



Unleashed Leisure Travel Insurance

Policy Wording

Table of Contents

About Your Insurer 3

What is a Product Disclosure Statement 3

How to Make a Claim 6

Sport and Leisure Activities covered by this policy 6

How to Make a Complaint 7

Section 1 – Overseas Medical and Medical Evacuation Expenses..... 13

Section 2 – Healix Services 15

Section 3 – Personal Accident &Sickness 15

Section 4 – Baggage, Portable Electronic Equipment & Money 20

Section 5 – Travel Disruption..... 21

Section 6 – Personal Liability 23

Section 7 – Political Unrest & Natural Disaster Evacuation 24

Section 8– Search & RescueExpenses 25

Section 9– Additional Wellbeing..... 26

General Exclusions..... 27

General Provisions 28

Claims 29

About Your Insurer

The insurance is issued by Precision Underwriting Pty Ltd (Precision Underwriting), AFS 511917, ABN 67 617 807 333, on behalf of certain underwriters at Lloyd's and is led by Canopus Managing Agents Ltd. Syndicate 4444.

In this document, references to "We", "Us" and "Our" means the insurer.

About Lloyd's

Lloyd's is the world's specialist insurance and reinsurance market. With expertise earned over centuries, Lloyd's is the foundation of the insurance industry and the future of it. Led by expert underwriters and brokers who cover more than 200 territories, the Lloyd's market develops the essential, complex and critical insurance needed to underwrite human progress. Backed by diverse global capital and excellent financial ratings, Lloyd's works with a global network to grow the insured world - building resilience for businesses and local communities and strengthening economic growth around the world

What is a Product Disclosure Statement

The purpose of this PDS is to help You understand the cover offered under the Policy and provide You with sufficient information to enable You to compare and make an informed decision about whether to purchase the Policy. This PDS contains important information required under the Corporations Act 2001 (Cth) (The Act) about the Policy including the Benefits and conditions, Your rights as a client and other things You need to know in order to make an informed decision. You should read the PDS together with the Policy Wording and the Evidence of Cover of this insurance to obtain a complete description of all the Benefits, terms, conditions and exclusions relating to the cover offered under this insurance. Please read these documents carefully and ensure that You keep them in a safe place for future reference. Certain words in this PDS and Policy Wording have special meanings that are set out in the definitions sections contained within the Policy Wording.

General Advice

Any general advice that may be contained within this Policy Wording, PDS or accompanying documents does not consider Your personal situation, financial objectives, or needs. Such matters should be considered in determining the appropriateness of this product. Consideration also needs to be given to whether the limits, type and level of cover are appropriate.

General Insurance Code of Conduct

The Insurance Council of Australia Limited has developed the General Insurance Code of Practice ("the Code"), which is a voluntary self-regulatory code. The Code aims to raise the standards of practice and service in the insurance industry. Lloyd's has adopted the Code on terms agreed with the Insurance Council of Australia. For further information on the Code please visit www.codeofpractice.com.au.

The Code Governance Committee (CGC) is an independent body that monitors and enforces insurers' compliance with the Code. For more information on the Code Governance Committee (CGC) go to www.insurancecode.org.au.

Leisure Travel Insurance

This Policy provides for the payment of Benefits if an Insured Person whilst on a Journey requires emergency travel assistance or suffers a loss where a Benefit is payable under this Policy. Please read the Policy Wording carefully to make sure that You understand its provisions. If You require any information please contact Unleashed Travel . All cover is subject to the payment of premium and the terms, conditions, exclusions and provisions of the Policy.

Summary of Benefits of the Leisure Travel

The Policy has a number of Benefits. Some of the significant Policy Benefits are listed below. For full details of all the Benefits and Limits of the Policy You should read the Master Policy Evidence of Cover which outlines the sums insured, and the coverage sections and tables of Insured Events contained within the Policy Wording attached to this PDS. Some of the significant Benefits of the Policy may include:

- Overseas Medical and Medical Evacuation Expenses
- Death and Capital Benefits
- Weekly Injury Benefit
- Weekly Sickness Benefit
- Baggage, Potable Electronic Equipment and Money
- Travel Disruption, Cancellation and Loss of Deposits
- Personal Liability Benefit
- Political Unrest and Natural Disaster Evacuation Expenses Benefit – Search and Rescue Expenses

In addition to the above main Benefits, this Policy also entitles You to a number of additional Benefits, which are described in more detail in the Policy Wording.

Not Everything is Covered

Not everything is covered by the Policy. Some examples of the circumstances in which no Benefits are payable at all include where loss results from self-inflicted Injury, illegal acts, the use of alcohol or drugs, War or Civil War, an Insured Person piloting an aircraft, participating in or training for a professional sport, nuclear activity, AIDS or HIV and an Insured Person's refusal to follow Our or the Emergency Assistance Provider's instructions.

There are also limitations on some Benefits. It is important that You read the Policy Wording together with the Evidence of Cover so that You understand the extent of the cover and its limitations. You should specifically read the General Conditions and Limitation and General Exclusions in the Policy Wording to make sure the cover We provide matches Your expectations.

The Cost of the Insurance Policy and Paying Your Premium

We shall provide the cover under the Policy, subject to its terms and conditions, for the Period of Insurance.

The cover under the Policy commences upon the payment of the Premium unless otherwise agreed in writing by Us. The cost of Your Policy is the total premium including taxes and charges due as detailed on the Evidence of Insurance Cover. It is calculated prior to the commencement of the Period of Insurance based on the information that has been supplied and dependent on the number of days travelling and Our assessment of the risk. The cost of insurance is shown on the Evidence of Insurance Cover and includes taxes and statutory charges (such as stamp duty and GST).

The premium is calculated based on Your specific risk profile which may include:

- a. the sums insured;
- b. Your medical history, age and claims history;
- c. the activities undertaken by You during the Scope of Cover;
- d. any restrictions or extensions to the Policy cover; and
- e. previous insurance history.

Non- Payment of Premium

You must pay Your premium within the agreed credit terms otherwise Your Policy may not be in force. If You do not pay Your premium on time by the due date or Your payment is dishonoured the Policy will not come into force and We may in accordance with Our rights at law, including the Insurance Contracts Act 1984 (Cth):

- a. cancel the Policy; and
- b. decline any claim under the Policy.

How to Apply for this Travel Insurance

To apply for this insurance you have selected not to opt out from the email sent to you.

Your Duty to Take Reasonable Care Not to Make a Misrepresentation

Your application for insurance cover will be treated as if You are applying for a 'consumer insurance contract'. Before the contract of insurance is entered into, You have a legal duty to take reasonable care not to make a misrepresentation to the Insurer under the Insurance Contracts Act 1984 (Cth). It is very important that You comply with Your duty, as this may impact on Your insurance cover.

A misrepresentation is an answer or statement that is not true, only partially true, or does not fairly reflect the truth. When You apply for insurance, We will ask You clear and specific questions that are relevant to Our decision to insure You. Your answers in response to Our questions are important as We use them to determine whether We can provide insurance cover to You, and if so, the terms of the policy and the premium We will charge. This means that when answering Our questions, You should respond fully, honestly and accurately.

The duty to take reasonable care not to make a misrepresentation applies anytime You answer Our questions as a part of an initial insurance application, when extending or making changes to an existing insurance, and reinstating any previous contract of insurance.

We may later investigate the answers You provide to Us, for example, when a claim is made.

Guidance For Answering Our Questions

Important: please ensure that You take care when providing Your answers in response to Our questions in relation to Your insurance application. You should respond fully, honestly and accurately. If You do not, it may affect Your insurance cover.

When answering Our questions, please

- Think carefully about Your responses. If You do not understand the question or require further explanation, please ask Us before responding;
- Make sure Your responses are truthful, accurate and complete answers to every question that We ask You;
- Provide Us with all relevant information in response to Our questions. If You are unsure what information to include, please include it or check with Us, Your broker or adviser;
- Do not assume that We will contact anyone else for the information We are asking You for;
- Review each answer You have provided on Your insurance application carefully and make any corrections (if necessary) before submitting it to Us. You are responsible for the answers that You provide Us, even if You have had help in preparing Your application, for example from Your broker, intermediary, advisor or someone else.

Before Your insurance cover starts, please tell Us of any changes that may be required to the answers You have given to Our questions. This may save time as any changes may require further investigation or assessment of the risk.

If, after Your insurance cover starts, You think You may not have complied with Your duty, please contact Us, Your broker or advisor immediately and We will let You know whether it has any impact on Your cover.

We may contact You after You have submitted Your application to clarify or collect any information that You may not have included. The information You provide may be recorded and used by Us in assessing Your application. Your duty to take reasonable care not to make a misrepresentation applies to all types of communication with Us, including written, electronic, online, when speaking with Us in person or on the telephone, or a mix of these.

