

SURESAVE

TRAVEL INSURANCE FOR A CHANGED WORLD

GROUP TRAVEL INSURANCE FOR SCHOOLS



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

Effective 1 October 2009

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

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



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

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

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

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

Financial Services Guide

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

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

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

About us

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

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

Services provided

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

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

How we are paid

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

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

If you have a complaint

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

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

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

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

Professional indemnity insurance arrangements

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

Contact us

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

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

Date prepared

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

About this Product Disclosure Statement

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

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

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

About the available covers

You can choose one of these 3 covers:

- **Plan A** - North and South America, Europe, Africa and Japan (see Sections 1A, 1B, 2A, 4, 5, 6, 12, 18A and 19)
- **Plan B** - Asia and Pacific (see Sections 1A, 1B, 2A, 4, 5, 6, 12, 18A and 19)
- **Plan C** - Australia Only (see Sections 1B, 2A, 18A and 19)

Understanding the policy's important terms and conditions

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

- About each of the available types of cover and benefits in the "Summary of Benefits" page 6 and the relevant sections of the PDS applicable to the cover **you** choose including any endorsements under "Pre-existing Medical Conditions" pages 9 to 10 and "Additional Options" page 8 (remember certain words have special meanings – see "Words with Special Meanings" pages 16 and 17);
- When "We Will Not Pay" a claim under each section of "Policy Cover" (applicable to the cover you choose) pages 18 to 26 and "General Exclusions applicable to all Sections" pages 27 and 28 (this restricts the cover and benefits);
- "Claims" pages 29 and 30 (this sets out certain obligations that **you** and **we** have. If **you** do not meet them **we** may be able to refuse to pay a claim); and
- "Important Matters" pages 11 to 15 (this contains important information on **your** duty of disclosure, how the duty applies to **you** and what happens if **you** breach the duty, **your** cooling-off period, claims queries/lodgements and **our** claims service guarantee, **our** privacy policy and **our** dispute resolution process, **your** policy extensions, **your** excess and when **you** should contact **us** concerning 24 hour medical assistance, **overseas** hospitalisation or medical evacuation).

Applying for cover

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

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

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

About your premium

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

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

About us and the insurers

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

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

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

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

Who do I contact for emergency assistance?

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

Updating the PDS

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

Date prepared

This PDS is effective 24 August 2009.

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

MEDICAL EXPENSES INCURRED OVERSEAS (see Section 1A)

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

ADDITIONAL EXPENSES (see Section 1B)

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

CANCELLATION COSTS (see Section 2A)

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

OUT OF POCKET HOSPITAL ALLOWANCE (see Section 4)

Cash payments if **you** are hospitalised.

TRAVEL DELAY (see Section 5)

Meals and accommodation expenses due to transport delay.

RETURN AIRFARE (see Section 6)

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

HIJACKING (see Section 12)

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

LUGGAGE AND PERSONAL EFFECTS (see Section 18A)

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

PERSONAL LIABILITY (see Section 19)

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

How to Purchase a Policy

STEP 1	Refer to "Who can purchase a policy?"	see below
STEP 2	Refer to "What are the age limits?"	see below
STEP 3	Refer to "Pre-existing Medical Conditions"	(pages 9 to 10)
STEP 4	Choose your Plan type from the Schedule of Benefits	(pages 7 to 8)
STEP 5	Choose your cover type (Single or Family)	(pages 7 to 8)
STEP 6	Nominate the duration of your trip	
STEP 7	Choose the "Additional Options" you want to include	(page 14)
STEP 8	Ask your travel agent for your premium	
STEP 9	Complete the attached Application Form and return it to your travel agent	(pages 31 to 32)

Who can purchase a policy?

Cover is available for citizens or **residents** of Australia only.

What are the age limits?

Age limits as at date of Certificate issue.

Available to travellers aged under 70 years of age.

Schedule of Benefits *(continued)*

Policy Section & Benefit Description		PLAN C Australia Only	
		Single	Family
1B	Additional Expenses/Medical Evacuation	\$10,000	\$20,000
2A*	Cancellation Costs	\$10,000	\$20,000
18A*	Luggage & Personal Effects	\$2,000	\$4,000
19	Personal Liability	\$1,000,000	\$1,000,000

**sub-limits apply (refer to Policy Cover pages 18 to 26)*

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

Pre-existing Medical Conditions

Pre-existing Medical Conditions

Please read this section carefully.

