

# FAQs

## TRAVEL INSURANCE

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*This document has been prepared by AGA Assistance Australia Pty Ltd ABN 52 097 227 177 AFSL 245631, trading as Allianz Global Assistance. The information discussed is general in nature and may not apply to your specific situation.*



**TRAVEL WITH CONFIDENCE**  
**1 800 230 566**



## PLEASE NOTE:

Throughout the FAQs set out below,

- The term “PDS” refers to the Product Disclosure Statement (including Policy Wording)
- Some words may have special meanings – refer to “Words with Special Meanings” in the PDS prior to reading through these FAQs
- The answers given are only a brief summary – you must read the PDS carefully for complete details of what is covered, and which of the benefits are provided under each Plan. Importantly, please note that exclusions do apply, as well as limits to the cover.

## PURCHASING A POLICY / GENERAL

### 1) Why should I consider travel insurance?

There are many things to consider when travelling overseas, including passports, tickets, exchange rates, accommodation and what to pack. While overseas travel can be an exciting prospect, there can be situations where things may go wrong and travellers find themselves needing urgent medical assistance, help with replacing lost luggage and/or assistance with making an urgent trip home, to name but a few. This is where travel insurance can help. You should read the PDS thoroughly before you purchase travel insurance to ensure it meets your needs and provides the appropriate level of cover. We’ve all heard the horror stories of people losing their money, passport and sometimes all of their luggage, leaving them stranded far from home. Or worse, being injured or getting sick in a remote part of the world. If you can’t afford the insurance, you can’t afford the trip.

### 2) Why should I consider insurance for medical treatment?

What would happen if you were run over in rural Thailand, broke your leg in Africa or you were injured in a car accident in the United States? The average hospital bed in the United States costs approximately \$2,000USD per day! The cost to medically repatriate you from anywhere in the world is at least \$50,000AUD. Travel Insurance is designed to assist covering these costs if you should need medical treatment while overseas.

### 3) Who can purchase a travel insurance policy?

Cover is only available if:

- You are a Resident of Australia; and
- You purchase your policy before you commence your Journey; and
- Your Journey commences and ends in Australia.

### 4) Is there an age limit to purchase a travel insurance policy?

Yes. Age Limits are as at the date of issue of your Certificate of Insurance.



## PLANS A, D, E, F & G

Available to travellers 80 years of age and under

## PLANS B & C

Available to travellers 65 years of age and under.

## 5) Which Geographical Regions are available under each Plan?

DESTINATION	GEOGRAPHICAL REGION
American Samoa, Ashmore & Cartier Islands, Bali, Christmas Island, Cocos (Keeling) Island, Cook Islands, Fiji, French Polynesia, Guam, Heard Island & McDonald Island, Kiribati, Marshall Island, Micronesia, Nauru, New Caledonia, New Zealand, Niue, Norfolk Island, Northern Mariana Islands, Palau, Papua New Guinea, Pitcairn, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu and Wallis & Futuna Islands.	<b>REGION 1</b> Pacific
Asia (excluding Russia, Japan and Bali)	<b>REGION 2</b> Asia
Europe, Russia and United Kingdom	<b>REGION 3</b> Europe
North, Central & South America (including Hawaii and the Caribbean), Africa, Japan, Middle East, Antarctica and any other destination not listed above.	<b>REGION 4</b> Worldwide

*This policy is designed for international travel, however all Regions include cover for certain Policy Sections while travelling in Australia – see below for details.*

## Plan A (Comprehensive) and Plans D, E, F & G

You must nominate the applicable Geographical Region for your Journey. Please contact us if there is any uncertainty as to which Geographical Region applies.

If you are travelling to multiple destinations which are in different Geographical Regions, you must select the highest Geographical Region (Region 1 being the lowest Geographical Region, 4 the highest), as this will cover travel in each of the lower Geographical Regions.