If You Do Not Comply With Your Duty

If You do not take reasonable care not to make a misrepresentation, it may have serious consequences for Your insurance. If You have failed to comply with Your duty, We have certain rights, which may depend on what Your insurance offer may have been had You not made a misrepresentation, and whether or not the misrepresentation was fraudulent. We have different actions available to Us, for example, We may do one of the following:

- Avoid Your insurance cover. This means that Your insurance contract and cover will be treated as if it never existed;
- Change the amount of cover, for example the level of cover may be reduced;
- Change the terms of Your insurance contract, for example certain events may be excluded from being covered.
-

This may mean an insurance claim may not be paid, or the amount or benefit paid may be reduced, or premiums increased.

If We suspect that You may have breached Your duty to take reasonable care not to make a misrepresentation, before We exercise any of the actions available to Us, We will:

- Explain Our reasons why We believe You have breached Your duty; and
- Provide Us with an opportunity to respond and provide Us with further information.

If We decide to make changes to Your cover, We will notify You of Our decision and provide You with the review process and complaints procedure to follow if You disagree with Our decision.

If You Need Help

It is very important that You understand this information, the questions that We ask You and Your duty. If You are having difficulty for any reason, such as a disability, English language, or require further support such as a support person You trust, please contact Us so that We may tell You how We may assist in providing additional support.

If You have any questions, please contact Us, Your broker or advisor.

Group Insurance Policy

The Insured must ensure that a copy of this PDS is made available to each Insured Person

Your Cooling-Off Period

You have the right to return the Policy to Us within twenty-one (21) days from the date the insurance period commences ('the cooling-off period') unless a claim is made under the Policy within this period.

If you return the Policy during the cooling-off period, We will refund the full amount of the premium less any taxes or duties payable to you within fifteen (15) business days of receipt of Your request. If You purchased the policy through an insurance broker, ask Your broker what arrangements apply. The policy will be terminated from the date we are notified of a request to return it. To return the Policy, We must be notified in writing within the cooling-off period. This can be done by contacting Us using the contact details found at the back of this PDS, or by contacting Your insurance broker. You can cancel your Policy at any time after the cooling-off period. Please refer to 'Cancellation' under General Provisions on page 28.

How to Contact Us

Enquiries of a general nature should be addressed to

Precision Underwriting
Suite 1, 201 Central Coast Highway,
Erina NSW 2250
Email: paul@precisionunderwriting.com.au
Phone: 1300 486 467

CLAIMS: All enquiries specific to making a claim and or notice of an event which is likely to give rise to a claim, please refer to the section below, **How to Make a Claim.**

COMPLAINTS: Any complaint relating to this Policy, please contact Your broker contact in the first instance and refer to the section below, **How to Make a Complaint.**

How to Make a Claim

You or any Insured Person entitled to claim under this Policy must give Us or Our authorised agent written notice of any event which is likely to give rise to a claim, within thirty (30) days, or as soon as is reasonably practicable.

Please send the notice to:

Proclaim Management Solutions
Level 6, 249 Pitt Street ,
Sydney, NSW 2000 Australia
Email: ahclaims@proclaim.com.au
Telephone: +61 (02) 9287 1322

Once notified of Your claim, Proclaim Management Solutions will provide You with all the necessary claim forms. You must complete these forms in full and return to Proclaim along with all other information and documentation that is relevant to Your claim in order to ensure a quick and efficient claims assessment. These may include and are not limited to any invoices, medical certificates, Medical Practitioner reports, and employer reports. A failure to provide relevant information could delay processing of Your claim. Any payments under this Policy will be made in Australian Dollars (AUD) unless otherwise shown in the Evidence of Cover

Sport and Leisure Activities covered by this policy

- Snorkeling
- Surfing
- Jet Skiing
- Paragliding
- Jet Boating
- Horse Riding
- Scuba Diving if you are
- Part of an organized tour with an instructor
- Not diving beyond 30 metres

Privacy

Precision Underwriting is committed to protecting the privacy of the personal information You provide Us. Precision collects, uses and retains Your personal information in accordance with the National Privacy Principles. For full details on how We use Your information, please refer to our Privacy Notice available on Our website www.precisionunderwriting.com.au.

Why We Collect Your Personal Information

We need to collect the personal information on the applicable proposal form to consider Your application for insurance and to determine the Premium (if Your application is accepted) when You are applying for, changing or renewing an insurance Policy with Us. This information will also be used if You lodge a claim under Your Policy. We may also need to request additional information from You in connection with Your application or a claim. If You do not provide Us with this information, or any additional information We request, We may not be able to process Your application or offer You insurance cover or respond to any claim.

We may collect the following personal information:

- Your name, date of birth, address, other contact details, occupation, financial information such as Your bank account details, details of the items You want to insure (including the location of those items where this applies) or the cover You want to take out, details of any other people You are including on the proposal or Policy, and details of insurance claims You have made.

We may also collect the following sensitive personal information about You and any other people You are including on the proposal or Policy. We will obtain consent before collecting sensitive personal information unless We are required or permitted by law to collect it without consent.

- Medical details, details of any criminal convictions and details of any insurance claims made (including details of personal injuries or medical conditions)

How We Obtain and Disclose Your Personal Information

We may receive personal information from, or disclose personal information to, the following parties:

- (a) Our relevant employees and related entities involved in delivering Our services;
- (b) If Your insurance broker collects this form from You, to that broker;
- (c) Facilitators such as legal firms, professional experts such as accountants, actuaries, engineers and technology experts;
- (d) Our appointed third-party administrators (TPAs) for claims assessment and administration services;
- (e) Our service providers based within Australia or overseas, such as the United Kingdom, who assist Us in delivering Our services;
- (f) Insurance companies with whom We transact business; (
- g) The Lloyd's Syndicates We represent (which are located in the United Kingdom);
- (h) Insurance reference bureau, credit reference bureau or dispute resolution organisations;
- (i) Reinsurers or reinsurance brokers (which may include reinsurers located outside of Australia).

Where We do disclose the information as above the recipient may hold the information in accordance with its own privacy statement/policies. Those may include, by way of example, disclosing the information to and storage of that information by its associated entities which may be located overseas. We may also be required to provide Your personal information to others for purposes of public safety and law enforcement and if required by law or by a law enforcement body to do so.

Access to and Correction of Your Personal Information

You may request access to Your personal information and where necessary, correct any errors in this information (some restrictions and costs may apply). If You would like to access a copy of Your personal information or You wish to correct or update Your personal information, please contact Us by email at info@precisionunderwriting.com.au or call Us on 1300 486 467.

Your Decision to Provide Your Personal Information

By completing and returning a proposal form or providing Us with any additional information in connection with Your application, You agree to us using and disclosing Your information as set out above. This consent to the use and disclosure of Your personal information remains valid unless You alter or revoke it by giving Us written notice.

When You give Us personal information about other individuals, we rely on You to have made or make the individual aware that You will or may provide their personal information to us and the types of other parties and service providers We may provide it to, the relevant purposes We and the other parties and service providers will use it for, and how they can access it. If You have not done or will not do either of these things, You must tell us before You provide the relevant personal information to Us.

If You have any concerns about how We are collecting and processing Your personal information, You may raise a complaint by email at paul@precisionunderwriting.com.au

How to Make a Complaint

Lloyd's aim is to provide the highest service to its Australian policyholders and, to this end, has developed the following procedures for the fair handling of complaints from Lloyd's policyholders including Insured's under this Policy. There are

established procedures for dealing with complaints and disputes regarding Your insurance or claim.

Step 1

If You have any concerns or wish to make a complaint in relation to this policy, Our services or Your insurance claim, please let Us know and We will attempt to resolve Your concerns in accordance with Our Internal Dispute Resolution procedure. Please contact Us in the first instance:

Paul Douglas - Complaints Officer Precision Underwriting
Suite 1, 201 Central Coast Highway
Erina NSW 2250
Email: paul@precisionunderwriting.com.au
Phone: 1300 486 467

We will acknowledge receipt of Your complaint within one (1) business day via phone or email and do Our utmost to resolve the complaint to Your satisfaction within ten (10) business days.

Step 2

If We cannot resolve Your complaint to Your satisfaction, We will escalate Your matter to Lloyd's Australia who will review Your complaint within ten (10) business days. You will be kept informed of the review of Your complaint every ten (10) business days.

Lloyd's contact details are:

Lloyd's Australia Limited
PO Box R1745
Royal Exchange NSW 1225
Level 32, 225 George St
Sydney, NSW 2000
Telephone: +61 (02) 8298 0783
Email: ldraustralia@lloyds.com

A final decision will be provided to You within thirty (30) calendar days of the date on which You first made the complaint unless certain exceptions apply.

Step 3

You may refer your complaint to the Australian Financial Complaints Authority (AFCA), if Your complaint is not resolved to Your satisfaction within 30 calendar days of the date on which You first made the complaint or at any time.

AFCA can be contacted as follows:

Telephone: 1800 931 678
Email: info@afca.org.au
Post: GPO Box 3
MELBOURNE VIC 3001
Website: www.afca.org.au

AFCA is an independent body that operates nationally in Australia and aims to resolve disputes between You and Your insurer. AFCA provides fair and independent financial services complaint resolution that is free of charge to consumers. Determinations made by AFCA are binding upon Us.