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

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

What is a Pre-existing Medical Condition?

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

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

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

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

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

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

- Acne
- Allergies limited to Rhinitis, Chronic Sinusitis, Eczema, Food Intolerance, Hay Fever
- Asthma – providing **you**:
 - have no other lung disease and
 - are less than 60 years of age at the date of policy purchase.
- Bell's palsy
- Benign Positional Vertigo
- Bunions
- Carpal Tunnel Syndrome
- Cataracts
- Coeliac disease
- Congenital Blindness
- Congenital Deafness
- Diabetes Mellitus (Type I) – providing **you**:
 - were diagnosed over 12 months ago, and
 - have no eye, kidney, nerve or vascular complications, and
- Diabetes Mellitus (Type II) – providing **you**:
 - were diagnosed over 12 months ago, and
 - have no eye, kidney, nerve or vascular complications, and

Schedule of Benefits

Policy Section & Benefit Description		PLAN A North & South America, Europe, Africa and Japan		PLAN B Asia and Pacific (including New Zealand)	
		Single	Family	Single	Family
1A*	Medical Expenses Incurred Overseas	Unlimited	Unlimited	Unlimited	Unlimited
	Emergency Dental	\$1,000	\$1,000	\$1,000	\$1,000
1B	Additional Expenses/Medical Evacuation	Unlimited	Unlimited	Unlimited	Unlimited
2A*	Cancellation Costs	Unlimited	Unlimited	Unlimited	Unlimited
4*	Out of Pocket Hospital Allowance	\$5,000	\$10,000	\$3,000	\$6,000
5*	Travel Delay	\$1,000	\$2,000	\$500	\$1,000
6	Return Airfare	\$3,000	\$6,000	\$3,000	\$6,000
12	Hijacking	\$2,000	\$4,000	\$2,000	\$4,000
18A*	Luggage & Personal Effects	\$5,000	\$10,000	\$3,000	\$6,000
19	Personal Liability	\$1,500,000	\$1,500,000	\$1,500,000	\$1,500,000

**sub-limits apply (refer to Policy Cover pages 18 to 26)*

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

Additional Options

Increased Luggage and Personal Effects Cover

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

- \$500 under Plans A and B (and \$3,000 where the item limit is a laptop, note book, handheld computer, camera or video camera).
- \$500 for all items under Plan C.

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

This Additional Option is not available under Plan C.

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

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

**see Schedule of Benefits for standard policy limits.*

- c. do not also suffer from a known cardiovascular disease, hypertension, hyperlipidaemia or hypercholesterolaemia.
14. Dry eye syndrome
 15. Epilepsy – providing there has been no change to **your** medication regime in the past 12 months
 16. Folate Deficiency
 17. Gastric Reflux
 18. Goitre
 19. Glaucoma
 20. Graves' Disease
 21. Hiatus Hernia
 22. Hypercholesterolaemia (High Cholesterol) – provided **you** do not also suffer from a known cardiovascular disease and/or diabetes
 23. Hyperlipidaemia (High Blood Lipids) – provided **you** do not also suffer from a known cardiovascular disease and/or diabetes
 24. Hypertension (High Blood Pressure) – provided **you** do not also suffer from a known cardiovascular disease and/or diabetes
 25. Hypothyroidism, including Hashimoto's Disease
 26. Impaired Glucose Tolerance
 27. Incontinence
 28. Insulin Resistance
 29. Iron Deficiency Anaemia
 30. Macular Degeneration
 31. Meniere's Disease
 32. Migraine
 33. Nocturnal cramps
 34. Osteopaenia
 35. Osteoporosis
 36. Pernicious Anaemia
 37. Plantar fasciitis
 38. Raynaud's Disease
 39. Sleep apnoea
 40. Solar keratosis
 41. Trigeminal Neuralgia
 42. Trigger finger
 43. Vitamin B12 Deficiency

If hospitalisation has occurred, or **your** condition does not meet the description above, cover is **not** automatic.

