AHI

Corporate Travel

AHI
Product Disclosure Statement (PDS)
and Policy Wording

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Important Information

This document contains two parts:

- Product Disclosure Statement - contains general information the Insured needs to be aware of before applying for the product and about the Policy; and

- The Policy Wording - contains the terms and conditions of this insurance Policy.

Product Disclosure Statement (PDS)

What is a Product Disclosure Statement (PDS)
This Product Disclosure Statement (PDS) contains important information about this product and includes the Policy Wording. You should read this PDS carefully before making a decision to purchase this product. This PDS will assist you in making an informed decision whether this product will meet your needs. In this PDS:

1. 'We', 'Our', 'Us' means

    - Tokio Marine & Nichido Fire Insurance Co., Ltd, ABN 80 000 438 291, AFS Licence No. 246548 (TMNF) for all Benefits.

2. 'Insured' means the person or company who is named in the Policy Schedule as the Insured. The Insured is the contracting party for this Policy.
3. 'Insured Person' means any person shown by name, classification or meeting the criteria specified for an Insured Person in the Policy Schedule for the insurance cover selected by the Insured and with respect to who the premium has been paid. The Insured Person and the type of cover chosen will be set out in the Policy Schedule.

Accident & Health International (AHI)
Accident & Health International Underwriting Pty Limited, ABN 26 053 335 952, AFS Licence No. 238261 (AHI) is an underwriting agency specifically created to provide Personal Accident, Medical and Travel insurance. AHI acts on behalf of Tokio Marine & Nichido Fire Insurance Co., Ltd, ABN 80 000 438 291, AFS Licence No. 246548 (TMNF), with full authority to quote and issue contracts of insurance, collect premiums and pay Claims.

For any queries about this Policy, please contact the appointed insurance advisor. Their details are shown in the Policy Schedule. In the event there is no appointed advisor, please contact AHI. Their details are in this document.

The Insurer
The Insurer of the Policy is:

- Tokio Marine & Nichido Fire Insurance Co., Ltd, ABN 80 000 438 291, AFS Licence No. 246548 (TMNF) for all Benefits.

What is 'the Policy'
A policy is a contract of insurance between the Insured and the Insurer, and contains all the details of the cover that We provide.

The Policy consists of:

1. the Policy Wording document which sets out details of the Insured's cover, applicable terms, conditions, limitations and exclusions; and
2. the current Policy Schedule, issued by Us to you, which is a separate document setting out the specific terms of insurance applicable to you. The specific terms include exclusions, conditions, limits and other terms and conditions specifically applicable to your cover, and may amend the Policy Wording in this PDS . This is referred to as the Policy Schedule in this Policy document; and
3. any other document issued by Us in writing, which modifies any of the above, such as an endorsement or supplementary PDS.

The Policy should be carefully read and retained by the Insured. These documents should be read together as they jointly form the contract of insurance between Us and the Insured. Any new or replacement Policy Schedule detailing changes to the Policy or the Period of Insurance We may send to the Insured will become the current Policy Schedule, which should be carefully read and retained by the Insured.

The Purpose of the Cover
This insurance is entered into with the Insured and provides cover in relation to the Insured and Insured Persons. In some cases, the Insured may also be an Insured Person.

Insured Persons who are not the Insured are not parties to the contract between Us and the Insured. This means an Insured Person cannot cancel or vary the Policy in any way (only the Insured can do this).

Insured Persons who are not the Insured have a right to recover their loss in accordance with Section 48 of the Insurance Contracts Act. Section 48 states that Insured Persons have the same obligations in relation to a Claim made by them that the Insured would have to Us (for example, complying with Claims conditions such as subrogation) and may discharge the Insured's obligations in relation to a loss. We have the same defences to an action by an Insured Person as We would in an action by the Insured. Where the Policy covers Insured Persons (other than the Insured), the Insured:

1. is not Our agent;
2. acts independently from Us in entering into this insurance to provide cover to Insured Persons; and
3. is not authorised by Us to provide any recommendations or options about the insurance or other financial services to an Insured Person.

Any notices of expiry, variation, avoidance or cancellation will be sent by Us to the Insured. We will not provide any notices in relation to this insurance to the Insured Persons. The Insured is required to notify Insured Persons when this occurs.

An Insured Person's access to cover:

1. starts at the time the relevant person becomes an Insured Person; and
2. ends at the earliest of the following:

    a. the relevant person no longer meets the terms specified in the Policy Schedule which apply to an Insured Person;
    b. the date and time you request that such Insured Person ceases to have access to the Benefits under the Policy; or
    c. the date and time the Policy ends in accordance

with the Policy terms, either because the Period of Insurance has ceased and the Policy has not been renewed with Us or the Policy has been cancelled in accordance with the Policy terms.

Our Agreement with the Insured
If We accept the application for cover, the Insured and Insured Persons will be insured under this Policy for:

1. loss or damage caused by one or more of the insured events set out in this Policy; and
2. the other Benefits, as set out in this Policy.

This cover will be given on the basis:

1. that the Insured has paid or agreed to pay Us the premium for the cover the Insured selected when cover was requested and which the current Policy Schedule indicates is in force; and
2. of the verbal and/or written information provided by the Insured to Us prior to inception of the Policy.

Duty of Disclosure (for Non-Consumer Contracts) & Duty To Take Reasonable Care Not To Misrepresent (for Consumer Contracts)
Before the Insured enters into a contract of insurance, the Insured has a duty under the Insurance Contracts Act 1984 (Cth), as amended from time to time (ICA), as set out below. Please contact Us if any assistance is required in relation to this section.

For the purposes of this section:

- "Consumer Contract" means a contract of insurance defined under section 11AB of ICA, to which Division 1A, Part IV of ICA applies;
- "Non-Consumer Contract" means a contract of insurance that is not a Consumer Contract, to which Division 1, Part IV of ICA applies.

Duty applicable to a Non-Consumer Contract
If the Policy is a Non-Consumer Contract, the Insured has a duty to disclose anything that the Insured knows, or could reasonably be expected to know, to be a matter relevant to Our decision to enter into a Non-Consumer Contract with the Insured and if so, on what terms.

The Insured does not need to tell Us anything that:

- reduces the risk We insure the Insured for;
- is common knowledge;
- We know, or should know, as an insurer; or
- We waive the Insured's compliance with this duty

The Insured must comply with this duty up until the time We agree to insure the Insured under a new Policy and when the Policy is renewed, varied, extended, reinstated or replaced.

Duty applicable to a Consumer Contract
If the Policy is a Consumer Contract, before the Insured enters into an insurance contract with Us, the ICA requires the Insured to take reasonable care not to make a misrepresentation.

What this means is that the Insured must take care to ensure the accuracy of any information that is provided to Us, as Our decision whether to enter into a Consumer Contract with the Insured, and if so on what terms, will be based on the information the Insured provides. The Insured's duty includes:

- Giving honest, accurate and complete answers to any questions We ask;
- Making reasonable enquiries to determine the accuracy of any information given to Us; and
- Taking care to ensure that any representation made to Us is accurate

The Insured must comply with this duty before the commencement of the Policy and when the Policy is renewed, varied, extended, reinstated or replaced.

Non-compliance with your duty
If the Insured does not comply with the duty set out above (as applicable), We may cancel the Policy or reduce the amount We pay for a Claim, or both. If the Insured does not comply with this duty fraudulently, We may avoid the Policy altogether and treat it as if it never existed.

Choosing the most suitable Cover
Cover is provided for the Insured (including where the Insured is also an Insured Person) and the Insured Persons as set out in the Policy Schedule.

It is important that the Insured makes sure that the Sum Insured they have selected for each Benefit provides sufficient protection for their needs.

The Insured can select cover from any of the following Benefits included in the Policy:

Benefits
Some or all of the following Benefits may be included in this Policy. The Sum Insured for each is shown in the Policy Schedule. If the Sum Insured shown in the Policy Schedule is $0.00 for a Benefit, no cover is provided under this Policy for that Benefit. The circumstances under which a Claim is payable for each of these covers is detailed under "Benefits" in the Policy Wording.

Accidental Death and Capital Benefits
Weekly Injury Benefit
Weekly Sickness Benefit
Accidental HIV Infection Lump Sum Benefit
Death by Specified Sickness
Broken / Fractured Bones Benefits
Childcare Benefit
Coma Benefit
Corporate Image Protection Benefit
Dependent Child Supplement Benefit

Driver Services Benefit
Education Fund Benefit
Family Accommodation and Transport Expenses Benefit
Financial Advice Benefit
Home and Vehicle Modification Benefit
Injury Resulting in Surgery
Loss of Teeth or Dental Procedures
Orphaned Benefit
Partner Accidental Death Benefit
Partner Training Benefit
Retraining and Rehabilitation Expenses Benefit
Sickness Resulting in Surgery
Unexpired Membership Benefit
Medical and Medical Evacuation Expenses
Ongoing Medical Expenses
Hospitalisation Overseas Expenses Benefit
Additional and/or Forfeited Expenses
Corporate Event Benefit
Hijack Benefit
Illegal Detention Benefit
Legal Expenses
Missed Transport Connection
Overbooked Flight Benefit
Pet Boarding Expenses Benefit
Repatriation of Mortal Remains / Funeral Expenses
Trauma Counselling Benefit
Loss of Deposits and Cancellation Expenses
Baggage Benefit
Data Connection Benefit
Data Recovery Benefit
Delayed Baggage
Electronic Equipment
Identity Theft Extension Benefit
Lost Keys and Locks
Money Benefit
Repatriation of Belongings Benefit
Kidnap, Detention, Extortion and Ransom
Extra Territorial Workers Compensation
Hire Vehicle Expenses Benefit
Private Vehicle Excess Benefit
Towing Expenses
Alternative Employee/Resumption of Journey Expenses Benefit
Personal Liability
Political Risk, Natural Disaster and Personal Safety Evacuation Expenses
Evacuation Accommodation Expenses
Search and Rescue Expenses

Benefit Limits
Benefits may be subject to Benefit Limits. Benefit Limits may affect the amount payable in the event of a Claim. If a Benefit Limit is applicable to a Benefit, it will be shown in the Policy Schedule below the Benefit it applies to, indented from the left margin of the Schedule of Benefits.

Age Limitation
Age limits apply to this policy. No cover is provided for Insured Persons who have not attained the minimum age or who have attained the maximum age limits of the Policy at the time of an Event.

1. The maximum age limit is shown in the Policy Schedule against “Maximum Age Limit (sub limits may apply)”. If “Maximum Age Limit (sub limits may apply)” is not shown in the Policy Schedule, no maximum age limit applies to the Policy.
2. The minimum age limit is shown in the Policy Schedule against “Minimum Age Limit (sub limits may apply)”. If “Minimum Age Limit (sub limits may apply)” is not shown in the Policy Schedule, no minimum age limit applies to the Policy.

Specific age limits may also apply to each Benefit included on this Policy. Please refer to each Benefit for full details.

The most We will Pay
The Policy may include an Aggregate Limit of Liability which is the most We will pay for all Benefits in any one Period of Insurance under this Policy. If applicable, it is shown in the Policy Schedule against “Aggregate Limit of Liability”. We may also include an Aggregate Limit of Liability for specific Benefits or Events. If We include a specific Aggregate Limit of Liability for a Benefit or an Event, such limit will be shown in the Policy Schedule. The Aggregate Limit of Liability does not apply to the Personal Liability Benefit or the Medical and Medical Evacuation Expenses Benefit if they are included on the Policy. In the event this limit is reached, the amount may be reinstated with Our agreement and payment of the appropriate additional premium (plus any charges).

Choosing a Sum Insured
It is important that the Insured makes sure that the Sum Insured they have selected for each Benefit provides sufficient protection for its needs or the Insured Persons’ needs.

Policy Cost and Payment
The cost of the Policy will be shown on the quotation We provide, once We have received all required information to complete the quotation. The cost of the Policy is calculated according to various risk indicators such as:

- Age of Insured Persons
- Occupation of Insured Persons
- Activities undertaken during the Scope of Cover
- Previous claims experience for this type of risk
- Risk location
- The Benefit Sum Insured

The cost of the Policy is made up of premium, administration fees and government taxes (such as Goods & Services Tax (GST) and Stamp Duty), where applicable.

Renewal Procedure
Before this Policy expires We will normally offer renewal by sending a renewal invitation advising the amount payable to renew this Policy. It is important that the Insured checks the information shown before renewing each year to be satisfied that the details are correct.

Taxation Implications
This Policy may be subject to a Goods & Services Tax in relation to premium.

Depending on the location of the risk being insured, this Policy may be subject to Stamp Duty in relation to premium and GST.

Depending upon the Insured or Insured Person's entitlement to claim Input Tax Credits under this Policy, We may reduce the payment of any Claim by the amount of any Input Tax Credit.

Any Claim paid in respect of the Weekly Injury Benefit or Weekly Sickness Benefit is subject to personal income tax. Where We are required to do so, We will withhold personal income tax amounts from Claim payments We make and forward these amounts to the Australian Taxation Office on behalf of the Insured or Insured Person. Where required, We will provide the Insured a summary of the amounts withheld at the end of each financial year.

The Insured and /or Insured Persons should consult an authorised tax advisor if there are any questions that relate to their particular circumstances.

Making a Claim and what is an Excess, Deferral Period and Co-payments
If the Insured or Insured Person needs to make a Claim, please send a written notice of the Claim to AHI within thirty (30) consecutive days of the date of the incident occurring or as soon as reasonably possible. AHI will provide a copy of the claim form which will need to be completed to Our reasonable satisfaction and provided to Us as soon as reasonably practicable. Any costs involved in the collection of information for the form are the responsibility of the Insured or Insured Person.

At any time after a Claim has been lodged We may conduct enquiries into the circumstances of the Claim. We may ask for medical examinations or, in the event of death, We may request an autopsy. This will be done at Our expense.

Any payments will be made in Australian (AUD) dollars unless otherwise shown in the Policy Schedule.

Once a payment is made under this Policy, We may attempt to recover the amount We have paid to the Insured or Insured Person if We find someone else is responsible for the loss or damage. We will do this in the name of the Insured or Insured Person as applicable. We may also need to defend the Insured or the Insured Person against allegations of loss or damage, in which case We require their full co-operation with Us at all times.

Depending on the circumstances of the Claim, an Excess or Deferral Period may apply, or the Insured or Insured Person may be required to contribute to the cost of the Claim as follows:

1. Excess - an Excess is the amount paid by the Insured or Insured Person when a Claim is made.
2. Deferral Period – a Deferral Period is the continuous period of time shown in the Policy Schedule during which no Benefits are payable.
3. Co-payments – a co-payment is an arrangement where We will reimburse a portion of an expense that has been incurred leaving the remainder to be paid by the Insured Person.

To see some example Claim scenarios please visit: www.ahiinsurance.com.au/claims-examples

Cooling-Off
The Insured has a cooling-off period of twenty-one (21) consecutive days from the date on which the Policy was issued to cancel the Policy. If the request is made to Us in writing to cancel the Policy within the twenty-one (21) consecutive days, We will cancel the Policy and provide a full refund of premium less charges or taxes which we are unable to recover, provided neither the Insured nor any Insured Person has exercised a right or power under the terms of the Policy in that period (e.g. Insured Person has started their Journey, the Policy has already expired or if any Claim has been made under the Policy).

Complaints and Dispute Resolution
The Insured is entitled to make a complaint to Us about any aspect of the Insured's relationship with Us.

We are committed to resolving any complaint or dispute fairly and as quickly as possible. If the Insured is dissatisfied with Our service in any way, please contact Us and We will acknowledge receipt as soon as practicable, and resolve the Insured's concerns within 30 days. If We are unable to or if the Insured is still not satisfied, as part of Our internal dispute resolution process, We will review the Insured's complaint and provide the Insured with a response.

When the Insured makes a complaint, please provide Us with as much information as possible. If the Insured needs any other assistance to make a complaint, please let Our staff know and they will do their best to help the Insured. This might include giving the Insured extra time to explain the Insured's complaint or asking Us to contact another person on behalf of the Insured to get more information about the Insured's complaint.

If the Insured is not satisfied with Our response to the Insured's complaint, or We have taken more than 30 days to respond to the Insured from the date the Insured first made the Insured's complaint, the Insured's may be eligible to escalate the matter to the Australian Financial Complaints Authority (AFCA) if the Insured's matter is within the jurisdiction as set out in their Rules. AFCA is an independent external disputes resolution scheme who can assess the Insured's matter free of charge to the Insured, and can issue a binding outcome on Us. The Insured does not have to accept any decisions that We or AFCA makes. If the Insured's matter falls outside the AFCA jurisdiction as set out in their Rules, the Insured can access any other external dispute resolution options.

How to make a complaint
The Insured can contact Us to make a complaint, or if the Insured requires assistance to lodge a complaint, using the contact details provided below:

Post: GPO Box 4616, SYDNEY NSW 2001
Email: complaints@ahiinsurance.com.au
Phone: (02) 9251 8700

When the Insured makes a complaint, We will:

- acknowledge the Insured's complaint as soon as practicable;
- keep a record of the Insured's complaint and give the Insured a reference number and contact details so that the Insured can follow up at any time;
- make sure we understand and investigate the cause of the Insured's complaint;
- respond to the Insured as quickly as possible;
- keep the Insured informed of Our progress at least every 10 business days if We can't resolve the Insured's complaint straight away; and
- provide an outcome within a maximum of thirty (30) calendar days.

If We're unable to provide the Insured with an outcome within thirty (30) days, We will:

- inform the Insured of the reason for the delay;
- if the Policy is a Consumer Contract, advise the Insured of the Insured's right to complain to AFCA; and
- provide the Insured with AFCA's contact details.

Privacy

AHI – Privacy
As part of AHI's dealings with the Insured and Insured Persons, AHI may need to collect personal information (which may include sensitive information) when the Insured is applying for, changing or renewing a Policy with Us or when We are processing a Claim in order to help Us properly administrate the Insured's insurance proposal, policy or Claim. AHI will collect this information directly from the Insured or Insured Person where possible, but there may be occasions when AHI collects this information from a third party such as an insurance advisor.

AHI will only use information for the purposes for which it was collected, other related purposes and as permitted or required by law. The level of quality and/or quantity of information provided may affect AHI's ability to provide insurance cover as needed.

AHI may share this information with other companies within its group and third parties who provide services to AHI or on Our behalf, some of which may be located outside of Australia.

For more details on how AHI collects, stores, uses and discloses personal information, please read AHI's privacy policy located at www.ahiinsurance.com.au. Alternatively, contact AHI at privacy@tokiomarine.com.au or call (02) 9251 8700 to request a copy be sent.

It is recommended to obtain a copy of this privacy policy and read it carefully. By applying for, using or renewing any of AHI's products or services, or providing AHI with collected personal information, agreement is granted to AHI to this information being collected, stored, used and disclosed as set out in this policy.

AHI's privacy policy also contains information about how to access and seek correction of collected personal information, complain about a breach of the privacy law, and how AHI will deal with a complaint.

TMNF – Privacy
Privacy is important to Us. TMNF is dedicated to upholding the Insured and Insured Person's privacy and protecting their personal information. We are bound in Australia by the Privacy Act 1988 (Cth) and its associated Australian Privacy Principles, along with any other applicable privacy laws and codes, when collecting, using, disclosing, holding, handling and transferring any personal information. TMNF has ongoing practices, procedures and systems in place to ensure that We manage personal information in an open and transparent way.

We may use the Insured or Insured Persons personal information (such as name, date of birth, contact details, and in certain cases explained in Our Privacy Policy, sensitive information) for the following purposes:

- to determine whether and on what terms We might issue the Insured or Insured Persons with an insurance policy;
- to open and administer any products and services the Insured or Insured Persons may sign up for;
- to help improve Our products and services;
- to undertake market research, customer data analysis and direct marketing activities;
- to manage and resolve complaints made;
- to report information required by law or regulations;
- to perform any other appropriately related functions

If the Insured or Insured Persons don't provide all the information requested, the main consequence is that We may not be able to issue the Insured or Insured Persons with a policy or pay a Claim.

Unless it is unreasonable or impracticable under the circumstances, We will collect the Insured or Insured Persons personal information directly from the Insured or Insured Persons advisor or someone authorised by the Insured or Insured Persons, for example, the Insured or Insured Persons insurance broker, financial planner, legal services provider, agent or carer. In issuing and/or managing the Insured or Insured Persons policy or Claim We may need to disclose the Insured or Insured Persons personal information to third parties such as another insurer, Our reinsurers, an insurance broker, Our legal providers, Our accountants, loss investigators or adjusters, anyone acting as the Insured or Insured Persons agent or regulatory bodies as well as Our various third party service providers described in Our Privacy Policy. We may also disclose the Insured or Insured Persons information as required by law.

In providing the Insured or Insured Persons with Our services it may be necessary to disclose the Insured or Insured Persons information overseas where We have a presence or engage such parties, including but not limited to Japan, USA, Canada, Bermuda, New Zealand, Thailand, Hong Kong, Europe (including the United Kingdom), Singapore and India.

We will otherwise collect, hold, use and disclose the Insured or Insured Persons personal information in accordance with Our Privacy Policies, which set out how the Insured or Insured Persons may access and correct the personal information that We hold about the Insured or Insured Persons and how to lodge a complaint.

To learn more about collection and use of the Insured or Insured Persons personal information, see Our Privacy Policy, which can be viewed at Our website www.tokiomarine.com.au or contact Us on (02) 9225 7500.

Updating the PDS
Information in the PDS may need to be updated from time to time if certain changes occur and where this is required and permitted by law. We will issue the Insured with a new PDS or a Supplementary PDS to update information in the PDS.

If the update is to correct a statement or an omission, that is not materially adverse from the point of view of a reasonable person deciding whether to acquire this Policy, we may issue the Insured with notice of this information in other forms.

A paper copy of any updated information can be obtained without charge by calling Us on the contact details provided in this document.

Intermediary Remuneration
Tokio Marine & Nichido Fire Insurance Co., Ltd pays remuneration to insurance intermediaries when We issue, renew or vary a Policy the intermediary has arranged or referred to Us. The type and amount of remuneration varies and may include commission and other payments. Information about the remuneration We may pay intermediaries can be obtained by requesting it from the intermediary or insurance advisor.

Financial Claims Scheme
The Insured or Insured Person may be entitled to payment under the financial claims scheme in the event Tokio Marine & Nichido Fire Insurance Co., Ltd becomes insolvent. Access to the Scheme is subject to eligibility criteria. Information about the scheme can be obtained from www.fcs.gov.au.

General Insurance Code of Practice
We proudly support and are a signatory to the General Insurance Code of Practice ('the Code').

The purpose of the Code is to raise the standards of practice and service in the general insurance industry. The objectives of the Code are:

- to commit Us to high standards of service;
- to promote better, more informed relations between Us and Our valued customers;
- to maintain and promote trust and confidence in the general insurance industry;
- to provide fair and effective mechanisms for the resolution of complaints and disputes between Us and the Insured; and
- to promote continuous improvement of the general insurance industry through education and training.

This is Our commitment to all Our valued customers. We have adopted and support the Code and are committed to complying with it.

Further information about the Code and the customer's rights under it is available at www.codeofpractice.com.au or contact Us.

Contact Details

Accident & Health International Underwriting Pty Limited
ABN 26 053 335 952
AFS Licence No. 238261
Level 17, 60 Margaret Street
SYDNEY NSW 2000

Telephone: (02) 9251 8700
Fax: (02) 9251 8755
Website: www.ahiinsurance.com.au
Email: enquiries@ahiinsurance.com.au

AHI Assist
To contact AHI Assist refer to the contact number shown in the Policy Schedule against "AHI Assist 24/7 Emergency Contact Details".

The Insurer
Tokio Marine & Nichido Fire Insurance Co., Ltd
ABN 80 000 438 291
AFS Licence No.246548 (TMNF)
Level 17, 60 Margaret Street,
SYDNEY NSW 2000

Telephone: +61 2 9225 7500
Website: www.tokiomarine.com.au

This Product Disclosure Statement was prepared on 16/02/2024. AHI is authorised to distribute this Product Disclosure Statement.

Policy Wording

Important Notice

Accident & Health International Underwriting Pty Ltd (hereinafter called AHI) gives notice that this contract has been effected under an Authority given to AHI by the Insurer. AHI has entered into the contract as an agent of the Insurer and not an agent of the Insured. A commission is payable by Us to AHI for arranging this insurance.

All cover under this Policy is subject to:

1. the payment of premium; and
2. the terms and conditions contained in this Policy document and in the Policy Schedule; and
3. the limits of liability referred to in the Policy and in the Policy Schedule.

This Policy consists of several Benefits. An Insured Person is covered for insurance under only those Benefits selected by the Insured as shown in the Policy Schedule.

We hereby agree to insure such Insured Persons as nominated by the Insured from time to time on the terms, conditions, limitations and exclusions set out in this Policy.

There is a maximum amount payable under each Benefit of the Policy with respect to each Insured Person, and with respect to all Claims payable under this Policy during each Period of Insurance. The limit of Our liability is the Sum Insured against each Benefit as shown in the Policy Schedule and is subject to the overall maximum amount in any one Period of Insurance as also shown in the Policy Schedule against “Aggregate Limit of Liability”.

Within this Policy certain capitalised words have specific meanings as defined in the ‘AHI Standard Definitions’ section. It is important that you are aware of them. Words that are capitalised but are not defined in the ‘AHI Standard Definitions’ section refer to corresponding section headings within this policy.

Benefits

The Policy consists of a number of Benefits that provide the level of cover to the Insured and/or Insured Persons. Please refer to the relevant Benefits of the Policy and the Policy Schedule for full Benefits details. The General Conditions and Limitations and General Exclusions of this Policy apply to all Benefits of the Policy in addition to the specific Conditions and Exclusions of the Benefit. If the Sum Insured stated in the Policy Schedule is $0.00 for a Benefit, no cover is provided under this Policy for that Benefit.

Each Benefit is explained under four (4) applicable headings:

1. Extent of Cover – details the Events that are covered under each Benefit.
2. Compensation – details the way We will pay the Compensation under each Benefit.
3. Conditions – explains the conditions which are required to be met for an Insured or Insured Person to make a Claim against that Benefit and are in addition to the General Conditions and Limitations that apply to all Benefits under this Policy.
4. Exclusions – details when We will not pay a Claim under each Benefit and are in addition to the General Exclusions that apply to all Benefits under this Policy.

This Policy contains a number of provisions in the Benefit sections, General Conditions and Limitations, and General Exclusions that an Insured Person (and in some circumstances the Insured) is required to comply with.

If an Insured or an Insured Person does not comply with the terms of the Policy, such as a provision that is set out in a Benefit section, in the Policy Schedule, or in the General Conditions and Limitations, or General Exclusions, then the Insurer may be entitled under Section 54 of the Insurance Contracts Act to:

1. refuse to pay a Claim in whole or in part that fairly represents the extent to which its interests are prejudiced as a result of the non-compliance; or
2. refuse to pay a Claim in whole or in part where the non-compliance has caused or contributed to all or some of the loss that is the subject of the Claim.

Benefit Limits
Benefits may be subject to Benefit Limits. Benefit Limits may affect the amount payable in the event of a Claim. If a Benefit Limit is applicable to a Benefit, it will be shown in the Policy Schedule below the Benefit it applies to, indented from the left margin of the Schedule of Benefits.

All definitions for terms used in each Benefit or Benefit Limit can be found under the AHI Standard Definitions heading of this Policy.

Accidental Death and Capital Benefits

Extent of Cover
If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person sustains an Injury which results in any of the following Insured Events which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Insured Events	Percentage of Benefit Payable
Accidental Death	100%
Permanent Total Disablement	100%
Paraplegia/Quadriplegia	100%
Permanent and incurable paralysis of all limbs	100%
Permanent and incurable insanity	100%
Permanent total loss of sight in:	
(a) Both eyes	100%
(b) One (1) eye	100%
Permanent total Loss of Use of:	
(a) Two (2) limbs	100%
(b) One (1) limb	100%
Permanent total Loss of Use of:	
(a) The lens in both eyes	100%
(b) Hearing in both ears	100%
Permanent total Loss of Use four fingers and thumb of either hand	80%
Permanent total Loss of Use of four fingers of either hand	50%
Permanent total Loss of Use of:	
(a) The lens in one (1) eye	60%
(b) Hearing in one (1) ear	20%
Burns	
(a) Third degree burns and/or resultant disfigurement which covers more than 40% of the entire external body	50%
(b) Second degree burns and/or resultant disfigurement which covers more than 40% of the entire external body	25%
Permanent total Loss of Use of one thumb of either hand	
(a) both joints	30%
(b) one (1) joint	15%
Permanent total Loss of Use of fingers of either hand:	
(a) three (3) joints	10%
(b) two (2) joints	8%
(c) one (1) joint	5%

Accidental Death and Capital Benefits (continued)

Permanent total Loss of Use of toes of either foot:	
(a) all - one (1) foot	15%
(b) great - both joints	5%
(c) great - one (1) joint	3%
(d) other than great, each toe	1%
Fractured leg or patella with established non-union	10%
Shortening of leg by at least 5cm	7.5%

Unspecified Permanent Disablement
For permanent disablement occurring as outlined in the Extent of Cover not otherwise provided for under the above mentioned Insured Events, We will pay a percentage of the Accidental Death and Capital Benefit calculated in proportion to the reduction in the Insured Person's whole body function expressed in percentage, as certified by both the Insured Person's treating Medical Practitioner and a Medical Practitioner appointed by Us.

If the Medical Practitioner appointed by Us has a contrary assessment to that of the Insured Person's Medical Practitioner, We will seek the opinion of a third Medical Practitioner, appointed by mutual agreement and at Our expense.

If there is disagreement between all three Medical Practitioners, then the percentage reduction in whole body function shall be taken as the average of the three opinions.

The maximum Compensation payable shall be 75% of the Sum Insured shown in the Policy Schedule against Accidental Death and Capital Benefits.

Disappearance
If an Insured Person has been missing for a period of three hundred and sixty five (365) consecutive days following the sinking, wrecking or disappearance of an aircraft, vehicle or vessel in which the Insured Person was travelling (the 365 Day Period), and the Insured Person's body has not been found during the 365 Day Period, then the Insured Person will be deemed to have suffered the Insured Event "Accidental Death".

We will only pay the Insured Event "Accidental Death" as a result of Disappearance after the Insured or the legal representative of the Insured Person's estate has given us a signed undertaking that the benefit will be repaid to Us if, after Our payment, it is later determined that the Insured Person did not die as a result of the Insured Event.

Exposure
If an Insured Person is exposed to the elements as a result of sustaining an Injury and suffers from any of the Insured Events within three hundred and sixty five (365) consecutive days as a direct result of that exposure, We will treat that Insured Event as if it were caused by an Injury for the purposes of this Policy.

Compensation
We will pay the Percentage of Benefit Payable shown for the Insured Event of the amount shown in the Policy Schedule against "Accidental Death and Capital Benefits".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Any Compensation payable for Accidental Death and Capital Benefits shall be reduced by any sum already paid for under Weekly Injury Benefit in respect of the same Injury.

Conditions

1. The Insured Event must occur within three hundred and sixty-five (365) consecutive days of the date of the Injury.
2. We must receive evidence to Our reasonable satisfaction of the Insured Event, which could include:
    a. a death certificate from the relevant jurisdiction's Registry of Births, Deaths and Marriages or equivalent; or
    b. a report confirming that the Insured Person is missing and presumed dead issued by:
        i. the police or coroner in Australia; or
        ii. the embassy or equivalent representative of the relevant country where the Insured Event has occurred outside of Australia.
3. Compensation shall not be payable for more than one of the Insured Events in respect of the same Injury or Accident. If two (2) or more Insured Events have occurred, the Insured Event with the highest Compensation will be payable. For the avoidance of doubt, if two (2) of more Insured Events in respect of the same Injury have the same Compensation then only one Insured Event will be payable.
4. Compensation shall not be payable unless the Insured Person shall as soon as reasonably practicable after the happening of any Injury that the Insured is (or should have been) reasonably aware may or is reasonably likely to give rise to a claim under this Policy, procure and follow proper medical advice from a Medical Practitioner.
5. The maximum amount payable for a Dependent Child is ten (10%) percent of the Compensation stated unless otherwise specified.
6. The maximum amount payable for this Benefit in any one Period of Insurance for any one Insured Person is the amount shown in the Policy Schedule against "Accidental Death and Capital Benefits".

Exclusions

1. No cover is provided for any Injury which is wholly or partly attributable to childbirth or pregnancy or the complications of these (except for unexpected medical complications of emergencies arising from an Injury).
2. No cover is provided for Insured Event "Permanent Total Disablement" for Insured Persons who have attained:
    a. the age of seventy (70) or over; or
    b. the age shown in the Policy Schedule against "Maximum Age Limit (sub limits may apply)", whichever is the lesser, at the time of an Event.
3. No cover is provided for any Claim in relation to or in connection with a Pre-Existing Condition, unless the Pre-Existing Condition had been declared to and accepted by Us in writing.

Weekly Injury Benefit

Extent of Cover
If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person sustains an Injury which results in one of the following Insured Events:

- Temporary Total Disablement; or
- Temporary Partial Disablement,

and as a result suffers a loss of Income which is not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation
We will pay the lesser of:

1. 1/7th of the amount shown in the Policy Schedule against "Weekly Injury Benefit"; or
2. 1/7th of the Insured Person's Income,

for each completed twenty-four (24) hours of continued disablement.

After a period of three hundred and sixty-five (365) consecutive days of disablement, We will increase this Benefit amount by five (5%) percent for the remainder of the Benefit Period.

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

1. The Insured Event must occur within three hundred and sixty-five (365) consecutive days of the date of the Injury.
2. If an Injury requires surgical treatment which cannot be performed within three hundred and sixty-five (365) consecutive days from the date of the Accident, and

    a. the Insured Person can demonstrate that such treatment was known as necessary during the three hundred and sixty-five (365) day period from the date of Accident; and
    b. a Medical Practitioner certifies this,

    We will treat this as a continuation of the first Injury provided surgery does not occur in a period in excess of seven hundred and thirty (730) consecutive days from the date of the Accident.
3. The Insured Person must as soon as reasonably practicable after the happening of any Injury that the Insured Person is reasonably aware may (or should have been aware) or is likely to give rise to a Claim under this Policy, procure and follow proper medical advice from a Medical Practitioner.
4. Payments under this Benefit shall be reduced by the amount of any Workers' Compensation, Transport Accident Compensation, statutory compensation (or any ordinance or any other legislation having similar effect) entitlement for incapacity for work or any other payment which the Insured Person is entitled to receive for disability from any Other Insurance policy, except where this condition would be voided by Section 45 of the Insurance Contracts Act.
5. Notwithstanding Condition 2, if an Insured Person suffers a recurrence of Temporary Total Disablement or Temporary Partial Disablement from the same or related Injury within one hundred and eighty-two (182) consecutive days, the subsequent period of disablement will be deemed a continuation of the prior disablement. A new Deferral Period will not apply and the total Benefit Period shall not exceed the maximum Benefit Period, as specified in the Policy Schedule, inclusive of the Benefit already received.
6. If the Insured Person suffers a recurrence of Temporary Total Disablement or Temporary Partial Disablement from the same or related Injury after working on a full-time unrestricted basis for at least one hundred and eighty-two (182) consecutive days, the subsequent period of disablement shall be deemed to have resulted from a new Injury. A new Deferral Period and a new maximum Benefit Period as specified in the Policy Schedule shall apply.
7. Where the Insured Person is an employee and their employment with the Insured or their pre-disability employer is terminated or they are made redundant, and the Insured Person receives a lump sum termination or redundancy payment, We will reduce and/or off-set the payment of any entitlements under this Benefit by the equivalent periodical payments (or proportional weekly equivalent of any lump sum payment) the Insured Person received.
8. If the Insured Person redeems or commutes or settles their entitlement to Income from any other source, Our payments for Weekly Injury Benefit will immediately cease.
9. At time of claim, the Insured and any Insured Person must give Us written notification if the Insured or Insured Person hold any Other Insurance with any insurer providing for weekly compensations of a similar kind which, together with this insurance, will exceed the Insured Person's Income.
10. All Compensation shall be paid monthly in arrears.
11. In respect of Temporary Partial Disablement, the maximum We will pay is forty (40%) percent of the Compensation payable for Temporary Total Disablement.
12. In respect of Temporary Partial Disablement, if an Insured Person is able to return to work in a limited capacity but elects not to do so, the maximum We will pay is twenty-five (25%) percent of the Compensation payable for Temporary Total Disablement.
13. The Weekly Injury Benefit and Weekly Sickness Benefit cannot be claimed for the same period of time.
14. If the Insured Persons post-disability weekly Income exceeds the applicable Temporary Partial Disablement Benefit that would have been paid under this Benefit then no Weekly Injury Benefit is payable.

Exclusions

1. No cover is provided for any Injury that is wholly or partly attributable to childbirth or pregnancy or the

complications of these (except for unexpected medical complications or emergencies arising from an Injury).
2. No cover is provided for any period where the Insured Person is receiving or is entitled to receive sick leave payments.
3. No cover is provided for any Claim in relation to or in connection with a Pre-Existing Condition, unless the Pre-Existing Condition had been declared to and accepted by Us in writing.

Weekly Sickness Benefit

Extent of Cover
If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person suffers a Sickness which results in one of the following Insured Events:

- Temporary Total Disablement; or
- Temporary Partial Disablement,

and as a result suffers a loss of Income which is not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation
We will pay the lesser of:

- 1/7th of the amount shown in the Policy Schedule
- against "Weekly Sickness Benefit"; and
- 1/7th of the Insured Person's Income,

for each completed twenty-four (24) hours of continued disablement.

After a period of three hundred and sixty-five (365) consecutive days of disablement, We will increase this Benefit amount by 5% for the remainder of the Benefit Period.

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

1. The Insured Event must occur within three hundred and sixty-five (365) consecutive days of the date of the Sickness.
2. If a Sickness requires surgical treatment which cannot be performed within three hundred and sixty-five (365) consecutive days from the date of the Sickness, and

    a. the Insured Person can demonstrate that such treatment was known as necessary during the three hundred and sixty-five (365) day period from the date of Sickness; and
    b. a Medical Practitioner certifies this,

    We will treat this as a continuation of the first Sickness provided surgery does not occur in a period in excess of seven hundred and thirty (730) consecutive days from the date of the Sickness.
3. The Insured Person must as soon as reasonably practicable after the happening of any Sickness that the Insured Person is reasonably aware may (or should have been aware) or is likely to give rise to a Claim under this Policy, procure and follow proper medical advice from a Medical Practitioner.
4. Payments under this Benefit shall be reduced by the amount of any Workers' Compensation, Transport Accident Compensation, statutory compensation (or any ordinance or any other legislation having similar effect) entitlement for incapacity for work or any other payment which the Insured Person is entitled to receive for disability from any Other Insurance policy, except where this condition would be voided by Section 45 of the Insurance Contracts Act.
5. Nothwithstanding Condition 2, if an Insured Person suffers a recurrence of Temporary Total Disablement or Temporary Partial Disablement from the same or related Sickness within one hundred and eighty-two (182) consecutive days, the subsequent period of disablement will be deemed a continuation of the prior disablement. A new Deferral Period will not apply and the total Benefit Period shall not exceed the maximum Benefit Period, as specified in the Policy Schedule, inclusive of the Benefit already received.
6. If the Insured Person suffers a recurrence of Temporary Total Disablement or Temporary Partial Disablement from the same or related Sickness after working on a full-time unrestricted basis for at least one hundred and eighty-two (182) consecutive days, the subsequent period of disablement shall be deemed to have resulted from a new Sickness. A new Deferral Period and a new maximum Benefit Period as specified in the Policy Schedule shall apply.
7. Where the Insured Person is an employee and their employment with the Insured or their pre-disability employer is terminated or they are made redundant and the Insured Person receives a lump sum termination or redundancy payment, We will reduce and/or off-set the payment of any entitlements under this Benefit by the equivalent periodical payments (or proportional weekly equivalent of any lump sum payment) the Insured Person received.
8. If the Insured Person redeems or commutes or settles their entitlement to Income from any other source, Our payments for Weekly Sickness Benefits will immediately cease.
9. At time of claim, the Insured and any Insured Person must give Us written notification if the Insured or Insured Person hold any Other Insurance with any insurer providing for weekly compensations of a similar kind which, together with this insurance, will exceed the Insured Person's Income.
10. All Compensation shall be paid monthly in arrears.
11. In respect of Temporary Partial Disablement, the maximum We will pay is forty (40%) percent of the Compensation payable for Temporary Total Disablement.
12. In respect of Temporary Partial Disablement, if an Insured Person is able to return to work in a reduced capacity (whether or not with the Insured), yet elects not to do so, the maximum We will pay is twenty-five (25%) percent

of the Compensation payable for Temporary Total Disablement.

13. The Weekly Sickness Benefit and Weekly Injury Benefit cannot be claimed for the same period of time.
14. If the Insured Persons post-disability weekly Income exceeds the applicable Temporary Partial Disablement Benefit that would have been paid under this Benefit then no Weekly Sickness Benefit is payable.

Exclusions

1. No cover is provided for any Sickness that is wholly or partly attributable to childbirth or pregnancy or the complications of these.
2. No cover is provided for any period where the Insured Person is receiving or is entitled to receive sick leave payments.
3. No cover is provided for any Claim in relation to or in connection with a Pre-Existing Condition, unless the Pre-Existing Condition had been declared to and accepted by Us in writing.

Death by Specified Sickness

Extent of Cover
If, during the Period of Insurance and whilst on a Journey, the Insured Person dies within four (4) consecutive weeks from the commencement of the Journey, solely and directly as a result of a Specified Sickness, We will pay the Compensation in accordance with the terms in this Benefit.

Compensation
We will pay the amount shown in the Policy Schedule against "Specified Sickness".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

1. We must receive evidence to Our reasonable satisfaction of the Insured Event, such as written certification by a Medical Practitioner.

Exclusions

1. No cover is provided for any Claim in relation to or in connection with a Pre-Existing Condition, unless the Pre-Existing Condition had been declared to and accepted by Us in writing.
2. No cover is provided for Insured Persons who have attained the age of seventy (70) at the time of the Event.

Broken / Fractured Bones Benefits

Extent of Cover
If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person sustains an Injury which results in any of the following Insured Events which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Insured Events	**Percentage of Benefit Payable**
Neck or spine (Full-Break)	100%
Neck or spine (not being a Full-Break)	50%
Pelvis girdle (Hip bone)	25%
Skull, shoulder blade	10%
Collar bone, upper leg	10%
Upper arm, kneecap, forearm, elbow	7.5%
Lower leg, jaw, wrist, cheek, ankle, hand, foot	5%
Ribs	5%
Finger, thumb, toe	2.5%

Compensation
We will pay the Percentage of Benefit Payable stated for the Insured Event of the amount shown in the Policy Schedule against "Broken / Fractured Bones Benefits".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

1. The maximum Compensation payable for any one Injury is the amount shown in the Policy Schedule against "Broken / Fractured Bones Benefits".

Exclusions

1. No cover is provided for any Injury wholly or partly attributable to childbirth or pregnancy or the complications of these (except for unexpected medical complications or emergencies arising from an Injury).
2. No cover is provided for any Claim in relation to or in connection with a Pre-Existing Condition, unless the Pre-Existing Condition had been declared to and accepted by Us in writing.

Injury Resulting in Surgery

Extent of Cover
If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person who is outside their Country of Domicile sustains an Injury which results in any of the following Surgical Procedures being undertaken outside their Country of Domicile, which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Surgical Procedures	Percentage of Benefit Payable
Craniotomy	100%
Amputation of a limb	100%
Fracture of a limb requiring open reduction	50%
Dislocation requiring open reduction	25%
Any other surgical procedure carried out under a general anaesthetic	5%

Compensation
We will pay the Percentage of Benefit Payable stated for the Insured Event, of the amount shown in the Policy Schedule against "Injury Resulting in Surgery".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

1. Compensation shall not be payable for more than one (1) Surgical Procedure in respect of the same Injury. If two (2) or more Surgical Procedures have occurred, the Surgical Procedure with the highest Compensation will be payable. If two (2) or more Surgical Procedures in respect of the same Injury have the same Compensation, then only one Surgical Procedure will be payable.
2. The Surgical Procedure must occur within three hundred and sixty-five (365) consecutive days of the date of the Injury.

Exclusions

1. No cover is provided for any Injury wholly or partly attributable to childbirth or pregnancy or the complications of these (except for unexpected medical complications of emergencies arising from an Injury).
2. No cover is provided for any Claim in relation to or in connection with a Pre-Existing Condition, unless the Pre-Existing Condition had been declared to and accepted by Us in writing.

Sickness Resulting in Surgery

Extent of Cover
If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person who is outside their Country of Domicile sustains a Sickness which results in any of the following Surgical Procedures being undertaken outside their Country of Domicile, which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Surgical Procedures	Percentage of Benefit Payable
Open heart surgical procedure	100%
Brain surgery	100%
Abdominal surgery carried out under general anaesthetic	50%
Any other surgical procedure carried out under a general anaesthetic	5%

Compensation
We will pay the Percentage of Benefit Payable stated for the Insured Event, of the amount shown in the Policy Schedule against "Sickness Resulting in Surgery".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

1. Compensation shall not be payable for more than one (1) Surgical Procedure in respect of the same Sickness. If two (2) or more Surgical Procedures have occurred, the Surgical Procedure with the highest Compensation will be payable. If two (2) or more Surgical Procedures in respect of the same Injury have the same Compensation, then only one Surgical Procedure will be payable.
2. The Surgical Procedure must occur within three hundred and sixty-five (365) consecutive days of the date of the Sickness.

Exclusions

1. No cover is provided for any Sickness wholly or partly attributable to childbirth or pregnancy or the complications of these (except for unexpected medical complications of emergencies arising from a Sickness).
2. No cover is provided for any Claim in relation to or in connection with a Pre-Existing Condition, unless the Pre-Existing Condition had been declared to and accepted by Us in writing.

Loss of Teeth or Dental Procedures

Extent of Cover
If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person sustains an Injury which results in any of the following Insured Events which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Insured Events	Percentage of Benefit Payable
Loss of Teeth or full capping of Teeth	100%
Partial capping of Teeth	50%

Compensation
We will pay the Percentage of Benefit Payable stated for the Insured Event, of the amount shown in the Policy Schedule against "Loss of Teeth or Dental Procedures".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions
No specific conditions apply to this Benefit, only the General Conditions and Limitations.

Exclusions

1. No cover is provided for any Claim in relation to or in connection with a Pre-Existing Condition, unless the Pre-Existing Condition had been declared to and accepted by Us in writing.

Accidental HIV Infection Lump Sum Benefit

Extent of Cover
If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person contracts the Human Immunodeficiency Virus (HIV) as a result of:

1. Injury caused by a violent physical bodily assault by another person; or
2. Medical treatment of an Injury,

which is not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Any general exclusions which apply to HIV infection do not apply to this benefit.

Compensation
We will pay the amount shown in the Policy Schedule against "Accidental HIV Infection Lump Sum Benefit".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

1. There must be a positive diagnosis of HIV infection within one hundred and eighty-two (182) consecutive days of the Event occurring.
2. The Event leading to the HIV infection must be reported to Us, and medical tests must be carried out by a Medical Practitioner, no more than forty- eight (48) consecutive hours from the date and time of the Event giving rise to the HIV infection.
3. A recognised laboratory must carry out the testing and prove that the Insured Person was not HIV positive at the time of the Event giving rise to the HIV infection.
4. Medical treatment must be provided by a Medical Practitioner or legally qualified and registered nurse.

Exclusions

1. No cover is provided if it is proven the Insured Person already had HIV prior to the Event giving rise to the HIV infection.
2. No cover is provided for any Injury wholly or partly attributable to childbirth or pregnancy or the complications of these (except for unexpected medical complications of emergencies arising from an Injury).
3. No cover is provided for any Claim in relation to or in connection with a Pre-Existing Condition, unless the Pre-Existing Condition had been declared to and accepted by Us in writing.

Childcare Benefit

Extent of Cover
If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person sustains an Injury which results in a Claim which We accept against this Policy for one of the following Insured Events under Accidental Death and Capital Benefits:

- Permanent Total Disablement; or
- Paraplegia/Quadriplegia; or
- Permanent and incurable paralysis of all limbs; or
- Permanent and incurable insanity; or
- Permanent total loss of sight in:

    a. Both eyes; or
    b. One (1) eye; or

- Permanent total Loss of Use of:

  a. Two (2) limbs; or
  b. One (1) limb; or

- Permanent total Loss of Use of:

  a. The lens in both eyes; or
  b. Hearing in both ears,

and as a result incurs expenses relating to childcare services for their Dependent Children, which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation
We will pay for or reimburse the reasonable expenses as described in the Extent of Cover. The maximum amount We will pay is shown in the Policy Schedule against "Childcare Benefit".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

1. The childcare services must be provided by a trained and registered childcare provider.

Exclusions

1. No cover is provided for expenses that would have been incurred irrespective of the Injury.
2. No cover is provided for any Claim in relation to or in connection with a Pre-Existing Condition, unless the Pre-Existing Condition had been declared to and accepted by Us in writing.

Coma Benefit

Extent of Cover
If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person sustains an Injury which results in them being in a state of continued total unconsciousness, which is not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation
We will pay the amount shown in the Policy Schedule against "Daily Benefit" for each completed twenty-four (24) hours of continued total unconsciousness.

The maximum We will pay for any one Event is the amount shown in the Policy Schedule against "Coma Benefit".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

1. The Insured Person or their legal representative must provide Us with a medical certificate from a Medical Practitioner verifying that the Injury directly caused the continuous total unconsciousness.

Exclusions

1. No cover is provided for any Injury wholly or partly attributable to childbirth or pregnancy or the complications of these (except for unexpected medical complications of emergencies arising from an Injury).
2. No cover is provided for any Claim in relation to or in connection with a Pre-Existing Condition, unless the Pre-Existing Condition had been declared to and accepted by Us in writing.

Corporate Image Protection Benefit

Extent of Cover
If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person sustains an Injury which results in a Claim which We accept against this Policy for one of the following Insured Events under Accidental Death and Capital Benefits:

- Accidental Death; or
- Permanent Total Disablement,

and as a result the Insured incurs expenses for:

1. necessary engagement of image consultants and public relations consultants; or
2. release of information through the media,

which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation
We will reimburse the reasonable expenses as described in the Extent of Cover. The maximum amount We will pay is shown in the Policy Schedule against "Corporate Image Protection Benefit".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

1. The expenses must be incurred within fifteen (15) consecutive days from the date of the Injury.
2. The expenses must be in direct connection with the Injury, to protect and/or positively promote the Insured's business and image.
3. The Insured must provide Us with a signed undertaking that any amount paid to the Insured will be repaid to Us if, after Our payment, it is found that a Claim for Accidental Death or Permanent Total Disablement which We accept for the purposes of this Benefit did not or will not eventuate.

Exclusions

1. No cover is provided for any Claim in relation to or in connection with a Pre-Existing Condition, unless the Pre-Existing Condition had been declared to and accepted by Us in writing.

Dependent Child Supplement Benefit

Extent of Cover
If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person sustains an Injury which results in a Claim which We accept against this Policy for the following Insured Events under Accidental Death and Capital Benefits:

- Accidental Death

which is not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation
We will pay a Benefit for each Dependent Child of the Insured Person. The maximum amount We will pay is shown in the Policy Schedule against "Dependent Child Supplement Benefit".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions
No specific conditions apply to this Benefit, only the General Conditions and Limitations.

Exclusions

1. No cover is provided for any Claim in relation to or in connection with a Pre-Existing Condition, unless the Pre-Existing Condition had been declared to and accepted by Us in writing.

Driver Services Benefit

Extent of Cover
If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person sustains an Injury or suffers a Sickness which results in a Claim which We accept against this Policy for one of the following Insured Events under Weekly Injury Benefit or Weekly Sickness Benefit:

- Temporary Total Disablement; or
- Temporary Partial Disablement,

and as a result incurs expenses related to transportation of the Insured Person between their principal residence and place of business for the purpose of engaging in their pre-disablement occupation, which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation
We will reimburse the reasonable expenses as described in the Extent of Cover. The maximum amount We will pay is shown in the Policy Schedule against "Driver Services Benefit".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

1. The transportation must be provided by a legally approved and licensed taxi or ride sharing service.
2. The Insured Person must have recovered sufficiently from the Injury to return to work.
3. A Medical Practitioner must certify that the Insured Person is unable to drive a vehicle or travel on public transport.

Exclusions

1. No cover is provided for any Claim in relation to or in connection with a Pre-Existing Condition, unless the Pre-Existing Condition had been declared to and accepted by Us in writing.

Education Fund Benefit

Extent of Cover
If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person sustains an Injury which results in a Claim which

a. We accept against this Policy for the Insured Events "Accidental Death" under Accidental Death and Capital Benefits; and
b. education fees are incurred for their Dependent Children,

We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation
We will pay for or reimburse expenses for the continuation of their current or enrolled school, university or institute of higher learning incurred for each surviving Dependent Child of the Insured Person, up to the maximum amount as shown in the Policy Schedule against "Education Fund Benefit".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

1. We must receive the receipt(s) or invoice of the school, university or institute of higher learning fees claimed.

Exclusions

1. No cover is provided for any Claim in relation to or in connection with a Pre-Existing Condition, unless the Pre-Existing Condition had been declared to and accepted by Us in writing.

Family Accommodation and Transport Expenses Benefit

Extent of Cover
If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person sustains an Injury which results in them being admitted as an in-patient to a Hospital and the Insured Person's Family incurs expenses to travel to and remain with the Insured Person for the duration of their stay as an in-patient, which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation
We will pay for or reimburse the reasonable expenses as described in the Extent of Cover. The maximum amount We will pay is shown in the Policy Schedule against "Family Accommodation and Transport Expenses Benefit".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

1. The Hospital must be located in Australia.
2. The Hospital must be located outside a radius of 100km from the Insured Person's normal place of residence.

Exclusions

1. No cover is provided for any Injury wholly or partly attributable to childbirth or pregnancy or the complications of these (except for unexpected medical complications of emergencies arising from an Injury).
2. No cover is provided for any Claim in relation to or in connection with a Pre-Existing Condition, unless the Pre-Existing Condition had been declared to and accepted by Us in writing.

Financial Advice Benefit

Extent of Cover
If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person sustains an Injury which results in a Claim which We accept against this Policy for one of the following Insured Events under Accidental Death and Capital Benefits:

- Accidental Death; or
- Permanent Total Disablement; or
- Paraplegia/Quadriplegia ; or
- Permanent and incurable paralysis of all limbs; or
- Permanent and incurable insanity; or
- Permanent total loss of sight in:

    a. Both eyes; or
    b. One (1) eye; or

- Permanent total Loss of Use of:

    a. Two (2) limbs; or
    b. One (1) limb; or

- Permanent total Loss of Use of:

    a. The lens in both eyes; or
    b. Hearing in both ears,

and subsequently the Insured Person or the Insured Person's legal representative incurs expenses for professional financial planning advice in relation to the relevant Insured Event and any Benefits payable in relation to that Insured Event, which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation
We will reimburse the reasonable expenses as described in the Extent of Cover. The maximum amount We will pay is shown in the Policy Schedule against "Financial Advice Benefit".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

1. The professional financial planning advice must be provided by a qualified financial planner who is authorised and regulated by the Australian Securities and Investment Commission to provide financial advice, or the equivalent regulatory body in the Insured Persons country of residence.
2. Expenses must be incurred within one hundred and eighty-two (182) consecutive days of the Insured Event occurring.

Exclusions

1. No cover is provided for expenses paid to a financial planner who is related in any way to the Insured Person.
2. No cover is provided for any Claim in relation to or in connection with a Pre-Existing Condition, unless the Pre-Existing Condition had been declared to and accepted by Us in writing.

Home and Vehicle Modification Benefit

Extent of Cover
If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person sustains an Injury which results in a Claim which We accept against this Policy for one of the following Insured Events under Accidental Death and Capital Benefits:

- Permanent Total Disablement; or
- Paraplegia/Quadriplegia ; or
- Permanent and incurable paralysis of all limbs; or
- Permanent and incurable insanity; or
- Permanent total loss of sight in:

    a. Both eyes; or
    b. One (1) eye; or

- Permanent total Loss of Use of:

    a. Two (2) limbs; or
    b. One (1) limb; or

- Permanent total Loss of Use of:

    a. The lens in both eyes; or
    b. Hearing in both ears,

and as a direct result of such Injury is unable to perform the activities of daily living requiring modification to the Insured Person's:

1. principal residence (including but not limited to the installation of ramps for external or internal wheelchair access, internal guide rails, emergency alert system and similar disability aids); or
2. private vehicle (used for non-commercial purposes) including but not limited to the installation of steering wheel modifications and pedal adjustments,

and incurs expenses for those modifications which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation
We will pay for or reimburse the reasonable expenses as described in the Extent of Cover. The maximum amount We will pay is shown in the Policy Schedule against "Home and Vehicle Modification Benefit".
The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

1. Modifications must be required in order to perform the activities of daily living such as driving, washing, cooking, bathing, dressing and movement around the Insured Person's residence.
2. Our prior written agreement and the agreement of the Insured Person's attending Medical Practitioner to certify that these modifications are necessary in order for the Insured Person to perform the activities of daily living must be obtained prior to modifications being undertaken.
3. Cover is applicable in respect of the Insured Person's principal residence only and/or one private non-commercial vehicle (as applicable) only.
4. Modifications must be in accordance with any law or by-laws.

Exclusions

1. No cover is provided where the payment of the Benefit would constitute the carrying on of a "Health Insurance Business" as defined under the Private Health Insurance Act 2007 (Cth) or any succeeding legislation to that Act or would result in a breach of the provisions of the Health Insurance Act 1973 (Cth) or any similar legislation.
2. No cover is provided for any Claim in relation to or in connection with a Pre-Existing Condition, unless the Pre-Existing Condition had been declared to and accepted by Us in writing.

Orphaned Benefit

Extent of Cover
If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person's Dependent Children become orphaned as a result of the Insured Person sustaining an Injury, which results in a Claim which We accept against this Policy for the following Insured Events under Accidental Death and Capital Benefits:

- Accidental Death,

which is not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation
We will pay a Benefit for each Dependent Child of the Insured Person. The maximum amount We will pay is shown in the Policy Schedule against "Orphaned Benefit".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions
No specific conditions apply to this Benefit, only the General Conditions and Limitations.

Exclusions

1. No cover is provided for any Claim in relation to or in connection with a Pre-Existing Condition, unless the Pre-Existing Condition had been declared to and accepted by Us in writing.

Partner Accidental Death Benefit

Extent of Cover
If, during the Period of Insurance and occurring within the Scope of Cover, the Insured Person's Partner dies as a result of an Injury which is not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation
We will pay the amount shown in the Policy Schedule against "Partner Accidental Death Benefit".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions
No specific conditions apply to this Benefit, only the General Conditions and Limitations.

Exclusions
No specific exclusions apply to this Benefit, only the General Exclusions.

Partner Training Benefit

Extent of Cover
If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person sustains an Injury which results in a Claim which We accept against this Policy for one of the following Insured Events under Accidental Death and Capital Benefits:

- Accidental Death; or
- Permanent Total Disablement,

and subsequently the Insured Person's Partner incurs expenses for training or retraining for the purpose of:

1. obtaining gainful employment; or
2. improving the Partner's potential for employment; or
3. if the Insured Person has suffered Permanent Total Disablement, improving the quality of care the Partner can provide to the Insured Person,

which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation
We will reimburse the reasonable expenses as described in the Extent of Cover. The maximum amount We will pay is shown in the Policy Schedule against "Partner Training Benefit".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

1. The Partner must be aged under seventy (70) at the commencement of the training.
2. The training must be provided by a legally recognised training organisation or institution with the qualification(s) to provide such training.
3. All such training expenses must be incurred within three hundred and sixty-five (365) consecutive days from the date of the Insured Person's Injury.
4. This Benefit is only payable if the Insured Person's Partner is not already employed.

Exclusions

1. No cover is provided for any Claim in relation to or in connection with a Pre-Existing Condition, unless the Pre-Existing Condition had been declared to and accepted by Us in writing.

Retraining and Rehabilitation Expenses Benefit

Extent of Cover
If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person sustains an Injury which results in a Claim which We accept against this Policy for one of the following Insured Events under Weekly Injury Benefit:

- Temporary Total Disablement; or
- Temporary Partial Disablement,

and subsequently the Insured Person incurs expenses for vocational training, tuition or guidance which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation
We will reimburse the reasonable expenses as described in the Extent of Cover. The maximum amount We will pay is shown in the Policy Schedule against "Retraining and Rehabilitation Expenses Benefit".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

1. Medical evidence must be supplied by the Insured Person's treating Medical Practitioner that the vocational training, tuition or guidance is necessary to rehabilitate the Insured Person as a result of the Injury.
2. Our written agreement must be obtained prior to the commencement of the vocational training, tuition or guidance.

Exclusions

1. No cover is provided for any Claim in relation to or in connection with a Pre-Existing Condition, unless the Pre-Existing Condition had been declared to and accepted by Us in writing.

Unexpired Membership Benefit

Extent of Cover
If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person sustains an Injury which results in a Claim which We accept against this Policy for one of the following Insured Events under Accidental Death and Capital Benefits:

- Permanent Total Disablement; or
- Paraplegia/Quadriplegia ; or
- Permanent and incurable paralysis of all limbs; or
- Permanent and incurable insanity; or
- Permanent total loss of sight in:

  a. Both eyes; or
  b. One (1) eye; or

- Permanent total Loss of Use of:

  a. Two (2) limbs; or
  b. One (1) limb; or

- Permanent total Loss of Use of:

  a. The lens in both eyes; or
  b. Hearing in both ears,

or one of the following Insured Events under Weekly Injury Benefit:

- Temporary Total Disablement; or
- Temporary Partial Disablement,

which is not otherwise excluded in this Benefit and as a result of such Injury is unable to participate in any sport or gym activity for which the Insured Person has pre-paid a membership fee, association fee or registration fee, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation
We will reimburse the described fees which have been paid for the current season, on a pro-rata basis. The maximum amount We will pay is shown in the Policy Schedule against "Unexpired Membership Benefit".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

1. A Medical Practitioner must certify in writing that the Temporary Total Disablement and/or Temporary Partial Disablement will continue for a minimum period of one hundred and eighty two (182) consecutive days.
2. A Medical Practitioner must certify in writing that the Injury is preventing the Insured Person from continuing their participation in any sport or gym activity for which they have pre-paid the relevant membership, association or registration fee.

Exclusions

1. No cover is provided for any fees for which a refund is available or where fees have not been paid.
2. No cover is provided for any Claim in relation to or in connection with a Pre-Existing Condition, unless the Pre-Existing Condition had been declared to and accepted by Us in writing.

Medical and Medical Evacuation Expenses

Extent of Cover
If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person sustains an Injury or suffers a Sickness outside their Country of Domicile and as a result incurs expenses for:

- Medical Expenses; or
- Medical Evacuation; or
- Dental Services (Emergency) Expenses; or
- Expenses for repairing dentures,

which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation
We will pay for or reimburse the reasonable expenses as described in the Extent of Cover. The maximum amount We will pay is shown in the Policy Schedule against "Medical and Medical Evacuation Expenses".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

1. Cover for repair of dentures is only provided if the damage to the dentures was caused by an Injury.
2. Medical Expenses must be incurred within seven hundred and thirty (730) consecutive days from the date the first expense was incurred.
3. AHI or AHI Assist must be contacted as soon as reasonably practicable of any potential Claim under this Benefit in the event the Insured Person is admitted to Hospital or where Medical Expenses are likely to exceed two thousand five hundred ($2,500) dollars. If AHI or AHI Assist are not contacted, then, subject to Section 54 of the Insurance Contracts Act, Our liability will be limited to the amount We would have incurred had AHI or AHI Assist been informed of the potential Claim under this Benefit.
4. Where the Insured, Insured Person and/or anyone else undertake or make arrangements on the Insured's or Insured Person's behalf and do not contact Us or AHI Assist for authorisation or approval prior to making those arrangements, Our liability will be limited to the amount We would have incurred had AHI Assist made the arrangements and as permitted by Section 54 of the Insurance Contracts Act.
5. Emergency Evacuation will be to the most suitable Hospital or to the Insured Person's Country of Domicile.
6. Emergency Evacuation must be recommended by a Medical Practitioner and prior approval for Emergency Evacuation must be obtained from AHI Assist.
7. Cover for dental treatment is only provided in relation to all reasonable costs necessarily incurred outside the Insured Person's Country of Domicile for Dental Services (Emergency) Expenses resulting in Dental Services (Major) Expenses.

Exclusions

1. No cover is provided for expenses recoverable by the Insured (subject to Section 45 of the Insurance Contracts Act) or by the Insured Person from any other source to the extent to which they are so recoverable.
2. No cover is provided for expenses incurred for continuing treatment, including any medication commenced prior to the commencement date of the Journey, which the Insured Person has been advised to continue whilst on a Journey.
3. No cover is provided for expenses incurred for routine medical, optical or dental treatment or consultation.
4. No cover is provided for expenses incurred directly or indirectly in relation to an Insured Person's terminal or degenerative condition which was diagnosed by a Medical Practitioner prior to the Journey commencing.
5. No cover is provided for expenses for non-medical incidental services including but not limited to mobile telephone data and downloads, data streaming, international newspapers and magazines.
6. No cover is provided if the Insured Person did not follow any advice issued by the government of the Insured Person's Country of Domicile, declaring that travellers do not undertake any travel to the country or region. This exclusion applies where the Insured Person was or ought reasonably to have been aware of the government advice before commencing the Journey, in circumstances where such information could reasonably have been obtained.

Ongoing Medical Expenses

Extent of Cover
If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person sustains an Injury or suffers a Sickness which first manifests itself outside their Country of Domicile and as a result incurs Ongoing Medical Expenses which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation
Will pay for or reimburse the reasonable expenses as described in the Extent of Cover. The maximum amount We will pay is shown in the Policy Schedule against "Ongoing Medical Expenses".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

1. Expenses must be incurred within seven hundred and thirty (730) consecutive days from the date the first expense was incurred.

2. AHI or AHI Assist must be contacted as soon as reasonably practicable of any potential Claim under this Benefit in the event the Insured Person is admitted to Hospital or where Medical Expenses are likely to exceed two thousand five hundred ($2,500) dollars. If AHI or AHI Assist are not contacted, then Our liability will be limited to the amount We would have incurred had AHI or AHI Assist been informed of the potential Claim under this Benefit.
3. Where the Insured, Insured Person and/or anyone else undertake or make arrangements on the Insured's or Insured Person's behalf and do not contact Us or AHI Assist for authorisation or approval prior to making those arrangements, Our liability will be limited to the amount We would have incurred had AHI Assist made the arrangements.
4. Ongoing Medical Expenses incurred outside Australia must first be claimed against any government sponsored fund, plan or medical benefit scheme.
5. Any payments are subject to the local legislation in the Insured's Country of Domicile.

Exclusions

1. No cover is provided for expenses recoverable by the Insured (subject to Section 45 of the Insurance Contracts Act) or by the Insured Person from any other source to the extent to which they are so recoverable.
2. No cover is provided for expenses incurred for routine medical, optical or dental treatment or consultation.
3. No cover is provided for any Claim in relation to or in connection with a Pre-Existing Condition, unless the Pre-Existing Condition had been declared to and accepted by Us in writing.
4. No cover is provided for Dental Services (Major) Expenses.

Hospitalisation Overseas Expenses Benefit

Extent of Cover
If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person sustains an Injury or suffers a Sickness which results in them being admitted as an in-patient to a Hospital located outside their Country Of Domicile, which is not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation
We will pay the amount shown in the Policy Schedule against "Daily Benefit" for each completed twenty-four (24) hours of continued hospitalisation.

The maximum We will pay is the amount shown in the Policy Schedule against "Hospitalisation Overseas Expenses Benefit".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions
No specific conditions apply to this Benefit, only the General Conditions and Limitations.

Exclusions
No specific exclusions apply to this Benefit, only the General Exclusions.

Additional and/or Forfeited Expenses

Extent of Cover
If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person necessarily incurs reasonable unbudgeted additional or forfeited Travel and Accommodation Expenses and/or reasonable essential expenses as a result of:

1. the Insured Person's Unexpected Death or Unforeseeable Injury or Unforeseeable Sickness which results in the Insured Person being unable to continue the Journey as planned; or
2. the Unexpected Death or Serious Injury or Serious Sickness of a Relative, business partner or co- director or travelling companion of the Insured Person happening after the commencement of the Journey and resulting in the Insured Person or any of those persons having to return to the point of origin of such travel and the return of the Insured Person to continue with the Journey after returning to the point of origin of such travel; or
3. the Insured Person sustaining an Injury or suffering a Sickness during the Journey and it is deemed necessary for up to two (2) people inclusive of any Accompanying persons to travel to, or remain with or escort the Insured Person directly back to the point of origin of the Journey; or
4. strikes, riot, Hijacking, civil commotion, flood, adverse weather conditions or natural disasters; or
5. their principal residence or place of business suffering severe damage; or
6. an Insured Person:

    a. being diagnosed with COVID-19;
    b. being required to quarantine according to the current local health authority regulations in the relevant jurisdiction, which requires such person to quarantine;
    c. having a Relative who has a life-threatening prognosis as a result of contracting COVID-19 as diagnosed by a Medical Practitioner; or

7. delay or disruption caused by any other unforeseeable circumstance that are not referred to in clauses 1, 2, 3, 4, 5 and 6 above, happening after the commencement of the Journey,

which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation
If the expenses were paid with:

1. Money, We will reimburse the reasonable expenses as described in the Extent of Cover. The maximum We will pay is the amount shown in the Policy Schedule against "Additional and/or Forfeited Expenses".
2. frequent flyer points or similar reward points and equivalent points cannot be recovered from any other source, We will reimburse the reasonable expenses as described in the Extent of Cover in Australian dollars (AUD), calculated as follows:

    a. the difference between:

        - the cost of equivalent class travel ticket(s) and/or accommodation
        - costs based on the quoted retail price on either a comparable date of travel (e.g. up to three hundred and sixty-five (365) consecutive days forward) or at the time We assess the Claim, whichever time is the most comparable;
        - less (if applicable) the Insured or Insured Person's financial contribution (being the amount the Insured or Insured Person paid for some of the travel and/or accommodation costs); and
        - less any component of the ticket that has already been used (based as a percentage of miles/kilometres already flown or accommodation already used).

    b. the cost of equivalent class travel ticket(s) and/or accommodation costs based on the quoted retail price on either a comparable date of travel (e.g. up to three hundred and sixty-five (365) consecutive days forward) or at the time We assess the Claim, whichever time is the most comparable.
    c. if the purchased tickets are "around the world" or "multiple destination" tickets We will use the appropriate method as above, however the reimbursement will be limited to the percentage of remaining air miles (or kilometres) not travelled as they relate to the total air miles (or kilometres) for the whole trip. The same calculation method will be used for unused accommodation.

The maximum amount We will pay is shown in the Policy Schedule against "Additional and/or Forfeited Expenses".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

1. In respect of Extent of Cover point 1, a Dental Practitioner or Medical Practitioner must certify that the Insured Person is unable to continue the Journey as planned as a result of the Unexpected Death, Unforeseeable Injury or Unforeseeable Sickness.
2. In respect of Extent of Cover point 3, a Medical Practitioner must provide written advice that the expenses are necessary.
3. AHI Assist must be informed as soon as reasonably practicable if a potential Claim for any Travel and Accommodation Expenses under this Benefit are likely to exceed five thousand ($5,000) dollars.
4. Where an Insured Person has incurred both additional expenses as well as forfeited expenses, only the greater expense shall be payable under this Policy.
5. The Insured and/or the Insured Person must comply with the terms and conditions of all issued tickets, passes and vouchers.
6. The Insured and/or the Insured Person should not attempt to resolve problems encountered without advising AHI Assist, where reasonably practicable to do so as this may prejudice reimbursement of expenses.

Exclusions

1. In respect of Extent of Cover point 2, no cover is provided if the Relative, business partner or co- director of the Insured Person in question had attained the age of ninety-five (95) or older at the time of the Event.
2. No cover is provided for expenses incurred directly or indirectly as a result of a Known Event which occurred before the date of booking or commencement of the Journey.
3. No cover is provided for carrier-caused delays where the expenses are recoverable from the carrier.
4. No cover is provided for any business obligations, financial obligations or contractual obligations of the Insured Person or any other person.
5. No cover is provided for any change of plans or disinclination of the Insured Person or any other person to travel.
6. No cover is provided for the inability of any tour operator or wholesaler to complete arrangements for any tour due to a deficiency in the required number of persons to commence any tour or Journey.
7. No cover is provided if the Insured Person has travelled against the advice of a Medical Practitioner or when the Insured Person is unfit to undertake the Journey according to a Medical Practitioner.
8. No cover is provided for the death of a Relative with a known short life span as a consequence of a previous or existing medical condition.
9. No cover is provided for the refusal, failure or inability of any person, company or organisation, including but not limited to any airline, other transportation provider, hotel, vehicle rental agency, tour or cruise operator, travel wholesaler, booking agent or other provider of travel or tourism related services, facilities or accommodation, to provide services, facilities or accommodation, by reason of their own financial default or the financial default of any person, company or organisation with whom or with which they deal.
10. No cover is provided for any expenses that are recoverable by the Insured and/or an Insured Person from

any other source (to the extent permitted by law).

11. No cover is provided for expenses incurred directly or indirectly in relation to an Insured Person's terminal condition which was diagnosed by a Medical Practitioner prior to booking the Journey.
12. No cover is provided if the Insured Person did not follow any advice issued by the government of the Insured Person's Country of Domicile, declaring that travellers do not undertake any travel to the country or region. This exclusion applies where the Insured Person was or ought reasonably to have been aware of the government advice before commencing the Journey, in circumstances where such information could reasonably have been obtained.
13. No cover is provided if the Insured Person remained in the country or region for a period of fourteen (14) days or more when advised to leave by the government of the Insured Person's Country of Domicile unless the Insured Person is unable to leave due to circumstances beyond their control.
14. Unless otherwise stated in this section, no cover is provided for any Claim in any way caused by or resulting from:

    a. coronavirus disease (COVID-19); or
    b. severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2); or
    c. any mutation or variation of SARS-CoV-2; or
    d. any fear or threat of a), b) or c) above.

15. No cover is provided for expenses incurred by an Insured or Insured Person for the benefit of or on behalf of a person who is not an Insured Person.

Corporate Event Benefit

Extent of Cover

If, during the Period of Insurance, a person who is not an Insured Person, travels internationally as an invited guest of the Insured to attend an event hosted and/or organised by the Insured and after the commencement of such travel is required to alter, cancel or curtail their travel due to:

1. the Unexpected Death or Serious Injury or Serious Sickness of their relative or travelling companion; or
2. their principal residence or place of business suffering severe damage; or
3. any other unforeseeable circumstance not referred to in clauses 1 and 2 above that are entirely outside the control of the Insured or Insured Person, and as a result incurs Travel and Accommodation Expenses and/or reasonable essential expenses related to such alternation, cancellation or curtailment which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation

If the expenses were paid with:

1. Money, We will reimburse the reasonable expenses as described in the Extent of Cover. The maximum amount We will pay is shown in the Policy Schedule against "Corporate Event Benefit".
2. frequent flyer points or similar reward points and equivalent points cannot be recovered from any other source, We will reimburse the reasonable expenses as described in the Extent of Cover in Australian dollars (AUD), calculated as follows:

    a. the difference between:

        - the cost of equivalent class travel ticket(s) and/or accommodation costs based on the quoted retail price on either a comparable date of travel (e.g. up to three hundred and sixty-five (365) consecutive days forward) or at the time We assess the Claim, whichever time is the most comparable;
        - less (if applicable) the Insured or Insured Person's financial contribution (being the amount the Insured or Insured Person paid for some of the travel and/or accommodation costs); and
        - less any component of the ticket that has already been used (based as a percentage of miles/kilometres already flown or accommodation already used).

    b. the cost of equivalent class travel ticket(s) and/or accommodation costs based on the quoted retail price on either a comparable date of travel (e.g. up to three hundred and sixty-five (365) consecutive days forward) or at the time We assess the Claim, whichever time is the most comparable.
    c. if the purchased tickets are "around the world" or "multiple destination" tickets We will use the appropriate method as above, however the reimbursement will be limited to the percentage of remaining air miles (or kilometres) not travelled as they relate to the total air miles (or kilometres) for the whole trip. The same calculation method will be used for unused accommodation.

The maximum amount We will pay is shown in the Policy Schedule against "Corporate Event Benefit".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

1. In respect of Extent of Cover point 1, a Medical Practitioner must certify that the Insured Person is unable to continue the Journey as planned as a result of Unexpected Death or Serious Injury or Serious Sickness.
2. The Insured and/or the invited guest must not attempt to resolve problems encountered without advising AHI Assist as this may prejudice reimbursement of expenses.
3. AHI Assist must be informed as soon as reasonably practicable if a potential Claim for any additional Travel

and Accommodation Expenses under this Benefit are likely to exceed five thousand ($5,000) dollars.
4. Where additional expenses and forfeited expenses have been incurred, only the greater of each expense shall be payable under this Policy.
5. The Insured and/or the invited guest must comply with the terms and conditions of all issued tickets, passes and vouchers.

Exclusions

1. No cover is provided for expenses incurred directly or indirectly as a result of a Known Event which occurred before the date of booking or commencement of the Journey.
2. No cover is provided for any business obligations, financial obligations or contractual obligations of the Insured, the Insured Person or any other person.
3. No cover is provided for any changes of plans or disinclination to travel by either the Insured, Insured Person or any other person travelling on the Journey.
4. No cover is provided for the inability of any tour operator or wholesaler to complete arrangements for any tour due to a deficiency in the requirednumber of persons to commence any tour or Journey.
5. No cover is provided for the death of a Relative with a known short life span as a consequence of a previous or existing medical condition.
6. No cover is provided for the refusal, failure or inability of any person, company or organisation, including but not limited to any airline, other transportation provider, hotel, vehicle rental agency, tour or cruise operator, travel wholesaler, booking agent or other provider of travel or tourism related services, facilities or accommodation, to provide services, facilities or accommodation, by reason of their own financial default or the financial default of any person, company or organisation with whom or with which they deal.
7. No cover is provided for any expenses that are recoverable by the Insured and/or an Insured Person from any other source (to the extent permitted by law).
8. No cover is provided for expenses incurred directly or indirectly in relation to an Insured Person's terminal condition which was diagnosed by a Medical Practitioner prior to booking the Journey.
9. No cover is provided if the Insured Person did not follow any advice issued by the government of the Insured Person's Country of Domicile, declaring that travellers do not undertake any travel to the country or region.
10. No cover is provided if the Insured Person remained in the country or region for a period of fourteen (14) days or more when advised to leave by the government of the Insured Person's Country of Domicile.
11. No cover is provided for any Claim in any way caused by or resulting from:

    a. coronavirus disease (COVID-19); or
    b. severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2); or
    c. any mutation or variation of SARS-CoV-2; or
    d. any fear or threat of a), b) or c) above.

12. No cover is provided for expenses incurred by an Insured or Insured Person for the benefit of or on behalf of a person who is not the invited guest.

Hijack Benefit

Extent of Cover
If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person is prevented from reaching their scheduled destination as a result of a Hijacking of an aircraft which they are travelling on, and the Event is not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation
We will pay the amount shown in the Policy Schedule against "Daily Benefit" for each completed twenty-four (24) hours of hijacking.

The maximum We will pay is the amount shown in the Policy Schedule against "Hijack Benefit".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions
No specific conditions apply to this Benefit, only the General Conditions and Limitations.

Exclusions
No specific exclusions apply to this Benefit, only the General Exclusions.

Illegal Detention Benefit

Extent of Cover
If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person is arrested and held in Detention by any Government or foreign power without any subsequent formal charges being laid, and the Event leading to the arrest and/or the Detention is not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation
We will pay the amount shown in the Policy Schedule against "Daily Benefit" for each completed twenty-four (24) hours of Detention.

The maximum We will pay is the amount shown in the Policy Schedule against "Illegal Detention Benefit".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions
No specific conditions apply to this Benefit, only the General Conditions and Limitations.

Exclusions
No specific exclusions apply to this Benefit, only the General Exclusions.

Legal Expenses

Extent of Cover
If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person is arrested and held in Detention by any Government or foreign power without any subsequent formal charges being laid, and as a result incurs legal expenses and the Event leading to the arrest and/or Detention is not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation
We will pay for or reimburse the reasonable expenses as described in the Extent of Cover. The maximum amount We will pay is shown in the Policy Schedule against “Legal Expenses”.

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions
No specific conditions apply to this Benefit, only the General Conditions and Limitations.

Exclusions
No specific exclusions apply to this Benefit, only the General Exclusions.

Missed Transport Connection

Extent of Cover
If, during the Period of Insurance and occurring within the Scope of Cover, an Event that is outside the control of the Insured Person causes them to miss a transport connection and incur reasonable expenses for alternative transportation arrangements to allow them to attend a Scheduled Meeting, which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation
We will pay for or reimburse the reasonable expenses as described in the Extent of Cover. The maximum amount We will pay is shown in the Policy Schedule against “Missed Transport Connection”.

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

1. Only expenses incurred for alternative commercially scheduled public carriage or conveyance are covered. This also includes private rental vehicle expenses but does not include private air or helicopter charters unless approved by Us.
2. Only missed transportation that was booked prior to the commencement of the Journey is covered.

Exclusions

1. No cover is provided if the expenses were incurred directly or indirectly as a result of:
    a. Cancellation, curtailment or diversion of scheduled public transport services, War or civil unrest if there had been prior warning in the mass media before the date of booking or commencement of the particular Journey that such Events were likely to occur during the Journey; or
    b. carrier-caused delays where the expense is recoverable from the carrier; or
    c. any business obligations, financial obligations or contractual obligations of the Insured Person or any other person; or
    d. any change of plans or disinclination of the Insured Person or any other person to travel; or
    e. the inability of any tour operator or wholesaler to complete arrangements for any tour due to a deficiency in the required number of persons to commence any tour or Journey.
2. No cover is provided if the Insured Person has travelled against the advice of a Medical Practitioner or when the Insured Person is unfit to undertake the Journey according to a Medical Practitioner.

Overbooked Flight Benefit

Extent of Cover
If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person cannot board a confirmed scheduled flight due to overbooking and no alternative transport is made available within eight (8) hours of the scheduled departure time, and the cause of the overbooking is not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation
We will pay the amount shown in the Policy Schedule against "Overbooked Flight Benefit".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

1. If alternative reasonably equivalent transport is made available within eight (8) hours of the scheduled departure time, the Insured Person must utilise that transport option.

Exclusions

1. No cover is provided if the expenses were incurred directly or indirectly as a result of cancellation, curtailment or diversion of scheduled public transport services, War or civil unrest if there had been prior warning in the mass media before the date of booking or commencement of the particular Journey that such Events were likely to occur during the Journey.

Pet Boarding Expenses Benefit

Extent of Cover
If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person's return from a Journey is delayed due to any unforeseeable circumstances outside of their control and, as a result, the Insured Person incurs reasonable and necessary expenses for pet boarding, which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation
We will reimburse the reasonable expenses as described in the Extent of Cover. The maximum amount We will pay is shown in the Policy Schedule against "Pet Boarding Expenses Benefit".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

1. The delay must last for a minimum period of twenty-four (24) consecutive hours.
2. The pet boarding expenses must be incurred with an organisation whose business is to house pets.
3. The expenses must not be incurred with a Relative of the Insured and/or Insured Person.

Exclusions

1. No cover is provided for expenses that would have been incurred irrespective of the delay.
2. No cover is provided if the expenses were incurred directly or indirectly as a result of:

    a. cancellation, curtailment or diversion of scheduled public transport services, War or civil unrest if there had been prior warning in the mass media before the date of booking or commencement of the particular Journey that such Events were likely to occur during the Journey; or
    b. carrier-caused delays where the cost of the expenses is recoverable from the carrier; or
    c. any business obligations, financial obligations or contractual obligations of the Insured Person or any other person; or
    d. any change of plans or disinclination of the Insured Person or any other person to travel; or
    e. the inability of any tour operator or wholesaler to complete arrangements for any tour due to a deficiency in the required number of persons to commence any tour or Journey.

3. No cover is provided if the Insured Person has travelled against the advice of a Medical Practitioner or when the Insured Person is unfit to undertake the Journey according to a Medical Practitioner.

Repatriation of Mortal Remains / Funeral Expenses

Extent of Cover
If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person dies outside their Country of Domicile and subsequently the Insured, Insured Person's Partner or Dependent Children incurs expenses for:

1. cremation or a funeral for the deceased Insured Person if the body is buried/cremated at the place of death; or
2. repatriation of the Insured Person's body or ashes to a place nominated by their legal representative,

which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation
We will pay for or reimburse the reasonable expenses as described in the Extent of Cover. The maximum amount We will pay is shown in the Policy Schedule against "Repatriation of Mortal Remains / Funeral Expenses".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions
No specific conditions apply to this Benefit, only the General Conditions and Limitations.

Exclusions
No specific exclusions apply to this Benefit, only the General Exclusions.

Trauma Counselling Benefit

Extent of Cover
If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person suffers psychological trauma as a result of them being a victim of, or is an eyewitness to, a criminal act such as Kidnap, sexual assault, rape, murder, violent robbery or an act of Terrorism and as a result incurs expenses for trauma counselling which is not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation
We will reimburse the reasonable expenses as described in the Extent of Cover. The maximum amount We will pay is shown in the Policy Schedule against "Trauma Counselling Benefit".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

1. The trauma counselling must be provided by a registered psychologist or psychiatrist who is not an Insured Person or Relative.
2. The trauma counselling must be certified by a Medical Practitioner as necessary for the wellbeing of the Insured Person.

Exclusions
No specific exclusions apply to this Benefit, only the General Exclusions.

Loss of Deposits and Cancellation Expenses

Extent of Cover
If, during the Period of Insurance and prior to commencement of travel, the Insured or an Insured Person is required to alter or cancel travel which was for:

1. a Journey which would have commenced within the Period of Insurance, or
2. travel commencing after the current Period of Insurance, which has been accepted in writing by Us;

as a result of:

a. the Insured Person's Unexpected Death, or an Unforeseeable Injury or Unforeseeable Sickness which results in the Insured Person being unable to commence the Journey as planned;
b. the Unexpected Death, or Serious Injury or Serious Sickness of a Relative or travelling companion of the Insured Person;
c. the Insured Person's principal residence or place of business suffering severe damage;
d. an Insured Person:
    i. being diagnosed as having COVID-19 and is certified by a Medical Practitioner as being unable to travel as a result; or
    ii. being diagnosed as having COVID-19 and having to quarantine according to the current local health authority regulations in the relevant jurisdiction that requires such person to quarantine;
    iii. having a Relative who has been diagnosed by a Medical Practitioner as having a life-threatening prognosis as a result of contracting COVID-19; or
e. any other unforeseeable circumstances not referred to in clauses a, b, c and d above that are entirely outside the control of the Insured or Insured Person,

Compensation
If the expenses were paid with:

1. Money, We will reimburse the reasonable expenses as described in the Extent of Cover. The maximum We will pay is the amount shown in the Policy Schedule against "Loss of Deposits and Cancellation Expenses".
2. frequent flyer points or similar reward points and equivalent points cannot be recovered from any other source, We will reimburse the reasonable expenses as described in the Extent of Cover in Australian dollars (AUD), calculated as follows:

a. the difference between:

- the cost of equivalent class travel ticket(s) and/or accommodation costs based on the quoted retail price on either a comparable date of travel (e.g. up to three hundred and sixty-five (365) consecutive days forward) or at the time We assess the Claim, whichever time is the most comparable;
- less (if applicable) the Insured or the Insured Person's financial contribution (being the amount the Insured or Insured Person paid for some of the travel and/or accommodation costs); and
- less any component of the ticket that has already been used (based as a percentage of miles/kilometres already flown or accommodation already used).

b. the cost of equivalent class travel ticket(s) and/or accommodation costs based on the quoted retail price on either a comparable date of travel (e.g. up to three hundred and sixty-five (365) consecutive days forward) or at the time We assess the Claim, whichever time is the most comparable.
c. If the purchased tickets are 'around the world' or 'multiple destination' tickets We will use the appropriate method as above, however the reimbursement will be limited to the percentage of remaining air miles (or kilometres) not travelled as they relate to the total air miles (or kilometres) for the whole trip. The same calculation method will be used for unused accommodation.

The maximum amount We will pay is shown in the Policy Schedule against "Loss of Deposits and Cancellation Expenses".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

1. In respect of Extent of Cover point 2a, a Medical Practitioner must certify where reasonably practicable to do so that the Insured Person is unable to continue the Journey as planned as a result of the Unexpected Death, Unforeseeable Injury or Unforeseeable Sickness.
2. The Insured and/or the Insured Person must not attempt to resolve problems encountered without advising AHI Assist as this may prejudice reimbursement of expenses.
3. AHI Assist must be informed as soon as reasonably practicable if a potential Claim for any Travel and Accommodation Expenses under this Benefit are likely to exceed five thousand ($5,000) dollars.
4. The Insured and/or the Insured Person must comply with the terms and conditions of all issued tickets, passes and vouchers.

Exclusions

1. No cover is provided for expenses incurred directly or indirectly as a result of a Known Event which occurred before the date of booking or commencement of the Journey.
2. No cover is provided for any business obligations, financial obligations or contractual obligations of the Insured, the Insured Person or any other person.
3. No cover is provided for any changes of plans or disinclination to travel by either the Insured, Insured Person or any other person travelling on the Journey.
4. No cover is provided for the inability of any tour operator or wholesaler to complete arrangements for any tour due to a deficiency in the required number of persons to commence any tour or Journey.
5. No cover is provided for the death of a Relative with a known short life span as a consequence of a previous or existing medical condition.
6. No cover is provided for the refusal, failure or inability of any person, company or organisation, including but not limited to any airline, other transportation provider, hotel, vehicle rental agency, tour or cruise operator, travel wholesaler, booking agent or other provider of travel or tourism related services, facilities or accommodation, to provide services, facilities or accommodation, by reason of their own financial default or the financial default of any person, company or organisation with whom or with which they deal.
7. No cover is provided for any expenses that are recoverable by the Insured and/or an Insured Person from any other source (to the extent permitted by law);
8. No cover is provided for expenses incurred directly or indirectly in relation to an Insured Person's terminal condition which was diagnosed by a Medical Practitioner prior to booking the Journey.
9. No cover is provided if the Insured Person did not follow any advice issued by the government of the Insured Person's Country of Domicile, declaring that travellers do not undertake any travel to the country or region. This exclusion applies where the Insured Person was or ought reasonably to have been aware of the government advice before commencing the Journey, in circumstances where such information could reasonably have been obtained.
10. Unless otherwise stated in this section, no cover is provided for any Claim in any way caused by or resulting from:

    a. coronavirus disease (COVID-19); or
    b. severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2); or
    c. any mutation or variation of SARS-CoV-2; or
    d. any fear or threat of a), b) or c) above.

11. No cover is provided for expenses incurred by an Insured or Insured Person for the benefit of or on behalf of a person who is not an Insured Person.

Baggage Benefit

Extent of Cover
If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person suffers damage to or loss of their Personal Baggage and/or Business Property that is not:

1. Electronic Equipment; or
2. Money,

which is not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation
We will, at Our discretion, have the option of:

1. repairing the articles to the same condition as at the commencement of the Journey; or
2. replacing the articles with articles in the same condition but not with articles better or more extensive than the articles were when new; or

3. where an article has been superseded or is no longer available for purchase, We will apply depreciation as determined by Us, taking into account the age of the article and its current market value; or
4. reimburse the cost of the articles at the cost of the replacement item in cash; or
5. where the article is Business Property, We may assess the value in accordance with its current written-down book value.

The maximum amount We will pay is shown in the Policy Schedule against "Baggage Benefit".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

1. The Insured Person must substantiate their loss and provide receipts of purchase of articles claimed for.
2. The Insured Person must take all reasonable precautions for the safety and supervision of their Personal Baggage and/or Business Property.
3. The Insured Person must report any loss or damage of Personal Baggage and/or Business Property to either the police, transport carrier or other local authorities as soon as reasonably practicable and ensure that a written report is available at the time of making any Claim.
4. Where We have replaced damaged goods, the salvage remains the property of Us. If We replace or pay cash for lost or stolen goods, and those goods are subsequently recovered, then We may seek recovery of those goods.
5. All items and values will be sourced exclusively from Our panel of defined suppliers.

Exclusions

1. No cover is provided for damage to or loss of Personal Baggage and/or Business Property as a result of wear and tear, deterioration, atmospheric or climatic conditions, mechanical or electrical breakdown, product defect, malfunction or failure, insects, rodents or vermin or by any process of cleaning, repairing, restoring or alteration.
2. No cover is provided for damage to Personal Baggage and/or Business Property as a result of scratching or breaking of fragile or brittle articles if as a result of negligence of the Insured and/or the Insured Person.
3. No cover is provided for theft not reported to the police or responsible officer of any aircraft, vehicle or vessel on which the Insured Person is travelling within a reasonably practicable time following detection. All such reports must be verified by a written statement from that authority.
4. No cover is provided for any damage to or loss of Personal Baggage and/or Business Property as a result of theft or attempted theft which occurs:

    a. whilst such equipment is Unattended unless securely locked inside a building (e.g. hotel, apartment, etc.) or securely locked and completely out of sight inside an aircraft, vehicle or vessel (where no reasonable alternative secure storage is available); or

    b. whilst left Unattended in a Public Place.

5. No cover is provided for damage to or loss of jewellery, curio or similar items whilst placed in the storage hold of any aircraft, vehicle or vessel, unless the operator of the aircraft, vehicle or vessel prohibits the Insured Person from carrying the item as 'carry-on' Personal Baggage, in which case such items must be reasonably and adequately packaged to protect and prevent theft or damage.
6. No cover is provided for damage to or loss of Personal Baggage and/or Business Property as a result of confiscation by quarantine, customs regulations or by order of any government or public authority or losses due to devaluation of currency.
7. No cover is provided for damage to or loss of Personal Baggage and/or Business Property as a result of being placed in checked baggage where the carriers' conditions of carriage stipulate those items should not be placed in checked baggage.
8. No cover is provided for damage to or loss of Personal Baggage and/or Business Property which is recoverable by the Insured (subject to Section 45 of the Insurance Contracts Act) or by the Insured Person from any other source to the extent to which they are so recoverable (e.g. airline tour operators or other domestic or travel insurance policies).
9. No cover is provided for any damage to or loss of sporting equipment while it is in use including any hired sporting equipment.
10. No cover is provided for loss, theft or damage to drones (including attached and unattached accessories) whilst in use.

No cover is provided for any items that the Insured Person does not take with them on their transport, or which have been sent by post or by air, road or rail courier services or marine freight contract

Data Connection Benefit

Extent of Cover

If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person suffers theft of, damage to or loss of their mobile phone and subsequently incurs expenses to replace any network plan, software & applications installation and connection or settings configuration, which is not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation

We will reimburse the reasonable expenses as described in the Extent of Cover. The maximum amount We will pay is shown in the Policy Schedule against "Data Connection Benefit".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

1. The Insured Person must substantiate their loss and provide receipts of purchase of articles claimed.
2. The Insured Person must take all reasonable precautions for the safety and supervision of their mobile phone.
3. The Insured Person must report any loss, theft, damage or deprivation of their mobile phone to either the police, transport carrier or other local authorities as soon as reasonably practicable so a written report is available at the time of making any Claim.
4. The Insured Person must report any loss or theft of a mobile phone to the service provider to have the device blocked using the IMEI (International Mobile Equipment Identity) number, and provide a confirmation from the service provider when submitting a Claim.

Exclusions

1. No cover is provided for damage caused by wear and tear, deterioration, atmospheric or climatic conditions, mechanical or electrical breakdown, product defect, malfunction or failure, insects, rodents or vermin or by any process of cleaning, repairing, restoring or alteration.
2. No cover is provided for damage caused by scratching or breaking of fragile or brittle articles if as a result of negligence of the Insured and/or the Insured Person.
3. No cover is provided for theft not reported within three (3) consecutive days of detection to the police or responsible officer of any aircraft, vehicle or vessel on which the Insured Person is travelling. All such reports must be verified by a written statement from that authority.
4. No cover is provided for any damage to or loss of any item as a result of theft or attempted theft which occurs:

    a. whilst any items are Unattended unless securely locked inside a building (e.g. hotel, apartment, etc.) or securely locked and completely out of sight inside an aircraft, vehicle or vessel (where no reasonable alternative secure storage is available); or
    b. whilst left Unattended in a Public Place.

5. No cover is provided for loss, damage, misplacement or theft of any items whilst placed in the storage hold of any aircraft, vehicle or vessel, unless the operator of the aircraft, vehicle or vessel prohibits the Insured Person from carrying the item as 'carry-on' baggage, in which case such items must be reasonably and adequately packaged to protect and prevent theft or damage.
6. No cover is provided for loss as a result of confiscation by quarantine, customs regulations or by order of any government or public authority or losses due to devaluation of currency.
7. No cover is provided for loss, damage, misplacement or theft of any items placed in checked baggage where the carriers' conditions of carriage stipulate those items should not be placed in checked baggage.
8. No cover is provided for damage to or loss of any item which is recoverable by the Insured (subject to Section 45 of the Insurance Contracts Act) or by the Insured Person from any other source to the extent to which they are so recoverable (e.g. airline tour operators or other domestic or travel insurance policies).

Data Recovery Benefit

Extent of Cover
If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person suffers damage to their laptop, tablet or computer hard drive or any external drive, including but not limited to flash drive, external hard drive, SD card, or similar, and subsequently incurs expenses for the services of an information technology professional to recover data on the damaged drive, which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation
We will reimburse the reasonable expenses as described in the Extent of Cover. The maximum amount We will pay is shown in the Policy Schedule against "Data Recovery Benefit".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

1. The Insured Person must take all reasonable precautions for the safety and supervision of their property.
2. The Insured Person must report any damage to either the police, transport carrier or other local authorities as soon as reasonably practicable so a written report is available at the time of making any Claim.
3. Data recovery services must be carried out by a person or persons other than the Insured Person's Relative or person permanently living with the Insured Person.
4. Data (other than pre-packed software programs) will be replaced based on the cost of the blank materials and the cost of copying the data onto the blank materials from the most recent duplicate source of the same type of materials.

Exclusions

1. No cover is provided for damage as a result of wear and tear, deterioration, atmospheric or climatic conditions, mechanical or electrical breakdown, product defect, malfunction or failure, insects, rodents or vermin or by any process of cleaning, repairing, restoring or alteration.
2. No cover is provided for damage as a result of scratching or breaking of fragile or brittle articles if as a result of negligence of the Insured and/or the Insured Person.
3. No cover is provided for damage occurring whilst placed in the storage hold of any aircraft, vehicle or vessel, unless the operator of the aircraft, vehicle or vessel prohibits the Insured Person from carrying the item as 'carry-on' baggage, in which case such items must be

reasonably and adequately packaged to protect and prevent theft or damage.
4. No cover is provided for damage as a result of confiscation by quarantine, customs regulations or by order of any government or public authority or losses due to devaluation of currency.
5. No cover is provided for damage occurring whilst placed in checked baggage where the carriers' conditions of carriage stipulate those items should not be placed in checked baggage.
6. No cover is provided for damage which is recoverable by the Insured (subject to Section 45 of the Insurance Contracts Act) or by the Insured Person from any other source to the extent to which they are so recoverable (e.g. airline tour operators or other domestic or travel insurance policies).

Delayed Baggage

Extent of Cover
If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person's Personal Baggage and/or Business Property is misplaced, misdirected or delayed by a carrier for more than eight (8) consecutive hours and the Insured Person subsequently incurs reasonable expenses to purchase or hire essential, similar replacement clothing and toiletries or any other items as approved by AHI Assist or Us which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation
We will reimburse the reasonable expenses as described in the Extent of Cover. The maximum amount We will pay is shown in the Policy Schedule against "Delayed Baggage".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

1. The Insured Person must provide receipts of purchase of articles claimed.
2. The Insured Person must report any misplaced, misdirected or delayed Personal Baggage and/or Business Property to either the transport carrier or other local authorities as soon as reasonably practicable so a written report is available at the time of making any Claim.
3. Any essential items purchased will be off-set against any subsequent Claim where a total or partial loss of the Personal Baggage and/or Business Property is made for the same Journey.

Exclusions

1. No cover is provided for confiscation by quarantine, customs regulations or by order of any government or public authority.
2. No cover is provided for any items placed in checked baggage where the carriers' conditions of carriage stipulate those items should not be placed in checked baggage.
3. No cover is provided for any items that the Insured Person does not take with them on their transport, or which have been sent by post or by air, road or rail courier services or marine freight contract.

Electronic Equipment

Extent of Cover
If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person suffers damage to or loss of their Personal Baggage and/or Business Property which is Electronic Equipment, which is not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation
We will, at Our discretion, have the option of:

1. repairing the articles to the same condition as at the commencement of the Journey; or
2. replacing the articles with articles in the same condition but not with articles better or more extensive than the articles were when new; or
3. where an article has been superseded or is no longer available for purchase, We will apply depreciation as determined by Us, taking into account the age of the article and its current market value; or
4. reimburse the cost of the articles at the cost of the replacement item in cash; or
5. where the article is Business Property, We may assess the value in accordance with its current written-down book value.

The maximum amount We will pay is shown in the Policy Schedule against "Electronic Equipment".
The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

1. The Insured Person must substantiate their loss and provide receipts of purchase of articles claimed for.
2. The Insured Person must take all reasonable precautions for the safety and supervision of their Electronic Equipment.
3. The Insured Person must report any loss or damage of Electronic Equipment to either the police, transport carrier or other local authorities as soon as reasonably practicable so a written report is available at the time of making any Claim.
4. Where We have replaced damaged goods, then salvage remains the property of Us. If We replace or pay cash for lost or stolen goods, and those goods are subsequently recovered, then We may seek recovery of those goods.

5. All items and values will be sourced exclusively from Our panel of defined suppliers.

Exclusions

1. No cover is provided for damage to or loss of Electronic Equipment as a result of wear and tear, deterioration, atmospheric or climatic conditions, mechanical or electrical breakdown, product defect, malfunction or failure, insects, rodents or vermin or by any process of cleaning, repairing, restoring or alteration.
2. No cover is provided for damage to Electronic Equipment as a result of scratching or breaking of fragile or brittle articles if as a result of negligence of the Insured and/or the Insured Person.
3. No cover is provided for theft not reported to the police or responsible officer of any aircraft, vehicle or vessel on which the Insured Person is travelling within a reasonably practicable time following detection. All such reports must be verified by a written statement from that authority.
4. No cover is provided for any damage to or loss of Electronic Equipment as a result of theft or attempted theft which occurs:

    a. whilst such equipment is Unattended unless securely locked inside a building (e.g. hotel, apartment, etc.) or securely locked and completely out of sight inside an aircraft, vehicle or vessel (where no reasonable alternative secure storage is available); or
    b. whilst such equipment is left Unattended in a Public Place.

5. No cover is provided for damage to or loss of Electronic Equipment, whilst placed in the storage hold of any aircraft, vehicle or vessel, unless the operator of the aircraft, vehicle or vessel prohibits the Insured Person from carrying the item as 'carry- on' baggage, in which case such items must be reasonably and adequately packaged to protect and prevent theft or damage.
6. No cover is provided for damage to or loss of Electronic Equipment as a result of confiscation by quarantine, customs regulations or by order of any government or public authority or losses due to devaluation of currency.
7. No cover is provided for damage to or loss of Electronic Equipment as a result of being placed in checked baggage where the carriers' conditions of carriage stipulate those items should not be placed in checked baggage.
8. No cover is provided for damage to or loss of Electronic Equipment which is recoverable by the Insured (subject to Section 45 of the Insurance Contracts Act) or by the Insured Person from any other source to the extent to which they are so recoverable (e.g. airline tour operators or other domestic or travel insurance policies).
9. No cover is provided for any items that the Insured Person does not take with them on their transport, or which have been sent by post or by air, road or rail courier services or marine freight contract.

Identity Theft Extension Benefit

Extent of Cover

If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person is the victim of Identity Theft as a result of their Personal Baggage having been stolen, and as a result incurs reasonable expenses for legal services to:

1. pursue closure of any disputed areas, accounts or credit facilities as a result of the Identity Theft;
2. re-submit applications for loans, grants, other credit or debit instruments that are rejected solely as a result of the lender receiving incorrect information as the result of Identity Theft;
3. notarise affidavits or other similar documents, amending or rectifying records in regard to the Insured Person's true name or identity as the result of Identity Theft; and
4. remove any civil judgment wrongfully entered against the Insured Person as a result of Identity Theft,

which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation

We will reimburse the reasonable expenses as described in the Extent of Cover. The maximum amount We will pay is shown in the Policy Schedule against "Identity Theft Extension Benefit".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

1. Our written agreement must be obtained prior to the commencement of the legal services.

Exclusions

1. No cover is provided for expenses for any item which has been purchased by fraudulent use of the Insured Person's identity.
2. No cover is provided for expenses for any loss arising from any business pursuits or the theft of a commercial identity.
3. No cover is provided for expenses for any loss or liability arising from the use of any vehicle bought, leased or hired by fraudulent use of the Insured Person's identity, where civil or criminal action is, or has been, taken against the Insured Person.
4. No cover is provided for expenses for theft of the Insured Person's identity by any Relative who lives with the Insured Person at the Insured Person's home address.
5. No cover is provided for expenses for any costs or expenses in connection with any Claim not agreed in advance by Us. This does not include reasonable expenses associated with mitigating further loss

associated with the Identity Theft in circumstances where it is not reasonably practicable to obtain the Insurer's prior consent.

6. No cover is provided for an incident which the Insured Person has not reported to the Police and/or cannot provide a copy of the Police report.
7. No cover is provided for expenses for any amount from fraudulent use of stolen debit or credit cards where the financial institution issuing those cards has reimbursed or refunded the amount to the Insured or the Insured Person.

Lost Keys and Locks

Extent of Cover
If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person suffers the loss of their keys and Travel Documents used for identification at the same time, and incurs expenses for the replacement of those keys and the corresponding locks, which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation
We will reimburse the reasonable expenses as described in the Extent of Cover. The maximum amount We will pay is shown in the Policy Schedule against "Lost Keys and Locks".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

1. The Insured Person must substantiate their loss and provide receipts of purchase of articles claimed for.
2. The Insured Person must take all reasonable precautions for the safety and supervision of their keys and Travel Documents.
3. The Insured Person must report any loss of keys to either the police, transport carrier or other local authorities as soon as reasonably practicable so a written report is available at the time of making any Claim.
4. All items and values will be sourced exclusively from Our panel of defined suppliers.

Exclusions

1. No cover is provided for theft not reported to the police or responsible officer of any aircraft, vehicle or vessel on which the Insured Person is travelling within a reasonably practicable time following detection. All such reports must be verified by a written statement from that authority.
2. No cover is provided for any damage to or loss of keys or identification as a result of theft or attempted theft which occurs:

    a. whilst such equipment is Unattended unless securely locked inside a building (e.g. hotel, apartment, etc.) or securely locked and completely out of sight inside an aircraft, vehicle or vessel (where no reasonable alternative secure storage is available); or
    b. whilst the property is left Unattended in a Public Place.

3. No cover is provided for confiscation by quarantine, customs regulations or by order of any government or public authority or losses due to devaluation of currency.
4. No cover is provided for any items placed in checked baggage where the carriers' conditions of carriage stipulate those items should not be placed in checked baggage.
5. No cover is provided for Money greater than the amount allowed by any applicable currency regulation at the time of commencement of the Journey.
6. No cover is provided for loss of keys or Travel Documents which is recoverable by the Insured (subject to Section 45 of the Insurance Contracts Act) or by the Insured Person from any other source to the extent to which they are so recoverable (e.g. airline tour operators or other domestic or travel insurance policies).

Money Benefit

Extent of Cover
If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person suffers loss of, theft of or fraudulent use of Money which is not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation
We will reimburse the lost Money. The maximum amount We will pay is shown in the Policy Schedule against "Money Benefit".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

1. The Insured Person must substantiate their loss and provide withdrawal confirmation of Money lost or stolen.
2. The Insured Person must take all reasonable precautions for the safety and supervision of their Money.
3. The Insured Person must report any loss of, theft of or fraudulent use of any Money to the relevant law enforcement agency of the applicable country in which they are travelling as soon as practicable or at least within twenty-four (24) consecutive hours of detection and effect appropriate cancellation measures.

Exclusions

1. No cover is provided for theft not reported to the police or responsible officer of any aircraft, vehicle or vessel

on which the Insured Person is travelling within a reasonably practicable time following detection. All such reports must be verified by a written statement from that authority.
2. No cover is provided for any damage to or loss of Money as a result of theft or attempted theft which occurs whilst such Money is Unattended unless securely locked inside a building (e.g. hotel, apartment, etc.) or securely locked and completely out of sight inside an aircraft, vehicle or vessel (where no reasonable alternative secure storage is available).
3. No cover is provided for confiscation by quarantine, customs regulations or by order of any government or public authority or losses due to devaluation of currency.
4. No cover is provided for any items placed in checked baggage where the carriers' conditions of carriage stipulate those items should not be placed in checked baggage. No cover is provided for Money greater than the amount allowed by any applicable currency regulation at the time of commencement of the Journey.
5. No cover is provided for any items that the Insured Person does not take with them on their transport, or which have been sent by post or by air, road or rail courier services or marine freight contract.

Repatriation of Belongings Benefit

Extent of Cover
If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person has a Claim which We accept under any of the following benefits:

- Accidental Death and Capital Benefits for "Accidental Death"; or
- Medical and Medical Evacuation Expenses for "Medical Evacuation"; or
- Political Risk, Natural Disaster and Personal Safety Evacuation Expenses,

and as a result they incur reasonable and necessary expenses related to the return of their Personal Baggage and/or Business Property or Electronic Equipment to them or their principal residence or place of business, which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation
We will reimburse the reasonable expenses as described in the Extent of Cover. The maximum amount We will pay is shown in the Policy Schedule against "Repatriation of Belongings Benefit".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions
No specific conditions apply to this Benefit, only the General Conditions and Limitations.

Exclusions

1. No cover is provided for any items that the Insured Person does not take with them on their transport, or which have been sent by post or by air, road or rail courier services or marine freight contract.

Kidnap, Detention, Extortion and Ransom

Extent of Cover
If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person is Kidnapped, illegally Detained or receives an Extortion threat and as a result incurs an Ultimate Net Loss, which is not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation
We will reimburse the Ultimate Net Loss. The maximum amount We will pay is shown in the Policy Schedule against "Kidnap, Detention, Extortion and Ransom".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

1. In the event of a Kidnapping, Detention or Extortion threat, the Insured must make every reasonable effort to give immediate notice to AHI Assist and AHI.
2. AHI's authorised security and political assistance company, AHI Assist, must be involved in any Kidnap, Detention, Extortion or Ransom situation. To contact AHI Assist refer to the contact number shown in the Policy Schedule against "AHI Assist 24/7 Emergency Contact Number".
3. The Insured must take all reasonable precautions to protect the confidentiality of the cover provided under this Benefit.
4. In the event of the reported Kidnapping of an Insured Person or other Event that is or may be covered under this Benefit, the Insured shall make every reasonable effort to determine positively that the Insured Person has been Kidnapped, in Detention or is the recipient of an Extortion threat and record the serial number of any currency paid to secure the Insured Person's release.
5. No monies will be payable by Us unless Ransom monies have been paid by the Insured.
6. The Insured must do all things reasonably necessary to assist in the prosecution of any person who has acted fraudulently or in collusion with any other person with

respect to a Kidnap, Detention or Extortion threat against an Insured Person.

7. The Insured must make every reasonable effort to notify any relevant law enforcement agency of any demand for Ransom prior to the payment of any Ransom monies and the Insured must comply with the recommendations and instructions issued by any law enforcement agency if this appears to be in the best interest of the Kidnapped Person. The Insured must also comply with the recommendations and instructions issued to the Insured by AHI Assist where they do not conflict with the instructions of the local law enforcement agency.

Exclusions

1. No cover is provided for any Ransom by way of reimbursement where, with respect to the particular Insured Person:

    a. this type of insurance has been declined in the past; or
    b. this type of insurance has been cancelled or issued with special conditions in the past; or
    c. a Kidnapping or attempted Kidnapping has occurred in the past; or
    d. an Extortion demand has been made against that Insured Person in the past; or
    e. there has been any fraudulent or dishonest act committed by the Insured or Insured Person or any person authorised by the Insured or Insured Person.

2. No cover is provided for any loss from the Kidnap, Detention, Extortion or Ransom of an Insured Person permanently residing or staying for more than one hundred and eighty-two (182) consecutive days in the country where the Kidnap, Detention, Extortion or Ransom occurs, unless otherwise agreed by Us in writing.
3. No cover is provided for any expenses, fees or damages incurred as a result of any proceedings brought against the Insured as a result of a covered Kidnap, Detention, Extortion or Ransom Event.
4. No cover is provided for any losses or damages caused or claimed to be caused by way of interruption to any business.

Extra Territorial Workers Compensation

Extent of Cover

If, during the Period of Insurance and occurring within the Scope of Cover, the Insured incurs liability to pay:

1. Compensation Benefits payable under any Workers Compensation legislation which provides compensation to injured workers or their dependents for death, personal injury or occupational disease arising out of or in the course of employment; or
2. damages at common law (except where entitlement arises solely under any statute) arising out of the death, personal injury or occupational disease suffered by an Insured Person as a result of an Accident or Occurrence happening during a Journey,

subject to the following:

a. this Benefit only applies with respect to Insured Persons who are the Insured's employees and with respect to persons who are deemed by any applicable Workers Compensation legislation to be workers employed by the Insured, who are employed in Australia in a managerial, clerical, administrative, technical or sales capacity and whose employment or engagement is to be performed substantially within Australia;
b. during the Period of Insurance, the Insured must also maintain an in-force Australian Workers' Compensation insurance cover as required by the law of any state or territory which applies to the employment of employees by the Insured; and
c. this Benefit only applies whilst an Insured Person is working on a temporary basis but not exceeding one hundred and eighty-two (182) days outside the state or territory in which his or her usual place of employment or employment base is located,

We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation

We will indemnify the Insured against the Insured's liability for compensation and damages with respect to any one Insured Person shown in the Policy Schedule as follows:

1. In the case of a Claim for Compensation Benefits to the difference between the amount so payable and the amount which the Insured Person or his or her dependents are entitled to Claim under any Workers' Compensation legislation which the Insured is required to effect as described above, but not to exceed the amount shown in the Policy Schedule against "Extra Territorial Workers' Compensation" for all Claims for Compensation with respect to any one Insured Person and with respect to all Insured Persons during the Period of Insurance.
2. In the case of a Claim for damages at common law, the difference between the damages and law costs payable by the Insured and the amount of indemnity to which the Insured would have been entitled under any Workers' Compensation legislation which the Insured were required to effect as described above, but not to exceed the amount shown in the Policy Schedule against "Extra Territorial Workers' Compensation" for all damages payable with respect to the death, personal injury or occupational disease of any one Insured Person and with respect to the death, personal injury or occupational disease of all Insured Persons occurring during the Period of Insurance.

The maximum amount We will pay is shown in the Policy Schedule against "Extra Territorial Workers' Compensation".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

1. The Insured must make available to Us all information and documentation in the Insured's possession relating to any Claim submitted by any Insured Person.
2. The Insured must authorise its Workers' Compensation insurer(s) upon request to make available to Us all such information and documentation as We may reasonably require.

Exclusions

1. No cover is provided for exemplary, punitive or aggravated damages.

Hire Vehicle Expenses Benefit

Extent of Cover
If, during the Period of Insurance and occurring within the Scope of Cover, a Hire Vehicle which is under the control of the Insured or Insured Person:

1. is involved in a collision for which they become legally liable; or
2. is stolen or damaged,

and as a result the Insured or Insured Person incurs expenses payable to the motor vehicle hire company which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation
We will pay for or reimburse the expenses as described in the Extent of Cover. The maximum amount We will pay is shown in the Policy Schedule against "Hire Vehicle Expenses Benefit".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

1. The Hire Vehicle must be hired from a recognised motor vehicle hire company.
2. A copy of the signed Hire Vehicle Agreement must be supplied to Us.
3. Cover is extended for a period of up to twenty-four (24) hours prior to commencement of the Journey and up to twenty-four (24) hours after the conclusion of a Journey where an Insured's authorised representative collects and/or returns the Hire Vehicle on behalf of the Insured Person hiring the Hire Vehicle. The twenty-four (24) hour period will commence once the Hire Vehicle is in the control of the Insured's authorised representative or the Insured Person and conclude when the Hire Vehicle is returned to the vehicle hire company or the end of the twenty-four (24) hours, whichever first occurs.

Exclusions

1. No cover is provided for expenses relating to the rental of a Commercial Hire Vehicle, recreational vehicle (RV) or camper van.
2. No cover is provided for expenses relating to any vehicle that is greater than ten (10) years old from the date of manufacture.
3. No cover is provided if the Insured or Insured Person is in breach of the terms and conditions of the rental provider under the Hire Vehicle Agreement.
4. No cover is provided for expenses arising from the illegal or criminal use of a Hire Vehicle by the Insured or Insured Person.
5. No cover is provided for expenses arising from the use of the Hire Vehicle by an Insured Person without holding a valid driver's licence for the vehicle in the country the motor vehicle is being operated in.

Private Vehicle Excess Benefit

Extent of Cover
If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person's privately owned vehicle under the control of the Insured Person:

1. is involved in a collision for which they become legally liable; or
2. is stolen or damaged,

and as a result the Insured or Insured Person incurs expenses for:

a. the prescribed excess of the Insured or Insured Person's comprehensive vehicle policy of insurance; or
b. the Claim below the excess that would have been payable under the Insured or Insured Person's comprehensive vehicle policy of insurance,

which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation
We will reimburse the expenses as described in the Extent of Cover. The maximum amount We will pay is shown in the Policy Schedule against "Private Vehicle Excess Benefit".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

1. The following information and documentation must be supplied to Us:

    a. receipts (or copies) for the amount of the Claim or excess paid and the name of the firm which carried out the repairs on the Insured Person's privately owned vehicle; and
    b. a letter from the Insured Person's privately owned vehicle insurer stating the amount of the excess paid and the amount of any no claim bonus forfeited.

Exclusions

1. No cover is provided for expenses caused or contributed to by the operation of the vehicle in breach of the provisions of the comprehensive vehicle policy of insurance.
2. No cover is provided for expenses relating to any vehicle that is greater than ten (10) years old from the date of manufacture.
3. No cover is provided for expenses arising from the illegal or criminal use of the vehicle by the Insured or Insured Person.
4. No cover is provided for expenses arising from the use of the vehicle by an Insured Person without holding a valid driver's licence for the vehicle in the country the motor vehicle is being operated in.
5. No cover is provided for expenses arising from the use of the vehicle when the vehicle is not covered by comprehensive motor vehicle insurance.
6. No cover is provided for expenses which are legally recoverable from any other policy or source to the extent permitted by law.

Towing Expenses

Extent of Cover
If, during the Period of Insurance and occurring within the Scope of Cover, a Hire Vehicle or privately owned vehicle under the control and/or care of an Insured Person:

1. is involved in a collision or is damaged rendering it unsuitable for driving; or
2. is not drivable as a result of the Insured Person sustaining an Injury or suffering Sickness,

and as a result the Insured or Insured Person incurs expenses for towing of the vehicle to the destination specified by the motor vehicle hire company or the comprehensive motor vehicle insurer which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation
We will reimburse the reasonable expenses as described in the Extent of Cover. The maximum amount We will pay is shown in the Policy Schedule against "Towing Expenses".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

1. Cover only applies for expenses which are not covered under the Hire Vehicle Agreement, the Insured Person's comprehensive motor vehicle insurance policy or the Insured Person's roadside assistance agreement.
2. As part of the arrangement for the hire of the Hire Vehicle, the Insured or Insured Person must purchase all compulsory motor vehicle insurance provided by the rental provider, against loss or damage to the Hire Vehicle during the rental period. Provided that the compulsory insurance has been taken up there is no additional requirement under the Policy to purchase excess buy back.
3. The Hire Vehicle must be hired from a recognised motor vehicle hire company.
4. The Hire Vehicle must be hired for the purpose of the Insured Person's business.
5. A copy of the signed Hire Vehicle Agreement, the Insured Person's comprehensive motor vehicle insurance policy or the Insured Person's roadside assistance agreement must be supplied to Us as soon as reasonably practicable.
6. The Insured or Insured Person must comply with all requirements of the motor vehicle hire company under the Hire Vehicle Agreement and of the insurer under such insurance or the comprehensive motor vehicle insurer.

Exclusions

1. No cover is provided for expenses caused or contributed to by the operation of a vehicle in breach of the provisions of the Hire Vehicle Agreement or applicable comprehensive motor vehicle insurance policy.
2. No cover is provided for expenses related to the rental of a Commercial Hire Vehicle or recreational vehicle (RV) or camper van.
3. No cover is provided for expenses related to any vehicle that is greater than ten (10) years old from the date of manufacture.
4. No cover is provided for expenses arising from damages which are not indemnifiable under the Hire Vehicle Agreement or comprehensive motor vehicle insurance policy because of the application of an exclusion clause.
5. No cover is provided for expenses arising from the illegal or criminal use of a vehicle by the Insured or Insured Person including racing and/or time trials of any form.
6. No cover is provided for expenses arising from the use of a vehicle by an Insured Person without holding a valid driver's licence for the vehicle in the country the motor vehicle is being operated in.
7. No cover is provided for expenses arising from the use of the Insured Person's privately owned vehicle when the vehicle is not covered by comprehensive motor vehicle insurance.

Alternative Employee / Resumption of Journey Expenses Benefit

Extent of Cover
If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person:

1. unexpectedly dies; or
2. suffers a Serious Injury or Serious Sickness which entirely prevents them from completing the business commitments; or
3. has a Claim which We accept against this Policy under Loss of Deposits and Cancellation Expenses or Additional and/or Forfeited Expenses,

and as a result the Insured incurs Alternative Employee Expenses or Resumption of Journey Expenses which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation
We will pay for or reimburse the reasonable expenses as described in the Extent of Cover. The maximum amount We will pay is shown in the Policy Schedule against "Alternative Employee / Resumption of Journey Expenses Benefit".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

1. Alternative Employee Expenses shall be limited to:
    a. an economy return airfare for interstate and intrastate air travel within Australia;
    b. the same standard of airfare as the Insured Person had travelled on or a business class return airfare whichever is the lesser for international air travel outside Australia; and
    c. essential expenses incurred by the alternative employee including direct transfer from airport to principal residence or place of business using a taxi or legally approved ride sharing service and a maximum of sixty ($60) dollars covering meal allowance and a single sim card purchase.
2. If a Benefit is paid for Alternative Employee Expenses, then no Benefit shall be payable for Resumption of Journey Expenses for the same Event.
3. Where the Insured Person has returned to their point of origin for non-medical reasons, Resumption of Journey Expenses will only apply where either more than fifty (50%) percent of the Journey or more than 14 days remains.

Exclusions

1. No cover is provided for Leisure Travel.
2. No cover is provided for any Claim in any way caused by or resulting from:
    a. coronavirus disease (COVID-19); or
    b. severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2); or
    c. any mutation or variation of SARS-CoV-2; or
    d. any fear or threat of a), b) or c) above.
3. No cover is provided for any expenses which the Insured or the original Insured Person had planned or budgeted before the commencement of the Journey.

Personal Liability

Extent of Cover
If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person, as a result of an Accident, becomes legally liable for damages, compensation and/or legal expenses for:

1. bodily Injury (including death) of any person; or
2. loss of or damage to property of any person,

which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation
We indemnify the Insured Person for their legal liability for damages, compensation and/or legal expenses. The maximum amount We will pay is shown in the Policy Schedule against "Personal Liability".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

1. For the purpose of the maximum amount We will pay, all Occurrences or series of Occurrences arising out of the one original cause shall be deemed to be the one Event.
2. The Insured and/or Insured Person must not admit fault or liability, promise, payment or indemnity to any other person without Our written consent which can be applied for by contacting AHI Assist.
3. We shall be entitled to take over and conduct in the Insured Person's name the defence or settlement of any Claim.
4. We shall have full discretion in the handling of any proceedings.
5. We may at any time pay to the Insured Person, in connection with any Claim or series of Claims arising from the one original cause, the amount shown in the Policy Schedule against "Personal Liability", (after deduction

of any amount(s) already paid as Compensation) or any lesser amount for which such Claim(s) can be settled and upon such payment being made, We shall be under no further liability in connection with such Claim(s), except for the payment of costs and expenses recoverable or incurred prior to the date of such payment.

Exclusions

1. No cover is provided for any liability directly or indirectly arising out of or in connection with death, bodily Injury to or loss of or damage to property owned by or in the control of any employee or the Insured Person arising out of or during the course of their employment.
2. No cover is provided for any liability directly or indirectly arising out of or in connection with loss of or damage to property owned by or in the control of the Insured Person or any Relative ordinarily residing with the Insured Person.
3. No cover is provided for any liability directly or indirectly arising out of or in connection with loss of or damage to property or bodily Injury, arising out of the Insured's or Insured Person's ownership, possession, or use of any mechanically propelled vehicle (excluding golf buggies and motorised wheelchairs), aircraft, aerial device or watercraft where the Insured or Insured Person is the owner, driver or pilot thereof or where the driver or pilot is an employee or agent of the Insured or Insured Person.
4. No cover is provided for any liability directly or indirectly arising out of or in connection with loss of or damage to property or bodily Injury, arising out of the Insured's or Insured Person's business, trade or professional activities or advice given by the Insured or Insured Person.
5. No cover is provided for any liability directly or indirectly arising out of or in connection with any contract unless such liability would have arisen in the absence of that contract.
6. No cover is provided for any liability directly or indirectly arising out of or in connection with judgments which are not in the first instance either delivered by or obtained from a court of competent jurisdiction within Australia or the country in which the Event occurred giving rise to the Insured's or Insured Person's liability.
7. No cover is provided for any liability directly or indirectly arising out of or in connection with any Claim for exemplary, punitive or aggravated damages.
8. No cover is provided for any liability or loss that does not flow naturally from, or was not a reasonably foreseeable result of, the Accident.

Political Risk, Natural Disaster and Personal Safety Evacuation Expenses

Extent of Cover
If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person is in a country or region outside their Country of Domicile:

1. that the government of the Insured Person's Country of Domicile declare that certain persons (which include the Insured Person) do not travel to that country or region:

    a. because the Insured Person is expelled from, or declared persona non grata in, that country or region; or
    b. because of an earthquake, volcanic eruption, cyclone, typhoon, tornado, flooding or extremely severe weather conditions which has occurred in the country or region the Insured Person is in necessitating the immediate evacuation of the Insured Person in order to avoid risk of personal Injury or Sickness; or
    c. because of a security threat insurrection, War, rebellion, civil unrest or political instability; or
    d. because there is a wholesale seizure, confiscation or expropriation of the Insured's or Insured Person's property, plant or equipment; and

2. the Insured Person is in an emergency situation where their personal safety and security is at risk,

    and the Insured Person subsequently incurs expenses for:

    a. transportation to the nearest point of safety; and/or
    b. assistance reasonably required to remove them from a situation where their personal safety and security is at risk,

which is not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation
We will pay for or reimburse the reasonable expenses as described in the Extent of Cover. The maximum amount We will pay is shown in the Policy Schedule against "Political Risk, Natural Disaster and Personal Safety Evacuation Expenses".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

1. If evacuation or assistance to leave is required from the country or region the Insured Person is in, AHI Assist or AHI should be contacted as soon as reasonably practicable to confirm cover. Where possible AHI Assist will make all travel arrangements and in all cases AHI Assist will decide where to send the Insured Person.
2. The maximum amount We will pay for transportation for any one Insured Person is the cost of a business class airfare to the destination that AHI Assist deems suitable for the situation.
3. We may decline to provide assistance services if AHI Assist on Our behalf reasonably determines that performing such assistance services would subject the AHI Assist appointed personnel to undue risk of physical harm or threat to their personal safety.

Exclusions

1. No cover is provided for the Insured Person violating the laws or regulations of the country or region in which the Insured Person is located.
2. No cover is provided for the Insured Person failing to produce or maintain immigration, work, residence or similar visas, permits or other similar documentation as required for the Insured Person to stay in that country or region.
3. No cover is provided for expense resulting from any debt, insolvency, commercial failure, the repossession of any property by the owner or any other financial cause.
4. No cover is provided for failure by the Insured or Insured Persons to honour any contractual obligation or bond or to obey any conditions in a licence.
5. No cover is provided if the Insured Person is a national of the country from which he or she is located in.
6. No cover is provided if the event causing the serious risk to the personal safety and/or security of the Insured Person was in existence prior to the Insured Person entering the country or region or the Event was foreseeable to a reasonable person before the Insured Person entered the country or region.
7. No cover is provided if the Insured Person did not follow any advice issued by the government of the Insured Person's Country of Domicile, declaring that travellers do not undertake any travel to the country or region. This exclusion applies where the Insured Person was or ought reasonably to have been aware of the government advice before commencing the Journey, in circumstances where such information could reasonably have been obtained.
8. No cover is provided if the Insured Person remained in the country or region for a period of fourteen (14) days or more when advised to leave by the government of the Insured Person's Country of Domicile unless the Insured Person is unable to leave due to circumstances beyond their control.
9. No cover is provided for any Claim in any way caused by or resulting from:

    a. coronavirus disease (COVID-19); or
    b. severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2); or
    c. any mutation or variation of SARS-CoV-2; or
    d. any fear or threat of a), b) or c) above.

Evacuation Accommodation Expenses

Extent of Cover
If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person has a Claim which We accept under this Policy against "Political Risk, Natural Disaster and Personal Safety Evacuation Expenses" which results in them being relocated to a country which is not their Country of Domicile and as a result incurs reasonable Accommodation Expenses, which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit

Compensation
We will pay for or reimburse the reasonable expenses as described in the Extent of Cover. The maximum We will pay per Event is shown in the Policy Schedule against 'Evacuation Accommodation Expenses'.

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

1. Cover for 'Evacuation Accommodation Expenses' can only be considered if the Insured Person has a valid claim under the 'Political Risk, Natural Disaster and Personal Safety Evacuation Expenses' Benefit.

Exclusions
No specific exclusions apply to this Benefit, only the General Exclusions.

Search and Rescue Expenses

Extent of Cover
If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person is reported missing for a period of more than seventy-two (72) consecutive hours, and:

1. it is believed or known that the Insured Person may have sustained an Injury or suffered Sickness; or
2. an earthquake, volcanic eruption, cyclone, typhoon, tornado, flooding or extremely severe weather conditions make it necessary to commence a search and rescue operation to prevent the Insured Person from sustaining an Injury or suffering a Sickness,

and the Insured or Insured Person incurs expenses for a recognised rescue service provider or local law enforcement authority to launch a search and rescue operation to search for the missing Insured Person and to bring them to a place of safety, which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation
We will pay for or reimburse the reasonable expenses as described in the Extent of Cover. The maximum amount We will pay is shown in the Policy Schedule against "Search and Rescue Expenses".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

1. At all times the Insured Person must comply with local safety advice given by the local authorities and adhere to any of their recommendations.
2. AHI Assist must be notified immediately or as soon as practicably possible of any situation that may potentially give rise to a Claim under this Benefit.
3. Any expenses must be approved by AHI or AHI Assist prior to them being incurred.
4. We will only pay for the portion of cost incurred (up to the limit for this Benefit) that directly relate to the missing Insured Person.
5. At the date and time the missing Insured Person is found or recovered, further costs or incurred expenses under this Benefit of the Policy will automatically cease.
6. There is no cover under this Benefit of the Policy if the Insured or any Insured Person decides to continue the search and rescue operation after the recognised rescue service provider or local law enforcement authorities have decided to cease the search.
7. Where any Event covered under this Benefit is, or is subsequently found to be covered under any other benefit in this Policy, the Benefit amount payable shall be in addition to any amount payable under any other Benefit in this Policy.
8. An Insured Person must take all necessary precautions not to endanger their own life or that of any other Insured Person or expose themselves to any activities for which they are not qualified to undertake.
9. The Insured or Insured Person must provide Us with written documentation from the relevant recognised rescue service provider or local law enforcement authorities or any other authority involved in the Claim in order to assess and validate the Claim.

Exclusions

No specific exclusions apply to this Benefit, only the General Exclusions.

General Exclusions

The following exclusions apply to all Benefits under this Policy. We will not pay for a Claim under the Policy if the Claim arises directly or indirectly out of or in relation to any of the following:

1. an Insured Person who has attained the age shown in the Policy Schedule against "Maximum Age Limit (sub limits may apply)" at the time of an Event.
2. any Benefit payment that that would result in Us breaching any of the following:

    a. the Private Health Insurance Act 2007 (Cth) and the Private Health Insurance (Health Insurance Business) Rules; or
    b. the National Health Act 1953 (Cth),

    as amended from time to time;

3. the Insured Person being under the influence of intoxicating liquor or any other drug unless it was prescribed by a Medical Practitioner and taken in accordance with the Medical Practitioner's advice.
4. an Insured Person engaging in or taking part in naval, military or air force service or operations.
5. racing and/or time trials of any form, other than on foot.
6. the use, existence or escape of nuclear weapons material or ionising radiation from or contamination by radioactivity from any nuclear fuel or nuclear waste from the combustion of nuclear fuel.
7. any deliberate self-inflicted harm or Injury, caused or committed by the Insured Person, including suicide or attempted suicide, reckless misconduct or any criminal or illegal act.
8. War, Civil War, rebellion, revolution, insurrection or military or usurped power in or confiscation or nationalisation or requisition or destruction of or damage to property by or under the order of any government or public or local authority in the Insured's Country of Domicile or Country of Expatriation, or the Insured Person taking part in a riot or civil commotion.
9. an Insured Person engaging in or taking part in or training for Professional Sports of any kind.
10. an Insured Person engaging in air travel except as a passenger in any registered and licensed aircraft that carries passengers.
11. travel that is planned and/or undertaken:

    a. by the Insured Person against the advice of a Dental Practitioner or Medical Practitioner; or
    b. when the Insured Person is certified as unfit to travel by a Dental Practitioner or Medical Practitioner; or
    c. for the purpose of the Insured Person to seek medical attention for a Pre-Existing Condition, unless the Pre-Existing Condition had been declared to and accepted by Us in writing.

12. any cosmetic, elective or plastic surgery (except and to the extent that it is necessary for the cure or alleviation of an Injury to the Insured Person).
13. any expenses or charges incurred after the Insured Person or their representatives or Insured refused to follow or ignored the reasonable instructions and directions of Us, AHI or AHI Assist where it was reasonably practicable to do so in the circumstances.
14. loss which results from the refusal, failure or inability of any person, company or organisation, including but not limited to any airline, other transportation provider, hotel, vehicle rental agency, tour or cruise operator, travel wholesaler, booking agent or other provider of travel or tourism related services, facilities or accommodation, to provide services, facilities or accommodation, by reason of their own financial default or collapse or the financial default or collapse of any person, company or organisation with whom or with which they deal.
15. international border closures arising from:

    a. Coronavirus disease (COVID-19);
    b. Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-Cov-2);
    c. any mutation of SARS-Cov-2;
    d. any fear or threat of (a), (b), or (c) above.

No cover is provided or deemed to be provided and We shall not be liable to pay any Claim or provide any benefit hereunder to the extent that:

16. the provision of such cover, payment of such Claim or provision of such benefit would expose Us to any sanction, prohibition or restriction under United Nations Security Council (UNSC) resolutions or the trade or economic sanctions, laws or regulations of Australia, European Union, United Kingdom and/or the United States of America.

General Conditions and Limitations

The following conditions and limitations apply to this Policy.

Additions and Deletions
The Insured must declare to Us in writing of any Insured Persons who are required to be covered under the Policy during the Period of Insurance within thirty (30) consecutive days from their Effective Date of Cover. Cover will be subject to a pro-rata premium for time on risk, which can be paid on a quarterly or annual basis. The Insured must also declare to Us any Insured Persons who no longer require cover under the Policy within thirty (30) consecutive days from their date of cessation.

The maximum pro-rata refund premium applicable for Insured Persons that no longer require cover under the Policy will be limited to one hundred and twenty (120) consecutive days. Furthermore, We reserve the right not to refund any premium, or only a refund portion of the premium, if We have paid a Claim or intend to pay a Claim under the Policy during the Period of Insurance.

Age Limitation
Age limits apply to this policy. No cover is provided for Insured Persons who have not attained the minimum age or who have attained the maximum age limits of the Policy at the time of an Event.

1. The maximum age limit is shown in the Policy Schedule against “Maximum Age Limit (sub limits may apply)”. If “Maximum Age Limit (sub limits may apply)” is not shown in the Policy Schedule, no maximum age limit applies to the Policy.
2. The minimum age limit is shown in the Policy Schedule against “Minimum Age Limit (sub limits may apply)”. If “Minimum Age Limit (sub limits may apply)” is not shown in the Policy Schedule, no minimum age limit applies to the Policy.

Specific age limits may also apply to each Benefit included on this Policy. Please refer to each Benefit for full details.

AHI Assist
AHI Assist is AHI’s assistance service provider. They provide pre travel safety advice and in the event of a potential Claim, they provide coordination of services such as:

- International medical services
- International evacuations
- Transportation and accommodation booking services
- International specialist security advice and services
- International legal advice
- Translation services
- Repatriation of mortal remains
- Response to international Kidnap, Extortion and Detention situations
- Baggage, Money and Travel Document services

Policy coverage for coordination services provided by AHI Assist are subject to the terms and conditions of the Policy.

AHI and AHI Assist have a cashless, direct billing agreement, which provides automatic approval and payment for all assistance which is covered by the Policy.

The following conditions apply to services provided by AHI Assist:

1. In the event of assistance being provided by AHI Assist in good faith and at the request of the Insured Person to any person that is not an Insured Person under the Policy, the Insured shall reimburse Us for all costs incurred.
2. The appropriate type, cost and level of any medical or emergency assistance provided by AHI Assist to an Insured Person shall be determined and set by AHI Assist.
3. AHI Assist must be contacted as soon as reasonably practicable of any Insured Person incurring any potential Claim or expense.
4. Any assistance, service or advice that requires specific tailoring or modification from the standard service provided by AHI Assist under this Policy is to be arranged directly with AHI Assist at a cost agreed at the time of the request and will be invoiced directly by AHI Assist.
5. The Insured and/or Insured Person must not act contrary to the reasonable instructions of local law enforcement or contrary to the law. When attempting to resolve problems encountered, the Insured or Insured Person should contact and follow the advice of AHI Assist where reasonably practicable to do so.
6. Where evacuation or assistance is required, AHI Assist should be contacted where reasonably practicable to do so to confirm cover.
7. Where possible AHI Assist will make all travel arrangements and in all cases, will decide where to send the Insured Person.

Automatic Extension of Cover
If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person’s original expected return to their Country of Domicile is postponed due to any unforeseeable circumstances causing delay of transportation outside the control of the Insured Person, or due to the Insured Person’s inability to travel as a result of an Injury or Sickness for which a Claim is payable under this Policy, We will automatically extend the Insured Person’s cover for that Journey under this Policy for up to ninety (90) consecutive days from the date of the Insured Person’s original expected return to their Country of Domicile, even if such time falls outside the Period of Insurance.

Cancellation

1. The Insured may cancel the Policy at any time by telling Us in writing:

    a. If the Insured cancels the Policy, (subject to the cooling-off rights) We shall retain and be entitled to the proportional premium for the period during which the Policy has been in force plus Our cancellation charge;

b. Cancellation by the Insured will be effective when We receive the request; and
c. Where there is more than one Insured under the Policy, We will only cancel the Policy when a written agreement to cancel it is received from all of the Insureds.

2. We may only cancel the Policy by giving the Insured written notice and where permitted by law, included where it is in accordance with the provisions contained in Part VII 'expiration, renewal and cancellation' of the Insurance Contracts Act, including where the Insured has:

a. made a misrepresentation to Us before the Policy was entered into in breach of the duty to take reasonable care not to make a misrepresentation; or
b. failed to comply with a provision of the Policy including failure to pay the premium; or
c. made a fraudulent Claim under the Policy or any other policy during the time the Policy has been in effect; or
d. failed to notify Us of a specific act or omission as required by the Policy.

3. If We cancel the Policy, We will advise the Insured in writing and cancellation will take effect at whatever is the earlier of the following times:

a. when another contract of insurance is taken out by the Insured to replace the Policy; or
b. at 4.00p.m. local standard time of the third business day after the day on which notice was given to the Insured or such later time as We may specify in the notice.

After cancellation and subject to the cooling-off rights (See 'Important Information'), We will keep the premium for the period that the Policy was in force and We will return to the Insured the unexpired portion of the premium for the period from the date the Policy was cancelled to the due date of the Policy. We will not refund any premium if a Claim has been made under any Benefit of this Policy.

4. Where the Policy is cancelled, We do not notify any Insured Persons who are not the Insured.

Change in Activities
The Insured must inform Us as soon as reasonably practicable of any change or alteration in the Insured's activities that the Insured knows, or ought reasonably to know, will cause an increase in the likelihood of the Insured or an Insured Person making a Claim under the Policy. This includes but is not limited to:

- Change in occupation(s); or
- Change in business activities; or
- Changes to previously declared travel patterns including travel duration or destinations.

If we agree to accept this change, we will do so in writing, and you must pay us any additional premium that we may reasonably require. We reserve the right to amend cover or decline to cover any change in activities according to the terms of the Policy or where permitted by law. We also reserve the right to charge additional premium where We agree to cover the change in activities.

Furthermore, where We are permitted by law to cancel the Policy as a result of a failure by the Insured to notify Us, as required, We reserve the right not to refund any premium, or only a refund portion of the premium, if We have paid a Claim or intend to pay a Claim under the Policy during the Period of Insurance.

Claim Forms
We will, upon receipt of notice of a Claim, provide Claim forms and other documentation as required by Us for completion by the Insured Person and/or Insured as the case may be. We shall not be liable to make any payment under this Policy unless the Claim form is completed to Our reasonable satisfaction and provided to Us as soon as reasonably practicable. All information reasonably required by Us must be furnished at the expense of the Insured unless otherwise agreed by Us.

From time to time We may request a progressive Claim form be completed by the Insured Person's attending Medical Practitioner.

Claims Off-Set and Other Deductions
In respect of any Benefit which is intended to reimburse incurred expenses or financial losses, there is no cover under the Policy for any loss, damage, liability, Insured Event, Injury or Sickness which is covered under any Other Insurance policy, health or medical scheme or any government legislation or is payable by any other source. We will however pay the difference between what is payable under the Other Insurance policy, health or medical scheme or any government legislation or such other source and what the Insured or the Insured Person would be otherwise entitled to recover under the Policy, where permissible by law. We will take into account any Excess or co-payment.

Consent to Notification
Acceptance of this Policy means that the Insured consents that We may provide information, including but not limited to notices, in an email or in any other form of electronic communication.

Currency
All amounts shown in the Policy are in Australian dollars (AUD), unless otherwise shown in the Policy Schedule against "Policy Currency". Any Claim or Benefit paid under this Policy will be paid in Australian dollars (AUD) or the currency shown in the Policy Schedule against "Policy Currency". International bank transaction fees are covered to a maximum of fifty ($50) dollars per Claim.

If expenses are incurred in a currency different to Australian dollars (AUD) dollars or the currency shown in the Policy Schedule against "Policy Currency", then the rate of currency exchange used to calculate the amount payable will be the rate at the time of incurring the expense or suffering a loss sourced

from the OANDA website www.oanda.com. Note, that exchange rate differences may occur resulting in variation between original value and final payment amount, this can be minimised by requesting all payment be made in Australian dollars (AUD) into an Australian bank account.

Documentation
The Insured must provide all Insured Persons:

1. with a copy of the PDS at the commencement of the Period of Insurance;
2. with information that any Claim they make is subject to the terms, conditions and exclusions of the Policy;
3. with information that is relevant to the Policy cover contained in the Policy Schedule, including but not limited to the definition of Insured Persons, the Period of Insurance, the Scope of Cover and the nature and effect of any endorsement to the Policy; and
4. if the Policy is lapsed or cancelled, a note to this effect.

As We are not in direct contact with, and We do not know who the fluctuating body of Insured Persons are, We must rely on the Insured to ensure that the Insured Persons receive the required Policy information.

Due Diligence
The Insured and all Insured Person(s) will exercise due diligence in doing all things to avoid or reduce any loss under the Policy.

Duplicate Benefit Cover
If an Insured Person is entitled to a benefit payable under more than one policy issued by Us held by the same Insured and for the same Event, We will only pay a benefit under one policy, whichever provides the highest benefit limit

Duty to Co-Operate

1. The Benefits of this Policy depend on the Insured or any person covered by this Policy giving Us or AHI any reasonable information and help We or AHI require. This includes giving Us or AHI written statements and/or documents We or AHI consider relevant. We or AHI may also require the Insured or any person covered by this Policy to attend court to give evidence. The Insured and any person covered by this Policy must help Us or AHI even when We have paid a Claim.
2. If the Insured or any person covered by this Policy are in receipt of weekly Benefit payments for Temporary Total Disablement or Temporary Partial Disablement, We may appoint a return to work coordinator or vocational rehabilitation provider. Such persons will work with the Insured, the Insured Person's Employer and the Insured's nominated treating Medical Practitioner to explore and facilitate possible return to work strategies within the functional parameters of the medical condition. The Insured must give Us reasonable cooperation in participating in such injury management.
3. If the Insured or any person covered by this Policy do not cooperate with the above the Insured or any person covered by this Policy will be in breach of this Policy and payments may be either suspended, or be reduced, to the extent that the Insured's non- cooperation prejudices Our liability to make ongoing Benefit payments as permitted by Section 54 of the Insurance Contracts Act.

Governing Law and Jurisdiction
This Policy shall be governed and construed in accordance with the laws of Australia. Any dispute under this Policy shall be resolved in accordance with the laws of Australia.

Headings
Headings have been included for ease of reference and it is understood and agreed that the terms, conditions and exclusions of the Policy are not to be construed or interpreted by reference to such headings.

Instalment Premium Payments
Where We agree that the Insured can pay the premium by seven (7) or more premium instalments and an instalment is unpaid for more than one (1) month, We may be entitled to cancel your policy in accordance with Section 62 of the Insurance Contracts Act.

Limit of Liability
The most We will pay in any one Period of Insurance under this Policy is shown in the Policy Schedule against "Aggregate Limit of Liability". We may also include an Aggregate Limit of Liability for specific Benefits or Events. If We include a specific Aggregate Limit of Liability for a Benefit or an Event, such limit will be shown in the Policy Schedule. The Aggregate Limit of Liability does not apply to the Personal Liability Benefit or the Medical and Medical Evacuation Expenses Benefit if they are included on the Policy. In the event the Aggregate Limit of Liability is reached, the amount can be reinstated with Our agreement and payment of the appropriate additional premium (plus any charges).

Notice of Claim
Written notice of Claim must be given to AHI as soon as reasonably practicable after the occurrence of any circumstances giving rise to a Claim.

Other Insurance
In the event of a Claim, the Insured Person must advise Us as soon as reasonably practicable of any Other Insurance they are entitled to Claim under or have access to that covers the same risk or loss.

Payments
Unless otherwise stated, all Compensation shall be paid to the Insured Person, or in the case of the Insured Person's death, to the Insured Person's legal personal representative.

Physical Examination and Autopsy
In relation to a Claim under this Policy where We do not agree with the opinion given by the Medical Practitioner, We have the right (at Our own expense) to conduct any medical examination or examinations of the Insured Person or in the event of death, arrange for an autopsy to be carried out. We may also at any time during a Claim ask for further information or appoint a person to conduct further enquiries into the nature and circumstances of the Claim.

If the Medical Practitioner (authorised by Us) forms an opinion that is contrary to the opinion of the initial Medical Practitioner, We will obtain an independent Medical Practitioner's opinion which will be the opinion used for the purposes of determining a Claim.

Premium Adjustments
This Policy may be subject to a premium adjustment if there are any changes to the underwriting information provided by the Insured. We may ask for updated underwriting information at the end of the Period of Insurance.

Any premium adjustment is subject to the Insured's Claims experience and the application of Our minimum premium (which is available on request).

Singular / Plural
If it is consistent with the context of any clause in this Policy, the singular includes the plural and vice versa.

Subrogation

1. If We make any payments under the Policy to an Insured or an Insured Person, then, to the extent the Insured or Insured Person may have a cause of action for loss or damage against any third party in respect of the facts, matters and circumstances which gave rise to the payments being made under the Policy, then We have a right of subrogation and repayment including any Claim for interest by way of an action which may be brought in the name of the Insured and/or Insured Person against such third party. Both the Insured and Insured Person must provide reasonable cooperation to Us in pursuing any such right.
2. If the Insured Person brings a Claim for loss or damage in their own name against a third party in respect of the facts, matters and circumstances which gave rise to the payments being made under this Policy, then the Insured Person must include in their Claim any payments which may be recoverable from the third party including a Claim for interest (recoverable payments) and should the Insured Person recover damages against the third party either by way of settlement or judgment then the Insured Person must repay to Us out of any such damages the recoverable payments which the Insured Person received under this Policy. We will provide reasonable cooperation to the Insured Person and their legal advisers in bringing any such action.
3. If the Insured Person has at any time entered into or enters into a contract or agreement with another party that prevents the Insured Person's entitlement, and hence Our entitlement, to recover under Our right of subrogation then We may be entitled to rely on Section 54 of the Insurance Contracts Act to refuse to pay a Claim in whole or in part..

Written Approval
If the Insured Person seeks to return to the Country of Expatriation from their Country of Domicile, it must be on the written approval of Our Medical Practitioner in consultation with the Insured Person's attending Medical Practitioner.

AHI Standard Definitions

The meaning of the words as defined in this section apply to this Policy, when such words are capitalised.

ACCIDENT means a sudden, external, unforeseeable and unexpected specific event which occurs at a definable time and place, independently of any Sickness or other cause, and resulting in Injury.

ACCIDENTAL DEATH means death of an Insured Person as a result of an Injury

ACCOMMODATION EXPENSES means reasonable and necessary charges for accommodation which We have organised or authorised in writing prior to the commencement of the accommodation period. It does not include any charges which the Insured or Insured Person have originally budgeted.

ACCOMPANYING means:

1. travelling with; or
2. travelling separately from, with the intention to meet with; or
3. continue travelling with; or
4. leave or depart from,

an Insured Person whilst on a Journey.

AGGREGATE LIMIT OF LIABILITY means the most We will pay.

AHI means Accident & Health International Underwriting Pty Ltd, ABN 26 053 335 952, AFS Licence No. 238261, of Level 17, 60 Margaret Street, Sydney, New South Wales, 2000, Australia.

AHI ASSIST means AHI's international medical, safety & security and emergency management service.

AIRFARE CHARGES means economy class ticket on a scheduled flight, unless otherwise agreed by Us in writing. It does not include any charges which the Insured or Insured Person have originally budgeted.

ALTERNATIVE EMPLOYEE EXPENSES means all reasonable and necessary expenses incurred in sending a substitute employee to complete the original Insured Person's defined business commitments and objectives.

ANY ONE ARTICLE means one item (including but not limited to its attached or unattached accessories) or a set or pair of items such as earrings, set of golf clubs, a camera body and its standard lens, shoes, jacket and trousers, gloves.

BENEFIT means Compensation which We will pay to the Insured or Insured Person, or as otherwise specified in the Policy, when a specific set of circumstances are satisfied as detailed in this Policy. Benefits are located under the Benefits heading in the Policy Wording.

BENEFIT LIMIT means a condition applicable to a Benefit.

BENEFIT PERIOD means the maximum period of time for which We will continue to pay a Benefit irrespective of whether Claims are made under this Policy or another policy held by the Insured or Insured Person with Us, unless We have agreed to provide that cover over and above this Policy. If a Deferral Period applies to the Benefit, the Benefit Period for that Benefit begins at the end of the Deferral Period.

BUSINESS PROPERTY means items intended for use in connection with any trade, business or occupation, which the Insured Person takes with them on their Journey, including purchases of similar items the Insured Person makes whilst on a Journey.

BUSINESS TRAVEL means a Journey which is undertaken on the business of the Insured and includes associated Leisure Travel as part of that Journey.

CARJACKING INCIDENT means violent theft or the attempted violent theft of a motor vehicle which is under the care and control of, or occupied by or immediately intended to be occupied by the Insured or Insured Person.

CHARTER FLIGHT means an aircraft that is chartered for a specific trip(s) by the Insured or Insured Person to fly to and/or from declared take-off and landing facilities and where the flight is not part of an airline's regular scheduled flights for the general public.

CIVIL WAR (whether declared or not) means any of the following: armed opposition, insurrection, revolution, armed rebellion or sedition between two or more parties belonging to the same country where the opposing parties are of different ethnic, religious or idealistic groups.

CLAIM means an application for Compensation under a Benefit of this Policy.

COMMERCIAL HIRE VEHICLE means any rented vehicle primarily designed to:

1. Transport more than nine (9) passengers (plus the driver); or,
2. Perform any function other than the transportation of people/passengers.

COUNTRY OF DOMICILE means the country in which the Insured Person is deemed a citizen or permanent resident (e.g. holder of a multiple entry visa or permit which gives an Insured Person resident rights in such country).

COUNTRY OF EXPATRIATION means a country other than the Insured Person's Country of Domicile, that is:

1. where the Insured Person will spend most of their time whilst outside of their Country of Domicile; or
2. where the Insured Person is residing whilst on an overseas expatriate assignment; or
3. as declared to Us; or
4. as named in the Policy Schedule.

DAILY BENEFIT means the maximum amount We will pay for each elapsed period of twenty four (24) consecutive hours.

DEFERRAL PERIOD means the continuous period of time shown in the Policy Schedule during which no Compensation is payable for a Benefit. The Deferral Period begins at the point in time that the Benefit would have been payable if there was no Deferral Period.

DENTAL PRACTITIONER means a person legally qualified in dentistry who is registered or licensed to practice dentistry under the laws of the country in which they practice dentistry as a dentist, dental hygienist, dental prosthetist, dental therapist, oral surgeon, orthodontist, oral health therapist or specialist who is not the Insured Person and/or the Insured or a Relative of the Insured and/or Insured Person.

DENTAL SERVICES (EMERGENCY) EXPENSES means charges made by a Dental Practitioner for emergency dental treatment to restore or replace a lost or damaged Tooth or to resolve the acute, spontaneous and unexpected onset of dental pain.

DENTAL SERVICES (MAJOR) EXPENSES means charges (approved by Us) made by a Dental Practitioner for root canal treatment, endodontic treatment, oral surgery, anesthetic services, periodontal surgery, orthodontic services, installation of and repairs to crowns and bridges, new dentures, dental repairs and remodeling and other specialist services.

DENTAL SERVICES (ROUTINE) EXPENSES means charges made by a Dental Practitioner for examinations, scaling and cleaning (removal of plaque), application of fluoride, amalgam or composite resin dental filling and restorations, diagnostic services, x-rays, injections and single Tooth extraction.

DEPENDENT CHILD or DEPENDENT CHILDREN means an Insured Person's or their Partner's dependent child or children, including step or legally adopted child or children, as long as they are under eighteen (18) years of ***age***, or under twenty-five (25) years of age while they are full-time students attending a legally accredited registered training organisation or institution of higher learning, and are primarily dependent upon the Insured Person for maintenance and support. Dependent Child or Dependent Children also includes any child or children of any age who are living permanently with the Insured Person who through a disability are totally incapable of self-support.

DETENTION or **DETAINED** means the illegal holding of an Insured Person under duress by militias, militants or governments without any legal justification unless as a result of a Hijacking.

EFFECTIVE DATE OF COVER means the date the:

1. Insured Person first becomes an Insured Person under this Policy and is shown in the Policy Schedule or subsequent endorsement as an Insured Person; and
2. Premium is paid or agreed to be paid by the Insured for the Insured Person.

ELECTRONIC EQUIPMENT means any personal device that contains a computer chip, microprocessor or electronic controller, including but not limited to medical or therapeutic devices, mobile telephones, portable computers (including all notebooks, laptops, tablets and other hand held devices) cameras or any wireless enabled wearable technology devices and the like. This also includes any standard accessories that come with the device but does not include other attachments purchased as additional items.

EXCESS means the amount an Insured or Insured Person must contribute towards the cost of a Claim under this Policy. Where an Excess applies it will be shown in the Policy Schedule and Compensation will be paid less the Excess amount.

EXPENSE LIMITATION means the maximum percentage of an expense which We will reimburse in the event of a Claim.

EXTORTION means a physical threat or intimidation of an Insured Person for the purpose of demanding a Ransom for that Insured Person.

EVENT means a situation or series of situations that give rise to a Claim.

FAMILY means the Insured Person, their Partner and/or Dependent Children or if the Insured Person is a Dependent Child, their parent, guardian or siblings.

FULL-BREAK means the bone is completely broken through with no connections.

HIJACK or **HIJACKING** means an Insured Person being held hostage as a result of the capture by force of a conveyance in which they are travelling.

HIRE VEHICLE means a rented sedan, station wagon, hatchback or four-wheel drive (4WD), which is not a Commercial Hire Vehicle, rented or hired from a licensed motor vehicle rental/hire company for the sole purpose of carrying an Insured Person in accordance with the Hire Vehicle Agreement and shall not include any other vehicle or use.

HIRE VEHICLE AGREEMENT means the written agreement between the Insured or Insured Person and the motor vehicle hire company whose business is to rent out Hire Vehicles or Commercial Hire Vehicles.

HOSPITAL means a place registered as a hospital for the care and treatment of sick or injured persons and which has the following characteristics:

1. organised diagnostic and surgical facilities, either on premises or in facilities available to the hospital on a pre-arranged basis;
2. provides twenty-four (24) hours a day nursing services by registered nurses;
3. is under the supervision of a Medical Practitioner; and
4. is not primarily a clinic, a place for custodial care, a place for the treatment of alcoholism or any other substance abuse, a nursing, rest or convalescence home or home for the aged or similar establishment.

IDENTITY THEFT means the theft of data or information relating to Insured Person's identity which results in the fraudulent practice of using this person's name and personal information to obtain Money, goods or services.

INCOME means:

1. If the Insured Person is an employee, the Insured Person's gross weekly rate of pay exclusive of overtime payments, bonuses, commissions and allowances averaged over the period of three hundred and sixty-five (365) consecutive days prior to the date the disablement (with respect to which We have agreed to pay a Claim under the Policy) commenced or over such shorter period that an Insured Person has been continuously employed prior to the date of disablement as certified by the Medical Practitioner; or
2. In the case of a self-employed person, the Insured Person's weekly pre-tax income derived from personal exertion, after deduction of all expensesnecessarily incurred in connection with that income, averaged over the period of three hundred and sixty- five (365) consecutive days or over such shorter period that an Insured Person has been continuously self-employed prior to the date of disablement as certified by the Medical Practitioner.

If the Insured Person does not meet 1 or 2 above, then the Insured Person's Income shall be deemed to be nil.

INCOME LIMITATION means the maximum percentage of the Insured Person's Income which We will pay in the event of a Claim.

INCOME MULTIPLIER means the maximum multiple of the Insured Person's annualised Income which We will pay in the event of a Claim.

INJURY means bodily injury resulting from an Accident that occurs fortuitously to the Insured Person. Injury does not include:

1. any consequences of an injury which are ordinarily described as being a sickness, illness or disease;
2. an aggravation of a pre-existing injury;
3. any degenerative condition.

INSURANCE CONTRACTS ACT means the Insurance Contracts Act 1984 (Cth) as amended from time to time.

INSURED means the named company, organisation or person listed as the Insured in the Policy Schedule with whom We enter into the Policy. They are the contracting party.

INSURED EVENT means an Event covered under the Policy.

INSURED PERSON means any person stated by name, classification or meeting the criteria specified for an Insured Person in the Policy Schedule for the insurance cover selected by the Insured and with respect to whom a premium has been paid.

INSURER means:

- In relation to all Benefits:

  Tokio Marine & Nichido Fire Insurance Co., Ltd, ABN 80 000 438 291
  AFS Licence No.246548 (TMNF)

  Level 17, 60 Margaret Street,
  SYDNEY NSW 2000

  Telephone: +61 2 9225 7500
  Website: www.tokiomarine.com.au

JOURNEY means travel not exceeding one hundred and eighty-two (182) consecutive days, which is declared and accepted by Us for travel commencing during the Period of Insurance. It does not mean ordinary commuting between

the Insured Person's principal place of residence or place of business. A Journey commences from the time the Insured Person leaves their principal residence or place of business and continues until the Insured Person returns to their principal residence or place of business, whichever occurs first.

KIDNAP, **KIDNAPPED** or **KIDNAPPING** means the actual or alleged taking of an Insured Person and holding them captive against the Insured Person's will, without legal authority for the purpose of demanding a Ransom for the release of the Insured Person.

KNOWN EVENT means an Event which has been reported in the mass media or for which We have released a position statement. Position statements can be found on Our website (www.ahiinsurance.com.au).

LEISURE TRAVEL means a Journey or a component of a Journey which is not related to the business of the Insured.

LEISURE TRAVEL LIMITATION means the maximum amount We will pay for a Claim which occurs during Leisure Travel.

LOSS OF USE means loss of, by physical severance, or total and Permanent loss of the effective use of a part of the body.

MEDICAL EVACUATION means an evacuation due to medical treatment being immediately required and the medical condition being sudden and life threatening. Medical Evacuation also includes repatriation to the point of origin or Country of Domicile, whichever is the most appropriate.

MEDICAL EXPENSES means all reasonable expenses incurred from a Medical Practitioner, legally qualified and registered nurse, Hospital or registered ambulance service for medical surgery or other diagnostic or remedial treatment including the cost of medical supplies given or Prescription Medicines and ambulance hire.

MEDICAL PRACTITIONER means a person who:

a. is qualified in medicine, optometry, psychology, psychiatry, or dentistry, and registered with the relevant medical board of Australia or the respective medical board of the country in which they practice medicine, psychology, psychiatry, optometry, or dentistry and
b. is not the Insured Person, the Insured, director or employee of the Insured, or Relative of the Insured.

MONEY means bank notes, coins, credit and debit cards, money orders, traveler's cheques, postal notes, gift cards and vouchers, petrol and other coupons and letters of credit.

NON-SCHEDULED FLIGHT means a flight(s) in an aircraft that flies over normal air-routes but does not follow set timetables and the take-offs and/or landings are on recognised airfields or airports or similar facilities.

NUCLEAR, BIOLOGICAL OR CHEMICAL TERRORISM means Terrorism involving the use of fusion, fission, radiation, biological or chemical weapons.

OCCURRENCE means an Event which results in bodily Injury or property damage, neither expected nor intended from the Insured Person's standpoint.

ONGOING MEDICAL EXPENSES means all reasonable Medical Expenses necessarily incurred:

1. in the Insured Person's Country of Domicile; and
2. as a result of sustaining an Injury or suffering a Sickness for which treatment was first sought and received from a Medical Practitioner whilst outside the Insured Person's Country of Domicile.

OTHER INSURANCE means in the event of a Claim, the Insured or an Insured Person must advise Us as to the existence of any other insurance they are entitled to Claim under or have access to that covers the same Events or loss.

PARAPLEGIA means Permanent, total and entire paralysis of both legs and part or whole of the lower half of the body.

PARTNER means an Insured Person's wife or husband, de-facto partner or a partner who has continuously cohabited with the Insured Person for a period of ninety (90) consecutive days or more at the time of the Event, and who is not also an Insured Person.

PERIOD OF INSURANCE means the period of time after the Inception Date and before the Expiry Date shown in the Policy Schedule.

PERMANENT (in relation to disablement) means lasting at least three hundred and sixty-five (365) consecutive days and at the end of that time as certified by a Medical Practitioner as unlikely to improve.

PERMANENT TOTAL DISABLEMENT means where in the opinion of a Medical Practitioner, an Insured Person:

a. who is employed, is unable to entirely and continuously engage in any occupation or employment for which the Insured Person is suited by reason of education, training, experience, or skill; or
b. who is not employed, is unable to engage in any and every occupation for the remainder of the Insured Person's life, and

c. is under the regular care of and acting in accordance with the instructions or advice of a Medical Practitioner.

PERSONAL BAGGAGE means personal property and other personal items designed to be worn or carried by the Insured Person which the Insured Person takes with them on their Journey, including items of clothing, personal jewellery and purchases of similar items the Insured Person makes whilst on a Journey (other than household furniture), including tickets, Money, Travel Documents and Electronic Equipment.

POLICY means this Product Disclosure Statement (PDS), the policy wording, current Policy Schedule and any other documents We may issue to the Insured that We advise will form part of the Policy. Other documents can consist of endorsements and/or Supplementary Product Disclosure Statements (SPDS's).

POLICY SCHEDULE means any current, subsequent, renewal or variation schedule listing the Benefits and limits that forms part of the Policy issued by Us to the Insured.

PRE-EXISTING CONDITION means injury, sickness, any medical or physical condition, symptom, disorder, disease, disability or illness (including mental illness), of which an Insured Person, in the three hundred and sixty-five (365) consecutive days prior to becoming the Insured Person:

1. was aware of, or a reasonable person in the circumstances could be expected to have been aware of, whether diagnosed or not; or
2. has sought, or received recommendation for, medical advice or treatment, or a reasonable person in the circumstances would have sought medical advice or treatment,

Any medical condition that an Insured Person has suffered from or been treated for, which is under ongoing monitoring or investigation, is considered a Pre-Existing Condition.

PRESCRIPTION MEDICINES means medication prescribed by a Medical Practitioner and are not available without a prescription.

PROFESSIONAL SPORTS means any sport for which an Insured Person receives an allowance, sponsorship, appearance fee or monetary payment as a result of the Insured Persons' participation, which accounts for more than fifteen (15%) percent of the Insured Persons' annual Income from all sources.

PUBLIC PLACE means any place where the public have access (e.g. shops, planes, taxis, buses, trains, airports, railway stations, streets, museums, galleries, markets, hotel foyers, beaches, restaurants, and public toilets and the like).

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

RADIUS means the distance in a straight line from its starting point to its destination.

RANSOM means Money and/or marketable goods, property, monetary instruments, securities or services surrendered or to be surrendered by or on behalf of the Insured in connection with a Kidnap, Detention or Extortion incident in consideration for the return or release of the captive Insured Person.

RELATIVE means the Insured Person's Family, children, parent, parent-in-law, grandparent, step-parent, grandchild, brother, brother-in-law, sister, sister-in-law, daughter-in-law, son-in-law, fiancé, fiancée, half-brother, half-sister, aunty, uncle, niece or nephew.

RESUMPTION OF JOURNEY EXPENSES means all reasonable and necessary expenses incurred in returning the original Insured Person to complete their original defined business commitments and objectives. Where the Insured Person has returned to their point of origin for non-medical reasons, resumption must be on the written approval of AHI or AHI Assist. Where the Insured Person has been evacuated for medical treatment, cover will only apply within ninety (90) consecutive days of the evacuation and must be on the written approval of Our Medical Practitioner in consultation with the Insured Person's Medical Practitioner.

SCHEDULED MEETING means any official, pre-determined meeting or conference or seminar arranged to occur during the Journey by the Insured or Insured Person which cannot proceed without their attendance and cannot be delayed, postponed or rescheduled.

SCOPE OF COVER means the operative period occurring in the course of, or whilst on, a Journey, for which a Benefit is payable, as noted on the Policy Schedule.

SERIOUS INJURY OR SERIOUS SICKNESS means:

1. (in respect of the Additional and/or Forfeited Expenses Benefit and Corporate Event Benefit) a condition (other than pregnancy) of a person, who has not received regular treatment or advice for treatment, undergone tests or taken prescribed medication at the date of commencement of the Journey and for which a Medical Practitioner certifies that the Insured Person must return:

    a. as the primary care giver if that person is a Family member; or
    b. due to the absolutely critical nature and immediate threat to life if that person is a Relative; or
    c. when that person is the travelling companion who

is not a Relative and without whom the Insured Person's Journey cannot continue; or

d. when that person is a business partner or co-director and the Insured Person is required to take over that person's business role.

2. (in respect of Loss of Deposits and Cancellation Expenses Benefit) a condition (other than pregnancy) of a person, who has not received regular treatment or advice for treatment, undergone tests or taken prescribed medication at the date of booking of the Journey and for which a Medical Practitioner certifies that the Insured Person has to:

   a. remain as the primary care giver if that person is a Family member; or
   b. remain due to the absolutely critical nature and immediate threat to life if that person is a Relative; or
   c. remain when that person is the travelling companion who is not a Relative and without whom the Insured Person's Journey cannot commence.

3. (in respect of the Alternative Employee Expenses Benefit) an Injury or Sickness which entirely prevents the Insured Person from carrying out his or her usual occupation or business and which based on medical evidence is likely to last for at least seven (7) consecutive days.

SICKNESS means any illness (including mental illness), medical or physical condition, symptom, disorder, disability, or disease suffered by the Insured Person, which is not a Pre-Existing Condition and which manifests itself during the Period of Insurance.

SPECIFIED SICKNESS means:

a. myocardial infarction (heart attack);
b. ischaemic heart disease;
c. pulmonary embolism;
d. lower respiratory disease;
e. stroke;
f. cancer; or
g. rabies.

SUM INSURED means the maximum amount of Compensation We will pay under a Benefit for any one Insured Person, for any one Event.

TEMPORARY PARTIAL DISABLEMENT means where in the opinion of a Medical Practitioner:

1. if the Insured Person continues to be employed by the Insured, the Insured Person is temporarily unable to engage in a substantial part of their usual occupation or business duties resulting in more than a 25% loss of Income earned prior to the relevant Injury; or
2. if the Insured Person ceases to be employed by the Insured, the Insured Person is temporarily unable to engage in at least 25% of any occupation for which they may be suited by way of their education, training or experience,

and is under the regular care of and acting in accordance with the instructions or advice of a Medical Practitioner.

TEMPORARY TOTAL DISABLEMENT means where in the opinion of a Medical Practitioner:

1. if the Insured Person continues to be employed by the Insured, the Insured Person is temporarily unable to entirely and continuously engage in any aspect of their usual occupation or any of their business duties; or
2. if the Insured Person ceases to be employed by the Insured, the Insured Person is temporarily unable to entirely and continuously engage in any occupation for which they may be suited by way of their education, training or experience,

and is under the regular care of and acting in accordance with the instructions or advice of a Medical Practitioner.

TERRORISM means any act, preparation in respect of action or threat of action, designed to:

1. influence a government or any political division within it for any purpose; and/or
2. intimidate or influence the public or any section of the public with the intention of advancing a political, religious, ideological or similar purpose.

TOOTH or **TEETH** means a sound and natural permanent tooth but does not include first or milk teeth, dentures, implants, crowns, prosthetic teeth and dental fillings.

TRAVEL AND ACCOMMODATION EXPENSES means reasonable and necessary expenses and charges incurred for transportation and/or accommodation which We have authorised prior to the commencement of the transportation and/or the accommodation period. It does not include any expenses for which the Insured or Insured Person have originally budgeted.

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

ULTIMATE NET LOSS means any monetary loss which is incurred by the Insured in order to secure the resolution of a Kidnap, Detention or Extortion incident. Such expenses include:

1. Ransom paid by the Insured;
2. reasonable fees and expenses of AHI Assist or other independent negotiators authorised by Us or AHI Assist as a result of any Event;

3. any other direct expenses which are reasonable in amount and necessarily incurred by the Insured for the purpose of investigating, negotiating, paying a Ransom demand or recovering the Insured Person, but not including any expenses, fees or damages incurred as a result of any proceedings brought against the Insured arising out of such a demand or any losses or damages caused or claimed to be caused by way of interruption to any business.

UNATTENDED means the Insured Person or their travelling companion are not in a position to observe an item or in a position to have any reasonable prospect of preventing its theft.

UNEXPECTED DEATH means death which occurs fortuitously, was unforeseeable and unexpected and does not include the death of a terminally ill person unless the death is due to an unrelated cause.

UNFORESEEABLE INJURY OR UNFORESEEABLE SICKNESS
means an Injury or Sickness that is caused by unforeseeable circumstances outside the control of the Insured or Insured Person requiring immediate treatment by a Medical Practitioner and for which the Medical Practitioner certifies the Insured Person on whom the Journey depends is unfit to travel or continue with the Journey.

WAITING PERIOD means the period of continuous cover that an Insured Person must accumulate before a specific Benefit/ any Benefits can be paid.

WAR (whether war is declared or not) means a state of armed conflict between different countries, different groups or factions within a country, Nuclear, Biological or Chemical Terrorism, invasion, acts of foreign enemies, hostilities, or war-like operations or Civil War.

WE/OUR/US/TMNF means the Insurer.

Contact Us

To find out how AHI can help you protect what matters most, please get in touch.

Sydney I Melbourne I Brisbane I Perth
1800 618 700