Your complaint must be referred to AFCA within two (2) years of the final decision, unless AFCA considers special circumstances apply. If Your complaint is not eligible for consideration by AFCA, You may be referred to the Financial Ombudsman Service (UK) or You may seek independent legal advice. You can also access any other external dispute resolution or other options that may be available to You.

The Underwriters accepting this insurance agree that:

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

Lloyd's Underwriters' General Representative in Australia
Level 32, 225 George St
Sydney, NSW 2000

Telephone: +61 (02) 8298 0783

Email: idraustralia@lloyds.com

who has authority to accept service on the Underwriters' behalf

- if a suit is instituted against any of the Underwriters, all Underwriters participating in this Insurance will abide by the final decision of such Court or any competent Appellate Court.

Intermediary Remuneration

We pay remuneration to insurance intermediaries when We issue, renew or vary a Policy the intermediary has arranged or referred to Us. The type and amount of remuneration varies and may include commission and other payments. Information about the remuneration that We may pay insurance intermediaries may be obtained by requesting it from the intermediary or Your insurance broker.

Preparation Date

This Product Disclosure Statement was prepared on 1st September 2025

Updating the PDS

Information in this PDS may need to be updated from time to time. A copy of any updated information can be obtained without charge by calling Us on the contact details provided in this document. If the update is to correct a statement or an omission, that is materially adverse from the point of view of a reasonable person deciding whether to acquire this Policy, We will provide You with a new PDS or a Supplementary PDS.

General Definitions

For the purpose of the Policy, the following important definitions apply when used in this document. Any word or expression to which a specific meaning has been given in any part of this document shall bear this meaning wherever it may begin with a capital letter:

Accident

means a sudden, violent, external and identifiable event that occurs during the Period of Insurance and which results solely, directly and independently of any other cause in an Injury that is unforeseen by the Insured Person.

Accidental Death

means the death of an Insured Person as a result of an Accident.

Civil War

means a state of armed opposition, whether declared or not, between two or more parties belonging to the same country where the opposing parties are of different ethnic, religious or ideological groups, including armed rebellion, revolution, sedition, insurrection, civil unrest, coup d'état and the consequences of martial law.

Close Relative

means the Insured Person's Spouse or Partner, parent, parent-in-law, grandparent, stepparent, child, step-child, grandchild, brother, brother-in-law, sister, sister-in-law, daughter-in-law, son-in-law, fiancé(e), half-brother, half-sister, aunt, uncle, niece or nephew, provided such relatives reside in the person's Country of Residence and is at the relevant time not more than ninety (90) years of age.

Country of Residence

Means the country of which the person is a citizen or permanent resident (i.e. the holder of a multiple entry visa or permit which gives the person resident rights in such country);

Doctor

means a person legally qualified and registered to practice medicine in Australia and who is a person other than the Insured Person, their relatives, business partners, shareholders or employees. Chiropractors, physiotherapists and alternative therapy providers are not regarded as a Doctor.

Events(s)

means the Event(s) described in the relevant Table of Events in this Policy Wording

Evidence of Cover

means the Policy Schedule attaching to and forming part of the Policy or any subsequently substituted Policy Schedule.

Excess

means the first amount of each and every claim that is payable by the Insured Person as stated on the Evidence of Cover.

Injury

means a bodily injury resulting from an Accident which occurs during the Period of Insurance and is not a Sickness and which;

- (a) results in any of the Events set out in the Table of Events shown under Parts A, B, and/or D within twelve (12) months of the Accident; and
- (b) results solely and directly from an Accident to the Insured Person but excludes
 - i. any consequence of an Injury which are ordinarily described as being a Sickness, illness or disease, including but not limited to any congenital condition, heart condition, stroke or any form of cancer

ii. an aggravation of a Pre Existing Injury ; and

iii. any degenerative condition

Insured

means the Insured specified on the Evidence of Cover as the Insured.

Insured Person

means the such person as described on the Evidence of Cover , who are nominated by the Insured for insurance under this Policy and with respect to whom Premium has been paid or agreed to be paid.

Journey

means the Journey described on the Evidence of Cover ;

Period of Insurance

means the period stated on the Evidence of the Cover or such shorter time if the Policy is terminated.

Policy

means this Policy Wording, the Evidence of Cover and any other documents such as endorsements that We may issue and advise will form part of the Policy.

Policy Wording

means this document.

Pre-existing Medical Condition

means any illness, disease, syndrome, disability or other condition, including any symptoms which;

- (a) the Insured Person is aware or a reasonable person in the circumstance would be expected to have been aware; or
- (b) which the Insured Person has sought or received medical attention, undergone tests or taken prescribed medication;
- (c) which an Insured Person has been treated or suffered prior to the Insured Person's Effective Date of Cover irrespective of whether or not the Insured Person has recovered.

in the twelve (12) months prior to them being covered under this Policy.

If the Insured has a Pre-Existing Condition of any form of cancer, there is no cover for cancer or cancer-related conditions.

Premium

means the Premium as shown on the Evidence of Cover that is payable by the Insured in respect of this Policy.

Salary

means the average weekly pre-tax income derived from personal exertion during the period of twelve (12) months immediately preceding the date of Temporary Total Disablement or Temporary Partial Disablement or during such shorter period as the Insured Person has been employed (or self-employed) in their occupation at the time the disability occurred; subject to:

- (a) in the case of an Employee remunerated by wages or salary, income includes any allowances that are payable to the Employee as part of the Employee's remuneration, whether in addition to the Employee's wage or salary or not, but does not include any bonuses, commissions, overtime payments or other allowances before any salary sacrifice deductions.

- (b) in the case of a self-employed person, income is net of business costs and expenses incurred in deriving that income.

Serious Injury or Serious Sickness

means when applied to;

- a) an Insured Person, a condition other than pregnancy for which an Insured Person has not received regular treatment or advice prior to the commencement of a Journey, that causes Temporary Total Disablement (as defined in Section 1 of this Policy) and is certified as totally disabling by the attending Doctor.
- b) an Insured Person's Close Relative, business associate or travelling companion, a condition other than pregnancy for which the person has not received regular treatment or advice prior to the commencement of a Journey, which is certified as being dangerous to life by a Doctor and which results in the Insured Person's curtailment or cancellation of their Journey.

Sickness

means any illness, disease or syndrome suffered by the Insured Person, which is not a Pre-Existing Medical Condition, and which manifests itself during the Period of Insurance and which results in Temporary Total

Disablement or Temporary Partial Disablement within twelve (12) months after manifesting itself.

Sports and Leisure Activities

means the following activities are covered

- Snorkeling
- Surfing
- Jet Skiing
- Paragliding
- Jet Boating
- Horse Riding
- Scuba Diving if you are a) Part of an organized tour with an instructor or b) Not diving beyond 30 metres.

Terrorism

means any act, including, but not limited to, the use of force or violence, committed by any persons acting on behalf of or in connection with any organisation, creating serious violence against a person or serious damage to property or a serious risk to the health or safety of the public, undertaken to influence a government or civilian populace for the purpose of advancing a political, religious or ideological cause.

Underwriter(s)

means certain Underwriters at Lloyd's, led by Canopus Managing Agents Ltd. Syndicate 4444

Unnecessary Danger

means to deliberately or intentionally put yourself in danger (unless you're trying to save a human life), or engaging in activities that you knew were risky. It does not refer to the Sport & Leisure activities listed

Waiting Period

means the period specified on the Evidence of Cover during which no Benefits are payable by Us in relation to Section 1 - Part B or Part C (Weekly Benefits).

War

means a state of armed conflict, whether declared or not, between different nations, states, or armed groups using military force to achieve economic, geographic, nationalistic, political, racial, religious or other ends.

We/Our/Us

Means the Underwriters.

You/Your

means the Insured.

Section 1 – Overseas Medical and Medical Evacuation Expenses

Continuous Bed Confinement

If, during the Period of Insurance, and whilst on a Journey, an Insured Person suffer an Injury or Sickness and as a direct result of that Injury or Sickness is Confined to Bed, We will pay the daily amount shown on the Evidence of Cover against Section 1 – Continuous Bed Confinement.

Overseas Medical and Medical Evacuation Expenses

If, during the Period of Insurance, and whilst on a Journey, an Insured Person suffer an Injury or Sickness, We will pay for Medical and Other Expenses and Medical Evacuation Expenses, for a period of up to twenty-four (24) months from the date of the Injury or manifestation of the Sickness, up to the amount shown on the Evidence of Cover against Section 1 – Overseas Medical and Medical Evacuation Expenses.

Definitions applying to Section 1

CONFINED TO BED means that an Insured Person is confined to bed for more than two (2) consecutive days and requires the full-time care of a registered nurse. The requirement for the full time care of a registered nurse must be confirmed in writing by a Doctor.

MEDICAL AND OTHER EXPENSES means;

1. all reasonable medical costs necessarily incurred outside of the Insured Person's Country of Residence for hospital, surgical or other diagnostic or remedial treatment given or prescribed by a Doctor;
2. ongoing medical expenses (subject to General Exclusion 7) incurred after the Insured Person's return to their Country of Residence, for a period of up to twenty-four (24) months. Ongoing medical expenses are only payable if medical expenses relating to the Injury or Sickness are first incurred outside of the Insured Person's Country of Residence;
3. expenses incurred outside of Australia to repair, replace or adjust dentures up to a maximum amount of \$2,500, provided that the incurred expenses are as a direct result of Injury to the Insured Person;
4. all reasonable expenses necessarily incurred outside of the Insured Person's Country of Residence for emergency dental treatment given by a dentist to restore or replace sound or natural teeth lost or damaged as a result of Injury, or to resolve the acute, spontaneous and unexpected onset of pain.

MEDICAL EVACUATION EXPENSES means;

1. expenses relating to the evacuation of the Insured Person, including necessary expenses incurred for qualified medical staff to accompany the Insured Person;
2. reasonable travel and accommodation expenses for two (2) Close Relatives or Accompanying travel companions of the Insured Person who are required to travel to or remain with the Insured Person; and
3. expenses related to the repatriation of the Insured Person to the most suitable medical facility or the Insured Person's Country of Residence;

provided always that the Medical Evacuation Expenses are recommended by a Doctor and are considered necessary and are arranged by Us and/or Healix. The Healix services may be found in accordance with the following Section 2.

Conditions applying to Section 1

1. Healix must be promptly advised of any potential claim under this Section.
2. All decisions as to the means of evacuation transport and/or the destination of repatriation will be made by Healix and will be based solely on medical necessity.
3. The Insured and/or the Insured Person and/or anyone undertaking arrangements on the Insured or Insured Person's behalf must not attempt to resolve any issues encountered without first contacting Us/ Healix or it may prejudice reimbursement of any expenses paid.
4. In the event that an Insured Person is repatriated to their Country of Residence, the Insured Person's return air ticket will be used towards Our costs.

Exclusions applying to Section 1

In addition to the General Exclusions applying to all sections of this Policy, We will not be liable to pay loss, cost or expense;

1. incurred directly or indirectly from a Journey;
 - a) undertaken against the advice of a Doctor;
 - b) undertaken when the Insured Person is unfit to travel;
 - c) where the purpose of the Journey is for the Insured Person to seek medical attention;
 - d) taken after a Doctor informs an Insured Person that they are terminally ill;
2. incurred directly or indirectly from routine medical, optical or dental treatment or consultation;
3. for professional services rendered in Australia where benefits are payable in accordance with the Private Health Insurance Act 2007;
4. recoverable by the Insured and/or the Insured Person from any other source (with the exception of other insurance);
5. incurred directly or indirectly as a result of any medication or ongoing treatment for a condition the Insured Person had prior to the commencement of a Journey, notwithstanding that the Insured Person was advised to continue such medication during the Journey;
6. which results from or is a complication of infection with Human Immunodeficiency Virus (HIV) or any variance including Acquired Immune Deficiency Syndrome (AIDS) and AIDS Related Complex (ARC);
7. incurred directly or indirectly from the taking of any poisonous substance or whilst under the influence of legally intoxicating liquor and/or drugs (unless taken or administered on medical advice);
or
8. incurred twenty-four (24) months or more after the date the Insured Person suffers an Injury or Sickness.
9. Incurred after the Insured and/or the Insured Person, or any of the Insured and/or Insured Person's representatives refuse to follow the instruction and directions of Us and/or Healix.

Section 2 – Healix Services

If, during the Period of Insurance, and whilst on a Journey, an Insured Person requires assistance in the event of a medical or other emergency, the Insured Person has access to Healix.

Healix is an emergency assistance service that is available free of charge to an Insured Person 24 hours a day, 7 days a week and is accessible from anywhere in the world by calling +61 2 5135 6488 (by reverse charge if required) or by email precision@healix.com With Insurer's approval, Healix can provide assistance to an Insured Person with services including;

1. access to Doctors for emergency assistance and advice;
2. arranging emergency medical evacuation as a direct result of an Injury or Sickness of an Insured Person, including Accompanying medical escort as deemed necessary;
3. arranging for an Accompanying person to travel with and/or remain with an Insured Person who has suffered an Injury or Sickness;
4. the remittance of any payment guarantees and insurance verification to hospitals;
5. repatriation of an Insured Person to a more suitable medical facility or back to their Country of Residence after suffering an Injury or Sickness; and
6. medical monitoring.
7. In accepting the services of Healix the Insured and the Insured Person acknowledge that the Insured Person's attending physician has the ultimate responsibility for the care and treatment of the Insured Person. Healix can only provide such assistance as the Insured Person's attending physician believes to be in the Insured Persons' interest.

Section 3 – Personal Accident & Sickness

Personal Accident

If, during the Period of Insurance, and whilst on a Journey, an Insured Person suffers an Accident which directly results in an Injury We will pay to the Insured Person or the Insured Person's next of kin, the benefit amount in accordance with the Table of Events shown under Parts A, B, and/or D, below. However, the Event arising from an Accident, must occur within twelve (12) months of the Accident giving rise to the Injury.

Sickness

If during the Period of Insurance, and whilst on a Journey, an Insured Person suffers a Sickness, We will pay the corresponding amounts shown in the Table of Events under Part C ;

Definitions applying to Section 3

EVENT(S) means the Event(s) described in the relevant Table of Events set out in Section 3 of the Policy.

FINGERS, THUMBS OR TOES means the digits of a Hand or Foot.

FOOT means the entire foot below the ankle.

HAND means the entire hand below the wrist.

LOSS means in connection with:

- a) a Limb, Permanent physical severance or Permanent total loss of the use of the Limb;
- b) an eye, total and Permanent loss of all sight in the eye;
- c) hearing, total and Permanent loss of hearing;

and which in each case is caused by an Injury.

LIMB(S) means the entire limb between the shoulder and wrist or between the hip and ankle.

PARAPLEGIA means the Permanent loss of use of both legs and the Permanent loss of use of the whole of or part of the lower half of the body.

PERMANENT means having lasted twelve (12) consecutive months and at the expiry of that time being in the opinion of a Doctor beyond hope of improvement.

PERMANENT TOTAL DISABLEMENT means total disablement which is Permanent and is as a result of an Accident and which entirely prevents the Insured Person forever from engaging in any business, profession, occupation or employment for which they are reasonably qualified by way of training, education or experience and which lasts twelve (12) consecutive months and at the end of that period is beyond hope of improvement.

QUADRIPLEGIA means total and Permanent paralysis of both arms and both legs.

SEEK EMPLOYMENT means the Insured Person being registered with the government agency or department in their Country of Residence which is responsible for providing employment services and/or a recruitment agency

TEMPORARY PARTIAL DISABLEMENT means that in the opinion of a Doctor, the Insured Person is temporarily unable to engage in a substantial part of their usual occupation, and while under the care of and acting in accordance with the instructions and/or advice of a Doctor.

TEMPORARY TOTAL DISABLEMENT means that in the opinion of a Doctor, the Insured Person is temporarily unable to engage in their usual occupation, and while under the care of and acting in accordance with the instructions and/or advice of a Doctor.

TOOTH/TEETH means a sound and natural permanent tooth but does not include first or milk teeth, dentures or implants.

WAITING PERIOD means the period specified on the Evidence of Cover during which no Benefits are payable by Us in relation to Section 3 Part B or Part C (Weekly Benefits).

Part A – Lump Sum Benefits

Cover for an Event under this Part applies only if an amount for that Event is shown on the Evidence of Cover against Section 3, Part A – Lump Sum Benefits.

Table of Events

Events The following Event(s) must occur within twelve (12) months of the date of the Accident	Benefit Amount Being a percentage of the amount shown on the Evidence of Cover under Part A – Lump Sum Benefits
1. Accidental Death	100%
2. Permanent Total Disablement	100%
3. Paraplegia or Quadriplegia	100%
4. Permanent and incurable paralysis of all Limbs	100%
5. Loss of sight of one (1) or both eyes	100%
6. Loss of use of one (1) or more Limbs	100%
7. Permanent and incurable insanity	100%
8. Loss of use of lens of: a) both eyes b) one (1) eye	100% 60%
9. Loss of hearing of: a) both ears b) one (1) ear	80% 30%
10. Burns: a) third degree burns and/or resultant disfigurement which covers more than thirty (30) percent of the entire external body b) second degree burns and/ or resultant disfigurement which covers more than thirty (30) percent of the entire external body	60% 30%

11. Permanent total loss of use of four (4) Fingers and Thumb of either Hand	80%
12. Permanent total loss of use of four (4) Fingers of either Hand	50%
13. Permanent total loss of use of the Thumb of either Hand; a) both joints b) one (1) joint	40% 20%
14. Permanent total loss of use of Fingers of either Hand a) three (3) joints b) two (2) joints c) one (1) joint	20% 15% 10%
15. Permanent total loss of use of Toes of either Foot; a) All – one Foot b) great – both joints c) great – one joint d) other than great Toe – each Toe	15% 5% 3% 1%
16. Fractured leg or patella with established non-union	10%
17. Loss of at least fifty (50) percent of all Teeth	1% per Tooth (up to a maximum of \$10,000 in total)
18. Shortening of leg by at least five (5) centimetres	10%
19. Permanent partial disablement not otherwise provided for under Events 8 – 18	Such percentage of the lump sum amount as We in Our absolute discretion shall determine and being in Our opinion not inconsistent with the benefits provided under Events 8 to 18.