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

Cooling-off period

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

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

Confirmation of cover

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

Jurisdiction and choice of law

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

Your Duty of Disclosure

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

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

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

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

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

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

Who does the duty apply to?

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

What happens if you or they breach the duty?

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

General Insurance Code of Practice

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

Dispute Resolution Process

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

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

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

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

The Underwriters accepting this Insurance agree that:

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

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

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

Claims and Enquiries

If **you** are admitted to hospital or **you** anticipate **you** will incur medical costs, **you** must immediately contact Specialty Assist on the emergency assistance number. For information about Specialty Assist's worldwide 24 hour emergency assistance network, see page 14.

If **you** need to make a claim, follow the instructions below and at pages 29 and 30. Claim forms are available:

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

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

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

In the event of a claim

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

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

Claims processing

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

Please also read the "Claims" section of the PDS pages 29 and 30 for important information.

Privacy Notice

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

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

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

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

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

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

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

24 hour worldwide emergency assistance

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

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

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

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

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

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

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

Period of cover

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

However:

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

Extensions

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

- **You** are over 69 years of age at the time of extension, or
- **You** have a **Pre-existing Medical Condition**, or
- There has been any change in **your** health status, including the discovery of new medical conditions, since the start of **your** original policy, or
- **You** are aware of a possible claim resulting from **your** original policy, but **you** have not advised **us** of it.

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

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

Excess

We will not pay the first \$100 for any one event under Sections 1A, 1B, 2A, 18A and 19.

Nil **excess** applies to Sections 4, 5, 6 and 12.

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

If any additional **excess** applies to **your** policy, the amount is shown in the Certificate or advised to **you** in writing before the Certificate is issued to **you**.

Safeguarding your Luggage and Personal Effects

You must take all reasonable precautions to safeguard **your luggage and personal effects**. If **you** leave **your luggage and personal effects 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 16 and 17).

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

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

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

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

Carrier or Carriers means an aircraft, vehicle, train, vessel or other public transport operated under a license for the purposes of transporting passengers. This definition excludes taxis.

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

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

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

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

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

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

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

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

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

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

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

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

Pre-existing Medical Condition means:

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

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

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

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

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

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

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

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

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

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

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

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

Unsupervised means:

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

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

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

SECTION 1A: MEDICAL EXPENSES INCURRED OVERSEAS

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

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

WE WILL PAY:

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

Please note we will not pay for any costs incurred in Australia.

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

WE WILL NOT PAY:

- Ongoing payments under Section 1A (Medical Expenses Incurred Overseas) if **we** decide on the advice of a doctor appointed by **us** that **you** are capable of being repatriated to Australia.
- If **you** have received medical care under a reciprocal national health scheme. Reciprocal Health Agreements are currently in place with the following countries; Finland, Italy, Malta, the Netherlands, Norway, Sweden, the Republic of Ireland, the United Kingdom and New Zealand.
- If, despite **our** advice otherwise, **you** received private hospital or medical treatment where public funded services or care is available in Australia or under any Reciprocal Health Agreement between the Government of Australia and the Government of any other country. Please see www.medicareaustralia.gov.au for further information.
- Medical and/or dental costs incurred in Australia.
- Dental treatment involving the use of precious metals or for cosmetic dentistry.
- For any loss arising from **Pre-existing Medical Conditions** except as

specified under the heading "Pre-existing Medical Conditions" on pages 9 to 10.

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

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 27 AND 28 FOR OTHER REASONS WHY WE WILL NOT PAY.

SECTION 1B: ADDITIONAL EXPENSES/MEDICAL EVACUATION

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

WE WILL PAY:

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

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

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

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

The following rules apply:

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

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

WE WILL NOT PAY:

- For the cost of resuming the **trip** after **you** have returned to Australia.
- For additional transport or accommodation expenses when a claim is made under Section 2A Cancellation Costs, for cancelled transport or accommodation expenses covering the same period of time.
- A loss arising from the failure of any travel agent, tour operator, accommodation provider, airline or other **carrier**, car rental agency or any other travel or tourism services provider to provide services or accommodation due to their **insolvency** or the **insolvency** of any person, company or organisation they deal with.
- For delays, rescheduling or cancellation of scheduled transport services caused by the **carrier** or related to the **carrier** including maintenance, repairs, rescheduling, service faults, industrial activity other than a strike or corporate takeover.
- If **you** or a member of **your travelling party** changes plans or decides not to continue with the **trip**.
- If **you** decline to promptly follow the medical advice of Specialty Assist, **we** will not be responsible for any subsequent medical, hospital or evacuation expenses.
- If **you** were aware of any reason, before **your** period of cover commenced, that may cause **your journey** to be cancelled or disrupted or delayed.
- If **you** can claim **your** additional travel and accommodation expenses from anyone else.
- For any loss arising from **Pre-existing Medical Conditions** except as specified under the heading "Pre-existing Medical Conditions" on pages 9 to 10.
- For a loss that arises directly or indirectly because of a terminal illness suffered by a member of **your travelling party** - or **your relative, your** business partner or person in the same employ as **you**, who is resident in Australia - if a terminal prognosis was made before the Certificate of Insurance was issued.

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 27 AND 28 FOR OTHER REASONS WHY WE WILL NOT PAY.

SECTION 2A: CANCELLATION COSTS

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

WE WILL PAY:

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

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

WE WILL NOT PAY:

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

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

- If **you** or a member of **your travelling party** changes plans or decides not to continue with the **trip**.
- If a tour operator or wholesaler is unable to complete arrangements for a tour because there are not the required number of people to begin or complete a tour or trip. This does not apply in relation to prepaid travel arrangements bought separately to reach the departure point for the tour or other travel arrangements.
- If **your** claim arises directly or indirectly from an **epidemic** or **pandemic**.
- If **you** were aware of any reason, before **your** period of cover commenced, that may cause **your journey** to be cancelled, abandoned or shortened.
- For a loss that arises directly or indirectly because of a terminal illness suffered by a member of your **travelling party** - or **your relative, your business partner** or person in the same employ as **you**, who is resident in Australia - if a terminal prognosis was made before the Certificate of Insurance was issued.
- For any loss arising from **Pre-existing Medical Conditions** except as specified under the heading "Pre-existing Medical Conditions" on pages 9 to 10.

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 27 AND 28 FOR OTHER REASONS WHY WE WILL NOT PAY.

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

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

WE WILL PAY:

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

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

WE WILL NOT PAY:

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

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 27 AND 28 FOR OTHER REASONS WHY WE WILL NOT PAY.

SECTION 5: TRAVEL DELAY – NIL EXCESS APPLIES

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

WE WILL PAY:

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

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

The maximum amount we will pay for all claims combined under this Section

is shown under the Schedule of Benefits for the Plan you have selected.

WE WILL NOT PAY:

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

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 27 AND 28 FOR OTHER REASONS WHY WE WILL NOT PAY.

SECTION 6: RETURN AIRFARE – NIL EXCESS APPLIES

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

WE WILL PAY:

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

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

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

WE WILL NOT PAY:

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

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 27 AND 28 FOR OTHER REASONS WHY WE WILL NOT PAY.

SECTION 12: HIJACKING – NIL EXCESS APPLIES

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

WE WILL PAY:

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

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

WE WILL NOT PAY:

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 27 AND 28 FOR REASONS WHY WE WILL NOT PAY.

SECTION 18A: LUGGAGE AND PERSONAL EFFECTS

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

WE WILL PAY:

- Accidental loss, theft of, or damage to **your luggage and personal effects** including things **you** buy during the **trip**, whilst they are accompanying **you**. **We** are entitled to choose between repairing, replacing the property, or paying **you** its value in cash, after allowing for wear, tear, and depreciation. Any payment however will not exceed the original purchase price of the item.

The limits in total, for a laptop, note book, handheld computer, camera or video camera and for any other item are set out below.

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

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

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

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

Plans A and B

- \$3,000 where the item limit is a laptop, note book, handheld computer, camera or video camera
- \$500 all other items

Plan C

- \$500 all items

If **you** have purchased "Increased Luggage and Personal Effects Cover", **your** increased item limit is shown on the Certificate of Insurance. The maximum item limit under this Additional Option is \$4,000, and \$10,000 for all items combined. This Additional Option is not available under Plan C.