### Example:

*If you are travelling to Papua New Guinea, Philippines and Europe, you must select Region 3. You will then have cover for all destinations listed under Regions 1 to 3.*



Cover for any loss you suffer must occur in the Geographical Region (or any lower Geographical Region) you have selected. However, stopovers of 2 nights in a higher Geographical Region are permitted.

**Example:**

*If you are travelling to United Kingdom (and have accordingly selected Region 3 as the Geographical Region), you will have cover for all destinations listed under Regions 1, 2 & 3, as well as up to 2 nights stopover in any of the destinations listed under Region 4.*

You will only have cover under Policy Sections 1, 4, 6, 11, 13 & 15 while travelling in Australia (destination must be a minimum of 250km from Home). If you have purchased the Optional Cover “*Rental Vehicle Excess Cover*”, you will also have cover under Policy Section 16 while travelling in Australia. If you have purchased the Optional Cover “*Snow Cover*”, you will also have cover under Policy Sections 18 -22 while travelling in Australia. If you have purchased the Optional Cover “*Golf Cover*”, you will also have cover under Policy Sections 23-25 while travelling in Australia.

## Plan B (Multi-trip, Asia-Pacific)

Geographical Region defaults to Region 2 - Asia, regardless of the destinations you are travelling to.

You will only have cover under Policy Sections 1, 4, 6, 11, 13, 15 & 16 while travelling in Australia (destination must be a minimum of 250km from Home).

## Plan C (Multi-trip, Worldwide)

Geographical Region defaults to Region 4 - Worldwide, regardless of the destinations you are travelling to.

You will only have cover under Policy Sections 1, 4, 6, 11, 13, 15 & 16 while travelling in Australia (destination must be a minimum of 250km from Home).

## 6) Can cover be purchased for one-way Journeys?

You can only purchase a policy if your Journey will commence and end in Australia, and you must purchase the policy before you commence your Journey. The period of cover for your policy cannot exceed 12 months – this applies to all Plans. However, Plans B and C (Multi-trip) are renewable 12 month policies. Refer to FAQ 10 for details.

If you hold an open ticket and are not able to provide a definitive return date (although you will be returning to Australia within 12 months), cover can be issued for the anticipated period of the Journey. Under Plans A, D, E, F & G, if an extension of cover is required, you must request this prior to your original policy's expiry date. Extensions of cover are subject to our written approval, and payment of an additional premium (available under Plans A, D, E, F & G only). Refer to FAQ 9 for further details.

## 7) Does the policy cover more than one Journey?

*For the purpose of this insurance:*

*“Journey” means your journey from the time 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, subject to maximum Journey period limits, depending on your Plan.*



**“Home”** means the place where you normally live in Australia.

Under Plans A, D, E, F and G, cover is only provided for the one return Journey.

Under Plans B and C, the number of Journeys you make is unlimited. This is a renewable 12 month policy. See FAQ 10 for further details. The policy’s benefit limits and sub-limits are re-instated on the completion of each Journey, except for Policy Section 15 (Personal Liability) - the amount shown in the Table of Benefits is the most we will pay for all claims combined under Policy Section 15 for the 12 month policy period. Refer to the ‘Table of Benefits’ section of the PDS for further details on Plan B.

## 8) What is the maximum period for each Journey under Plans B and C (Multi-trip)?

*For the purpose of this insurance:*

**“Journey”** means your journey from the time 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, subject to maximum Journey period limits, depending on your Plan.

**“Home”** means the place where you normally live in Australia.

For Plan B Multi-trip (Asia-Pacific), the maximum period for any one Journey is 12 days, regardless of whether it is business or leisure travel, or combination of both.

For Plan C Multi-trip (Worldwide), the maximum period for any one Journey is 37 days for leisure travel or 90 days for business travel. A Journey can be made up of business and/or leisure travel (with the leisure component being up to 37 days), however, the whole Journey cannot exceed a total of 90 days.

Refer to the ‘Table of Benefits’ section of the PDS for further details on Plan B.

