

Comprehensive Holiday Insurance



COMBINED FINANCIAL SERVICES GUIDE, PRODUCT DISCLOSURE STATEMENT & POLICY WORDING

AFS Licensee: ETI Australia Pty Ltd
Trading as Mondial Assistance



Effective 01 June 2006

| Contents

	<i>Page</i>
Financial Services Guide	2
Our Product Disclosure Statement	4
Summary of Benefits	6
Calculating your CHI Premium	8
Benefits Table	9
CHI Insurance Application Form	12
Additional Options	14
CHI Travel Insurance Policy Document	20
Important Matters	21
Words with Special Meanings	25
Your Policy Cover	27
Your Policy Wording	29
General Exclusions Applicable to all Sections	43
Claims	45
Contact Details	47

| 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 whether to use the financial services provided by Mondial Assistance's Authorised Representative.

It also contains information about who the Authorised Representative is, how they are remunerated for providing these financial services and how your complaints are dealt with.

When the Authorised Representative arranges an insurance policy for you, they will give you a Product Disclosure Statement (PDS) when required. This is prepared by the Insurer and is designed to provide important information on the significant features, benefits and risks of the policy to assist you to make informed decision about whether or not to buy the product. It may be more than one document.

ABOUT MONDIAL ASSISTANCE

Mondial Assistance, which is a trading name of ETI Australia Pty Ltd ABN 52 097 227 177, AFS Licence No 245631 of 74 High Street, Toowong QLD 4066 is an Australian Financial Services Licensee authorised to deal in and provide general advice on general insurance products.

Mondial Assistance has been authorised by the Insurer Allianz Australia Insurance Limited (Insurer) ABN 15 000 122 850 AFS Licence No 234708 to act on its behalf in arranging, issuing, varying, cancelling providing general advice and handling and settling claims in relation to the Insurer's travel insurance products.

Mondial Assistance has a binding authority which means that it can enter into, vary or cancel the travel insurance products and handle and settle claims on the Insurer's behalf without reference to the Insurer provided it acts within the binding authority. Mondial Assistance acts for the Insurer and does not act on behalf of you.

ABOUT MONDIAL ASSISTANCE'S AUTHORISED REPRESENTATIVE

The Authorised Representative has been appointed as an Authorised Representative of Mondial Assistance. Mondial Assistance has authorised it to act on its behalf in arranging, issuing, varying and providing general advice in relation to travel insurance products issued by the Insurer. The Authorised Representative cannot settle any claims.

The Authorised Representative acts on behalf of Mondial Assistance and not you.

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

The Authorised Representative may also be authorised by other Australian Financial Services Licensees to provide financial services on their behalf. If so, the Authorised Representative will provide you with an FSG (or FSGs) in respect of the financial services they provide for those 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 travel insurance products Mondial Assistance and its Authorised Representative can arrange for you. Any advice that is provided to you is general in nature and is not necessarily appropriate for your individual objectives or needs. Before you make any decisions in relation to the product, you should read the PDS to ensure that it is suitable for you.

REMUNERATION

The Authorised Representative receives a commission which is a percentage of the premium you pay for the travel insurance. It is only paid if you buy the policy.

The Authorised Representative's employees and representatives receive an annual salary including bonuses based on performance criteria which can include sales performance.

Comprehensive Holiday Insurance (Underwriting Agents) Pty Ltd ABN 68 000 827 421. (CHI) receives a commission from the remaining premium, after deduction of the Authorised Representative's remuneration for marketing and administration services it provides. It is only paid if you buy the policy.

Mondial Assistance is also remunerated for services it provides. 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.

If you would like more information about the remuneration that the Authorised Representative receives, please ask the Authorised Representative to provide it to you. If you would like more information about the remuneration that CHI or Mondial Assistance receive, please ask the Authorised Representative who will arrange for it to be provided to you. This request should be made within a reasonable time after this FSG is provided by the Authorised Representative and before the financial services are provided by the Authorised Representative.

IF YOU HAVE A COMPLAINT

If you have a complaint, please tell the Authorised Representative. If they are not able to satisfactorily resolve your complaint, please tell Mondial Assistance which 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 or put the complaint in writing and send it to PO Box 162, Toowong QLD 4066.

If your complaint is still not resolved to your satisfaction, you may contact the Insurance Ombudsman Service Limited (IOS) which is an independent external dispute resolution body. For more information or to access the IOS process please call the IOS on 1300 780 808. Alternatively you can write to the IOS at PO Box 561, Collins Street West, Melbourne VIC 8007.