Part B – Weekly Benefits – Injury

Cover for an Event under this Part applies only if an amount for that Event is shown on the Evidence of Cover Schedule against Section 3, Part B – Weekly Benefits – Injury.

Events
<p>20. Temporary Total Disablement</p> <p>From the date Temporary Total Disablement as a result of Injury commences and whilst the Temporary Total Disablement persists and after the Waiting Period, We will pay up to the amount on the Evidence of Cover against Section 1, Part B – Weekly Benefits – Injury, but not exceeding the Salary of the Insured Person.</p>
<p>21. Temporary Partial Disablement</p> <p>From the date Temporary Partial Disablement as a result of Injury commences and whilst the Temporary Partial Disablement persists and after the Waiting Period, We will pay up to the amount on the Evidence of Cover against Section 1, Part B – Weekly Benefits – Injury, less any amount of current earnings as a result of working in a reduced capacity with the Insured, provided the combined amount does not exceed the percentage of Salary shown on the Evidence of Cover.</p> <p>Should the Insured Person be able to return to work in a reduced capacity but elect not to do then the benefit payable will be thirty percent (30%) of the amount payable for Event 20.</p>

Part C – Weekly Benefits – Sickness

Cover for an Event under this Part applies only if an amount for that Event is shown on the Evidence of Cover against Part C

Events
22. Temporary Total Disablement From the date Temporary Total Disablement as a result of Sickness commences and whilst the Temporary Total Disablement persists and after the Waiting Period, We will pay up to the amount on the Evidence of Cover against Section 1, Part C – Weekly Benefits – Sickness, but not exceeding the Salary of the Insured Person.
23. Temporary Partial Disablement From the date Temporary Partial Disablement as a result of Sickness commences and whilst the Temporary Partial Disablement persists and after the Waiting Period, We will pay up to the amount on the Evidence of Cover against Section 1, Part C – Weekly Benefits – Sickness, less any amount of current earnings as a result of working in a reduced capacity with the Insured, provided the combined amount does not exceed the percentage of Salary shown on the Evidence of Cover. Should the Insured Person be able to return to work in a reduced capacity but elect not to do so then the benefit payable will be thirty percent (30%) of the amount payable for Event 22.

Part D – Injury Resulting in Loss or Damage to Teeth

Cover for an Event under this Part applies only if an amount for that Event is shown on the Evidence of Cover against Section 3, Part D – Injury Resulting in Loss or Damage to Teeth.

Events	Benefit Amount
The following Event(s) must occur within twelve (12) months of the date of the Accident	Being a percentage of the amount shown on the Evidence of Cover under Part D – Injury Resulting in Loss or Damage to Teeth.
24. Loss of or full capping of Teeth	100% (maximum \$500 per Tooth)
25. Chipped or broken Teeth requiring partial capping	50% (maximum \$250 per Tooth)

Conditions Applying to Section 3

1. If an Insured Person suffers an Injury resulting in any one of Events 2 to 8a, no further benefits will be payable under Section 3 – Part A – Lump Sum Benefits for any subsequent Injury to that Insured Person.
2. Benefits shall not be payable for more than one of the Events 1 to 19 in respect of the same Injury in which case the highest benefit will be paid.
3. Weekly Benefits shall not be payable:
 - a) in excess of the maximum benefit period, as specified on the Evidence of Cover, in respect to any one (1) Injury or Sickness;
 - b) for the Waiting Period;
 - c) beyond the date of the Insured Person's death;
 - d) once the Insured Person is deemed fit to return to work by a Doctor;
 - e) for more than one (1) of Events 20 and/or 21 or Events 22 and/or 23 that occur during the same period of time;
 - f) if the Insured Person fails to provide Us with all requested information and other evidence reasonably required to assess their claim; or

- g) during any period where the Insured Person fails to follow the advice of or undertake the recommended treatment by a Doctor for the current disability. Advice or treatment includes seeking specialist advice or undergoing rehabilitation such as, but not limited to, obesity, drug addiction or alcoholism treatment plans where the condition is related to or exacerbating the current disability.
4. Any benefit payable shall be suspended during a period of imprisonment whether served in a state run detention centre or alternate facility including home detention.
 5. We may require at any time during a period of disablement that the Insured Person be examined by an independent medical officer of Our choosing. The costs associated with the examination will be met by Us, however, if the Insured Person fails to attend the examination for any reason then they will be required to pay any costs incurred. Failure to attend the independent medical examination may result in suspension or cessation of benefits.
 6. If an Insured Person suffers a recurrence of Temporary Total or Temporary Partial Disablement from the same or related cause or causes within six (6) months, the subsequent period of disablement will be deemed a continuation of the prior disablement. A new Waiting Period will not apply, and the total benefit period shall not exceed the maximum benefit period, as specified on the Evidence of Cover, inclusive of the benefit already received. If the Insured Person has worked on a full-time unrestricted basis for at least six (6) consecutive months the subsequent period of disablement shall be deemed to have resulted from a new Injury or Sickness. A new Waiting Period and a new maximum benefit period as specified on the Evidence of Cover shall apply. Where an Injury requires surgical treatment which cannot be performed within the twelve (12) months from the date of the Accident, provided the Insured Person can demonstrate that such treatment was known as necessary during the twelve (12) month period from the date of Accident and a Doctor certifies this, We will treat this as a continuation of the first Injury regardless of whether the Insured Person has been able to return to work for six (6) months, provided surgery does not occur in a period in excess of twenty four (24) months from the original date of the Accident.
 7. If an Insured Person returns to work for more than five (5) days during the Waiting Period and suffers a reoccurrence of the Injury or Sickness which led to the initial Temporary Total Disablement, then the Waiting Period shall recommence from the day that the Insured Person suffers Temporary Total Disablement after returning to work.
 8. Sick leave, annual leave or other employer sponsored benefits are not required to be exhausted prior to the Insured Person making a claim under this Policy.
 9. Weekly Benefits shall be payable monthly in arrears. Compensation for a period of less than one week will be paid at the rate of one-seventh (1/7th) of the weekly benefit for each day during which the disability continues.
 10. All benefits payable under Section 3 shall payable to the Insured Person.
 11. Where an Insured Person is exposed to the elements as a result of an Accident and suffers from any of the Events stated in the Table of Events as a direct result of that exposure within twelve (12) months of the Accident, the Insured Person will be deemed for the purposes of this Policy to have suffered an Injury on the date of the Accident.
 12. Should a benefit be payable under this Section of the Policy that is also payable under any other Policy issued by Us, the benefit will only be payable under one (1) Policy, which shall be the Policy with the highest benefit amount.
 13. The amount of any benefit payable for Temporary Total Disablement and Temporary Partial Disablement will be reduced by the amount of any periodic compensation benefits payable under any workers' compensation or accident compensation scheme and the amount of any sick pay received or any disability entitlement so that the total amount of any such benefit or entitlement and benefits payable under the Policy shall not exceed the percentage of Salary of the Insured Person shown on the Evidence of Cover and/or the Salary of the Insured Person.

Exclusions applying to Section 3

In addition to the General Exclusions applying to all Sections of this Policy, We will not be liable to pay loss, cost or expense arising or attributed to;

1. any claim for Events 20 and/or 21 or Events 22 and/or 23 which are in any way attributed to childbirth or pregnancy with the exception of any unexpected and unforeseen medical complications or emergencies arising therefrom;
2. a Journey undertaken against the advice of a Doctor or when the Insured Person is unfit to travel or if the purpose of the Journey is to enable the Insured Person to seek medical treatment for a pre-existing condition; or
3. any claim which results from or is a complication of infection with Human Immunodeficiency Virus (HIV) or any variance including Acquired Immune Deficiency Syndrome (AIDS) and AIDS Related Complex (ARC).

Section 4 – Baggage, Portable Electronic Equipment & Money

Deprivation of Personal Baggage

If, during the Period of Insurance, and whilst on a Journey, an Insured Person's accompanying Personal Baggage is delayed, misdirected or temporarily misplaced by any transport carrier for more than eight (8) consecutive hours, We will pay reasonable expenses incurred by an Insured Person up to the amount of \$1,000 against Section 4 – Deprivation of Personal Baggage, for the emergency replacement of essential clothing and toiletries.