## 9) Can cover be extended under Plans A, D, E, F & G?

Under Plans A, D, E, F & G, you may extend your cover free of charge if you find that your return to Australia has been delayed because of one or more of the following:

- a bus line, airline, shipping line or rail authority you are travelling on, or that has accepted your fare or Luggage and Personal Effects, is delayed; or
- the delay is due to a reason for which you can claim under your policy (subject to our written approval).

If the delay is for any other reason, we must receive your request to extend cover before your original policy expires. The extension is effective only if we agree to it in writing and you pay the additional premium.

Where we have agreed to extend cover, we will issue you with a new Certificate of Insurance. The period of cover on your new Certificate cannot exceed 12 months.

Extensions of cover are not available:

- for any Pre-existing Medical Condition, unless it is listed as one of the Pre-existing Medical Conditions that are covered under the ‘Pre-existing Medical Conditions’ section of the PDS, and you





have not been hospitalised (including Day Surgery or Emergency Department attendance) for that condition in the past 24 months; or

- for conditions you suffered during the term of your original policy; or
- where you have not advised us of any circumstances that have given (or may give) rise to a claim under your original policy; or
- where, at the time of the extension, you are aged 81 years or over.

## 10) Can I renew my Multi-trip policy (Plans B and C)?

Plans B & C - Multi-trip are renewable 12 month policies.

If you purchased Plan B or Plan C your product renews automatically. This means we will charge your nominated card for the full premium. We will notify you 30 days in advance of your renewal. You have the right to cancel.

If you continue to pay the premium, then unless we advise prior to your policy ending that we will not be renewing, a new policy with the same terms and conditions automatically comes into existence for a period of one year as set out in your new Certificate of Insurance.

Your policy will not be renewed once you are over the age of 65 years.

## 11) When can I buy my insurance policy?

You may purchase a travel insurance policy up to 12 months prior to your departure date.

## 12) When should I purchase my insurance policy?

You may purchase a travel insurance policy up to 12 months prior to your departure date. You must purchase your policy before you commence your Journey, while you are still in Australia.

Cover for cancellation fees and lost deposits (Policy Section 1) begins as soon as you have paid your premium and the policy is issued. The rest of your cover starts on your date of departure (as noted on the Certificate of Insurance), but the cancellation cover will take effect immediately. For this reason, it is recommended you take out cover as soon as possible. If you do not have e-mail access, please allow time for postage.

## 13) I am currently overseas and have no insurance - can I still purchase a policy?

No. Our policies must be purchased before you commence your Journey while you are still in Australia.

## 14) Am I covered if I work overseas?

Our travel insurance is designed for the leisure traveller and persons who are employed in Australia travelling overseas for business purposes. It does not cover events linked to employment overseas. In most circumstances, if you suffer an injury on-the-job, you may be entitled to seek compensation from your employer in the first instance.

## 15) What is the difference between a “Single” policy and an “Individual” policy?

*For the purpose of this insurance:*

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

Single policies cover you and your Dependants travelling with you. Up to 10 Dependants can be included on the policy. Individual cover policies only cover you, meaning the person whose name is set out on the Certificate of Insurance, and does not provide cover for any other person.

## 16) What is a “Family” policy (applicable to Plans A, C, D, E, F & G only)?

*For the purpose of this insurance:*

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

**“Family”** means you, your spouse (or legally recognised de facto) and your Dependants.

Family policies cover you and the members of your Family travelling with you. Up to 10 Dependants can be included on the policy. The benefit limits for Family policies apply to the total of all claims combined under each Policy Section, regardless of the number of persons the claims relate to.

## 17) Can Dependants be covered under Multi-trip Plans?

Under Plan B, there is only cover for you, and not any other family members.

Under Plan C Multi-trip Family, your accompanying\* spouse (or legally-recognised defacto) and your Dependants can be included on the policy. You do not have to pay an additional premium to cover them.