DATE PREPARED

This FSG was prepared on 01 June 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 and 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 6 to 7 and the relevant sections of the policy wording applicable to the cover you choose including any endorsements under **"Additional Options"** pages 14 to 19 (remember certain words have special meanings – see **"Words with Special Meanings"** pages 25 to 26);
- 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 43 to 44 (this restricts the cover and benefits);
- **"Claims"** pages 45 to 46 (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 21 to 24 (this contains important information on your duty of disclosure, how the duty applies to you and what happens if you breach the duty, your cooling off period/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).

APPLYING FOR COVER

When you apply for the policy by completing our application we will confirm with you things such as the period of insurance, your premium, what cover options and excesses will apply and whether any standard terms need to be varied (this may be by way of an endorsement). These details are recorded in the Certificate of Insurance we issue to you. This policy document 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 45 to 46 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 use the Mondial Assistance contact details on the back cover of this policy document.

ABOUT YOUR PREMIUM

You will be told the premium payable for the policy when you apply. It is based on a number of factors such as your risk profile and distribution costs. Factors such as your destination(s), length of journey, number of persons covered and additional cover options selected determine your risk profile. The higher the risk the higher the premium. Your premium also includes amounts that take into account our obligation to pay any relevant compulsory government charges, taxes or levies (e.g. Stamp Duty and GST) in relation to your policy. These amounts will be set out separately in your Certificate of Insurance as part of the total premium.

RELATIONSHIP WITH YOUR INSURER

ETI Australia Pty Ltd, trading as Mondial Assistance has been authorised by Allianz Australia Insurance Limited (the Insurer) 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. ETI Australia acts under a binder which means that ETI Australia can do these things as if ETI Australia were the Insurer and is referred to as "we", "our" and "us" in this Product Disclosure Statement.

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"** pages 21 to 24 for details).

UPDATING THE PDS

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

DATE PREPARED

This PDS was last updated on 01 June 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. 29 to 30)

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. 31)



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 AND HOSPITAL EXPENSES (pg. 32)

Cover for overseas medical treatment if you are injured or become sick overseas, including:

- Medical – Hospital – Surgical – Nursing – Restoration of dental functions to sound and natural teeth.

Section 4 ADDITIONAL EXPENSES (pg. 33 to 34)



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. 35)



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

Section 6 ACCIDENTAL DEATH (pg. 35)



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. 36)



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. 36)



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. 37)

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. 37)

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 AND PERSONAL EFFECTS (ADDITIONAL COVER OPTIONS AVAILABLE) (pg. 38 to 39)

Cover for replacing luggage stolen or reimbursing repair cost for accidentally damaged items, including:

- Luggage – Spectacles
- Personal Effects – Personal Computers – Cameras.

Section 12 LUGGAGE AND PERSONAL EFFECTS DELAY ALLOWANCE (pg. 40)



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. 40)



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. 41)



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. 41 to 42)

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. 42)

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** (Pages 14 to 19)

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	– USE AREA 2 TABLE
Asia (excluding Japan)	– USE AREA 3 TABLE
S.W. Pacific, New Zealand, Papua New Guinea, Bali & Norfolk Island	– USE AREA 4 TABLE

* 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: 01/05/06 – 31/10/06 (17 days cover required)
Premium: \$168 (16 day period of cover plus 1 free day – refer Bonus Day Table above).

PLEASE 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.

Table of Benefits

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 and Hospital Expenses	unlimited	unlimited	unlimited				unlimited	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited		
	– Dental Expenses	\$500	\$500	\$500				\$500	\$500	\$500	\$500	\$500	\$500	\$500		
*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 and Personal Effects	\$8,000	\$8,000	\$16,000	\$8,000	\$8,000	\$16,000				\$8,000	\$8,000	\$8,000	\$16,000		
*12.	Luggage and 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		

*Sub-limits apply.

Amount Payable

(includes premium, stamp duty and GST where applicable)

PLAN A – CHI COMPREHENSIVE

	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
27 days	\$247	\$469	\$494	\$210	\$399	\$420	\$177	\$336	\$354	\$148	\$281	\$296
31 days	\$282	\$536	\$564	\$240	\$456	\$480	\$202	\$384	\$404	\$169	\$321	\$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

PLAN B – CHI AUSTRALIA ONLY

	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

PLAN D – CHI FREQUENT TRAVELLER

- Includes family
- Maximum period any one journey is 37 days for leisure travel or 90 days for business travel

	Single	Duo	Family
12 months		\$598	

PLAN E – CHI NON RESIDENT			
(see page 19 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 are not automatically covered for Pre-existing Medical Conditions. (For the definition of and guidelines for Pre-existing Medical Condition, please refer to pages 14 to 18. Please note that this definition means ANY condition irrespective of when the condition last arose.)