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

- keep receipts for goods **you** buy separate from the goods themselves;
 - keep any relevant ticket and luggage check and give them to **us**;
 - provide evidence of the value and **your** ownership of the goods;
 - if an airline loses or damages **your** accompanying luggage, report it in writing to the airline within 24 hours; and
 - get written confirmation that **you** made the report, and give it to **us**, with details of any settlement that they make in relation to the loss or damage.
- Theft of cash up to \$250 providing **you** obtain a police report confirming the theft has occurred.
 - Loss of dentures or dental prostheses up to \$800.
 - Essential items bought because **your** luggage is temporarily lost or delayed (not permanently lost) by the **carrier** for more than 12 hours. This does not apply on the leg of **your trip** that brings **you** to **your country of residence** or **your home** in Australia. **We** will not pay more than \$250 for the **Single** Plan (\$500 for the **Family** Plan) if the delay is more than 12 hours or more than \$500 for the **Single** Plan (\$1,000 for the **Family** Plan) if the delay is more than 72 hours. **You** must give **us** relevant receipts and written confirmation of the length of the delay from the appropriate authority. No **excess** applies to this benefit.
 - Financial loss **you** suffer because of loss, theft, or fraudulent use, of **your** –

travel documents, travellers cheques, passport, or credit cards – after they have been accidentally lost or have been stolen. **We** will not pay more than \$2,000. **You** must comply with any conditions of the issuing body.

- The **reasonable** additional costs in obtaining a replacement passport or travel document following the accidental loss, theft or damage of **your** passport whilst outside Australia up to \$2,000. No **excess** applies to this benefit.
- In the event that a claimable loss, theft, or damage to **your luggage and personal effects** is incurred, **we** will allow **you** one automatic reinstatement of the sum insured for the Plan selected.

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

We will also pay up to the limits(s) shown in your Certificate of Insurance for any additional cover purchased under "Increased Luggage and Personal Effects Cover", and for which the applicable premium has been paid. This Additional Option is not available under Plan C.

✗ WE WILL NOT PAY:

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

- Loss, theft of or damage to watercraft of any type (excluding surfboards).
- Damage to sporting equipment (including surfboards) while in use except snow skiing or golf equipment.
- Breakage or damage to snow skiing or golf equipment over three years old.
- Loss of luggage not reported to the transport provider, police, hotel or appropriate authority within 24 hours of **you** becoming aware of the loss and where no written report is obtained.
- A loss, or theft of, or damage to:
 - cash, bank or currency notes, cheques or negotiable instruments (excluding Section 18A (2));
 - unaccompanied **luggage or personal effects**;
 - property that **you** leave **unsupervised** in a **public place** or that happens because **you** do not take reasonable care to protect it;
 - luggage or personal effects**, but only to the extent that **you** are entitled to compensation from the **carrier** responsible for the lost, theft or damage;
 - items left unattended in a motor vehicle, unless taken from a locked boot or locked concealed luggage compartment of a station wagon, hatchback, van or motorhome, between sunrise and sunset local time and there is evidence of damage or forced entry which is confirmed by a police report (this exclusion does not apply to video cameras, mobile telephones, photographic equipment, personal computers or jewellery);
 - video cameras, mobile telephones, photographic equipment, personal computers or jewellery left unattended in a motor vehicle;
 - video cameras, mobile telephones, photographic equipment, personal computers or jewellery checked in to be held and transported in the cargo hold of any **carrier** (including any loss from the point of check-in until receipt of the said goods);
 - luggage that is fragile, brittle or an electronic component is broken or scratched – unless either;
 - it is the lens of spectacles, binoculars, photographic or video equipment; or

- the breakage or scratch was caused by a crash involving a vehicle in which **you** are travelling.

- Loss, theft or damage which is not reported and a written report is not obtained within 24 hours of discovery from the police or the appropriate authority such as - but not limited to - the airline, accommodation manager, transport provider, airport authority, tour operator or guide.
- Loss, wear and tear or depreciation of property or damage caused by the action of insects, vermin, mildew, rust or corrosion.
- Mechanical, electrical breakdown or a malfunction.

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 27 AND 28 FOR OTHER REASONS WHY WE WILL NOT PAY.

SECTION 19: PERSONAL LIABILITY

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

✔ WE WILL PAY:

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

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

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

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

✗ WE WILL NOT PAY:

For **your** liability arising out of:

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

YOU MUST CHECK "GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS" PAGES 27 AND 28 FOR OTHER REASONS WHY WE WILL NOT PAY.