\***“Accompanying”** is defined as travelling with the insured person for 100% of the Journey

## 18) What is the “Duty of Disclosure”?

Before you enter into this policy with us, 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.

The Act imposes a different duty the first time you enter into your policy with us to that when you renew (Plans B and C only), vary, extend, reinstate or replace the policy. We set out these two duties below.

### Your duty when you enter into the policy with us for the first time

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.

## **Your duty when you renew, vary, extend, reinstate or replace your policy**

If you renew (Plans B and C only), vary, extend, reinstate or replace the policy your duty is to tell us before that time, every matter known to you which:

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

## **What you don't need to tell us for either duty**

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 Duty of Disclosure, 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.

## **19) What happens if I change my mind about the policy?**

If you do 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. You will be given a full refund of the premium you paid, provided you have not started your Journey and you do not want to make a claim or to exercise any other right under the policy. After this period:

- Under Plan A, D, E, F & G - you can still cancel your policy but we will not refund any part of your premium if you do.
- Under Plans B and C - you can still cancel your policy and we will refund the premium for your policy, less an amount which covers the period for which you were insured. However, we will not refund any premium if you have commenced your Journey or we have paid a benefit under your policy.

## **20) How do I contact the providing entity?**

This insurance is underwritten by Allianz Australia Insurance Limited (Allianz), and issued and managed by AGA Assistance Australia Pty Ltd, trading as Allianz Global Assistance (Allianz Global Assistance). American Express Australia Limited (American Express) promote this product as agent for Allianz Global Assistance.



For more information on the relationship between the providing entities and the financial services they provide, please read the [Financial Services Guide](#).

To contact us regarding the travel insurance policy, please use the details below:

[Sales, Claims & General Enquiries](#)

**American Express**

Telephone: 1800 230 566

## POLICY COVERAGE

### 21) What is 'Cancellation' cover?

This refers to Policy Section 1 (Cancellation Fees and Lost Deposits), and covers your cancellation fees and lost deposits for travel and accommodation arrangements that you have paid in advance and you cannot recover in any other way if your Journey is cancelled or shortened due to unforeseen circumstances neither expected nor intended by you, or which are outside your control.

There is provision to claim for a variety of reasons, including becoming redundant, being called for jury duty, the death of a close relative, sickness, injuries and natural disasters. However, if you merely change plans, there is no cover.

### 22) What cover do I have for Luggage & Personal Effects?

PLEASE NOTE:

- *"specified items" refers to Luggage and Personal Effects that have been listed as covered on your Certificate of Insurance with a nominated sum insured.*
- *"unspecified items" refers to Luggage and Personal Effects that have not been listed as covered on your Certificate of Insurance with a nominated sum insured.*

Please refer to the 'Table of Benefits' section of the PDS for the maximum benefit limits applicable to each Plan.

Within the maximum benefit limits in each Plan, the maximum amount each item is covered for (i.e. the item limit) is:

#### Plans A, B and C

- \$4,000 for video recorders or cameras
- \$6,000 for personal computers
- \$1,500 for mobile phones (including PDAs and any items with phone capabilities)
- \$1,000 for paintings, pictures, works of art, curios or antiques
- \$1,000 for any hand woven carpets or rugs
- \$1,000 for stamp collections, collectors pins, memorabilia and collectors non-negotiable currency
- \$1,000 for all other unspecified items

#### Plans D, E, F and G

- \$100 for all other unspecified items

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

- a camera, lenses (attached or not), tripod and accessories;
- a matching pair of earrings;

are considered as only one item for the purpose of this insurance, and the appropriate single item limit will be applied.

Additional cover can be purchased under Plans A, B, C, E, F & G for specified items up to a total amount of \$5,000 by paying an additional premium. You cannot purchase specified cover for jewellery, Snow Sport Equipment, golf equipment, bicycles or watercraft. Additionally, there is no cover at all for bicycles or watercraft (other than surfboards) under the policy.