DO YOU HAVE A PRE-EXISTING MEDICAL CONDITION? YES NO
If Yes, refer to Steps 1, 2 & 3.

1. We are unable to provide cover for those Pre-existing Medical Conditions listed in Step 1. We do however provide automatic cover for those Pre-existing Medical Conditions listed in Step 2 at no additional premium. Applicable to all plans.

2. Do you require cover for a Pre-existing Medical Condition not listed in Step 3? YES NO
If Yes, you do not need to apply for cover but you are required to pay an additional premium. Only available for Plans A, B or C.

3. Do you require cover for any Pre-existing Medical Conditions listed in Step 3? YES NO
If Yes, please complete the Pre-existing Medical Application Form. If your application for cover is approved, an additional premium will be payable. Only available for Plans A, B or C.

Plan Selected

Cost

Plan A: CHI Comprehensive Standard Plan \$

Plan A: CHI Comprehensive PE Plan \$

Plan B: CHI Australia Only Standard Plan \$

Plan B: CHI Australia Only PE Plan \$

Plan C: CHI Budget (Rescue Medical) \$

Plan D: CHI Frequent Traveller \$

Plan E: CHI Non Resident \$

Sub Total to carry forward to page 13 \$

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 12 \$

Total Cost \$

- 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/we 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.
- I/we authorise any doctor or clinic to provide Mondial Assistance with information concerning my current or past medical history. I/we have read the Privacy Notice and I/we 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.
- I/we acknowledge that this policy does not automatically provide cover for Pre-existing Medical Conditions.
- 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:

- 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
- A medical or dental condition that is currently being, or has been investigated, or treated by a health professional (including dentist or chiropractor); OR
- Any condition for which you take prescribed medicine; OR
- Any condition for which you have had surgery; OR
- Pregnancy.

PLEASE 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 –
<i>Any of the following:</i>
Allergic Rhinitis
Anaphylaxis
Bee Sting Allergy
Chronic Sinusitis
Dermatitis
Eczema
Food Intolerance
Hay fever
Latex Allergy
Psoriasis
Rhinitis
Sinusitis
Urticaria | 20 Goitre |
| 2 Acne | 21 Hashimoto's Disease |
| 3 Asthma – with no other chronic lung disease | 22 Hiatus Hernia |
| 4 Bells Palsy – idiopathic | 23 Hypercholesterolaemia (High Cholesterol) –
Where you do not also suffer from a known cardiovascular disease and/or diabetes |
| 5 Benign Breast Cysts | 24 Hypertension (High Blood Pressure) –
Where you do not also suffer from a known cardiovascular disease and/or diabetes |
| 6 Benign Renal Cysts | 25 Hypothyroidism |
| 7 Bunions | 26 Impaired Glucose Tolerance |
| 8 Carpal Tunnel Syndrome | 27 Incontinence |
| 9 Cataracts | 28 Insulin Resistance |
| 10 Colonic Polyps | 29 Iron Deficiency Anaemia |
| 11 Congenital blindness | 30 Macular Degeneration |
| 12 Congenital deafness | 31 Meniere's Disease |
| 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. | 32 Menopause |
| 14 Dry Eye Syndrome | 33 Nocturnal Cramps |
| 15 Ear Grommets | 34 Ovarian Cysts |
| 16 Epilepsy – where you only take one (1) anti-convulsant medication and you have not had a seizure in the last 12 months. | 35 Pernicious Anaemia |
| 17 Folate Deficiency | 36 Plantar Fasciitis |
| 18 Gastric Reflux | 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 |
| 19 Glaucoma | 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 14 to 17) 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.

PLEASE 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 and 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 \$1,000 or part thereof, receipts and/or valuations need to be provided.

Specified Personal Belongings Cover is not available for Plan C.

PLEASE NOTE: The General Exclusion Applicable to all Sections of the policy apply regardless of the limit of additional luggage and personal effects cover purchases.

SAFEGUARDING YOUR LUGGAGE AND PERSONAL EFFECTS

You must take all reasonable precautions to safeguard your luggage and personal effects. If you leave your luggage and personal effects unsupervised in a public place we will not pay your claim. (For an explanation of what we mean by "Luggage and Personal Effects", "Unsupervised" and "Public Place" – see pages 25 to 26).

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 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 (pages 43 to 44), in Claims Are Payable In Australian Dollars To You and Travel Within Australia Only (page 45 to 46) and in Jurisdiction And Choice Of Law (page 20).
- 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. Before you purchase it, please read it carefully. Make sure you understand it and that it meets your needs. If you are satisfied with the cover please retain this policy in a safe place.

Once you have selected your level of cover and paid the premium shown, we will provide you with a Certificate of Insurance, which will entitle you to claim under the policy up to the amount stated in the policy. You are free to arrange insurance with any other Insurer of your choice.

WHO IS YOUR INSURER?

This policy is issued and underwritten by Allianz Australia Insurance Limited ABN 15 000 122 850 AFSL 234708 (the Insurer). It is your Insurer and is referred to as 'we' 'our' and 'us' in the policy document.

WHO IS ETI AUSTRALIA?

ETI Australia Pty Ltd is authorised by the Insurer to enter into and arrange the policy and deal with and settle any claims under it, as agent of the Insurer, not as your agent.

WHO IS 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.

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 Code sets out the minimum standards of practice in the general insurance industry. For more information on the Code please contact Mondial Assistance on 1800 077 522.

DISPUTE RESOLUTION PROCESS

Should you have a complaint or dispute arising out of this insurance, or our employees, authorised representatives or service providers please contact Mondial Assistance on 1800 077 522.

We will respond to your complaint within 15 business days, provided we receive all necessary information and have completed any investigation required. If we need more time, we will agree on a reasonable alternative timeframe. We will keep you informed of the progress of our response to your complaint.

When we provide our response we will also provide information on how our response can be reviewed by a different employee, who has appropriate experience, knowledge and authority. If you want our response reviewed we will treat the matter as a dispute and provide you with the contact details of our employee, who will respond in writing within 15 business days (provided we receive all necessary information and have completed any investigation required). If we need more time, we will agree on a reasonable alternative timeframe, failing which you can report your concerns to the Insurance Ombudsman Service Ltd (IOS). We will keep you informed of the progress of our review at least every 10 business days. We will give you reasons for our decision.

If this does not resolve the matter, you may contact the IOS, the industry's independent external complaints scheme:

Insurance Ombudsman Service Ltd
PO Box 561, Collins Street West, Melbourne Vic 8007
Phone: 1300 780 808 (National Toll Free)
Phone: (03) 9613 6300 Fax: (03) 9621 2060.

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 will 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

To arrange and manage your travel insurance, we (in this Privacy Notice "we", "our" and "us" includes the Authorised Representative) collect personal information from you and others (including those authorised by you such as your doctors, hospitals and persons whom we consider necessary).

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

This personal information may be disclosed to (and received from) third parties in Australia or overseas involved in the above process, such as travel consultants, travel insurance providers and intermediaries, authorised representatives, 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.

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

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 28.

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 32. 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 31).

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 18 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.

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

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

"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.

"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.

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

"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.

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

"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.

PLEASE 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" and "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 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 and 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 and 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

I 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 14 to 17.
- 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.
- l] Your claim arises directly or indirectly from an Epidemic or Pandemic.

YOU MUST CHECK GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS PAGES 43 TO 44 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] to 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 43 TO 44 FOR OTHER REASONS WHY WE WILL NOT PAY.

3 OVERSEAS EMERGENCY MEDICAL AND HOSPITAL 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 14 to 17.
- 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 43 TO 44 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 and 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 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.

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 14 to 17.
- 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 43 TO 44 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 shown under the Table of Benefits for the plan you have selected.

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 43 TO 44 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 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.

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 43 TO 44 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 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.

7.2 WE WILL NOT PAY

YOU MUST CHECK GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS PAGES 43 TO 44 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 43 TO 44 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 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.

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 43 TO 44 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 43 TO 44 FOR OTHER REASONS WHY WE WILL NOT PAY.

11 DAMAGE OR PERMANENT LOSS OF LUGGAGE AND 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 and 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 and 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 \$5,000 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 and 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 and 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 and personal effects claims combined, during your journey is:

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.

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 and 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 and 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 and 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 and 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 43 TO 44 FOR OTHER REASONS WHY WE WILL NOT PAY.

12 LUGGAGE AND 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 and personal effects.

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.

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 43 TO 44 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 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.

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 43 TO 44 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 shown under the Table of Benefits for the plan you have selected.

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 43 TO 44 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 43 TO 44 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.

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.

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 43 TO 44 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.
- 10 Your claim arises because you did not follow advice in the mass media of any government or other official body's warning:
 - against travel to a particular country or parts of a country;
 - of a strike, riot, bad weather, civil commotion or contagious disease;
 - of a likely or actual Epidemic or Pandemic (such as H5N1 Avian influenza);
 - of a threat of an Epidemic or Pandemic (such as H5N1 Avian influenza) that requires the closure of a country borders;
 - of an Epidemic or Pandemic that results in you being quarantined,
 and you did not take appropriate action to avoid or minimise any potential claim under your policy (including delay of travel to the country or part of the country referred to in the warning. Please refer to www.who.int for further information.
- 11 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.
- 12 Your claim arises from a nuclear reaction or contamination from nuclear weapons or radioactivity.
- 13 Your claim arises from biological and or chemical materials, substances, compounds or the like used directly or indirectly for the purpose to harm or to destroy human life and or create public fear.

MEDICAL

- 14 Your claim arises from Pre-existing Medical Conditions except as specified under the heading "Pre-existing Medical Conditions (PE Conditions)" on pages 14 to 17.
- 15 Your claim is in respect of travel booked or undertaken against the advice of any medical adviser.
- 16 Your claim arises directly or indirectly from any terminal illness that was diagnosed prior to the policy being issued.
- 17 Your claim arises out of pregnancy, childbirth or related complications after the 26th week of pregnancy.
- 18 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 14 to 17. In any event we will not cover any expenses associated with or consequent upon the birth of a child.
- 19 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.
- 20 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.
- 21 Your claim arises from or is in any way related to depression, anxiety, stress, mental or nervous conditions.
- 22 Your claim arises from suicide or attempted suicide.
- 23 Your claim arises directly or indirectly from a sexually transmitted disease (except where Human Immunodeficiency Virus (HIV) infection has been accepted by us in writing).
- 24 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.
- 25 Despite our advice otherwise following your call to Mondial Assistance, you received private hospital or medical treatment where public funded services or care is available in Australia or under any Reciprocal Health Agreement between the Government of Australia and the Government of any other country.

SPORTS AND LEISURE

- 26 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.
- 27 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.
- 28 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.

| 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 and personal effects, report it immediately to the police and obtain a written notice of your report.
- c] For damage or misplacement of your luggage and personal effects, caused by the airline or any other operator or accommodation provider, report the damage or misplacement to an appropriate official and obtain a written report, including any offer of settlement that they may make.
- d] Submit full details of any claim in writing within 30 days of your return.

CLAIMS ARE PAYABLE IN AUSTRALIAN DOLLARS TO YOU

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

YOU MUST NOT ADMIT FAULT OR LIABILITY

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

YOU MUST HELP US TO RECOVER ANY MONEY WE HAVE PAID

If we have a claim against someone in relation to the money we have to pay under this policy, you must do everything you can to help us do that in legal proceedings. If you are aware of any third party that you or 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 other than under an insurance policy in relation to a loss or expense covered under this policy and they do not pay you the full amount of your claim, we will make up the difference. You must claim from them first.

DEPRECIATION

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

OTHER INSURANCE

If any loss, damage or liability covered under this policy is covered by another insurance policy, you must give us details. If you make a claim under one insurance policy and you are paid the full amount of your claim, you cannot make a claim under the other policy. If you make a claim under another insurance policy and you are not paid the full amount of your claim, we will make up the difference. We may seek contribution from your other Insurer. You must give us any information we reasonably ask for to help us make a claim from your other Insurer.

SUBROGATION

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

RECOVERY

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

1. Our administration and legal costs arising from the recovery.
2. Your uninsured loss (less your excess).
3. The amount we paid you for your claim.
4. Your excess.

Once we pay your total loss we will keep all money left over.

If we have paid your total loss and you receive a payment from someone else for that loss or damage, you must pay us the amount of that payment up to the amount of the claim we paid you.

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

BUSINESS TRAVELLERS – HOW GST AFFECTS YOUR CLAIM

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

TRAVEL WITHIN AUSTRALIA ONLY

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

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 and 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 issued and 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 VIC 3101 Australia
Tel: 61 3 9855 5666 Fax: 61 3 9855 5722
Email: insure@oamps.com.au