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

- Your** claim arises directly or indirectly from any **injury, sudden illness or serious injury** where a metastatic or terminal prognosis was made prior to the issue of the Certificate of Insurance.
- Which arises from a lack of due care and responsibility on **your** part by neglecting to observe appropriate preventative measures for the travel region, as outlined by the World Health Organisation including relevant vaccinations, malaria prophylaxis, and hygiene measures. Please see www.who.int for further information.
- You** travel even though **you** know **you** are unfit to travel, travel against medical advice, travel to obtain medical treatment or **you** arrange to travel when **you** know of circumstances that could lead to the **trip** being disrupted or cancelled.
- You** have been instructed by **your** medical practitioner that **you** are unfit to travel and **you** fail to promptly cancel **your** pre-booked travel, **you** will be responsible for any extra cost (including cancellation charges) incurred from **your** failure to promptly cancel the prearranged travel.
- Despite **our** advice otherwise following **your** call to Specialty Assist, **you** received private hospital or medical treatment where public funded services or care is available in Australia or under any Reciprocal Health Agreement between the Government of Australia and the Government of any other country. Please see www.medicareaustralia.gov.au for further information.
- Your** claim arises from **Pre-existing Medical Conditions** except as specified under the heading 'Pre-existing Medical Conditions' on page 9 to 10.
- Your** claim arises out of pregnancy, childbirth or related complications.
- Your** claim arises from any medical procedures in relation to **AICD/ICD** insertion during overseas travel. If **you** or a member of **your travelling party** or a **relative** (as listed on your Certificate of Insurance) requires this procedure, due to sudden and acute onset which occurs for the first time during **your** period of cover and not directly or indirectly related to a **Pre-existing Medical Condition**, **we** will exercise **our** right to organise a repatriation to Australia for this procedure to be completed.
- 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.
- Consequential loss of any nature including loss of enjoyment.
- A loss resulting from a criminal or dishonest act by **you** or by a person with whom **you** are in collusion or if **you** have not been honest and frank with all answers, statements and submissions made in connection with **your** insurance application or claim.
- A loss that arises from any act of war (whether war is declared or not) or from any rebellion, revolution, insurrection or taking of power by the military.
- A loss that arises from a nuclear reaction or contamination from nuclear weapons or radioactivity.
- A loss that arises from biological and/or chemical materials, substances, compounds or the like used directly or indirectly for the purpose to harm or to destroy human life and/or create public fear.
- Your** claim arises from errors or omissions in any booking arrangements or failure to obtain relevant visa, passport or travel documents.
- Your** claim arises because **you** did not follow advice in the mass media of a government or other official body's warning:

- against travel to a particular country or parts of a country;
 - of a strike, riot, bad weather, civil commotion or contagious disease;
 - of a likely or actual **epidemic** or **pandemic** (such as H5N1 Avian influenza);
 - of a threat of an **epidemic** or **pandemic** (such as H5N1 Avian influenza) that requires the closure of a country's borders; or
 - of an **epidemic** or **pandemic** that results in **you** being quarantined;
- and **you** did not take the appropriate action to avoid or minimise any potential claim under **your** policy, including delay of travel referred to in the warning. Please refer to www.who.int for further information.

17. A loss that arises from parachuting, sky diving, hang gliding, paraponting or travel in an air supported device other than as a passenger in a licensed passenger aircraft operated by an airline or charter company. This does not apply to hot air ballooning or parasailing.
18. A loss arising from **your**, any of **your travelling party's** or a **relative's** intentional exposure to a needless risk or lack of reasonable care, except in an attempt to save human life.
19. Delay, detention, seizure or confiscation by Customs or other officials.
20. The cost of medication in use at the time the **trip** began or for maintaining a course of treatment **you** were on prior to the **trip**.
21. Loss, theft or damage to anything shipped as freight or under a Bill of Lading.
22. If **your** claim arises directly or indirectly from a sexually transmitted disease.
23. If **your** claim arises from or is in any way related to depression, anxiety, stress, mental or nervous conditions, whether they arise independently or are secondary to other medical conditions.
24. If **you**, a **relative** or a member of **your travelling party**:
 - (a) commits suicide, attempts to commit suicide or deliberately injures himself or herself;
 - (b) is under the influence of, or is addicted to, intoxicating liquor or a drug, except a drug taken in accordance with the advice of a registered medical practitioner;
 - (c) takes part in a riot or civil commotion;
 - (d) acts maliciously;
 - (e) races (except on foot); mountaineers – or rock climbs – using support ropes; or takes part in a professional sporting activity;
 - (f) rides a motor cycle (except as a pillion passenger) without a licence that is valid in the relevant country; or
 - (g) dives underwater using an artificial breathing apparatus unless **you** hold an open water diving licence or **you** were diving under licensed instruction.
25. For any costs or expenses incurred outside the period of the **trip**.