The standard item limits noted above will not apply to these specified items. Your nominated limit for "Specified Luggage & Personal Effects Cover" will be shown on your Certificate of Insurance. Receipts and/or valuations must be provided in the event of a claim. Under Plan D, this additional specified item cover is standard, and not optional.

## 23) Does the policy cover me when riding a motorcycle?

Yes – provided you hold a current Australian motorcycle licence. If you are travelling as a passenger on a motorcycle, cover is available if the person in control of the motorcycle holds a current motorcycle licence valid for the country you are travelling in. All other claims which arise from being in control of a motorcycle or being a passenger travelling on a motorcycle are not covered under the policy.

## 24) Does the policy cover me when riding a moped or a scooter?

Yes – provided you hold a current Australian motorcycle or drivers licence. If you are travelling as a passenger on a scooter or moped, cover is available if the person in control of the scooter or moped holds a current motorcycle or drivers licence valid for the country you are travelling in. All other claims which arise from being in control of a scooter or moped or being a passenger travelling on a scooter or moped are not covered under the policy.

## 25) Does the policy cover me for underwater diving?

Yes – provided you hold an open water diving licence issued in Australia or you are diving under licensed instruction. All other claims which arise because you dive underwater using an artificial breathing apparatus are not covered under the policy.

## 26) Is Terrorism covered under the policy?

In the event of an act or threat of terrorism, there is no cover under the following Policy Sections:

- Policy Section 1 – Cancellation Fees & Lost Deposits,
- Policy Section 13 – Travel Delay
- Policy Section 14 – Alternative Transport Expenses

However, cover is available for all necessary medical/hospital expenses, including bringing you Home.



## MEDICAL

### 27) Why doesn't this travel insurance policy cover medical expenses incurred in Australia?

Travel insurance is not an alternative for health insurance. Under law, Residents of Australia are already entitled to treatment under existing public or private healthcare entitlements.

### 28) Should I suspend my private health insurance while I'm away?

If you are going away for an extended period, it may be worth contacting your private health insurance provider. Some health insurers will allow the suspension from as short a timeframe as two weeks, but the amount of time and effort would probably make this an expensive exercise. However, if you're going away for a number of months, it may be a worthwhile consideration. You may need to provide documentary evidence (such as your passport and your ticket) that you will be out of the country for the specified period. Contact your private health insurance provider for more information.

### 29) Is dental cover included in the policy?

Cover is included, with Plans A, B and C, for emergency dental treatment that you incur overseas, which the treating dentist certifies in writing is for the relief of sudden and acute pain to sound and natural teeth, up to a maximum amount of \$4,000 per person.

### 30) Does the policy cover my evacuation Home if I am injured or fall sick overseas?

Cover is available for your medical transfer or evacuation with Plans A, B and C, if you must be transported to the nearest hospital for emergency medical treatment overseas or be brought back to Australia with appropriate medical supervision. Cover is also available under these Plans for the return to Australia of your Dependants if they are left without supervision following your hospitalisation or evacuation. All expenses for medical evacuation must first be approved by us.

### 31) If I decide to return Home because I am ill, do I need to obtain approval?

If you are hospitalised you, or a member of your travelling party, MUST contact us as soon as possible. If you do not, these expenses will not be covered, nor will any evacuation or airfares that have not been approved or arranged by us. 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 us. In any event, if you intend to do something that you will claim for later, please contact us first to obtain our approval.

### 32) Does my policy provide cover for Swine Flu (H1N1 Influenza) and Bird Flu (H5N1 Avian Influenza)?

No – there is no cover under any circumstances if your claim arises from, is related to or associated with:

- an actual or likely Epidemic or Pandemic; or
- the threat of an Epidemic or Pandemic.

Nor is there any cover if your claim arises because you did not follow advice in the mass media or any government or other official body's warning:



- against travel to a particular country or parts of a country; or
- of a strike, riot, bad weather, civil protest or contagious disease (including an Epidemic or Pandemic),

and you did not take appropriate action to avoid or minimise any potential claim under your policy (including delay of travel to the country or part of the country referred to in the warning).