Personal Baggage

If, during the Period of Insurance, and whilst on a Journey, an Insured Person incurs loss of, damage to or theft of their accompanying Personal Baggage, We will pay in respect of such loss or damage up to the maximum amount of \$2,500 against Section 4 – Personal Baggage.

Personal Money & Travel Documents

If, during the Period of Insurance, and whilst on a Journey, an Insured Person incurs loss of, damage to or theft of their accompanying Personal Money and/or Travel Documents, We will pay in respect of such loss or damage up to the maximum amount of \$1,000 under Section 4 – Personal Money & Travel Documents.

Portable Electronic Equipment

If, during the Period of Insurance, and whilst on a Journey, an Insured Person incurs loss of, damage to or theft of their accompanying Portable Electronic Equipment, We will pay in respect of such loss or damage up to the maximum amount of \$2,000 under Section 4 – Portable Electronic Equipment.

Definitions applying to Section 4

PERSONAL BAGGAGE means personal property of the Insured Person or for which an Insured Person is legally responsible for, taken on or acquired during a Journey.

PERSONAL MONEY means the Insured Person's personal cash, credit cards, bank cards, bank or currency notes, cheques, travellers cheques, postal or money order or other negotiable instruments.

PORTABLE ELECTRONIC EQUIPMENT means any personal computers (including laptops, notebooks and tablets), mobile phones, cameras, personal music players or recording devices, and other items of a similar nature as deemed by Us to be electronic, for which an Insured Person is legally responsible for, taken on or acquired during a Journey.

TRAVEL DOCUMENTS means the Insured Person's passports, travel tickets, visas, entry permits and/or other similar documents in the possession or control of the Insured Person.

Conditions applying to Section 4

1. The Insured Person must take all reasonable precautions for the supervision and safety of any Personal Baggage, Personal Money, Portable Electronic Equipment and Travel Documents.
2. The Insured Person must report all loss or damage attributed to theft, vandalism, or loss or damage caused by a carrier to the appropriate authorities and obtain a written acknowledgement of the report. within 30 days.
3. The Insured Person must report all loss of credit cards, personal cheques, traveller's cheques or travel documents to the issuing authority as soon as possible, and effect appropriate cancellation measures.
4. The maximum amount We will indemnify the Insured Person in respect of loss arising from the unauthorised or fraudulent use of money and travel documents is five thousand dollars (\$5,000).

5. All claims must be supported by written confirmation from the transport carrier responsible for the Deprivation of Personal Luggage or Loss of Personal Luggage.
6. All claims for the purchase of emergency replacement of clothing and toiletries under Deprivation of Personal Baggage must be supported by receipts for the replacement items.
7. In respect of Personal Money held for the purpose of a Journey, cover will commence at the time of collection from a financial institution or seventy-two (72) hours prior to the commencement of a Journey, whichever is the later, and will continue for seventy- two (72) hours after termination of the Journey or until it is deposited at a financial institution, whichever occurs first.
8. The maximum amount We will pay for any one item, set or pair of items is fifty percent (50%) of the amount shown on the Evidence of Cover against Section 4 – Baggage, Portable Electronic Equipment & Money,

Exclusions applying to Section 4

In addition to the General Exclusions applying to all sections of this Policy, We will not be liable to pay loss, cost or expense arising from or attributable to:

1. The first amount shown as the Excess in the Evidence of Cover
2. loss or damage arising from confiscation or destruction by customs or any other lawful authority;
3. loss or damage arising from electrical or mechanical breakdown or derangement of any item;
4. scratching or breaking of fragile or brittle articles, if as a result of the negligence of the Insured Person;
5. damage or loss arising from wear and tear, deterioration, atmospheric or climatic conditions, mould or fungus, insects, rodents, vermin, or any process of cleaning, ironing, pressing, repairing, restoring or alteration;
6. theft or attempted theft which occurs while Portable Electronic Equipment is unattended other than when securely locked inside a building or securely locked out of sight inside a motor vehicle (unless in circumstances where the Insured Person has no option other than to leave the Portable Electronic Equipment unattended due to an emergency medical, security or evacuation situation);
7. loss or damage which occurs whilst Portable Electronic Equipment is carried in or on any aircraft, aerial device, bus, waterborne vessel or craft, unless accompanied by an Insured Person as personal cabin luggage. This exclusion will not apply in circumstances where the the Insured Person is prohibited from carrying the Portable Electronic Equipment as personal cabin luggage. Where the Insured Person is so prohibited, the Portable Electronic Equipment must be securely locked away within the Insured Person's checked in luggage;
8. contractual obligations in relation to a mobile phone or tablet computer;
9. amounts recoverable by the Insured Person from any other source (with the exception of other insurance);
10. Personal Baggage, Personal Money, Travel Documents and Portable Electronic Equipment shipped under any freight agreement, or items sent by postal or courier services;
11. loss due to depreciation or devaluation of currency;
12. Loss of or damage to hired clothing and hired equipment of any kind;
13. Financial loss due to exchange rates or through errors or omissions in transactions or purchases.

Section 5 – Travel Disruption

Cancellation & Curtailment

If, during the Period of Insurance, and whilst on a Journey, the Insured person necessarily incurs loss of travel and accommodation expenses or reasonable additional travel or accommodation expenses following necessary alteration, curtailment or cancellation of the Insured Person's Journey as a result of;

1. the Insured Person's unexpected death or Injury or Sickness which results in the Insured Person being certified by a Doctor as unfit to continue the Journey;
2. the unexpected death, Serious Injury or Serious Sickness of an Insured Person's Close Relative,

3. strikes, riot, hijacking, civil commotion, flood, natural disaster or adverse weather conditions provided that such event had not occurred, commenced or been announced before the booking was made in respect of the affected departure; or
4. any other unforeseen circumstance outside the control of the Insured Person, not otherwise excluded under the Policy;

We will reimburse the Insured Person for the non-refundable, unused portion of travel and accommodation expenses or pay reasonable incurred additional travel or accommodation expenses, up to the amount of \$5,000 shown on the Evidence of Cover against Section 5 – Cancellation & Curtailment.

Loss of Deposits

If, during the Period of Insurance, and prior to the commencement of a Journey, the Insured Person incurs loss of pre-paid travel and accommodation expenses following necessary alteration, curtailment or cancellation of the Insured Person's Journey as a result of;

1. the Insured Person's unexpected death or Injury or Sickness which results in the Insured Person being certified by a Doctor as unfit to commence the Journey;
2. the unexpected death, Serious Injury or Serious Sickness of an Insured Person's Close Relative,;
3. any other unforeseen circumstance outside the control of the Insured Person, not otherwise excluded under the Policy;

We will reimburse the Insured Person for the non-refundable, unused portion of travel and accommodation expenses paid in advance of a proposed Journey, by the Insured Person up to the amount of \$5,000 shown on the Evidence of Cover against Section 5 – Loss of Deposits.

Missed Transport Connection

If, during the Period of Insurance, and whilst on a Journey, an Insured Person misses a transport connection due to any unforeseen circumstances outside of their control, We will pay the reasonable extra travel expenses incurred (less any recovery that the Insured Person may be entitled to receive) for use of alternate public transport to enable the Insured Person to arrive at their destination at the scheduled time, up to the amount of \$5,000 shown on the Evidence of Cover against Section 5 – Missed Transport Connection.

Overbooked Flight

If, during the Period of Insurance, and whilst on a Journey, an Insured Person is denied boarding on a confirmed scheduled flight due to overbooking and no alternative transport is made available within six (6) hours of the scheduled departure time, We will pay for any direct or indirect expenses incurred as a result of the delay, up to the amount of \$2,500 stated on the Evidence of Cover against Section 5 – Overbooked Flight.

Conditions applying to Section 5

1. Any loss of travel and/or accommodation expenses purchased through the use of frequent flyer points or similar customer loyalty points will be reimbursed at the retail price of the travel and/or accommodation at the time of purchase provided the loss of such points are not recoverable from any other source.
2. Any loss arising from or attributed to the refusal, failure or inability of any person, company or organisation, including but not limited to any transportation provider, hotel, car rental agency, tour or cruise operator, travel wholesaler, booking agent or other provider of travel or tourism related services, facilities or accommodation, to provide services, facilities or accommodation, by reason of their own financial default or the financial default of any person, company or organisation with whom or with which they deal shall be limited to fifty thousand dollars (\$50,000) per Period of Insurance.

Exclusions applying to Section 5

In addition to the General Exclusions applying to all sections of this Policy, We will not be liable to pay loss, cost or expense arising from or attributable to:

1. an Insured Person undertaking or intending to undertake a Journey against the advice of a Doctor or when the Insured is unfit to travel or where a condition or circumstance could reasonably have expected to give rise to cancellation or curtailment of a Journey;

2. carrier caused delays where the cost of the expenses are recoverable from the carrier;
3. any disinclination on the part of the Insured Person to travel;
4. the inability of any tour operator or wholesaler to complete arrangements for any tour due to a deficiency in the required number of persons to commence any tour or Journey; or
5. Any claim under sub-paragraph 4 of Cancellation and Curtailment arising from any event that had occurred or had been announced before the start date of the Journey or at the time the Journey had been paid for, whichever is the later.

Section 6 – Personal Liability

If, during the Period of Insurance, and whilst on a Journey, an Insured Person becomes legally liable to pay damages in respect of either:

1. accidental bodily injury to any other person; or
2. accidental loss of or damage to physical property;

and such bodily injury or damage is caused by an accident outside of the Insured Person's Country of Residence, We will indemnify the Insured on behalf of the Insured Person up to the amount shown on the Evidence of Cover against Section 6 – Personal Liability:

- a) against all such damages; and
- b) all legal costs and expenses which are incurred by an Insured Person with Our written consent in the investigation or defence of any claim.

Conditions applying to Section 6

1. No admission, offer, promise, payment or indemnity shall be made by the Insured or the Insured Person without Our written consent.
2. We shall be entitled to take over and conduct in the Insured Person's name the defence or settlement of any claim and We shall have full discretion in the handling of any proceedings.
3. We may at any time pay, in connection with any claim or series of claims arising from the one original cause, the amount shown on the Evidence of Cover against Section 6 (after deduction of any amount(s) already paid as compensation) or any lesser amount for which such claim(s) can be settled and upon such payment being made, We shall be under no further liability in connection with such claim(s), except for the payment of costs and expenses recoverable or incurred prior to the date of such payment.

Exclusions applying to Section 6

In addition to the General Exclusions applying to all sections of this Policy, We will not be liable in respect of;

1. injury to any person arising in the course of their employment, contract of service or apprenticeship with the Insured;
2. loss of or damage to property belonging to or held in trust by or in the care, custody or control of the Insured, an Insured Person;
3. injury, loss or damage caused directly or indirectly by, through or in connection with, any mechanically propelled vehicle (with the exception of golf buggies and motorised wheelchairs), aircraft or watercraft, when an Insured Person is the owner, driver or pilot thereof or has it in their care, custody or control or where the pilot is an Employee or agent of the Insured or an Insured Person;
4. injury, loss or damage to property caused by or arising from;
 - a) the nature of products sold by the Insured or an Insured Person.
 - b) advice furnished by the Insured or by an insured Person.
 - c) the conduct of the Insured's business, trade or profession.

5. liability assumed under contract unless such liability would have arisen in the absence of such contract;
6. aggravated, exemplary or punitive damages or the payment of any fine or penalty;
7. any sexually transmitted or transmissible disease, or infection or virus of any sort emanating from a sexually transmitted or transmissible disease; or
8. Any liability arising out of ownership, possession, custody or use of any firearm.

Section 7 – Political Unrest & Natural Disaster Evacuation

If, during the Period of Insurance, and whilst on a Journey, an Insured Person is in a country outside of their Country of Residence and:

1. officials in that country recommend that certain categories of persons, which categories include the Insured Person, should leave that country;
2. the Australian government, through its Department of Foreign Affairs and Trade, issues a travel warning that recommends that certain categories of persons, which categories include the Insured Person should leave that country;
3. an Insured Person is expelled or declared persona non grata in that country;
4. there is wholesale seizure, confiscation or expropriation of the Insured Person's property, in that country; or
5. a natural disaster has occurred in that country, and a state of emergency has been declared necessitating immediate evacuation of the Insured Person in order to avoid risk of Injury or Sickness;

We will pay the actual, necessary and reasonable expenses incurred:

1. to return the Insured Person to their Country of Residence or the nearest place of safety using the most reasonably available method of transport, provided that prior approval has been obtained by Healix, up to the maximum sum insured shown on the Evidence of Cover against Section 7– Political Unrest & Natural Disaster Evacuation; and
2. for reasonable accommodation costs for up to twenty-one (21) days if the Insured Person is unable to return to their Country of Residence, provided that prior approval has been obtained by Healix, up to the maximum sum insured shown on the Evidence of Cover against Section 7 –Political Unrest & Natural Disaster Evacuation.

Conditions applying to Section 7

1. If the Insured Person is required to leave the country they are in, Healix must be contacted beforehand to confirm cover. Where possible Healix will make the travel arrangements and, in all cases, Insurers will decide where to send the Insured Person.

Exclusions applying to Section 7

In addition to the General Exclusions applying to all sections of this Policy, We will not be liable to pay loss, cost or expense arising from or attributable to;

1. the Insured Person violating the laws or regulations of the country they are in;
2. the Insured Person failing to produce or maintain immigration, work, residence or similar visas, permits or other similar documentation;
3. any debt, insolvency, commercial failure, the repossession of any property by a titleholder or any other financial cause;
4. failure of the Insured Person to honour any contractual obligation or bond or to obey any conditions in a licence;
5. the Insured Person being evacuated from their Country of Residence;
6. evacuation of an Insured Person who is a national of the country from which they are to be evacuated;

7. the political unrest or natural disaster that resulted in the Insured Person's evacuation being in existence prior to the Insured Person entering the country or its occurrence being foreseeable to a reasonable person before the Insured Person entered the country; or
8. War, Civil War or natural disaster that was in existence prior to the Insured Person entering the country or which was foreseeable to a reasonable person before the Insured Person entered the country.

Section 8– Search & Rescue Expenses

If, during the Period of Insurance, and whilst an Insured Person is on a Journey outside of their Country of Residence, the Insured Person is reported as missing and it becomes necessary for the local rescue provider or police authorities to instigate a search and rescue operation where:

1. it is known or believed that the Insured Person may have sustained a bodily Injury or suffered Sickness; or
2. weather or safety conditions are such that it becomes necessary to do so in order to prevent the Insured Person from sustaining an Injury or suffering Sickness.

We will reimburse the Insured Person up to an amount shown on the Evidence of Cover against Section 8 – Search & Rescues Expenses, in respect of the necessary and reasonable costs incurred by a recognised rescue provider or police authorities in searching for such Insured Person and for bringing them to a place of safety.

Conditions applying to Section 8

1. The Insured Person must comply at all times with local safety advice and adhere to recommendations prevalent at the time.
2. The Insured Person must not knowingly endanger either their own life or the life of any other Insured Person or engage in activities where their experience or skill levels fall below those reasonably required to participate in such activities.
3. We must be informed immediately or as soon as reasonably possible of any emergency that may potentially give rise to a claim.
4. Expenses are only payable for the Insured Person's proportion of the search and rescue operation.
5. Costs will only be covered up to the point where the Insured Person is recovered by search and rescue or at the time where the search and rescue authorities advise that continuing the search is no longer viable.
6. A written statement from the appropriate rescue authorities involved in the search and/or rescue must be obtained and provided to Us in the event of a claim.

Where any event covered under Section 8 is, or is subsequently found to be covered under:

- a) Section 1 – Overseas Medical Expenses & Medical Evacuation Expenses; or
- b) Section 7 – Political Unrest & Natural Disaster Evacuation;

the benefit amount payable shall be in addition to any amount payable under such section.

Section 9– Additional Wellbeing

Advanced Payment

If an Insured Person sustains an Injury or Sickness for which benefits are payable under Section 3 – Personal Accident & Sickness – Events 20 or 22, We will immediately pay thirteen (13) weeks benefit, provided that We are presented with medical evidence from a Doctor certifying that the total period of Temporary Total Disablement will be a minimum of twenty-six (26) weeks.

Automatic Insurance Extension

If, during the Period of Insurance, and whilst on a Journey, an Insured Person's expected return to their Country of Residence is delayed due to an unforeseen transport delay which is outside the control of the Insured or Insured Person, or due to the Insured Person suffering an Injury or Sickness for which a claim is payable under this Policy, We shall continue to cover the Insured Person for up to three (3) calendar months from the date of the Insured Person's original return date to their Country of Residence, including any such time that falls outside of the Period of Insurance provided that this is not covered by any other Insurance.

Coma Benefit

If, during the Period of Insurance, and whilst on a Journey, the Insured Person sustains an Injury which directly causes or results in a continuous unconscious state and the Insured Person or the Insured Person's legal representative presents Us with a written opinion of a Doctor that verifies that the Injury caused the Insured Person to be in such a continuous unconscious state, We will pay the daily amount of \$100 per day shown on the Evidence of Cover against Section– Additional Wellbeing – Coma Benefit or part thereof of continuous unconsciousness, up to a maximum period of ninety (90) days.

Modification Benefit

If, during the Period of Insurance an Insured Person sustains an Injury for which a benefit is paid under Section 3 – Personal Accident & Sickness, for Events 2 or 3, We will pay for costs necessarily incurred to modify the Insured Person's home and/or motor vehicle, or costs associated with relocating the Insured Person to a more suitable home, up to the amount of \$10,000 shown on the Evidence of Cover against Section 9 – Additional Wellbeing – Modification Benefit, provided that medical evidence is presented from a Doctor certifying the modification and/ or relocation is necessary.

