESENTATIVE

The Authorised Representative has been appointed as an Authorised Representative of Mondial Assistance to act on its behalf. It does not act for you. The Authorised Representative is authorised by Mondial Assistance to deal in, issue, vary and provide general advice on certain travel insurance products, issued by Allianz, on behalf of Mondial Assistance.

Full details about the Authorised Representative are set out on the back cover of this combined FSG/PDS in the space provided. If the space provided does not contain the Authorised Representative details, please ask the Authorised Representative.

Mondial Assistance's Authorised Representative may also be authorised by other AFS Licensees to provide financial services on their behalf. If so, the Authorised Representative will provide you with a FSG (or FSGs) in respect of the financial services they provide for those AFS Licensees, which sets out the name and contact details of each of the other authorising AFS Licensees.

The distribution of this FSG by the Authorised Representative has been authorised by Mondial Assistance.

GENERAL ADVICE WARNING

It is important you understand and are happy with the products Mondial Assistance, and the Authorised Representative arrangement. We can give you general product information but cannot provide you with personal advice on whether the product is appropriate for your personal needs or objectives. Please read the PDS carefully before deciding.

REMUNERATION

The Authorised Representative can receive from 35% to 48% of the premium you pay for the travel insurance entered into with the insurer Allianz. It is only paid if you buy the policy. This amount reimburses the Authorised Representative for administrative and other expenses incurred in arranging the insurance. Its representatives selling the insurance on its behalf receive an annual salary including bonuses based on performance criteria which can include sales performance.

Comprehensive Holiday Insurance (Underwriting Agents) Pty Ltd receives from 11% to 16% of the remaining premium, after deduction of the Authorised Representative's remuneration, for marketing and administration services it provides.

Mondial Assistance is also remunerated for the financial services it provides on behalf of Allianz. These services include preparation and distribution of the product disclosure statement and Certificate of Insurance, claims handling, medical underwriting, emergency assistance, general operating costs, financial administration costs, compliance costs, training and IT systems. Allianz pays it up to 5% of the total premium for each policy entered into on a monthly basis.

IF YOU HAVE A COMPLAINT

If you have a complaint, please ask the Authorised Representative. If your complaint is not resolved, please ask Mondial Assistance. Mondial Assistance has an internal dispute resolution system designed to seek to resolve any complaints or disputes that may arise. To access it please contact Mondial Assistance on 1800 775 520. If you are still not satisfied after the internal dispute resolution process, you may contact the Insurance Ombudsman Service Limited for advice via phone on 1300 780 808.

HOW TO CONTACT CHI

If you would like to obtain further information, please contact Comprehensive Holiday Insurance (Underwriting Agents) Pty Ltd on 03 9855 5666. Please retain this document for your future reference.

DATE PREPARED

This FSG is effective as at 15 January 2006 and remains valid until a further FSG is issued to replace it.

Our Product Disclosure Statement (PDS)

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

ABOUT THE AVAILABLE COVERS

You can choose one of these 5 plans:

- Plan A - Comprehensive Cover** (includes benefit sections 1 to 16)
- Plan B - Australia Only Cover** (includes benefit sections 1, 4, 6, 11, 13, 15 & 16);
- Plan C - Budget Rescue Medical** (includes sections 2, 3 & 15)
- Plan D - Frequent Traveller Cover** (includes benefit sections 1 to 16 whilst travelling internationally & sections 1, 4 & 6 to 16 whilst travelling in Australia which involves an interstate destination or intrastate destination (minimum of 250kms from home)).
- Plan E - Non Resident** (includes benefit sections 1 to 7, 9 & 11 to 16).

UNDERSTANDING YOUR POLICY AND ITS IMPORTANT TERMS AND CONDITIONS

To properly understand this 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 4 & 5 and the relevant sections of the policy wording applicable to the cover you choose including any endorsements under “**additional options**” pages 12 to 17 (remember certain words have special meanings – see “**words with special meanings**” pages 22 to 24);
- When “**we will not pay**” a claim under each policy section applicable to the cover you choose and “**general exclusions applicable to all sections**” pages 39 to 41 (this restricts the cover and benefits);
- “**claims**” pages 41 to 42 (these set 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 18 to 22 (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/money back guarantee, confirmation of your cover, our privacy policy and our dispute resolution process, extension of your policy, your policy excess, when you can choose your own doctor and when you should contact us concerning 24 hour medical assistance, overseas hospitalisation or medical evacuation.)

When you apply for the policy by completing our application we will confirm with you on things such as: the period of insurance, your premium, pre-existing medical conditions and age cover options, specified personal belongings cover, excesses that will apply to you 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.

The base premium we charge varies according to your risk profile (e.g. the cover type selected, the destination you are travelling to, the period of your journey, other persons to be insured etc).

You will also have to pay any compulsory government charges (e.g. Stamp Duty and GST) where applicable plus any additional charges relating to “**additional options**” we accept in writing and tell you about. We tell you the total amount payable when you apply and if you effect cover, the amounts due will be confirmed in your Certificate of Insurance.

This policy sets out 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.

You should also read “**claims**” pages 41 to 42 to understand how GST is applied to a claim.

If you have any queries, want further information about the policy or want to confirm a transaction, please contact your Authorised Representative.

RELATIONSHIP WITH YOUR INSURER

ETI Australia Pty Ltd, trading as Mondial Assistance, ABN 52 097 227 177, AFSL 245631, is authorised by the insurer Allianz Australia Insurance Limited (Allianz), ABN 15 000 122 850, AFSL 234708, to enter into and arrange the policy and deal with and settle any claims under it, as the agent of the insurer, not as your agent.

COOLING OFF PERIOD/MONEY BACK GUARANTEE

Even after you have purchased your policy, you have cooling off period/money back guarantee rights (see “**important matters**” page 18 for details).

UPDATING THE PDS

Information in the PDS may need to be updated from time to time. You can obtain a paper copy of any updated information without charge by calling Mondial Assistance on 1800 775 520. If the update is to correct a misleading or deceptive statement or an omission, that is materially adverse from the point of view of a reasonable person deciding whether to acquire this policy, we will provide you with a new PDS or a supplementary PDS.

DATE PREPARED

This PDS is effective as at 15 January 2006 and remains valid until a further PDS is issued to replace it.

| summary of benefits

This is only a summary of the benefits. Please read the policy document 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 and limits apply to the cover and these are set out in the policy document.

Section 1 CANCELLATION FEES & LOST DEPOSITS (pg. 26 to 27)

Cover for lost deposits and cancellation fees for pre-paid travel arrangements due to unforeseen circumstances neither expected nor intended by you or which are outside your control, such as: - Sickness - Accidents - Strikes - Collisions - Retrenchment - Natural Disasters

Section 2 OVERSEAS EMERGENCY MEDICAL ASSISTANCE (pg. 27 to 28)



Cover for emergency medical assistance including:
- 24 Hour Emergency Medical Assistance
- Ambulance - Medical Evacuations
- Funeral Arrangements - Messages to family
- Hospital Guarantees

Section 3 OVERSEAS EMERGENCY MEDICAL/DENTAL/HOSPITAL EXPENSES (pg. 28 to 29)

Cover for overseas medical treatment if you are injured or become sick overseas, including:
- Medical - Hospital - Surgical - Nursing
- Restoration of dental functions to sound & natural teeth

Section 4 ADDITIONAL EXPENSES (pg. 29 to 30)



Cover for additional accommodation and travel expenses caused by your health problems or someone else's resulting from: - Sickness - Accidental injury - Death
Also cover for travelling companion or relatives accommodation and travel expenses to travel to, stay near or escort you resulting from: - Hospitalisation
- Medical Evacuation

Section 5 HOSPITAL CASH ALLOWANCE (pg. 31)



An allowance of \$50 per day if you are hospitalised whilst overseas for more than 48 continuous hours

Section 6 ACCIDENTAL DEATH (pg. 31)



A Death Benefit is payable if you die because of accidental bodily injury sustained during your journey within 12 months of that injury

Section 7 PERMANENT DISABILITY (pg. 32)



A Permanent Disability Benefit is payable for total loss of sight in one or both eyes or loss of use of a hand or foot within 12 months of, and because of, an injury sustained during your journey

Section 8 LOSS OF INCOME (pg. 32)



A weekly Loss of Income benefit is payable if, due to an injury sustained during your journey, you are unable to work after your return to Australia for more than 30 days

Section 9 TRAVEL DOCUMENTS, CREDIT CARDS & TRAVELLERS CHEQUES (pg. 33)

Cover to replace costs of travel documents lost or stolen from you during your journey, such as:
- Passports - Credit Cards
- Travel Documents - Travellers Cheques

Section 10 THEFT OF CASH (pg. 33)

Cover for the following items stolen from your person, up to \$250 for all claims combined:
- Bank Notes - Cash - Currency Notes
- Postal Orders - Money Orders

Section 11 LUGGAGE/PERSONAL EFFECTS (ADDITIONAL COVER OPTIONS AVAILABLE) (pg. 34 to 35)

Cover for replacing luggage stolen or reimbursing repair cost for accidentally damaged items, including:
- Luggage - Spectacles
- Personal Effects - Personal Computers - Cameras

Section 12 LUGGAGE/PERSONAL EFFECTS DELAY ALLOWANCE (pg. 36)



An allowance to purchase essential items of clothing and other personal items following luggage delayed, misdirected or misplaced by your carrier for more than 12 hours

Section 13 TRAVEL DELAY ALLOWANCE (pg. 36 to 37)



Cover for additional meals and accommodation expenses if your journey is disrupted due to circumstances beyond your control after an initial 6 hour delay

Section 14 ALTERNATIVE TRANSPORT EXPENSES (pg. 37)



Cover for additional travel expenses following transport delays to reach events such as:
- Wedding - Funeral - Conference
- Sporting Event - Pre-paid travel/tour arrangements

Section 15 PERSONAL LIABILITY (pg. 37 to 38)

Cover for legal liability including legal expenses for bodily injuries or damage to property of other persons as a result of a claim made against you

Section 16 RENTAL VEHICLE (pg. 38 to 39)

Cover for car excess payable on Motor Vehicle Insurance resulting from your rental vehicle being:
- Stolen - Crashed - Damaged
and/or cost of returning rental vehicle due to you being unfit

IMPORTANT NOTE: WHERE RELEVANT ALL LIMITS ARE INCLUSIVE OF GST

| calculating your CHI premium

STEP 1 **Choose your plan type** - A, B, C, D or E

STEP 2 **Choose cover type** - Single, Duo or Family

STEP 3 **Nominate your area of travel** (Plan A only)*

STEP 4 **Select your Premium for your total journey**

STEP 5 **Refer to Additional Options** (Page 12 to 17)

If you are travelling to multiple destinations which have different area classifications, you should apply for cover for the area with the lowest number as this will cover travel in each of the higher area classifications.