Refer to [www.who.int](http://www.who.int) and [www.smartraveller.gov.au](http://www.smartraveller.gov.au) for further information.

### 33) I am pregnant, can I fly?

We will not pay for any claims Arising from pregnancy, childbirth or related complications. You should discuss your travel plans with your doctor prior to your trip, as well as referring to your chosen airline's pre-flight terms and conditions.

## PRE-EXISTING MEDICAL CONDITIONS

### 34) What is a Pre-existing Medical Condition?

Pre-existing Medical Condition (or “pre-existing condition”) means:

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

This definition applies to you, your Travelling Companion, a Relative or any other person.

### 35) Which Pre-existing Medical Conditions are covered under the policy?

This policy provides cover for unforeseen medical events only, under Plans A, B and C. Not all Pre-existing Medical Conditions are covered under the policy.

You have cover 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.

- 1) Acne
- 2) Allergies, limited to Rhinitis, Chronic Sinusitis, Eczema, Food Intolerance, Hay Fever
- 3) Asthma – providing that you are less than 60 years of age, and have no other lung disease.
- 4) Bell's Palsy

- 5) Benign Positional Vertigo
- 6) Bunions
- 7) Carpal Tunnel Syndrome
- 8) Cataracts
- 9) Coeliac Disease
- 10) Congenital Blindness
- 11) Congenital Deafness
- 12) \*Diabetes Mellitus (Type I) – providing you:
  - a) were diagnosed over 12 months ago,
  - b) have no eye, kidney, nerve or vascular complications,
  - c) do not also suffer from a known cardiovascular disease, Hypertension, Hyperlipidaemia or Hypercholesterolaemia, or
  - d) are under 50 years of age as at date of policy purchase
- 13) \*Diabetes Mellitus (Type II) – providing you were:
  - a) diagnosed over 12 months ago,
  - b) have no eye, kidney, nerve or vascular complications, or
  - 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

*\* Diabetes (Type I and Type II) , Hypertension, Hypercholesterolaemia and Hyperlipidaemia are risk factors for cardiovascular disease. If you have a history of cardiovascular disease, and it is a Pre-existing Medical Condition, cover for these conditions is also excluded.*

If your condition is not described in this list, or hospitalisation has occurred, we will not pay any costs Arising from, related to or associated with that condition under the following Policy Sections:

- Section 1: Cancellation Fees and Lost Deposits
- Section 2: Overseas Emergency Medical Assistance
- Section 3: Overseas Emergency Medical and Hospital Expenses
- Section 4: Additional Expenses (applies to “We will pay” a) & b) only)
- Section 5: Hospital Cash Allowance

This means that we will not pay:

- your medical expenses whatsoever
- your evacuation or repatriation to Australia
- your trip cancellation or rearrangement costs
- any additional or out of pocket expenses (including additional travel and accommodation expenses)



## Warfarin Use:

Please note that taking the medication Warfarin (also known under the brand names of Coumadin, Jantoven, Marevan and Waran) has a complex range of serious complications and side effects and is General Exclusion 17 under the “General Exclusions Applicable to all Sections” section of the PDS. This means that we will not pay for any conditions that are otherwise covered.

*Please also read the “General Exclusions Applicable to all Sections” section of the PDS.*

## 36) What happens if a Relative has a Pre-existing Medical Condition?

If, as a result of a Pre-existing Medical Condition, a Relative of yours is hospitalised in Australia or New Zealand or dies in Australia or New Zealand after the policy is issued, and at the time of policy issue you were unaware of the likelihood of such hospitalisation or death, the following cover is available for Plans A, B and C:

### Policy Section 1 – Cancellation Fees & Lost Deposits

- Your cancellation fees and lost deposits for travel and accommodation arrangements that you have paid in advance and cannot recover in any other way if your Journey is cancelled or shortened at any time through circumstances neither expected nor intended by you or outside your control.

### Policy Section 4 – Additional Expenses

- Reimbursement of the Reasonable additional cost of your return to Australia. Only the cost of the fare class you had planned to travel at is covered, subject to the limits below.
- Reimbursement of your airfares for you to return to the place you were when your Journey was interrupted, if you return to your Home.

The maximum payable under each of the above Policy Sections is:

- \$2,000 for Single policies
- \$4,000 for Family policies

Wherever claims are made by you under Policy Section 1 and Policy Section 4 for cancelled services/facilities or alternative arrangements for the same or similar services/facilities, only the higher of the two amounts will be paid, not both.

## CLAIMS

### 37) How do I make a claim?

You must give us notice of your claim as soon as possible by completing a claim form. The claim form must be fully completed by you, and posted to the address shown on the claim form, otherwise we cannot process your claim. If you do not, your claim may be reduced by the amount of prejudice the insurer has suffered because of the delay.

You must give us any information we reasonably ask for to support your claim at your expense, such as but not limited to police reports, valuations, medical reports, original receipts or proof of ownership. If required, we may ask you to provide us with translations into English of such documents to enable them to carry out their

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

- a) For medical, hospital or dental claims, contact us as soon as practicable.
- b) For loss or theft 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.

### 38) What if it's an emergency?

If you've purchased Plans A, B and C, 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 us 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.

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

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

We provide travellers with 24 hour assistance with any emergency that may be encountered, including:

- Pre-trip information services
- Embassy referral
- Lost document assistance
- Emergency travel & accommodation service
- Interpreter referral
- Emergency message transmission
- Telephone medical advice
- Medical service provider referral
- Arrange appointments with doctors
- Hospital admission
- Monitoring of medical condition during hospitalisation
- Dispatch of medicine
- Emergency medical evacuation / repatriation



## ALLIANZ GLOBAL ASSISTANCE IS AVAILABLE 24 HOURS A DAY, 7 DAYS A WEEK

**IF YOU ARE IN ONE OF THE COUNTRIES LISTED BELOW,  
SIMPLY DIAL THE NUMBER SHOWN FOR THAT COUNTRY.**

Australia	1800 010 075	Italy	800 787 451
Canada	1800 214 5514	Japan	0066 3386 1052
China (North)	10 800 610 0094	Netherlands	0800 023 2683
China (South)	10 800 361 0112	New Zealand	0800 778 103
France	0800 905 823	Singapore	800 6162 187
Germany	0800 182 7635	Switzerland	0800 561 361
Greece	00800 611 4107	Thailand	001 8006 121 082
Hong Kong	800 900 389	United Kingdom	08000 289 270
Indonesia	001 803 0612 195	United States	1866 844 4085

For all other countries dial reverse charge (collect) via the local operator: **+61 7 3305 7499**

- Repatriation of mortal remains or local burial
- Compassionate visits

### 39) Do I have to complete the "Medical Certificate" on page 8 of the Claim Form?

If your claim relates to cancellation or medical expenses arising from injury, sickness or death, your usual doctor in Australia must complete this section of the form.

### 40) What is the Excess?

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

We will not pay the first **\$100** for any one event under the following Policy Sections\*:

- Policy Section 10 – Theft of Cash
- Policy Section 11 – Luggage & Personal Effects
- Policy Section 16 – Rental Vehicle Excess
- Policy Section 20 – Snow Ski Pack
- Policy Section 21 – Piste Closure
- Policy Section 22 – Bad Weather & Avalanche Closure

Additionally, we will not pay the first **\$200** for any one event under the following Policy Sections\*:

- Policy Section 1 – Cancellation Fees & Lost Deposits
- Policy Section 3 – Overseas Emergency Medical & Hospital Expenses
- Policy Section 9 – Travel Documents, Credit Cards & Travellers Cheques



**TRAVEL WITH CONFIDENCE**  
**1 800 230 566**



Policy Section 15 – Personal Liability

Policy Section 18 – Own Snow Sport Equipment

Policy Section 19 – Snow Sport Equipment Hire

Policy Section 23 – Own Golf Equipment

Policy Section 24 – Golf Equipment Hire

A NIL Excess applies to all other Policy Sections.

*\*Refer to the 'Table of Benefits' section of the PDS for details of which Policy Sections are available under each Plan*

If any additional Excess applies to your policy, the amount is shown on the Certificate of Insurance, or advised to you in writing before the Certificate is issued to you.

## 41) How do I contact you while I am overseas?

ALLIANZ GLOBAL ASSISTANCE IS AVAILABLE 24 HOURS A DAY, 7 DAYS A WEEK			
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For all other countries dial reverse charge (collect) via the local operator: <b>+61 7 3305 7499</b>			

## 42) How are claims paid?

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

## 43) What happens once I've been evacuated to Australia?

Medical cover under this policy ends upon safely repatriating you to home soil, from which point the local healthcare system will provide you with any further treatment.



**TRAVEL WITH CONFIDENCE**  
**1 800 230 566**



## 44) How am I assured of a fair decision when making a claim?

We proudly support the General Insurance Code of Practice. The purpose of the Code is to raise standards of practice and service in the general insurance industry. If your claim is refused, you may refer this decision to one of our trained Internal Dispute Resolution Officers, who have appropriate experience, knowledge and authority in relation to complaints handling. You may also contact the Financial Ombudsman Service Limited (FOS), the industry's independent external complaints scheme. Please refer to the heading "Dispute resolution process" in the 'Important Matters' section of the PDS.

## 45) How do I make a complaint?

If you have a complaint or dispute in relation to this insurance, or the services of Allianz Global Assistance or its representatives, please call Allianz Global Assistance on 1800 230 566, or put the complaint in writing and send it to The Dispute Resolution Department, PO Box 162, Toowong, Queensland 4066. Allianz Global Assistance will attempt to resolve the matter in accordance with its Internal Dispute Resolution process. To obtain a copy of Allianz Global Assistance's procedures, please contact them.

A dispute can be referred to the Financial Ombudsman Service Limited (FOS), subject to its terms of reference. The FOS provides a free and independent dispute resolution service for consumers who have general insurance disputes falling within its terms. The contact details for the FOS are:

### **Financial Ombudsman Service Limited (FOS)**

GPO Box 3, Melbourne VIC 3001

Phone: 1300 780 808

Fax: (03) 9613 6399

Website: [www.fos.org.au](http://www.fos.org.au)

Email: [info@fos.org.au](mailto:info@fos.org.au)

*\*This insurance is issued and managed by AGA Assistance Australia Pty Ltd trading as Allianz Global Assistance, a company of the Allianz Global Assistance Group. The Group is equally owned by AGF and RAS, both members of the Allianz Group. The Allianz Global Assistance Group maintains 33 round-the-clock operations centres in 25 countries, spanning all continents. Its staff of nearly 10,000 people speaks 40 languages and is supported by a worldwide network of 400,000 service providers, including medical professionals and institutions, building specialists and home repair experts, auto mechanics, dealers and leasing agents, and airline and rail companies. Further support is provided by 240 correspondents – the Group's operational representatives – enabling it to intervene in every country around the world.*

*Allianz Global Assistance is Australia's largest provider of travel insurance and medical assistance services. The Allianz Global Assistance Australian headquarters are located in Toowong, Queensland. The purpose-built Global Response Centre is an environment that operates 24 hours, 365 days a year, and is supported by sophisticated telecommunications and information technology systems. The Allianz Global Assistance team consists of in-house specialists including doctors, registered nurses, aero medical experts, mechanics, property experts, legal advisers, travel experts, support personnel, as well as access to multilingual staff and translation services.*