Trauma Counselling Benefit

If, during the Period of Insurance, and whilst on a Journey, the Insured Person suffers psychological trauma as a result of them being a victim of, or eye witnessing a criminal act of, sexual assault, rape, murder, violent robbery or an act of terrorism, We will pay up to the amount of \$5,000 shown on the Evidence of Cover against Section 9– Additional Wellbeing – Trauma Counselling Benefit, for the cost of trauma counselling which is provided by a registered psychologist or psychiatrist (who is not an Insured Person or their Close Relative) provided the treatment is certified as necessary by a Doctor for the wellbeing of the Insured Person.

Chauffeur Benefit

On the occurrence of Events 20 and/or 21 or Events 22 and/or 23, under Section 3 – Personal Accident & Sickness, for which benefits are payable, provided that medical evidence is presented from a Doctor certifying that the Insured Person is unable to operate a motor vehicle or travel on other available modes of public transport, We will pay up to the amount of \$1,000 shown on the Evidence of Cover against Section 9 – Additional Wellbeing – Chauffeur Benefit, for reasonable costs incurred for the hire of a suitable chauffeured vehicle or taxi to transport the Insured Person directly to and from their normal place of residence and normal place of work.

Repatriation & Funeral Expenses Benefit

If, during the Period of Insurance, and whilst on a Journey, an Insured Person dies, We will pay for the reasonable expenses incurred up to the amount of \$10,000 shown on the Evidence of Cover against Section 9 – Additional Wellbeing Repatriation & Funeral Expenses Benefit, for:

1. the cost of returning the Insured Person's mortal remains and/or personal effects to the Insured Person's Country of Residence or a place nominated by the Insured Person's Spouse/Partner or the legal representative of the Insured Person's estate; and
2. the cost of the Insured Person's funeral, burial or cremation and associated expenses;

provided that We and/or Healix are notified as soon as possible, and prior to the arrangement of any repatriation or funeral services.

Disappearance

If the body of an Insured Person is not found within twelve (12) months after an Accident involving the conveyance in which they were travelling whilst on a Journey, Accidental Death will be presumed in the absence of any evidence to the contrary. The Accidental Death benefit amount set out under Section 3 –Personal Accident & Sickness, Event 1 shall become payable, subject to a signed undertaking by the beneficiary that if the Insured Person is subsequently found alive, such Accidental Death benefit amount will be refunded to Us.

General Exclusions

The following general exclusions apply to all Sections of this Policy unless expressly stated as not applying by endorsement.

We will not be liable to pay loss, cost or expense arising from or attributable to:

1. an Insured Person engaging in or taking part in;
 - a) flying in an aircraft or aerial device other than as a passenger in an aircraft licensed to carry passengers; or
 - b) training for or participating in Professional Sport of any kind.
2. any self-injury, suicide or any illegal or criminal act committed by the Insured Person;
3. the Excess as stated in the Evidence of Cover ;
4. the Insured Person exceeding the blood alcohol limit of 0.10, including having a blood alcohol limit content over the prescribed legal limit of 0.05 whilst driving, or being under the influence of non-prescription drugs, including abuse of prescription drugs
5. the Insured Person who was under the influence of any drug whilst driving, unless the drug was prescribed by a Medical Practitioner and taken in accordance with the Medical Practitioner's advice
6. the Insured Person who intentionally takes an illegal drug and suffers an Injury or Sickness when or as a result the Insured Person being under the influence of an illegal drug.
7. Us contravening the Health Insurance Act 1973 (Cth), the Private Health Insurance Act 2007 (Cth) or the National Health Act 1953 (Cth);
8. War, Civil War, rebellion, revolution, insurrection, invasion or military or usurped power in or confiscation or nationalism or requisition or destruction of or damage to property by or under the order of any government or public or local authority in the Insured Person's Country of Residence or Country of Assignment, or if the Insured Person was taking part in a riot or civil commotion.
9. Terrorism, provided that this exclusion does not apply to Section 2. If We allege that a claim is not covered by this Policy, the burden of proving the contrary shall be upon You;
10. the use, existence or escape of nuclear weapons material, or ionising radiation from, or contamination by, radioactivity from any nuclear fuel or nuclear waste
11. the Insured Person's voluntary exposure to Unnecessary Danger;
12. any condition such as neurosis, psycho-neurosis, mental, emotional, stress, depression or anxiety condition disease or disorder or similar condition or any condition which is a consequence of the treatment of these conditions, unless the Insured Person is being treated by or has been referred to a psychiatrist, psychologist or similar specialist; or
13. Any Benefits for Injury or Sickness caused by or arising out of a Cyber Act or a Cyber Incident.

General Provisions

Assistance and co-operation

The Insured Person shall co-operate with Us and upon Our request, assist in making settlements, in the conduct of law suits and in enforcing any right of contribution or indemnity against any person or organisation who may be liable to the Insured because of bodily injury or damage with respect to which insurance is afforded under the Policy. In that regard, the Insured shall attend hearings and trials and assist in securing and giving evidence and obtaining the attendance of witnesses. The Insured Person shall not, except at the their own cost, voluntarily make any payment, assume any obligation or incur any expense other than for first aid to others at the time of Accident.

Cancellation

The Insured may cancel this Policy at any time by notifying Your insurance broker or Us in writing. The cancellation will take effect from 4:00pm (Australian Eastern Standard Time) on the day We receive Your written notice of cancellation or such time as may be otherwise agreed.

We may cancel the Policy or any section of the Policy for any of the reasons set out in section 60 of the Insurance Contracts Act 1984 (Cth) (or any amended or successor legislation of that nature) by issuing a written notice, in accordance with section 59 of the Insurance Contract Act 1984 (Cth) (or any amended or successor legislation of that nature).

Notice of cancellation has the effect of cancelling this policy at 4.00pm (Australian Eastern Standard Time) on the 30th business day, after the day on which notice was sent to You.

If the Policy is cancelled (subject to cooling off rights):

1. We will keep the part of the Premium You paid for the period in which the insurance applied.
2. We will refund You the unexpired part of the Premium for the Policy, less:
 - a. any statutory charges and taxes; and
 - b. the proportion of the Premium covering the period for which the insurance applied the amount you paid for the insured period).

We will not refund any Premium if a claim has been made under any Benefit of the Policy

Currency

All amounts shown on the Policy are in Australian dollars (AUD).

Due diligence

The Insured and Insured Person's must take all reasonable care to prevent or minimise loss, damage, Injury, Sickness or liability under this Policy.

Claims

Fraudulent claims

If any Claim be in any respect fraudulent or if any fraudulent means or devices be used by the Insured or anyone acting on the Insured's behalf to obtain any benefit under this Policy, or if any loss hereunder be occasioned by the wilful act or with the connivance of the Insured, We, without prejudice to any other right(s) We might have under this Policy, shall be entitled to refuse to pay such Claim and You must pay back any benefit that We have already paid. If this happens, We will not refund any premium.

Other Insurance

In the event of a claim, the Insured or Insured Person must advise Us as to any other insurance that covers the same risk, that they are entitled to claim under or have access to.

Sanctions

We will not provide cover and We will not be liable to pay any claim or provide any Benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such Benefit would expose Us to any sanction, prohibition or restriction under United Nations' resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom, Australia or United States of America or any trade or economic sanctions, laws or regulations of any other jurisdiction.

Several liability notice

The liability of an insurer under this contract is several and not joint with other insurers party to this contract. An insurer is liable only for the proportion of liability it has underwritten. An insurer is not jointly liable for the proportion of liability underwritten by any other insurer. Nor is an insurer otherwise responsible for any liability of any other insurer that may underwrite this contract.

The proportion of liability under this contract underwritten by an insurer (or, in the case of a Lloyd's syndicate, the total of the proportions underwritten by all the members of the syndicate taken together) is shown in this contract.

In the case of a Lloyd's syndicate, each member of the syndicate (rather than the syndicate itself) is an insurer. Each member has underwritten a proportion of the total shown for the syndicate (that total itself being the total of the proportions underwritten by all the members of the syndicate taken together). The liability of each member of the syndicate is several and not joint with other members. A member is liable only for that member's proportion. A member is not jointly liable for any other member's proportion. Nor is any member otherwise responsible for any liability of any other insurer that may underwrite this contract. The business address of each member is Lloyd's, One Lime Street, London EC3M 7HA. The identity of each member of a Lloyd's syndicate and their respective proportion may be obtained by writing to Market Services, Lloyd's, at the above address.

Although reference is made at various points in this clause to "this contract" in the singular, where the circumstances so require this should be read as a reference to contracts in the plural.

Subrogation

When We pay any amount under this Policy, the Insured and the Insured Person or their legal representative agree that We shall be subrogated to all of Your rights and the rights of each Insured Person or their legal representative to recover against any person or entity and You and the Insured Person or their legal representative agree to execute and deliver any certificates, information and other documentation as We may reasonably require and do whatever else is necessary to enable Us to secure such rights. Neither You nor the Insured Person nor their legal representative shall take action or willful inaction after We have paid any amount, which will prejudice Our rights to subrogation.