PLAN A ONLY - AREA OF TRAVEL (IDENTIFYING AREA NUMBER)

**USA, Hawaii, Canada, Africa, South America
& Middle East** – USE AREA 1 TABLE

Europe, UK, Japan, China & Hong Kong – USE AREA 2 TABLE

Asia (excluding China, Japan & Hong Kong)
– USE AREA 3 TABLE

**S.W. Pacific, New Zealand, Papua New Guinea,
Bali & Norfolk Island** – USE AREA 4

* Please note 2 nights stopover in a lower geographical area outside your selected geographical area is permitted

TRAVEL ON CRUISE LINERS

Select the destination area where your cruise is spending the majority of your journey.

Travellers on domestic cruises in Australian waters may also take the Plan A Area 4 as there may be circumstances where medical/evacuation cover is required.

BONUS DAYS

CHI plans (excluding plan D) offer bonus days to assist with premium calculations as follows:

PERIOD OF COVER	EXTRA FREE DAYS
5 days to 16 days	1 day
23 days to 45 days	3 days
2 months to 4 months	5 days
5 months to 11 months	7 days

EXAMPLE OF BONUS DAY CALCULATION

Cover Required: Plan A Comprehensive/Single/Area 1
Travel Dates: 1/12/05 - 17/12/05 (17 days cover required)
Premium: \$168 (16 day period of cover plus 1 free day – refer Bonus Day Table above).

NOTE: Day of travel and day of return are counted as days. Return date on certificate is expiry date, bonus days do not extend return date shown on your certificate.

Section	Benefit Type	plan A CHI Comprehensive			plan B CHI Australia Only			plan C Budget Cover			plan D CHI Frequent Traveller		plan E Non-Resident Cover	
		Single	Duo (per person)	Family	Single	Duo (per person)	Family	Single	Duo (per person)	Family	Single	Single	Duo (per person)	Family
1.	Cancellation Fees and Lost Deposits	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited				unlimited	unlimited	unlimited	unlimited
2.	Overseas Emergency Medical Assistance	unlimited	unlimited	unlimited				unlimited	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited
3.	Overseas Emergency Medical/Dental/Hospital Expenses	unlimited	unlimited	unlimited				unlimited	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited
4.	Additional Expenses	\$50,000	\$50,000	\$100,000	\$50,000	\$50,000	\$100,000				\$50,000	\$50,000	\$50,000	\$100,000
5.	Hospital Cash Allowance	\$5,000	\$5,000	\$10,000							\$5,000	\$5,000	\$5,000	\$10,000
6.	Accidental Death	\$25,000	\$25,000	\$50,000	\$25,000	\$25,000	\$50,000				\$25,000	\$25,000	\$25,000	\$50,000
7.	Permanent Disability	\$25,000	\$25,000	\$50,000							\$25,000	\$25,000	\$25,000	\$50,000
8.	Loss of Income	\$10,400	\$10,400	\$20,800							\$10,400			
9.	Travel Documents, Credit Cards & Travellers Cheques	\$5,000	\$5,000	\$10,000							\$5,000	\$5,000	\$5,000	\$10,000
10.	Theft of Cash	\$250	\$250	\$250							\$250			
11.	Luggage/Personal Effects	\$7,500	\$7,500	\$15,000	\$7,500	\$7,500	\$15,000				\$7,500	\$7,500	\$7,500	\$15,000
12.	Luggage/Personal Effects Delay Allowance	\$250	\$250	\$500							\$250	\$250	\$250	\$500
13.	Travel Delay Allowance	\$1,000	\$1,000	\$2,000	\$1,000	\$1,000	\$2,000				\$1,000	\$1,000	\$1,000	\$2,000
14.	Alternative Transport Expenses	\$5,000	\$5,000	\$10,000							\$5,000	\$5,000	\$5,000	\$10,000
15.	Personal Liability	\$5 million	\$5 million	\$5 million	\$5 million	\$5 million	\$5 million	\$5 million	\$5 million	\$5 million	\$5 million	\$5 million	\$5 million	\$5 million
16.	Rental Vehicle	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000				\$2,000	\$2,000	\$2,000	\$2,000

PLAN A - CHI COMPREHENSIVE

PLAN B - CHI AUSTRALIA ONLY

PLAN D - CHI FREQUENT TRAVELLER

	AREA 1			AREA 2			AREA 3			AREA 4		
	Single	Duo	Family	Single	Duo	Family	Single	Duo	Family	Single	Duo	Family
5 days	\$116	\$220	\$232	\$94	\$179	\$188	\$81	\$154	\$162	\$67	\$127	\$134
8 days	\$126	\$240	\$252	\$107	\$204	\$214	\$91	\$173	\$182	\$78	\$149	\$156
12 days	\$145	\$276	\$290	\$131	\$249	\$262	\$103	\$196	\$206	\$92	\$175	\$184
14 days	\$154	\$293	\$308	\$142	\$270	\$284	\$110	\$209	\$220	\$99	\$189	\$198
16 days	\$168	\$320	\$336	\$152	\$289	\$304	\$120	\$228	\$240	\$107	\$204	\$214
23 days	\$211	\$401	\$422	\$180	\$342	\$360	\$151	\$287	\$302	\$127	\$242	\$254
30 days	\$282	\$536	\$564	\$240	\$456	\$480	\$202	\$384	\$404	\$169	\$322	\$338
35 days	\$302	\$574	\$604	\$257	\$489	\$514	\$216	\$411	\$432	\$182	\$346	\$364
45 days	\$371	\$705	\$742	\$313	\$595	\$626	\$262	\$498	\$524	\$221	\$420	\$442
2 months	\$446	\$848	\$892	\$375	\$713	\$750	\$315	\$599	\$630	\$265	\$504	\$530
3 months	\$590	\$1,121	\$1,180	\$497	\$945	\$994	\$417	\$793	\$834	\$351	\$667	\$702
4 months	\$703	\$1,336	\$1,406	\$587	\$1,116	\$1,174	\$492	\$935	\$984	\$415	\$789	\$830
5 months	\$807	\$1,534	\$1,614	\$673	\$1,279	\$1,346	\$565	\$1,074	\$1,130	\$475	\$903	\$950
6 months	\$926	\$1,760	\$1,852	\$772	\$1,467	\$1,544	\$648	\$1,232	\$1,296	\$545	\$1,036	\$1,090
7 months	\$1,023	\$1,944	\$2,046	\$853	\$1,621	\$1,706	\$717	\$1,363	\$1,434	\$603	\$1,146	\$1,206
8 months	\$1,121	\$2,130	\$2,242	\$935	\$1,777	\$1,870	\$785	\$1,492	\$1,570	\$660	\$1,254	\$1,320
9 months	\$1,223	\$2,324	\$2,446	\$1,020	\$1,938	\$2,040	\$856	\$1,627	\$1,712	\$720	\$1,368	\$1,440
10 months	\$1,320	\$2,508	\$2,640	\$1,102	\$2,094	\$2,204	\$924	\$1,756	\$1,848	\$777	\$1,477	\$1,554
11 months	\$1,439	\$2,735	\$2,878	\$1,200	\$2,280	\$2,400	\$1,007	\$1,914	\$2,014	\$847	\$1,610	\$1,694
12 months	\$1,547	\$2,940	\$3,094	\$1,290	\$2,451	\$2,580	\$1,084	\$2,060	\$2,168	\$911	\$1,731	\$1,822

	Single	Duo	Family
5 Days	\$51	\$97	\$102
8 Days	\$62	\$118	\$124
12 Days	\$68	\$130	\$136
14 Days	\$74	\$141	\$148
23 Days	\$91	\$173	\$182
30 Days	\$103	\$196	\$206
35 Days	\$114	\$217	\$228
45 Days	\$126	\$240	\$252
2 Months	\$137	\$261	\$274
3 Months	\$160	\$304	\$320

PLAN C - BUDGET (RESCUE MEDICAL)

	Single	Duo	Family
1 Months	\$137	\$261	\$274
2 Months	\$183	\$348	\$366
3 Months	\$228	\$434	\$456
4 Months	\$273	\$519	\$546
5 Months	\$308	\$586	\$616
6 Months	\$353	\$671	\$706
9 Months	\$512	\$973	\$1,024
12 Months	\$682	\$1,296	\$1,364

• Includes family

• Maximum period any one journey is 37 days for leisure travel or 90 days for business travel

12 months \$598

PLAN E - CHI NON RESIDENT
(see page 17 for who is eligible)

	Single	Duo	Family
5 days	\$118	\$225	\$236
8 days	\$130	\$247	\$260
12 days	\$142	\$270	\$284
14 days	\$167	\$318	\$334
16 days	\$215	\$409	\$430
23 days	\$237	\$451	\$474
30 days	\$281	\$534	\$562
35 days	\$338	\$643	\$676
45 days	\$370	\$703	\$740
2 months	\$420	\$798	\$840
3 months	\$537	\$1,021	\$1,074
4 months	\$654	\$1,243	\$1,308
5 months	\$737	\$1,401	\$1,474
6 months	\$833	\$1,583	\$1,666
7 months	\$954	\$1,813	\$1,908
8 months	\$1,060	\$2,014	\$2,120
9 months	\$1,169	\$2,222	\$2,338
10 months	\$1,292	\$2,455	\$2,584
11 months	\$1,404	\$2,668	\$2,808
12 months	\$1,463	\$2,780	\$2,926

CHI Insurance application form

IF YOU HAVE INSUFFICIENT SPACE TO COMPLETE YOUR ANSWERS PLEASE ATTACH A SEPARATE SHEET.

Traveller Details

Surname Mr/Mrs/Ms/Miss

Given names

Date of Birth / /

Surname Mr/Mrs/Ms/Miss

Given names

Date of Birth / /

Dependant(s) to be covered (not applicable to Duo Policies)

Surname Given Name

Mr/Miss Date of Birth / /

Surname Given Name

Mr/Miss Date of Birth / /

Home Address

Suburb Postcode

Phone (Bus Hrs) (After Hrs)

Cover Area 1 2 3 4 Australia

Cover required Single Plan Duo Plan Family Plan

Commencement/Departure Date / /

Expiry/Return Date / /

Period of Journey Days Months

WARNING: YOU MUST ANSWER THIS QUESTION

You are not automatically covered for Pre-Existing Medical Conditions.

(For the definition of Pre-Existing Medical Condition, please refer to page 23.)

DO YOU WISH TO APPLY FOR COVER FOR NOMINATED PRE-EXISTING

MEDICAL CONDITIONS? YES NO (Not available Plans C, D or E)

If yes, please refer to page 12 to 15 for guidelines.

Plan Selected

Plan A: CHI Comprehensive \$

Plan A: CHI Comprehensive PE Conditions \$

Plan B: CHI Australia Only \$

Plan B: CHI Australia Only PE Conditions \$

Plan C: CHI Budget (Rescue Medical) \$

Plan D: CHI Frequent Traveller \$

Plan E: CHI Non Resident \$

Sub Total to carry forward to Page 11 \$

Application continues on reverse of page.

ADDITIONAL COSTS

Travellers 71 to 85 years \$

Travellers 86 years or over \$

Approval codes:

Pre-Existing Medical Conditions

Approval codes: (if applicable)

Rental Vehicle Excess Options (not available Plan C)

Additional Sum Insured & Additional Premium (i.e. \$25 per \$500 units, maximum \$2,000 additional) \$ \$

Increased Luggage Cover (not available Plan C)

You may purchase extra cover (up to a total of \$5,000) for:

- Specified articles taken from Australia (valuations or receipts must be attached) OR
- Specified articles purchased overseas.

Extra Cover up to: **\$1000** | **\$2000** | **\$3000** | **\$4000** | **\$5000**

Cost up to: **\$40** | **\$80** | **\$120** | **\$160** | **\$200**

Details of specified articles

(eg. cameras)

Sum Insured

1 \$

2 \$

Additional Sum Insured & Additional Premium

(i.e. \$40 per \$1000 or part thereof) \$ \$

Excess Buy out for International policies \$25 \$

(plans A, C, D & E only)

Sub Total from page 10 \$

Total Cost \$

1. I/we acknowledge that a copy of the combined Financial Services Guide (FSG), Product Disclosure Statement (PDS) and Policy Wording, which contains the Duty of Disclosure and consequences of non-disclosure, was given to me before I applied for this insurance and that I/we have made the decision to purchase this after carefully reading the terms of the policy and agree that this product is suitable for my/our needs.
2. I authorise any doctor or clinic to provide Mondial Assistance with information concerning my current or past medical history. I have read the Privacy Notice and I consent to the collection, use and disclosure of my personal information by Allianz or Mondial Assistance to such person and for such purposes stated in the Privacy Notice.
3. I/we acknowledge that this policy does not automatically provide cover for pre-existing medical conditions.
4. I/we agree to abide with the terms and conditions of this policy and confirm that the above information is correct.

Signature: Date:

Signature: Date:

If duo has been selected, both insured's must sign.

Please forward completed application form to:
your CHI Authorised Representative

| additional options

DUO COVER

If you are travelling with another person who is aged 21 years and over, you can save on your premium by selecting Duo cover where the Duo premium rate applies. Unlike Family cover, you are both covered as if you are insured under separate policies with Single Plan benefits per insured person.

PRE-EXISTING MEDICAL CONDITIONS (PE CONDITIONS)

This policy does not automatically provide cover for travellers with a Pre-Existing Medical Condition. The term Pre-Existing Medical Condition has a special meaning and is defined below.

WHAT IS A PE CONDITION?

A Pre-Existing Medical Condition ("PE 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; OR
- b] A medical or dental condition that is currently being, or has been investigated, or treated by a health professional (including dentist or chiropractor); OR
- c] Any condition for which you take prescribed medicine; OR
- d] Any condition for which you have had surgery; OR
- e] Pregnancy.

Note: This definition applies to you, your travelling companion, any relative, or any other person.

If you do not have a PE Condition, you are fully covered for emergency medical costs under a Standard Plan.

DO I REQUIRE COVER FOR MY PE CONDITION/S?

If you have a PE Condition (and we decide to cover you), but do not pay the Pre-Existing Medical Premium, you will not be covered for any medical claim related or associated with your condition.

For example, by not taking pre-existing medical cover, you will have to pay the high costs of overseas health care if you suffer an illness associated with your PE Condition.

HOW DO I OBTAIN COVER FOR MY PE CONDITION/S?

Unlike some other travel insurance companies, we do not require everyone with a PE Condition to visit their doctor and supply a medical report. By following the steps below, you can see if you are automatically covered or if you need to make an application for cover. In most cases, you will only need to notify us of your PE Condition/s if you make a claim.

Follow the steps below to obtain cover for your PE Conditions.

In the following steps, references to time are applied to the date on which an application for cover is made.

Step 1 -- Is your PE Condition described in the list below?

- 1 Neoplasia (cancer) of any kind.
- 2 Any condition for which surgery is planned.
- 3 You have had, or are on a waiting list for an organ transplant.
- 4 You have been given a terminal prognosis for any condition with a life expectancy of under 24 months.
- 5 You require home oxygen therapy or will require oxygen for the journey.
- 6 Chronic Renal Failure treated by haemodialysis or peritoneal dialysis
- 7 Chronic pain syndromes managed by a specialist pain management physician or clinic (including back pain)
- 8 HIV infection with an AIDS defining illness.
- 9 Mental illness as defined by DSM-V, including dementia, depression, anxiety, stress or other nervous condition.
- 10 Therapeutic or illicit drug or alcohol addiction.
- 11 Complications of a condition that required surgery in the past 6 months.
- 12 Any condition that is currently under investigation to define a diagnosis, or for which you are awaiting specialist opinion regarding treatment.
- 13 Any condition which has ever required spinal or brain surgery.
- 14 Joint replacement surgery over 12 years ago.
- 15 Epilepsy - if you have had a seizure in the past 12 months.
- 16 Pregnancy if all or part of your journey occurs when you are past the 26th week of gestation. (i.e. You are 26 weeks or more at the conclusion of your journey).

If yes - you have any of the above conditions or symptoms, we cannot cover you for any claim relating to or associated with the treatment of that PE Condition. Standard travel cover is available even though these conditions are automatically excluded from the policy.

If no, go to Step 2

Step 2 – Do you have any of the automatically covered Pre-Existing Conditions listed below?

You are automatically covered for the PE Conditions below and you do not need to submit an application or pay the additional premium under the relevant standard Plan.

- 1 Allergies - Any of the following:

Allergic Rhinitis	Hay fever
Anaphylaxis	Latex Allergy
Bee Sting Allergy	Psoriasis
Chronic Sinusitis	Rhinitis
Dermatitis	Sinusitis
Eczema	Urticaria
Food Intolerance	

- 2 Acne
- 3 Asthma – With no other chronic lung disease
- 4 Bells Palsy – idiopathic
- 5 Benign Breast Cysts
- 6 Benign Renal Cysts
- 7 Bunions
- 8 Carpal Tunnel Syndrome
- 9 Cataracts
- 10 Colonic Polyps
- 11 Congenital blindness
- 12 Congenital deafness
- 13 Diabetes Mellitus (Types I and II) - providing you were diagnosed over 12 months ago and you do not also suffer from a known cardiovascular disease, hypertension or hypercholesterolaemia.
- 14 Dry Eye Syndrome
- 15 Ear Grommets
- 16 Epilepsy – Where you only take one (1) anti-convulsant medication and you have not had a seizure in the last 12 months.
- 17 Folate Deficiency
- 18 Gastric Reflux
- 19 Glaucoma
- 20 Goitre
- 21 Hashimoto's Disease
- 22 Hiatus Hernia
- 23 Hypercholesterolaemia (High Cholesterol) – Where you do not also suffer from a known
- 24 Hypertension (High Blood Pressure) – Where you do not also suffer from a known cardiovascular disease and/or diabetes
- 25 Hypothyroidism
- 26 Impaired Glucose Tolerance
- 27 Incontinence
- 28 Insulin Resistance
- 29 Iron Deficiency Anaemia
- 30 Macular Degeneration
- 31 Meniere's Disease
- 32 Menopause
- 33 Nocturnal Cramps
- 34 Ovarian Cysts
- 35 Pernicious Anaemia
- 36 Plantar Fasciitis
- 37 Pregnancy up to 26 weeks gestation where no complications exist relating to this pregnancy, it is not a multiple pregnancy, and the pregnancy is not the result of assisted reproductive programs
- 38 Raynaud's Disease
- 39 Solar Keratosis
- 40 Trans Urethral Resection of the Prostate (TURP)
- 41 Trigeminal Neuralgia
- 42 Trigger Finger
- 43 Vitamin B12 Deficiency

If no, go to step 3.

Step 3 – Is your PE Condition described in the list below?

- 1 Any condition for which you have been hospitalised (including day surgery), or attended the Emergency Department in the past 24 months.
- 2 Any condition that requires ongoing treatment with prednisone or other immunosuppressant therapy (eg: arthritis, colitis, chronic respiratory disease etc).

- 3 You have had angina (chest pain) within the past 6 months.
- 4 You have had heart problems requiring coronary angiography, stents or bypass grafting (CABG) in the past 12 months or you had such procedures more than 3 years ago
- 5 You have a Pacemaker or AICD (internal defibrillator).
- 6 You have had a Cerebrovascular Accident (Stroke) or Transient Ischaemic Attack (TIA) in the past 24 months.
- 7 Diabetes resulting in eye, kidney, nerve or vascular complications.
- 8 HIV infection.
- 9 Epilepsy if you are on two or more anti-convulsant medications.
- 10 Cystic fibrosis.
- 11 Any past history of Deep Vein Thrombosis (DVT) or Pulmonary Embolism.
- 12 Pregnancy up to 26 weeks which was the result of artificial reproductive techniques, OR which has had complications, OR is a multiple pregnancy.

If you have any condition described in Step 3, you will need to complete a Pre-Existing Medical Assessment application, as outlined in Step 4.

If the condition is not outlined in Step 3, we do not require any further information and you do NOT need to complete a Pre-Existing Medical Assessment application Form or see your doctor. You are accepted for cover providing you pay under the relevant Pre-Existing Medical Plan Single Cover.

Step 4 – How do I get my PE Condition assessed?

Ask your travel agent for a Pre-Existing Medical Application Form.

Once we assess your application, we have the right to accept or decline cover. If we accept cover, you must pay under the relevant Pre-Existing Medical Plan Single Cover.

You can apply for PE cover under plans A & B.

You are not covered at all for any claim you make which arises from a PE Condition suffered by:

- You or a member of your travelling party unless we have accepted cover and any additional premium we require has been paid.
- Any relative unless that relative 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.

COVER FOR TRAVELLERS 71 YEARS AND OVER

Cover (excluding pre-existing medical conditions except as specified in Step 2 automatically covered Pre-Existing Conditions on pages 12 to 15) is automatically available to travellers aged less than 86 years for plans A & B and for travellers aged less than 76 years for plans C, D or E.

For travellers aged 86 years and over at date of policy issue for plans A & B, application for cover is available by following the same procedures as outlined in pre-existing medical conditions cover above. Cover is not available for travellers aged 76 years and over for plans C, D or E. We have the right to accept or decline cover.

However, the following additional premiums apply to travellers aged 71 and over where applicable as at the date of policy issue (note: an additional surcharge for pre-existing medical conditions may also apply).

Travellers aged 71 to 75 years: +50% of premium
Travellers aged 76 to 80 years*: +100% of premium
Travellers aged 81 to 85 years*: +200% of premium

*Not available for Plans C, D or E.

RENTAL VEHICLE EXCESS OPTIONS

For plans A, B, D & E a \$2,000 limit applies to your Rental Vehicle cover. You can purchase additional amounts in \$500 units up to \$2,000. Cost is \$25 per \$500 unit.

POLICY EXCESS AMOUNTS

For international policies, a NIL excess applies to sections 2, 4, 5, 6, 7, 8, 12, 13 & 14. However, for all other sections, a \$100 excess applies.

Please note: the \$100 excess can be removed by paying an additional premium of \$25. For Australian travel only policies, no excess applies.

SPECIFIED PERSONAL BELONGINGS COVER

Cover for unspecified items is limited to:
Computer/Video/Camera: \$3,000 each item
Other Items: \$750 each item.

The maximum benefit payable under section 11 for damage or permanent loss of unspecified luggage personal effects is the amount nominated on the plan selected for all claims combined.

Additional cover can be purchased for specified items (excluding jewellery) up to a total amount of \$5,000 by paying an additional premium. The premium is \$40 per \$1000 or part thereof, receipts and/or valuations need to be provided.

Specified Personal Belongings Cover is not available for Plan C.

Note: The General Exclusion Applicable To All Sections of the policy apply regardless of the limit of additional luggage or personal effects cover purchases.

NON RESIDENTS COVER

This cover is only available to Non Australian Residents travelling to and within Australia who are not older than 75 years at the date of policy issue.

This Policy does not cover any event or occurrence where providing such cover would constitute "Health Insurance Business" as defined under the National Health Act, 1953 (Cth). Health Insurance Business as defined under the the National Health Act, 1953 (Cth) includes but is not limited to, travellers from countries that have a Reciprocal Health Agreement with Australia. Reciprocal Health Agreements currently exist with New Zealand, Italy, the Netherlands, Norway, Sweden, Finland, Malta, the Republic of Ireland and the United Kingdom and such other countries as confirmed by the Australian Government from time to time.

If you require clarification contact CHI Travel Insurance on 03 9855 5666, before you apply.

PLEASE NOTE:

- Policies must be issued no later than 21 days after travellers arrival in Australia.
- You cannot purchase this Cover if the period you are travelling overseas exceeds the period you will be in Australia, or if the period you will be travelling outside Australia exceeds 32 days.
- Where the word Australia appears in the policy wording, the policyholder's country of residence is to be substituted, except where it appears in this section, in General Exclusions Applicable To all Sections (page 39 to 41), in Claims Are Payable In Australian Dollars To You and Travel Within Australia Only (page 42) and in Jurisdiction And Choice Of Law (page 18).
- The policy can be signed by a sponsor who is a resident of Australia.

The following additional premium applies to travellers aged 71 to 75 years: +50% of premium

| CHI Travel Insurance Policy Document

ABOUT THIS POLICY DOCUMENT

This is your policy document. It sets out the cover available and the standard terms and conditions which apply. You need to read it carefully to make sure you understand it and that it meets your needs. In particular, read the Important Matters section on pages 18 to 22.

HOW TO TAKE OUT YOUR POLICY

Once you have selected your plan and level of cover, paid the premium shown and we agree to provide cover, we will give you a Certificate of Insurance, which will entitle you to claim under the policy up to the relevant amounts for which you are covered.

The Certificate, this policy document and any written endorsements issued by us, make up your agreement (policy)

with the insurer. If you are satisfied with the cover please retain these documents in a safe place.

WHO IS YOUR INSURER

CHI Travel Insurance is underwritten by Allianz Australia Insurance Limited (Allianz) ABN 15 000 122 850, AFSL 234708, 2 Market Street, Sydney 2000. Allianz is your insurer and it is referred to as "we" "our" and "us" in this policy document.

WHO IS ETI AUSTRALIA

ETI Australia Pty Ltd trading as Mondial Assistance, ABN 52 097 227 177, AFSL 245631, is authorised by Allianz to enter into and arrange the policy and deal with and settle any claims under it, as agent of Allianz, not as your agent.

HOW TO CONTACT MONDIAL ASSISTANCE

Mondial Assistance has been appointed to administer all emergency assistance services and benefits of this insurance. You may contact Mondial Assistance in an emergency 24 hours a day, 7 days a week.

JURISDICTION AND CHOICE OF LAW

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

| important matters

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

WHO CAN PURCHASE THIS POLICY?

Under Plans A, B, C & D cover is available for citizens or residents of Australia. For Plan E, cover is for non Australian residents travelling to and within Australia.

COOLING OFF PERIOD/MONEY BACK GUARANTEE

If you decide that you do not want this policy, you may cancel it within 14 days after the issue of the Certificate of Insurance to you. You will be given a full refund of the premium you paid, provided you have not started your journey and you do not wish 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 CHI Travel Insurance on 03 9855 5666.

YOUR DUTY OF DISCLOSURE

Before you enter into this policy with us, the Insurance Contracts Act 1984 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 insurance.

| important matters

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 the 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 relevant duty.

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

We proudly support the General Insurance Code of Practice. The purpose of the Code is to raise standards of practice and service in the general insurance industry.

For more information on the Code, or if you have an enquiry or complaint relating to your policy contact Mondial Assistance on 1800 775 520. Please contact Mondial Assistance if you believe we have let you down in our service or in any other way.

DISPUTE RESOLUTION PROCESS

Our enquiries and complaints manager, who has an independent decision making authority, will normally consider any complaint within 15 business days. If this does not resolve the matter, or you are not satisfied with the way the complaint has been dealt with, you may write to the industry's independent external complaints scheme:

Insurance Ombudsman Service Limited,
PO Box 561, Collins Street West, Melbourne Vic 8007.

| important matters

IN THE EVENT OF A CLAIM:

IMMEDIATE NOTICE should be given to:

Mondial Assistance

Phone number within Australia **1800 010 075**

Overseas Emergency number (Reverse Charge) **61 7 3305 7499**

PO Box 162 Toowong Qld 4066

To download the claim form, please visit:

www.travelclaims.com.au/CHI

PLEASE NOTE: FOR CLAIMS PURPOSES, EVIDENCE (ORIGINAL RECEIPTS) OF THE VALUE OF THE PROPERTY INSURED OR THE AMOUNT OF ANY LOSS MUST BE KEPT.

CLAIMS PROCESSING

We endeavour to process your claim within 10 working 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 working days.

PRIVACY NOTICE

Any personal information you provide is used by us, and our agents to evaluate, arrange your travel insurance and 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.

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

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

- that you will or may provide their information to us;
- 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 agents before you provide the relevant information.

| important matters

You can seek access to and correct your personal information by contacting Mondial Assistance. 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.

EXTENSION OF YOUR POLICY

See Your Period of Cover on page 25.

You may extend your policy if you find that your return to Australia has been delayed because of one or more of the following:

- If a bus line, airline, shipping line or rail authority you are travelling on, or that has accepted your fare or luggage, is delayed; or
- If the delay is due to a reason for which you can claim under your policy, cover will be extended free of charge subject to our approval.

If the delay is for any other reason, you must request the extension at least 7 days before your original policy expires and we must agree to this in writing.

An extension of cover is not provided for pre-existing medical conditions previously accepted by us in writing following the completion of a Pre-Existing Medical Assessment application form and/or for any conditions you suffered during the term of your original policy or if you are aged 85 years and over at time of extension or where you have not advised us of any circumstances that have or may give rise to a claim under your original policy.

We will not extend cover beyond the maximum term of cover.

YOU CAN CHOOSE YOUR OWN DOCTOR

You are free to choose your own medical adviser or we can appoint an approved medical adviser to see you, unless you are treated under a reciprocal health agreement, refer to page 29.

You must, however, advise Mondial Assistance of your admittance to hospital or your intended early return to Australia based on medical advice. To guarantee cover, you must follow instructions from the Mondial Assistance Medical Assistance team.

If you do not get the medical treatment you expect, Mondial Assistance can assist you but Mondial Assistance, Allianz or the agent of Mondial Assistance, are not liable for anything that results from that advice.

OVERSEAS HOSPITALISATION OR MEDICAL EVACUATION

For emergency assistance anywhere in the world at any time, Mondial Assistance 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 Mondial Assistance 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 page 28).

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 Mondial Assistance.

EXCESS

The excess which will apply to your policy is the amount shown in the Certificate or such other amount that we tell you about in writing before the Certificate is issued to you or as specified on page 16 under the heading "Policy Excess Amounts".

We are entitled to deduct the excess from some claims under your policy unless you have paid an additional amount to buy out your excess.

| words with special meanings

Some words in your policy that have special meanings are defined here.

"Arises or Arising" means directly or indirectly arising or in any way connected with.

"Dependant" means your children/grandchildren not in full time employment who are under the age of 21 and travelling with you on the journey.

"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.

"Home" means the place where you normally live in Australia.

"Hospital" means an established hospital registered under any legislation that applies to it, that provides in-patient medical care.

"Injure" or "Injured" or "Injury" means bodily injury caused solely and directly by violent, accidental, visible and external means, which happens at a definite time and place during your period of cover and does not result from any illness, sickness or disease.

"Locked Storage Compartment" means a boot, trunk, glove box, enclosed centre console, or concealed cargo area of a station wagon, hatchback, van or motorhome.

"Luggage/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.

"Medical adviser" means a qualified doctor of medicine or dentist registered in the place where you received the services.

"Normally earn" means:

- If you are an employee, your average weekly base rate after tax over the 12 months before your journey began.
- If you are not an employee, your average weekly income from personal exertion after deducting income and all tax deductible expenses over the twelve months before your journey. However, if you haven't been working continuously for that period, it means the average for the time you were working continuously.

"Open Water Sailing" means sailing more than 10 nautical miles off any land mass.

"Pre-existing medical condition" is:

A Pre-existing Medical Condition ("PE 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; OR
- b] A medical or dental condition that is currently being, or has been investigated, or treated by a health professional (Including dentist or chiropractor); OR
- c] Any condition for which you take prescribed medicine; OR
- d] Any condition for which you had surgery; OR
- e] Pregnancy.

NOTE: THIS DEFINITION APPLIES TO YOU, YOUR TRAVELLING COMPANION OR ANY RELATIVE.

"Public place" means any place that the public has access to, including but not limited to planes, trains, taxis, buses, shops, airports, railway stations, streets, museums, galleries, hotel foyers and general access areas, beaches, restaurants and public toilets.

"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 are under the age of 86 years and who are resident in Australia: fiancé, fiancée, spouse, legally recognised de facto, parent, parent-in-law, son, daughter, daughter-in-law, son-in-law, stepson, stepdaughter, sister, sister-in-law, brother, brother-in-law, grandchild, grandparent, step-parent, or guardian.

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

"Travelling Companion" means a person who made arrangements to travel with you for at least 75% of your journey before you entered into your policy.

"Unsupervised" means:

- leaving your luggage with a person you have not previously met;
- leaving it in a position where it could reasonably be taken without your knowledge; or
- leaving it at such a distance from you that you are unable to prevent it being taken.

"We", "Our" & "Us" means the insurer of your policy, Allianz Australia Insurance Limited, or its agent ETI Australia Pty Ltd, trading as Mondial Assistance.

"You" and "your" in your policy means the person(s) whose name(s) are set out on your Certificate of Insurance and everyone else who is covered under your policy.

"Your 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.

| your policy cover

YOUR CHOICES

Under the policy, you choose the cover you require based on your travel arrangements:

- Whether you want the Single, Duo or Family cover – this depends on who you want to be insured; and
- Whether you want Plan A, B, C, D or E – this depends on the type of cover you want.

COVER TYPE

You can choose one of the following cover types:

Single plan - Covering you and your dependant children/grandchildren under 21 travelling with you listed as covered on your Certificate of Insurance.

Duo plan – Covering you and your travelling companion listed as covered on your Certificate of Insurance and intending to travel with you on your journey. Duo cover does not provide cover for dependant children. We issue one Certificate of Insurance. You are both covered as if you are each insured under separate policies with single cover benefits per insured person.

Family plan – Covering you and the members of your family who go with you on your journey listed as covered on your Certificate of Insurance.

The only members of your family who can be included are your spouse, your legally recognised de facto, your children and your grandchildren. However, all children and grandchildren must be dependant and under 21.

The limits on your cover for family plans apply to the total of all claims combined made by you and/or members of your family under the policy, whether the claim is in respect of you or any member of your family covered under the family plan.

PLAN BENEFITS

Cover for plans A or B for any loss you suffer must occur in the geographical area that applies to the plan selected by you.

However, stopovers of 2 nights outside of your selected geographical area are permitted.

Plan A CHI Comprehensive covers the Benefit types detailed in:

Sections 1 to 16.

Plan B CHI Australia Only covers the Benefit types detailed in:

- Section 1 - Cancellation fees and lost deposits
- Section 4 - Additional expenses
- Section 6 - Accidental death
- Section 11 - Luggage/personal effects
- Section 13 - Travel delay allowance
- Section 15 - Personal liability
- Section 16 - Rental vehicle

Plan C CHI Budget (Rescue Medical) covers the Benefit types detailed in:

- Section 2 - Overseas Emergency Medical Assistance
- Section 3 - Overseas Emergency Medical/Dental/Hospital Expenses
- Section 15 - Personal Liability

Plan D CHI Frequent Traveller covers Plan D benefits (Sections 1 to 16) whilst travelling internationally and (Sections 1, 4, 6 to 16) whilst travelling in Australia which involves an interstate destination or intrastate destination (minimum of 250kms from home). Cover is not available for travellers aged 76 years and over.

Plan E Non-Resident Cover only covers Sections 1 to 7, 9 and Sections 11 to 16

To find out more about the types of cover that apply to your plan, refer to Sections "What We Will Pay" and "What We Will Not Pay" for details.

YOUR 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 policy is issued.
- The cover for all other sections applies during the period of cover set out on your Certificate.

The maximum period of cover for any one journey under Plan D CHI Frequent Traveller Cover is 37 days per leisure journey or 90 days per business journey.

| your policy wording

1 CANCELLATION FEES AND LOST DEPOSITS

You have this cover if you choose plan A, B, D or E.

1.1 WE WILL PAY

- a]** We will pay your cancellation fees and lost deposits for travel and accommodation arrangements that you have paid in advance and cannot recover in any other way if your journey is cancelled or shortened at any time through circumstances neither expected nor intended by you or outside your control.
- b]** We will pay the travel agent's cancellation fees up to \$1,500 Single Policy or \$3,000 Family Policy when all monies have been paid or the maximum amount of the deposit has been paid at the time of cancellation, but we will not pay more than the level of commission or service fees normally earned by the agent, had the journey not been cancelled. **Evidence of the travel agent's fees are required.**

- c]** We will pay you for loss of frequent flyer or similar air travel points you used to purchase an airline ticket following cancellation of your air ticket, if you cannot recover the lost points from any other source. The cancellation must be due to unforeseen 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 Table of Benefits for the Plan you have selected.

1.2 WE WILL NOT PAY

We will not pay if you were aware of any reason, before your period of cover commenced, that may cause your journey to be cancelled, abandoned or shortened. Nor will we pay if your cancellation fees or lost deposits arise because of:

- a]** The death or sickness of your travelling companion or relative, if the death or sickness is as a result of a pre-existing medical condition except as specified under the heading "Pre-Existing Medical Conditions (PE Conditions)" on pages 12 to 15.
- b]** You or your travelling companion changing plans.
- c]** Any business, financial or contractual obligations. This exclusion does not apply to claims where:
- you or a member of your travelling party are made redundant from full-time employment in Australia provided you or they were not aware that the redundancy was to occur before you purchased your policy.
- d]** Prohibition or regulation by any Government.

- e]** A tour operator or wholesaler being unable to complete arrangements for any tour because there were not enough people to go on the tour.
- f]** Delays or rescheduling by a bus line, airline, shipping line or rail authority.
- g]** The financial collapse of any transport, tour or accommodation provider.
- h]** The mechanical breakdown of any means of transport.
- i]** If your claim arises directly or indirectly from an act or threat of terrorism.
- j]** The death, injury or sickness of any person who resides outside of Australia.
- k]** Where you are a full-time permanent employee and pre-arranged leave is cancelled by your employer.

YOU MUST CHECK GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS PAGES 39 TO 41 FOR OTHER REASONS WHY WE WILL NOT PAY.

2 OVERSEAS EMERGENCY MEDICAL ASSISTANCE, MEDICAL EVACUATION OR FUNERAL EXPENSES

You have this cover if you choose plan A, C, D or E. (Nil Excess)

We have appointed Mondial Assistance to help you with any overseas medical emergency. You may contact Mondial Assistance anytime 7 days a week.

2.1 Mondial Assistance will arrange for the following assistance services if you injure yourself overseas or become sick there:

- a]** Access to a medical adviser for emergency medical treatment whilst overseas.
- b]** Any messages which need to be passed on to your family or employer in the case of an emergency.
- c]** Provide any written guarantees for payment of reasonable expenses for emergency hospitalisation whilst overseas.
- d]** Your medical transfer or evacuation if Mondial Assistance advises that you must be transported to the nearest hospital for emergency medical treatment overseas or be brought back to Australia with appropriate medical supervision.
- e]** For the return to Australia of your dependant children if they are left without supervision following your hospitalisation or evacuation.

If you die as a result of an injury or a sickness during your journey, we will pay for the reasonable cost of either a funeral or cremation overseas and/or of bringing your remains back to your usual home in Australia. The maximum amount we will pay is \$15,000 for all claims combined.

The most we will pay under this section for all claims combined made under items a. - e. above is shown under the Table of Benefits for the Plan you have selected.

2.2 WE WILL NOT PAY

- a] We will not pay for any expenses for medical evacuation, funeral services or cremation or bringing your remains back to Australia unless it has been first approved by Mondial Assistance.
- b] We will not pay if you decline to promptly follow the medical advice of Mondial Assistance, we will not be responsible for subsequent medical, hospital or evacuation expenses.
- c] We will not pay for medical evacuation or the transportation of your remains from Australia to an overseas country.

YOU MUST CHECK GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS PAGES 39 TO 41 FOR OTHER REASONS WHY WE WILL NOT PAY.

3 OVERSEAS EMERGENCY MEDICAL, HOSPITAL OR DENTAL EXPENSES

You have this cover if you choose plan A, C, D or E.

3.1 WE WILL PAY

We will reimburse the reasonable medical or hospital expenses you incur until you get back to Australia if you injure yourself overseas, or become sick there.

- a] The medical or hospital expenses must have been incurred on the advice of a medical adviser.
- b] You must make every effort to keep your medical or hospital 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.
- c] We will only pay for treatment received and/or hospital accommodation during the 12 month period after the sickness first showed itself or the injury happened.

In Addition

We will also pay the cost of **emergency dental treatment** up to a maximum amount of \$500 per person per trip for dental costs incurred which the treating dentist certifies in writing is for the relief of sudden and acute pain.

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

3.2 WE WILL NOT PAY

We will not pay for expenses:

- a] Arising from pre-existing medical conditions except as specified under the heading "Pre-Existing Medical Conditions (PE Conditions)" on pages 12 to 15.
- b] When you have not notified Mondial Assistance as soon as practicable of your admittance to hospital.

- c] After 2 weeks treatment by a chiropractor, physiotherapist or dentist unless approved by Mondial Assistance.
- d] If you do not take the advice of Mondial Assistance.
- e] If you have received medical care under a reciprocal national health scheme. Reciprocal Health Agreements are in place with the following countries: Finland, Italy, Malta, the Netherlands, Norway, Sweden, the Republic of Ireland, United Kingdom and New Zealand.
- f] For damage to dentures, dental prostheses, bridges or crowns.
- g] Relating to dental treatment involving the use of precious metals or for cosmetic dentistry.

YOU MUST CHECK GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS PAGES 39 TO 41 FOR OTHER REASONS WHY WE WILL NOT PAY.

4 ADDITIONAL EXPENSES

You have this cover if you choose plan A, B, D or E. (Nil Excess)

4.1 WE WILL PAY BECAUSE OF HEALTH PROBLEMS

We will reimburse any reasonable additional accommodation and travel expenses if you cannot travel because of an injury or sickness which needs immediate treatment from a medical adviser who certifies that you are unfit to travel.

We will also reimburse your reasonable additional accommodation and travel expenses for you to be with your travelling companion if he or she cannot continue their journey for the same reason.

We will also reimburse the reasonable accommodation and travel expenses of your travelling companion or a relative to travel to you, stay near you or escort you, if you are in hospital suffering from a life threatening or other serious condition, or are evacuated for medical reasons. He or she must travel, stay with you or escort you on the written advice of a medical adviser and with the prior approval of Mondial Assistance.

In Addition

- a] If you shorten your journey and return to Australia on the advice of a medical adviser approved by us, we will reimburse the reasonable cost of your return to Australia. We will only pay the cost of the fare class that you had planned to travel at.
- b] If, during your journey, your travelling companion or a relative of either of you dies unexpectedly, is disabled by an injury or becomes seriously sick and requires hospitalisation, we will reimburse the reasonable additional cost of your return to Australia. We will only pay the cost of the fare class you had planned to travel at.
- c] If you return to your home in Australia because, during your journey, a relative of yours dies unexpectedly or is hospitalised following a serious injury or a sickness, we will reimburse you up to \$3,000 for the Single Plan, \$3,000 for the Duo Plan per person and \$6,000 for the Family Plan towards return airfares if you are able to resume your journey, but only if more than 14 days remain of the period of your journey on your Certificate of Insurance.

- d] However, if you do not have a return ticket booked to Australia before you were injured or became sick, we will reduce the amount of your claim by the price of the fare to Australia from the place you planned to return to Australia from. The fare will be at the same fare class as the one you left Australia on.
- e] Wherever claims are made by you under this Section and Section 1 for cancelled services/facilities or alternative arrangements for the same or similar services/facilities, we will pay for the higher of the two amounts, not both.

WE WILL ALSO PAY FOR THE OTHER FOLLOWING REASONS:

We will reimburse your reasonable additional travel & accommodation expenses if a disruption to your journey arises from the following reasons.

- a] Your scheduled or connecting transport is cancelled, delayed, shortened or diverted because of a strike, riot, hijack, civil commotion, weather or natural disaster.
- b] You unknowingly break any quarantine rule.
- c] You lose your passport, travel documents or credit cards or they are stolen.
- d] An accident involving your mode of transport. You must have written confirmation of the accident from an official body in the country where the accident happened.
- e] The place you live at in Australia is rendered uninhabitable by fire, explosion, earthquake or flood.

The most we will pay under this section for all claims combined is:

For the Single Plan – \$50,000 (Maximum benefit)

For the Duo Plan – \$50,000 (Maximum benefit per person)

For the Family Plan – \$100,000 (Maximum Benefit)

4.2 WE WILL NOT PAY

- a] We will not pay 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.
- b] We will not pay 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 (PE Conditions)" on pages 12 to 15.
- c] We will not pay if you can claim your additional travel and accommodation expenses from anyone else.
- d] We will not pay if your claim relates to the financial collapse of any transport, tour or accommodation provider.
- e] We will not pay for delays or rescheduling by a bus line, airline, shipping line or rail authority.
- f] We will not pay if you operate a rental vehicle in violation of the rental agreement.
- g] We will not pay as a result of you or your travelling companion changing plans.

YOU MUST CHECK GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS PAGES 39 TO 41 FOR OTHER REASONS WHY WE WILL NOT PAY.

5 HOSPITAL CASH ALLOWANCE

You have this cover if you choose plan A, D or E.
(Nil Excess)

5.1 WE WILL PAY

We will pay you \$50 for each day you are in hospital if you are in hospital for more than 48 continuous hours while you are overseas.

However, no matter how long you are in hospital for the most we will pay under this section for all claims combined is:

For the Single Plan – \$5,000 (Maximum benefit)

For the Duo Plan – \$5,000 (Maximum benefit per person)

For the Family Plan – \$10,000 (Maximum benefit)

5.2 WE WILL NOT PAY

- a] We will not pay for the first 48 continuous hours you are in hospital.
- b] We will not pay if you cannot claim for overseas medical expenses in section 3.

YOU MUST CHECK GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS PAGES 39 TO 41 FOR OTHER REASONS WHY WE WILL NOT PAY.

6 ACCIDENTAL DEATH

You have this cover if you choose plan A, B, D or E.
(Nil Excess)

6.1 WE WILL PAY

We will pay the death benefit, to the estate of the deceased, if:

- a] you are injured during your journey and you die because of that injury within 12 months of the injury; or
- b] during your journey, something you are travelling on disappears, sinks or crashes and you are presumed dead and your body is not found within a year.

The limit we will pay for the death of any one accompanying dependant child who is under 21 years of age is \$5,000.

The limit for the death of one person, under the Family plan who is not an accompanying dependant child under 21 years of age is the sum insured for the single benefit as per the plan selected.

The most we will pay under this section for all claims combined is:

For the Single Plan - \$25,000 (Maximum benefit)

For the Duo Plan - \$25,000 (Maximum benefit per person)

For the Family Plan - \$50,000 (Maximum benefit)

6.2 WE WILL NOT PAY

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 39 TO 41 FOR OTHER REASONS WHY WE WILL NOT PAY.

7 PERMANENT DISABILITY

You have this cover if you choose plan A, D or E.
(Nil Excess)

7.1 WE WILL PAY

We will pay if:

- you are injured during your journey; and
- because of the injury, become permanently disabled within 12 months of the injury.

Permanently disabled means:

- a] you have totally lost any of the following:
 - all of the sight in one or both eyes;
 - the use of a hand or foot at or above the wrist or ankle; and
- b] the loss is for at least 12 months and, in our opinion after consultation with an appropriate medical specialist, will continue indefinitely.

The limit for the permanent disability of one person under a Family Plan is the sum insured for the single benefit as per the plan selected and the most we will pay for any one dependant child under 21 years of age is \$5,000.

The most we will pay under this section for all claims combined is:

For the Single Plan - \$25,000 (Maximum benefit)

For the Duo Plan - \$25,000 (Maximum benefit per person)

For the Family Plan - \$50,000 (Maximum benefit)

7.2 WE WILL NOT PAY

YOU MUST CHECK GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS PAGES 39 TO 41 FOR OTHER REASONS WHY WE WILL NOT PAY.

8 LOSS OF INCOME

You have this cover if you choose plan A or D. (Nil Excess)

8.1 WE WILL PAY

- a] If you are injured during your journey and become disabled within 30 days because of the injury, and the disablement continues for more than 30 days after your return to Australia, we will pay you what you normally earn.
- b] We will only pay if you cannot do your normal work and you lose all your income.

We will pay up to the following amounts for up to 6 months:

For the Single Plan	- Up to \$400 per week (To maximum benefit \$10,400)
For the Duo Plan	- Up to \$400 per week (To maximum benefit \$10,400 per person)
For the Family Plan	- Up to \$800 per week (To maximum benefit \$20,800)

8.2 WE WILL NOT PAY

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 39 TO 41 FOR OTHER REASONS WHY WE WILL NOT PAY.

9 LOSS OF TRAVEL DOCUMENTS, CREDIT CARDS AND TRAVELLERS CHEQUES

You have this cover if you choose plan A, D or E.

9.1 WE WILL PAY

- a] We will reimburse you the replacement costs (including communication costs) of any travel documents, including passports, credit cards or travellers cheques you lose or which are stolen from you during your journey.
- b] We will also cover loss resulting from the fraudulent use of any credit card held by you following the loss of the card during your journey.
- c] We will only cover those amounts not covered by any guarantee given by the bank or issuing company to you as the cardholder covering such losses.

The most we will pay under this section for all claims combined is:

For the Single Plan - \$5,000 (Maximum benefit)

For the Duo Plan - \$5,000 (Maximum benefit per person)

For the Family Plan - \$10,000 (Maximum benefit)

9.2 WE WILL NOT PAY

- a] We will not pay if you:
 - do not report the theft within 24 hours to the police and, in the case of credit cards and travellers cheques, to the issuing bank or company in accordance with the conditions under which the card(s) or cheque(s) were issued; and
 - you cannot prove that you made a report to the above relevant persons by providing us with a written statement from them.

YOU MUST CHECK GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS PAGES 39 TO 41 FOR OTHER REASONS WHY WE WILL NOT PAY.

10 THEFT OF CASH, BANK NOTES, CURRENCY NOTES, POSTAL ORDERS OR MONEY ORDERS

You have this cover if you choose plan A or D.

10.1 WE WILL PAY

The most we will pay is up to \$250 for all claims combined under the Single or Family plans or \$250 per person under the Duo plan for any cash, bank notes, currency notes, postal orders or money orders stolen from your person.

10.2 WE WILL NOT PAY

- a] We will not pay if you do not report the theft within 24 hours to the police or an office of the bus line, airline, shipping line or rail authority you were travelling on when the theft occurred. You can prove that you made a report by providing us with a written statement from whoever you reported it to.
- b] We will not pay if the cash, bank notes, currency notes, postal orders or money orders were not on your person at the time they were stolen.

YOU MUST CHECK GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS PAGES 39 TO 41 FOR OTHER REASONS WHY WE WILL NOT PAY.

11 DAMAGE OR PERMANENT LOSS OF LUGGAGE/PERSONAL EFFECTS

You have this cover if you choose plan A, B, D or E.

11.1 WE WILL PAY

- a] We will reimburse the repair cost, or loss, of any luggage/personal effects which is stolen or accidentally lost or damaged but we can reduce any amount we pay having regard to depreciation and wear and tear.
- b] No depreciation will be applied to goods purchased duty free prior to your departure or goods purchased during your journey. We decide what is to be allowed for depreciation and wear and tear. We have the option to repair or replace the luggage/personal effects instead of paying you.
- c] For any item, pair or related set of items, for example but not limited to:
- A camera, lenses (attached or not), tripod and accessories; or
 - A matched or unmatched set of golf clubs, golf bag and buggy,
 - A matching pair of earrings,
- are considered as only one item for this purpose.

We will pay up to:

- \$3000 for personal computers, video recorders or cameras.
 - \$750 for all other unspecified items.
- d] We do however pay in addition to the above limits, up to \$7,500 for all claims combined, in relation to items that you have specified on the "additional luggage cover" section of the application form and paid an additional premium for.
- e] For any item, we will not pay, in any event, more than what you paid for it.
- f] Luggage/personal effects left in a motor vehicle is only covered during daylight hours if it is locked in the boot or locked compartment and forced entry is made. No cover applies if luggage/personal effects is left unattended in the passenger compartment or overnight. The most we will pay if your luggage is stolen from the locked storage compartment of an unoccupied vehicle is \$200 for each item and \$2,000 in total for all stolen items, even if you have purchased additional cover.

Subject to lesser limits where specified, the most we will pay under this section for all luggage/personal effects claims combined, during your journey is:

For the Single Plan – \$7,500 (Maximum benefit)

For the Duo Plan – \$7,500 (Maximum benefit per person)

For the Family Plan – \$15,000 (Maximum benefit)

We will also pay up to the limits for any specified personal belongings cover purchased.

11.2 WE WILL NOT PAY

We will not pay a claim in relation to your luggage/personal effects if:

- a] You do not report the loss, theft or misplacement within 24 hours to the police or an office of the bus line, airline, shipping line or rail authority you were travelling on when the loss, theft or misplacement occurred. You can prove that you made a report by providing us with a written statement from whoever you reported it to.
- b] Your jewellery, mobile phone, camera, video camera, computer equipment or their accessories are transported in the cargo hold of any aircraft, ship, train or bus.
- c] The loss, theft of or damage is to or of bicycles.
- d] The loss, theft or damage is to items left behind in any hotel or motel room after you have checked out or items left behind in any aircraft, ship, train, taxi or bus.
- e] The loss, theft or damage is to watercraft of any type (other than surfboards).
- f] The luggage/personal effects was being sent unaccompanied or under a freight contract.
- g] The loss of, or damage arises from any process of cleaning, repair or alteration.
- h] The loss of or damage arises from ordinary wear and tear, deterioration, atmospheric or weather conditions, insects, rodents or vermin.
- i] The luggage/personal effects was left unsupervised in a public place or left unattended in a motor vehicle unless it was locked in the boot or locked storage compartment, or any luggage left overnight in a motor vehicle even if it was in the locked storage compartment.
- j] The luggage/personal effects have an electrical or mechanical breakdown.
- k] The luggage is fragile, brittle or an electronic component is broken or scratched – unless either:
- it is the lens of spectacles, binoculars or photographic or video equipment; or
 - the breakage or scratch was caused by a crash involving a vehicle in which you are travelling.
- l] You are entitled to be reimbursed by the bus line, airline, shipping line or rail authority you were travelling on when the loss, theft, misplacement or damage occurred. However, if you are not reimbursed the full amount of your claim, we will pay the difference between the amount of your loss and what you were reimbursed, up to the limit of your cover (allowing for depreciation and fair wear and tear).
- m] The loss or damage to sporting equipment whilst in use (including surfboards).

YOU MUST CHECK GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS PAGES 39 TO 41 FOR OTHER REASONS WHY WE WILL NOT PAY.

12 LUGGAGE/PERSONAL EFFECTS DELAY ALLOWANCE

You have this cover if you choose plan A, D or E. (Nil Excess)

12.1 WE WILL PAY

We will reimburse up to the sum insured as per the plan selected for all claims combined if any items of your luggage are delayed, misdirected or misplaced by the carrier for more than 12 hours, and in our opinion it was reasonable for you to purchase essential items of clothing or other personal items.

Your claim must contain written proof from the carrier who was responsible for your luggage that it was delayed, misdirected or misplaced.

We will deduct any amount we pay you under this benefit for any subsequent claim for lost luggage/personal effects.

The most we will pay under this section for all claims combined is:

For the Single Plan - \$250 (Maximum benefit)

For the Duo Plan - \$250 (Maximum benefit per person)

For the Family Plan - \$500 (Maximum benefit)

12.2 WE WILL NOT PAY

If you are entitled to compensation from the bus line, air line, shipping line or rail authority you were travelling on for the relevant amount claimed. However, if you are not reimbursed the full amount, we will pay the difference between the amount of your expenses and what you were reimbursed up to the limit of your cover.

YOU MUST CHECK GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS PAGES 39 TO 41 FOR OTHER REASONS WHY WE WILL NOT PAY.

13 TRAVEL DELAY ALLOWANCE

You have this cover if you choose plan A, B, D or E. (Nil Excess)

13.1 WE WILL PAY

We will reimburse your reasonable additional meals and accommodation expenses if a disruption to your journey, for at least 6 hours, arises from circumstances outside your control: We will pay up to \$200 at the end of the initial 6 hour period. In addition we will pay up to \$200 for each full 24 hour period that the delay continues beyond the initial 6 hour delay.

The most we will pay under this section for all claims combined is:

For the Single Plan – \$1,000 (Maximum benefit)

For the Duo Plan – \$1,000 (Maximum benefit per person)

For the Family Plan – \$2,000 (Maximum benefit)

13.2 WE WILL NOT PAY

We will not pay if a disruption to your journey arises from any of the following reasons:

- a] If you can claim your additional meals and accommodation expenses from anyone else.
- b] The financial collapse of any transport, tour or accommodation provider.

- c] If your claim arises directly or indirectly from an act or threat of terrorism.

YOU MUST CHECK GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS PAGES 39 TO 41 FOR OTHER REASONS WHY WE WILL NOT PAY.

14 ALTERNATIVE TRANSPORT EXPENSES

You have this cover if you choose plan A, D or E. (Nil Excess)

14.1 WE WILL PAY

We will pay your reasonable additional travel expenses to reach a wedding, funeral, conference, sporting event or prepaid travel/tour arrangements on time if your scheduled transport is cancelled, delayed, shortened or diverted and that means you would not arrive on time.

We decide which expenses are reasonable, and the most we will pay under this section for all claims combined is:

For the Single Plan - \$5,000 (Maximum benefit)

For the Duo Plan - \$5,000 (Maximum benefit per person)

For the Family Plan - \$10,000 (Maximum benefit)

14.2 WE WILL NOT PAY

- a] We will not pay if cancellation, delay, shortening or diversion of your scheduled transport arises from the financial collapse of any transport, tour or accommodation provider.
- b] We will not pay if your claim arises directly or indirectly from an act or threat of terrorism.

YOU MUST CHECK GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS PAGES 39 TO 41 FOR OTHER REASONS WHY WE WILL NOT PAY.

15 PERSONAL LIABILITY

You have this cover if you choose plan A, B, C, D or E.

15.1 WE WILL PAY

We will cover your legal liability for payment of compensation in respect of:

- death, bodily injury or illness, and/or
- physical loss of damage to property,

occurring during your journey which is caused by an accident or a series of accidents attributable to one source or originating cause.

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.

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

15.2 WE WILL NOT PAY

We will not reimburse you for anything you have to pay because of a legal claim against you for causing injury, death or damage to property, if the claim arises out of or is for:

- a] Bodily injury to you, your travelling companion, or to a relative or employee of either of you;

- b] Damage to property belonging to you, or in your care or control, or belonging to, or in the care or control of, a relative of yours, or your travelling companion, or to an employee of either of you;
- c] Something arising out of the ownership, custody or use of any aerial device, watercraft or mechanically propelled vehicle;
- d] Something arising out of the conduct of a business, profession or trade;
- e] Any loss, damage or expenses which are covered or should have been covered under a statutory or compulsory insurance policy, statutory or compulsory insurance or compensation scheme or fund, or under workers' compensation legislation, an industrial award or agreement, or accident compensation legislation;
- f] Any fine, penalty or aggravated, punitive or exemplary or liquidated damages;
- g] Disease that is transmitted by you;
- h] Any relief or recovery other than monetary amounts;
- i] Liability arising from a contract that imposes on you a liability which you would not otherwise have;
- j] Anything that is covered under any other policy. We will be liable only for the amount your liability exceeds the limits of cover under any other policy;
- k] Assault and/or battery committed by you or at your direction; or
- l] Conduct intended to cause personal injury, property damage or liability with reckless disregard for the consequences of you or any person acting with your knowledge, consent or connivance.

YOU MUST CHECK GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS PAGES 39 TO 41 FOR OTHER REASONS WHY WE WILL NOT PAY.

16 RENTAL VEHICLE

You have this cover if you choose plan A, B, D or E.

16.1 WE WILL PAY

We will reimburse you for the rental vehicle insurance excess, or the cost of repairing the vehicle, whichever is the lower, if you rent a vehicle from a rental company and it is involved in a motor vehicle accident and you are the driver or is stolen during the journey. You must provide a copy of the repair account and/or quote.

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

In addition, we will pay up to \$500 for 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 journey.

We will pay under this section up to \$3,000 for all claims combined.

16.2 WE WILL NOT PAY

We will not pay a claim involving the theft or crash of your motor vehicle if the claim arises directly or indirectly from:

- a] You operate a rental vehicle in violation of the rental agreement.
- b] You using the vehicle while affected by alcohol or any other drug in a way that is against the law of the place you are in.
- c] You using a vehicle without a licence for the purpose that you were using it.

YOU MUST CHECK GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS PAGES 39 TO 41 FOR OTHER REASONS WHY WE WILL NOT PAY.

| general exclusions
applicable to all sections

WE WILL NOT PAY UNDER ANY CIRCUMSTANCES IF:

General

- 1 You do not act in a responsible way to protect yourself and your property and to avoid making a claim.
- 2 You do not do everything you can to reduce your loss as much as possible.
- 3 Your claim arises from consequential loss of any kind.
- 4 At the time of taking the policy, you were aware of something that would give rise to you making a claim under this policy.
- 5 Your claim is for 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.
- 6 Your claim is for additional expenses or fees arising from errors or omissions in your booking arrangements or your failure to obtain relevant visa or passport documents.
- 7 Your claim arises because you act illegally or break any government prohibition or regulation including visa requirements.
- 8 Your claim arises from a government authority confiscating, detaining or destroying anything.
- 9 Your claim arises from being in control of a motor cycle without a current Australian motor cycle licence or you are a passenger travelling on a motorcycle that is in the control of a person that does not hold a current motor cycle licence valid for the country you are travelling in.

Medical

- 10 Your claim arises from pre-existing medical conditions except as specified under the heading "Pre-Existing Medical Conditions (PE Conditions)" on pages 12 to 15.
- 11 Your claim is in respect of travel booked or undertaken against the advice of any medical adviser.
- 12 Your claim arises directly or indirectly from any terminal illness that was diagnosed prior to the policy being issued.
- 13 Your claim arises out of pregnancy, childbirth or related complications after the 26th week of pregnancy.
- 14 Your claim arises out of pregnancy, childbirth or related complications up to the 26th week of pregnancy, in a multiple pregnancy, a complicated pregnancy, or a medically assisted pregnancy and we have not confirmed our acceptance in writing as per the pre-existing cover requirements on pages 12 to 15. In any event we will not cover any expenses associated with or consequent upon the birth of a child.
- 15 Your claim involved a hospital where you are being treated for addiction to drugs or alcohol, or are using it as a nursing, convalescent or rehabilitation place.
- 16 The cost of medication in use at the time the journey began or the cost for maintaining a course of treatment you were on prior to the journey.
- 17 Your claim arises from or is in any way related to depression, anxiety, stress, mental or nervous conditions.
- 18 Your claim arises from suicide or attempted suicide.
- 19 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).
- 20 You were affected by alcohol or drugs – unless the drugs were prescribed by a medical adviser – at the time when the thing about which you are making the claim happened.

Sports & Leisure

- 21 Your claim arises because you hunt, race (other than on foot), engage in open water sailing, play polo, go mountaineering or rock climbing using ropes or climbing equipment (other than for hiking) or from professional sport of any kind, or from parachuting or hang gliding.
- 22 Your claim arises because you dive underwater using an artificial breathing apparatus – unless you hold an open water diving licence issued in Australia or you were diving under licensed instruction.
- 23 Your claim arises from travel in any air supported device other than as a passenger in a fully licensed aircraft operated by an airline or charter company. This exclusion does not apply to regulated or licensed ballooning.

STRIKE, RIOT, BAD WEATHER, WAR, NUCLEAR CONTAMINATION, TERRORISM AND CONTAGIOUS DISEASE

- 24 Your claim arises because you did not follow advice in the mass media of a government or other official body's warning:
 - against all travel to a particular country; or
 - of a strike, riot, bad weather, civil commotion or contagious disease;and you did not take appropriate action to avoid or minimise any potential claim under your policy.
- 25 Your claim 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.
- 26 Your claim arises from a nuclear reaction or contamination from nuclear weapons or radioactivity.
- 27 Your claim arises from biological and or chemical material(s), substance(s), compound(s) or the like used directly or indirectly for the purpose to harm or to destroy human life and or create public fear.

| claims

HOW TO MAKE A CLAIM

You must give us notice of your claim as soon as possible by completing the claim form supplied by Mondial Assistance 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. If required, we may ask you to provide us with translations into English of such documents to enable us to carry out our assessment of your claim.

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 Mondial Assistance as soon as practicable.
- b] For damage or permanent loss of your luggage/personal effects, report it immediately to the police and obtain a written notice of your report.
- c] For damage or misplacement of your luggage/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.

DEPRECIATION

Depreciation will be applied to claims for lost luggage or goods at such rates as reasonably determined by Mondial Assistance.

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 us 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 in relation to a loss or expense covered under this policy and you do not get paid the full amount of your claim, we will make up the difference. You must claim from them first.

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.

Comprehensive Holiday Insurance

Your Travel Agent:

Authorised Representatives Details

Name/Company:

ABN (if applicable):

AR Number:

CHI

COMPREHENSIVE HOLIDAY INSURANCE (UNDERWRITING AGENTS) PTY LTD

ABN 68 000 827 421

Claims & Client Services enquiries contact

1800 775 520 (within Australia)

Download a claim form

www.travelclaims.com.au/CHI

24 hour emergency assistance call

Mondial Assistance

61 7 3305 7499 (reverse charge from overseas)

1800 010 075 (within Australia)

Sales enquiries contact

Phone: 03 9855 5666

Fax: 03 9855 5722

insure@oamps.com.au

This insurance is arranged and managed by
ETI Australia Pty Ltd, trading as Mondial Assistance

ABN 52 097 227 177

AFSL 245631

PO Box 162, Toowong QLD 4066

This insurance is underwritten by
Allianz Australia Insurance Limited (Allianz)

ABN 15 000 122 850

AFSL 234708

2 Market Street, Sydney NSW 2000

Comprehensive Holiday Insurance (Underwriting Agents) Pty Ltd

An OAMPS Group Company

PO Box 542, Kew, Victoria VIC 3101 Australia

Tel: 61 3 9855 5666 Fax: 61 3 9855 5722

Email: insure@oamps.com.au