How to make a claim

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

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

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

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

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

Claims are payable in Australian dollars to you

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

You must not admit fault or liability

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

You must help us to recover any money we have paid

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

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

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

Depreciation

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

Other insurance

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

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

Subrogation

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

Recovery

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

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

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

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

Business travellers – how GST affects your claim

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

Travel within Australia only

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

Fraud

Insurance fraud places additional costs on honest policyholders.

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

SureSave Application Form

If you have insufficient space to complete your answers, please attach a separate sheet.

PERSONAL DETAILS (Travelling Persons details only)

Name: (Mr/Mrs/Ms) _____

D.O.B.: (Day/Month/Year) _____

Name: (of partner/spouse) _____

D.O.B.: (Day/Month/Year) _____

Name: (accompanying child) _____

D.O.B.: (Day/Month/Year) _____

Name: (accompanying child) _____

D.O.B.: (Day/Month/Year) _____

Name: (accompanying child) _____

D.O.B.: (Day/Month/Year) _____

Address: _____

_____ State: _____ Postcode: _____

Phone: Work: _____ Home: _____

Mobile: _____ Fax: _____

Email: _____

Mailing address: if applicable (PO Box/RMB/etc) _____

_____ State: _____ Postcode: _____

Membership Number: _____

TRAVEL DETAILS

Total No. Persons: _____ **Destinations:** _____

Departure Date: / / **Return Date:** / /

Period of Trip: Days Weeks Months

TRAVEL PLAN SELECTED (Please tick)

Single

Family

PLAN A North and South America, Europe, Africa and Japan Premium \$

PLAN B Asia and Pacific, including New Zealand Premium \$

PLAN C Australia Only Premium \$

All plans available to Australian residents only.
Premiums include GST and Stamp Duty where applicable

PRE-EXISTING MEDICAL CONDITIONS

You are not automatically covered for Pre-existing Medical Conditions. Please refer to the definition of and guidelines for Pre-existing Medical Conditions on pages 9 to 10 of the PDS.

Do you have a pre-existing medical conditions (as outlined in the PDS)? Yes No
If "Yes", please contact SureSave.

EXCESS BUYOUT (\$15)

Premium \$

ADDITIONAL LUGGAGE SPECIFIED ITEMS (attach valuation/receipt)
(Not available Plan C), (over \$500; maximum per item is \$4,000 and \$10,000 in total)

Sum Insured \$

Sum Insured \$

Sum Insured \$

Total Sum Insured \$ @ 4% = Premium \$

TOTAL AMOUNT PAYABLE \$

Payment Method Cash Cheque Credit Card

Credit Card Authority – Please debit my: Visa Mastercard AMEX

Card No.:

Expiry Date:

Card Holder's Name: _____

Signature: _____ **Date:** / /

- I/we acknowledge that a copy of the combined Financial Services Guide (FSG) and Product Disclosure Statement (PDS) (including Policy Wording), which contains the Duty of 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 Cerberus 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 the insurer or Cerberus to such persons 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 _____ Signature _____

Date / / Date / /

Please return completed Application Form to SureSave.



SureSave Pty Ltd

ABN: 82 137 885 262

PO Box H2, Australia Square, Sydney NSW 1215

Phone: 1300 787 376 Facsimile: 61 2 9234 3199

Email: info@suresave.net.au

24 hour emergency assistance call: Specialty Assist

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

Claims enquiries: **1300 625 229**

Your Distributor / Authorised Representative's details are: