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Corporate Travel Product Disclosure  
Statement and Policy Wording

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# Product Disclosure Statement (PDS)

This Product Disclosure Statement (PDS) has been prepared to help You decide whether this product will meet Your needs.

It sets out the significant features of the insurance **Policy** including its benefits, risks and information on how the insurance premium is calculated. It also contains important information about **Your** rights and obligations. **You** should read the **Policy** wording to ensure it meets **Your** needs before making a decision to purchase. This statement and **Policy** wording are only being provided for comparison purposes. **We** have not considered **Your** personal needs or financial situation in providing this statement, **Policy** wording and/or quotation. If necessary, **You** should seek separate professional advice to determine if this insurance suits **Your** requirements.

## | About Go Insurance

Go Unlimited Pty Ltd T/as Go Insurance is an Australian underwriting agency. Go Insurance specialises in travel insurance. **Our** team of sales and claims consultants is committed to delivering excellence in customer service and care. Go Insurance underwrites exclusively with certain Underwriters at Lloyd's.

## | About Lloyd's

Lloyd's is the world's specialist insurance and reinsurance market, bringing together an outstanding concentration of underwriting expertise and talent. It is often the first to insure emerging, unusual and complex risks. Around 80 syndicates are underwriting insurance at Lloyd's, covering all classes of business. Together they interact with thousands of brokers daily to create insurance solutions for businesses in over 200 countries and territories around the world.

## | General Insurance Code of Practice

Lloyd's in Australia is a signatory to the General Insurance Code of Practice (the Code). The Code has been developed by the Insurance Council of Australia which is designed to raise the standard of practice and service in the insurance industry. **You** can obtain a copy of the Code at [www.codeofpractice.com.au](http://www.codeofpractice.com.au) or by contacting Go Insurance.

## | General Advice

Any advice contained in this PDS and **Policy** is of a general nature only and does not take into account the personal needs, objectives or financial situation of **You** or any **Insured Person**. If necessary, **You** should seek separate professional advice.

## | Purpose of the cover

The purpose of this **Policy** is to provide insurance cover against certain unforeseen or unexpected events that may occur whilst **You** or an **Insured Person** are travelling. The **Policy** does not cover all possible events and expenses. The **Policy** is a contract between **You** and Certain Underwriters at Lloyd's. Please read the **Policy** to ensure it meets **Your** needs. If **You** require further information, please contact **Us** or **Your** broker.

## | Significant Features and Benefits

This **Policy** offers a range of significant **Benefits**. For full details of the **Benefits** provided by this **Policy**, please refer to the **Policy** and **Your** schedule which outlines the sums insured and also notes which **Policy** sections **You** selected at the time of **Policy** purchase. Some significant **Benefits** of the **Policy** include:

- Overseas medical expenses, evacuation, repatriation and additional travel expenses
- Cancellation, Curtailment and Travel Disruption cover
- Personal Accident
- Personal Liability and Legal Expenses
- Search and Rescue
- Car Hire Excess Waiver
- Baggage, Money and Business Property
- Hijack, Kidnap and Kidnap for Ransom
- Political and Natural Disaster Evacuation

## | Significant Risks

Possible risks associated with **You** holding this **Policy** include:

- Whether the **Policy** provides the scope of cover **You** require. **You** should carefully read the **Policy** and take note of its terms, conditions and exclusions.
- Whether **You** can comply with the terms and conditions of the **Policy**. Failure to comply could result in **Us** not paying all or part of a claim.
- **Your** Duty of Disclosure is very important. If **You** have not disclosed relevant information, **We** may be entitled to decline a claim and this can have consequences on **Your** further insurance cover.

In certain circumstances, the **Policy** will not provide any cover to **You**. **You** must read the **Policy** document for full details.

Some General Exclusions are:

- Effects of alcohol or drugs (unless medically prescribed);
- Wilful exposure to needless danger;
- Legal liability arising out of the use of firearms, mechanically propelled vehicles or animals.

## | How We calculate the premium

**We** consider a number of issues to calculate the premium. Some of the key considerations include:

- the sums insured;
- the average duration of trips to be taken;
- the **Insured Person's** medical history, age and claims history; and
- activities to be undertaken whilst travelling.

## | Non payment of premium

**You** must pay the premium within the agreed credit terms or **Your Policy** may not be in force. When **You** take out the **Policy**, if **You** do not pay the premium by the due date or **Your** payment is dishonoured, then **We** may give **You** written notice to cancel the **Policy** and/or decline any claim/s **You** have made. When **You** renew **Your Policy**, if you don't pay the renewal premium by the due date, the **Policy** will end and **We** may decline any claim/s **You** have made.

## | Limits of cover

**Our** total liability for all claims during the **Operative Time** is limited to the amounts specified in each section of this **Policy**. In the event of duplicate insurance, **We** will only be liable for **Our** proportion of the claim.

## | Currency conversions

Settlement of claims for expenditure incurred overseas will be made at the rate of conversion applicable at the date of the loss or expense. All **Benefits** are noted in Australian Dollars.

## | Age limits

This **Policy** does not cover any person who is aged 76 years or more. Section 9 (Personal Accident) provides for reduced **Benefits** in respect of **Insured Persons** aged less than 18 years or more than 65 years. Please refer to the **Policy** for further details.

## | How to apply for cover

To apply for cover, **You** will need to complete a proposal form which **You** can obtain from an insurance broker or distributor who has an agency agreement with **Us**. The broker/distributor can then approach **Us** to obtain a quotation on **Your** behalf. In some cases and at **Our** discretion, **We** may agree to provide a quotation and/or issue cover direct.

## | How to make a claim

If **You** wish to make a claim, there are some important things **You** must do. For full details of how to make a claim, please refer to the Claims Procedure section of the **Policy**.

## | Your Duty of Disclosure

Before **You** enter into an insurance contract, **You** have a duty of disclosure under the *Insurance Contracts Act 1984*.

If **We** ask **You** questions that are relevant to **Our** decision to insure **You** and on what terms, **You** must tell **Us** anything that **You** know and that a reasonable person in the circumstances would include in answering the questions.

**You** have this duty until **We** agree to insure **You**.

### If You do not tell Us something

If **You** do not tell **Us** anything **You** are required to tell **Us**, **We** may cancel **Your** contract or reduce the amount **We** will pay **You** if **You** make a claim, or both.

If **You** failure to tell **Us** is fraudulent, **We** may refuse to pay a claim and treat the contract as if it never existed.

## | Your Privacy

**We** are committed to protecting the privacy of the personal information **You** provide to **Us**. **We** collect, hold, use and disclose **Your** personal information in accordance with the Australian Privacy Principles under the Privacy Act 1988 (Cth) and in accordance with other applicable privacy laws.

### Collection of personal information

**We** only collect, hold, use and disclose personal information where it is necessary for legitimate business purposes, or where there is a legal requirement to do so. **We** collect personal information directly from **You** unless it is unreasonable or impracticable to do so. Where **You** provide personal information about other individuals, **You** must make them aware that **You** will provide this information to **Us**; the types of persons and entities to which the information will be available; and the purposes for which **We** and those to whom **We** disclose the information will use it. **You** must also make them aware that they can access the information **We** receive from **You**.

**We** collect and use personal information for a number of reasons which include but are not limited to:

- Evaluating **Your** application for insurance;
- Evaluating any request **You** make to vary, extend or amend **Your** policy;
- Issuing and managing the insurance cover **We** provide to **You**; and
- Investigating and managing any claims **You** make against **Your** policy.

If **You** do not provide **Us** with this information or any additional information **We** request, **We** may not be able to process **Your** application, offer **You** insurance cover or respond to any claim.

### Use or disclosure of personal information

The personal information **We** collect can be used or disclosed for any purpose connected to **Our** activities but only where **You** would reasonably expect for this to occur. When necessary and in relation to the above noted activities, **We** may need to disclose the personal information **We** collect to:

- Our relevant employees and agents involved in delivering **Our** services;
- Medical emergency companies and service providers such as investigators, hospitals, medical and health professionals;
- facilitators such as legal firms, professional experts such as accountants, actuaries, engineers and technology experts;
- the insurance companies with whom **We** transact business;
- the Lloyd's Syndicates **We** represent (which are located in the United Kingdom);
- insurance reference bureau or credit reference bureau; and
- reinsurers or reinsurance brokers (which may include reinsurers located outside of Australia).

**We** may also use or disclose **Your** personal information if it is required by an Australian law or a court/tribunal order.

### Disclosure of personal information to overseas recipients

If **We** are required to disclose personal information outside Australia, **We** will ensure that:

- a) the overseas recipient complies with the Australian Privacy Principles in relation to the information, or
- b) the overseas recipient of the information is subject to a law that has the effect of protecting the information in a substantially similar way to the way in which the Australian Privacy Principles protect the information.

### Security of personal information

**We** are committed to protecting personal information **We** hold from misuse, interference and loss, as well as unauthorised access, modification or disclosure.

### Access to and correction of personal information

**You** may request access to **Your** personal information, and where necessary, correct any errors in this information (some restrictions and costs may apply). In some circumstances **We** may not agree to provide access to some or all of the information **We** hold when **We** are legally entitled to do so. In such cases **We** will inform **You** of the reason for this circumstance. If **You** would like to access a copy of **Your** personal information or **You** wish to correct or update **Your** personal information, please also contact **Us** on Email - [mail@goinsurance.com.au](mailto:mail@goinsurance.com.au) or phone + 61 (0) 7 3481 9888.

### Use of personal information for marketing

**We** may use **Your** personal information to send **You** details of new insurance products or other insurance related information unless **You** have indicated to **Us** that **You** do not wish to receive such information. If **You** do not wish to receive future marketing material from **Us**, please contact **Us** on [mail@goinsurance.com.au](mailto:mail@goinsurance.com.au) or phone + 61 (0) 7 3481 9888.

By completing **Your** application for this Policy, **You** agree to **Us** using and disclosing **Your** information as set out above. This consent to the use and disclosure of **Your** personal information remains valid unless **You** alter or revoke it by giving written notice by emailing [mail@goinsurance.com.au](mailto:mail@goinsurance.com.au). If **You** have any queries about **Our** privacy policy and how it affects **You**, please contact **Us**.

#### Privacy Complaints Advice:

Lloyd's and its agents are bound by the obligations of the Privacy 1988 as amended by the Privacy Amendment (Private Sector) Act 2000 (the Act) and will be covered by the General Insurance Information Privacy Code (the Code). These set down standards relating to the collection, use, disclosure and handling of personal information.

"Personal information" is essentially information or an opinion about a living individual whose identity is apparent or can reasonably be ascertained from the information or opinion.

An individual who believes their privacy may have been prejudiced has a right to make a complaint about the matter. In the first instance, **Your** complaint should be addressed to Go Insurance. This may be done either verbally or in writing to:

| Post                PO Box 5964, Brendale Qld 4500  
| Telephone        + 61 (0) 7 3481 9888  
| Facsimile        + 61 (0) 7 3481 9899  
| Email             [mail@goinsurance.com.au](mailto:mail@goinsurance.com.au)

If **You** are dissatisfied with the response, **You** may refer the matter to Lloyd's Australia Ltd, who has the appropriate authority to investigate and address matters of this nature. Lloyd's Australia can be contacted at:

Level 9, 1 O'Connell Street  
Sydney NSW 2000

| Telephone        + 61 (0) 2 8298 0783  
| Facsimile        + 61 (0) 2 8298 0788  
| Email             [ldraustralia@lloyds.com](mailto:ldraustralia@lloyds.com)

Lloyd's Australia will respond in writing within 15 working days, and if **You** remain dissatisfied with their response **You** will be provided at that time with the details of any other avenues for resolution that may be available to **You**.

#### | Complaints

**We** are committed to handling complaints about **Our** products and services in a fair and efficient manner. Any complaint relating to this insurance should be referred to Go Insurance in the first instance. **You** can contact Go Insurance via any of the following:

**Post**                PO Box 5964  
                          Brendale Qld 4500  
**Telephone**        + 61 (0) 7 3481 9888  
**Facsimile**        + 61 (0) 7 3481 9899  
**Email**             [mail@goinsurance.com.au](mailto:mail@goinsurance.com.au)

**We** will respond to **Your** complaint within 15 business days provided **We** have received all information necessarily required to review the matter. If further time or information is required, **We** will advise **You** of this fact and agree an alternative timeframe for resolution. If this does not resolve the matter or **You** are not satisfied with the way **Your** complaint has been addressed, **You** should contact:

#### Lloyd's Underwriters' General Representative in Australia

Level 9, 1 O'Connell Street  
Sydney NSW 2000

**Telephone**        + 61 (0) 2 8298 0783  
**Email**             [ldraustralia@lloyds.com](mailto:ldraustralia@lloyds.com)

If **Your** dispute remains unresolved following this contact, **You** may refer the matter to the Australian Financial Complaints Authority (AFCA). This is an independent body that serves to review and adjudicate on insurance disputes. This service is free to consumers. AFCA can be contacted via any of the following:

| Post                GPO Box 3, Melbourne VIC 3001  
| Telephone        1800 931 678  
| Email             [info@afca.org.au](mailto:info@afca.org.au)

More information can be found on their website: [www.afca.org.au](http://www.afca.org.au)

#### **The Insurers accepting this insurance agree that:**

- i if a dispute arises under this insurance, it will be subject to Australian law and practice and the Insurers will submit to the jurisdiction of any competent Court in the Commonwealth of Australia;
- ii. any summons, notice or process to be served upon the Insurers may be served upon Lloyd's Underwriters' General Representative in Australia at the above address, who has authority to accept service and to appear on the Insurers' behalf. If a suit is instituted against any of the Insurers, all Insurers participating in this insurance will abide by the final decision of such Court or any competent Appellate Court.

#### **| Policy Cancellation**

**You** may cancel this **Policy** at any time by providing notice to **Us** in writing.

**We** may cancel the **Policy** in any way permitted by law. For instance, **We** may cancel the **Policy** if **You** have

- Failed to comply with **Your** Duty of Disclosure;
- Made a misrepresentation to **Us** before the **Policy** was entered into;
- Failed to comply with a **Policy** provision including failure to pay the applicable premium;
- Made a fraudulent claim under this **Policy** or any other current policy; or
- Failed to notify **Us** of a specific act or omission as required by this **Policy**.

If **We** cancel the **Policy** **We** will give **You** written notice. If the **Policy** is cancelled, **We** will deduct from the premium, an amount to cover the shortened period for which **You** were insured by **Us** and refund the balance to **You** provided no claim has been paid or is payable and no incident has occurred which could give rise to a claim under this **Policy**.

#### **| Cooling Off Period**

If **You** decide that **You** no longer want this **Policy**, **You** are entitled to a refund of the total amount paid provided **Your** request to cancel the **Policy** occurs within 14 days of issue; before any insured travel begins and no claim has been made against **Your** **Policy**. If **You** have purchased this **Policy** via an insurance broker, **You** should ask the insurance broker what arrangements apply.

#### **| Taxation**

Depending on **Your** entitlement to claim Input Tax Credits under the **Policy**, **We** may reduce the amount paid in the event of a claim by the amount of any Input Tax Credit. In the event of any payment to an **Insured Person** under Section 9B, it is the **Insured Person's** responsibility to declare this payment when completing their usual tax return. If necessary, **You** or the **Insured Person** should seek appropriate taxation advice.

#### **| Financial Claims Scheme**

This **Policy** may be protected under the Financial Claims Scheme which protects certain **Insured Persons** and third parties in the event of an insurer becoming insolvent. In the unlikely event this occurs, **You** may be entitled to access the Financial Claims Scheme provided **You** meet the eligibility criteria. APRA is responsible for the administration of the Financial Claims Scheme and **You** can contact APRA on 130 558 849 or by visiting [www.apra.gov.au](http://www.apra.gov.au).

#### **| Updating the Product Disclosure Statement**

**We** may need to amend this PDS at a later date. A paper copy of any updated information is available free of charge by contacting **Us** or **Your** insurance broker. **We** will issue **You** with a new PDS or a supplementary PDS where the update is to correct a misleading or deceptive statement or an omission which is materially adverse from the viewpoint of a reasonable person deciding whether to purchase this insurance.

#### **| Date Prepared**

This PDS was authorised on 12 March 2020 and remains valid until superseded by a new or supplementary PDS. Claims are assessed in accordance with the PDS/policy wording effective at the time of purchase.

# General Policy Definitions

Wherever one of the words or phrases listed below is used in this Policy it will have the same meaning wherever it appears unless stated otherwise.

A defined word or phrase will start with a capital letter each time it appears in the **Policy** and is printed in bold type e.g. **Accident**, except for headings and titles.

Throughout this **Policy**, words in the singular include the plural and vice versa. The male gender includes the female and neuter. References to legislation include such legislation as amended and to any statutory re-enactment thereof. If a word or phrase has a different meaning in a particular section then that section will have a revised definition of that word or phrase.

The following **Policy** definitions apply to all Sections of the **Policy** and all clauses, extensions and endorsements unless otherwise stated.

## | Accident/Accidental

A sudden, unexpected, unusual, specific, external event which occurs at a single identifiable time and place.

## | Act of Terrorism

Any act or acts of any person or group(s) of persons committed for political, religious, ideological or similar purposes with the intention to influence any government and/or to put the public or any section of the public in fear. An **Act of Terrorism** can include but not be limited to the actual use of force or violence and/or the threat of use. Furthermore the perpetrators of an **Act of Terrorism** can either be acting alone, or on behalf of or in connection with any organisation or government.

## | Aggregate Limit of Liability

The aggregate amount of all benefits payable under this Policy (excluding Personal Liability).

## | Benefit(s)

Any benefit to which an **Insured Person** is entitled under the terms of this **Policy**.

## | Benefit Period

The maximum period from the date of **Temporary Total Disablement** or **Temporary Partial Disablement** for which compensation is payable. This period starts at the end of the **Excess Period**.

## | Business Property

General office supplies, business documentation, stationery, manuscripts and plans belonging to **You** or the **Insured Person** and which are used for business purposes.

## | Bodily Injury

Identifiable physical injury which:

- (a) is sustained by the **Insured Person**, and
- (b) is caused by an **Accident** during the **Period of Travel** during the **Period of Insurance**, and
- (c) solely and independently of any other cause, except **Illness** directly resulting from or medical or surgical treatment rendered necessary by such injury, occasions the death or disablement of the **Insured Person** within 12 months from the date of the **Accident**.

## | Close Relative

Mother, father, sister, brother, husband, wife, **Partner**, daughter, son, grandparent, grandchild, parent-in-law, son-in-law, daughter-in-law, sister-in-law, brother-in-law, or fiancé(e) and who lives in the **Insured Person's Country of Residence**.

## | Consultant

A person or company appointed by **Us** that specialises in the negotiations of **Kidnap** and **Kidnap for Ransom** release.

## | Country of Residence

The country in which the **Insured Person** permanently resides and where they will be repatriated if medically necessary during the **Period of Travel**.

### | Dependent Child

An unmarried child of the **Insured Person** or the **Insured Person's** spouse who lives with the **Insured Person** and is under the age of 18 years or up to the age of 23 years if in full time education and primarily dependant on the **Insured Person** for financial maintenance and support.

### | Director

An appointed or elected member of the board of **Directors** of a company.

### | Electronic Equipment

Electronic items such as personal or business computer, laptop, computer tablet, mobile telephone, GPS device, personal music device, digital camera, video camera and any other item **We** deem to be electronic for which the **Insured Person** is legally responsible and is taken on or acquired during the **Period of Travel**.

### | Employee

Any person in **Your** service including Directors (executive and non-executive), consultants, contractors, sub-contractors and/or self employed persons engaged to undertake work on **Your** behalf.

### | Event

All individual losses arising out of and directly occasioned by one sudden, unexpected, unusual, specific event occurring at an identifiable time and place.

The duration and extent of any **Event** shall be limited to twenty-four (24) consecutive hours and within a 15 kilometre radius for any **Event** hereunder, and no individual loss which occurs outside such period and/or radius shall be included in that **Event**.

**You** or the **Insured Person** may choose the date and time when such period of consecutive hours commences and also the specific 15 kilometre radius determining an **Event**. If any **Event** is of greater duration than the above period **You** or the **Insured Person** may divide that **Event** into two or more **Events** provided that no two periods overlap and provided no period commences earlier than the date and time of **Your** or the **Insured Person's** first recorded individual loss arising out of the **Event**.

### | Excess

**Your** financial contribution towards any valid claim. The **Excess** is that amount of the claim which **You** must bear and will be applied per **Insured Person** for each incident that results in a valid claim.

### | Excess Period

The period prior to the commencement of the **Benefit Period** for which no **Benefit** is payable.

### | Express Kidnapping

The unlawful seizure, abduction and detention by force or fraud of the **Insured Person** against their will by an individual or group for the purpose of obtaining cash directly from the **Insured Person** by way of fraudulent or coercive use of a financial card.

### | Fraud

An intentional deception made for personal gain or to damage **You** or the **Insured Person**.

### | Hijack

The unlawful seizure or wrongful exercise of control of an aircraft or conveyance, or the crew thereof, in which the **Insured Person** is travelling as a passenger.

### | Illness

A disease or sickness of the **Insured Person**.

### | Incidental Holiday

A non-business related trip taken immediately before, during and/or immediately after a business-related trip on behalf of the insured entity.

### | Insured Person

Any person shown in the **Policy** as being an **Insured Person**. For **Insured Persons**, cover applies until the end of the **Period of Insurance** or the date upon which the **Insured Person** ceases their employment or association with **You**, whichever is the sooner.

### | Kidnap

The unlawful seizure, abduction and detention by force or fraud of the **Insured Person** against their will by an individual or group.

### | Kidnap for Ransom

The unlawful seizure, abduction and detention by force or fraud of the **Insured Person** against their will by an individual or group for the purpose of obtaining a form of payment for their release.

### | Left Behind

Not taken by the **Insured Person** when vacating or leaving any hotel or hostel accommodation, restaurant, café, bar or any other **Public Place** including public transport.

### | Limb, Limbs

The entire arm (between the shoulder and the wrist) or the entire leg (between the hip and the ankle).

### | Medical Practitioner

A registered practising member of the medical profession recognised by the law of the country in which they are practising and who is neither related to nor travelling with **You** or the **Insured Person**.

### | Money

Bank notes, coins, postal and money orders, travellers cheques, bank cheques, prepaid travel money cards, credit and debit cards and any other negotiable instrument.

### | Moped / Scooter

Any two-wheeled or three-wheeled motor vehicle with an engine capacity no greater than 100cc.

### | Motorcycle

Any two-wheeled or three-wheeled motor vehicle with an engine capacity no greater than 250cc.

### | Natural Disaster

An event caused by natural phenomenon and not human activity (eg earthquake, volcanic eruption, maelstrom, tsunami, hurricane, tropical cyclone, typhoon, ice storm, tornado).

### | Our, Us, We, Underwriters

Certain Underwriters at Lloyd's, Go Insurance and their respective representatives.

### | Partner

The **Insured Person's** spouse, civil partner, or any person they are co-habiting with as a couple.

### | Period of Insurance

The period beginning with the effective date and ending with the expiry date as shown in the **Policy** schedule and any other period for which **We** have accepted **Your** premium.

### | Period of Travel

The time during the Period of Insurance when the **Insured Person** leaves their home or place of employment (whichever occurs last) during the whole time away and until return to home or place of employment (whichever occurs first).

### | Permanent

Lasting longer than 12 consecutive months and at the expiry of that time being medically certified as beyond hope of improvement.

### | Permanent Partial Disablement

Disablement which forever prevents the **Insured Person** from attending to more than 50% of the duties of his business or occupation whilst he is under the regular care of and acting in accordance with the instructions or advice of a **Medical Practitioner**.

### | Permanent Total Disablement

Disablement which continues for more than 12 consecutive months and at that time is certified by a **Medical Practitioner** to be beyond hope of improvement and entirely prevents the **Insured Person** from engaging in any business, profession, occupation or employment for which he is qualified by training, education or experience.

### | Permanent Total Loss of Hearing

Permanent total and irrecoverable loss of hearing which lasts 12 consecutive months and at the expiry of that period is medically certified as beyond hope of improvement.

### | Permanent Total Loss of Sight

Permanent total and irrecoverable loss of sight which lasts 12 consecutive months and at the expiry of that period is medically certified as beyond hope of improvement.

### | Personal Baggage

Personal property, **Electronic Equipment, Valuables** and / or **Business Property** belonging to **You** or the **Insured Person** for which the **Insured Person** is legally responsible and is taken or acquired during the **Period of Travel**.

### | Policy

This document, **the** schedule (titled 'Certificate of Insurance'), and any endorsements attached to or issued with it. The **Policy** also includes **the** proposal form **You** submitted and the quotation **You** have been provided with either in writing or electronically and any additional information supplied to **Us** by **You** or on **Your** behalf.

### | Pollution

Pollution or contamination by naturally occurring or man-made substances, forces, organisms or any combination of them whether permanent or transitory.

### | Pre-Booked

Either booked by **You** or by the **Insured Person** prior to commencement of the **Period of Travel** and for which payment has been or will be made.

### | Pre-existing Medical Condition

Any injury, sickness, disease, disability or condition for which treatment, medication or advice has been received or prescribed by a doctor, dentist or allied health professional in the twelve (12) months immediately prior to the **Insured Person's Period of Travel**; and/or a condition for which symptoms have manifest and a reasonable person in the circumstances would be expected to be aware of at the time of booking a trip, or commencement of a **Period of Travel** .

### | Public Place

Any place to which the public has access except a place where only **You**, the **Insured Person** or accommodation providers have access. Such places include but are not limited to buses, trains, planes, taxis, airports, railway stations, bus terminals, shops, streets, galleries, museums, markets, accommodation foyers and common areas, beaches, car parks, restaurants and public toilets.

### | Radiation

The emission, discharge, dispersal, release or escape of fissile material emitting a level of radioactivity capable of causing incapacitating disablement or death.

### | Ransom Monies

Cash, bullion, securities, property or services.

### | Reasonable (for the purpose of Sections 1, 2, 3, 4, 5, 6, 7, 12 and 15)

The standard level of care given in the country the **Insured Person** is in for medical / dental treatment; the standard mode or level in the country the **Insured Person** is in for travel, accommodation and similar expenses; and / or the travel class or accommodation rating which is comparable to the level **You** or the **Insured Person** booked for the **Period of Travel**.

### | Salary

1. For an Insured Person employed by You, the average weekly value of their income package earned from personal exertion (including wages, motor vehicle and travelling allowances, subscriptions, fees, subsidies, meal and clothing allowances) before deductions and income tax but excluding bonuses, commissions, overtime and other allowances.
2. For a self-employed Insured Person, their average gross weekly income earned from personal exertion after deduction of all business expenses incurred to earn that income.

In all cases, the **Insured Person's** average gross weekly income will be calculated by reference to his earnings in the 6 months prior to the **Bodily Injury** giving rise to the claim (or any shorter period if they have not been employed by **You** for a period of 6 months).

### | Temporary Total Disablement

Disablement which temporarily and totally prevents the **Insured Person** from attending to any part of his usual business or occupation whilst he is under the regular care of and acting in accordance with the instructions or advice of a **Medical Practitioner**.

### | Temporary Partial Disablement

Disablement which temporarily prevents the **Insured Person** from attending to more than 50% of the duties of his business or occupation whilst he is under the regular care of and acting in accordance with the instructions or advice of a **Medical Practitioner**.

### | Tooth, Teeth

Sound and natural permanent tooth (teeth) but not first or baby teeth, implants, prostheses or other dental restorations.

### | Total Loss

Complete and permanent physical loss or loss of use of the relevant body part.

### | Travel Documents

Passports, visas, entry permits, travel tickets, driving licences or other similar documents in possession and control of the **Insured Person**.

### | Unattended

Leaving **Your** or the **Insured Person's** property with a person the **Insured Person** did not know prior to commencing the **Period of Travel**; leaving it in a position where it can be taken without the **Insured Person's** knowledge; or leaving it at such a distance that the **Insured Person** is unable to prevent it from being taken.

### | War

Any activity or conflict where military force is used and includes one of the following:

1. Hostilities or warlike operations (whether **War** be declared or not)
2. Invasion, civil **War**, rebellion, insurrection, revolution
3. Act of an enemy foreign to the nationality of the **Insured Person** or the country in or over which the act occurs
4. Civil commotion assuming the proportions of, or amounting to, an uprising
5. Overthrow of the legally constituted government
6. Military or usurped power
7. Explosions of **War** weapons
8. An **Act of Terrorism**
9. Murder or assault subsequently proved beyond reasonable doubt to have been the act of agents of a state foreign to the nationality of the **Insured Person** whether war be declared with that state or not.

### | Valuables

Jewellery, watches, spectacles, sunglasses, hearing aids, headphones, items made of or containing gold, silver or other precious metals or (semi) precious stones, CDs, DVDs, leather goods, animal skins / furs, antiques, binoculars, telescopes, works of art and musical instruments.

### | You, Your, Yours

The insured entity and/or **Insured Person** as stated in the **Policy** schedule.

# Policy Wording

## | What is Covered

We will cover **You** against the circumstances outlined in sections 1 to 29 below happening in connection with business trips taken on **Your** behalf including **Incidental Holiday** travel during the **Period of Insurance**, and having a destination outside of their **Country of Residence** or within their **Country of Residence** if such trips involve an overnight stay or air travel.

## | Section 1 - Cancellation or Curtailment

The cancellation section is operative from the date of booking a trip or the commencement date of the **Period of Insurance** whichever is the later.

We will pay up to the amount shown in the **Policy** schedule for all deposits and advance payments that have been paid or contracted to be paid for transport and accommodation costs (including **Reasonable** additional transport and accommodation expenses incurred for return to the **Insured Person's Country of Residence**) if a **Pre-Booked** trip during the **Period of Insurance** has to be cancelled, cut short or rearranged directly and necessarily as a result of:-

1. The unexpected death, **Bodily Injury, Illness** or compulsory quarantine of:
  - (a) The **Insured Person**;
  - (b) Any member of the travel party;
  - (c) Any person with whom the **Insured Person** intends to reside or conduct business with during the **Period of Travel**; or
  - (d) A **Close Relative** or business associate of the **Insured Person**.
2. Marital breakdown (provided that formal legal proceedings are commenced between the commencement date of the **Period of Insurance** and the date of commencement of the **Period of Travel**) of:
  - (a) The **Insured Person**; or
  - (b) Any member of the travel party.
3. Summoning to jury service or witness attendance in a court of their **Country of Residence** or unavoidable requirement to be present in their **Country of Residence** for service in any military or civil emergency of:
  - (a) The **Insured Person**; or
  - (b) Any member of the travel party.
4. Major damage or burglary at the home or place of business of:
  - (a) The **Insured Person**;
  - (b) Any member of the travel party; or
  - (c) Any person with whom the **Insured Person** intends to reside or conduct business with during the **Period of Travel**.
5. Adverse weather conditions making it impossible for the **Insured Person** to travel to the point of departure at commencement of the outward trip.
6. Strike, labour dispute, mechanical breakdown or failure of the means of transport where the departure of such means of transport on which the **Insured Person** is booked to travel is delayed by at least 24 hours.
7. Fire, avalanche, landslide, earthquake, flood or volcanic eruption.
8. Any other unforeseen circumstances (not listed in this section) which are outside **Your** control or the control of the **Insured Person**.

## Conditions applicable to Cancellation or Curtailment

1. Claims for points lost under Frequent Flyer or similar loyalty reward programs following cancellation or curtailment will be reimbursed based on the cash value of those points nominated by the program provider if the points are not able to be credited back to **Your** or the **Insured Person's** account.

## | Section 2 – Travel Disruption Expenses

We will pay up to the amount shown in the **Policy** schedule for **Reasonable** additional travel, accommodation and sustenance expenses necessarily incurred for the **Insured Person** to continue a **Period of Travel** if the **Insured Person** is forced to alter their **Pre-Booked** arrangements as a direct result of one of the following:

1. Strike, locked out workers or industrial action.
2. Riot or civil unrest.
3. Bomb scare, criminal action, an **Act of Terrorism** or **Hijack**.
4. **Natural Disaster**, fire, avalanche, landslide, earthquake, flood, volcanic eruption or adverse weather conditions.
5. **Accident** to or mechanical breakdown of public transport.
6. The **Bodily Injury** or **Illness** of a fellow passenger or crew member.
7. Any other unforeseen circumstances (not listed in this section) which are outside **Your** control or the control of the **Insured Person**.

### | Section 3 – Missed Transport Connection

We will pay up to the amount shown in the **Policy** schedule for **Reasonable** additional travel and accommodation expenses incurred if the **Insured Person** is scheduled to attend a business meeting or conference which cannot be delayed or rescheduled and they fail to meet a **Pre-Booked** connection due to:

1. Strike, locked out workers or industrial action.
2. Riot or civil unrest.
3. Bomb scare, criminal action, an **Act of Terrorism** or **Hijack**.
4. **Natural Disaster**, fire, avalanche, landslide, earthquake, flood, volcanic eruption or adverse weather conditions.
5. **Accident** to or mechanical breakdown of public transport.
6. The **Bodily Injury** or **Illness** of a fellow passenger or crew member.
7. Any other unforeseen circumstances (not listed in this section) which are outside **Your** control or the control of the **Insured Person**.

#### Conditions applicable to Missed Transport Connection

1. In selecting the route, means of travel and time of departure for the trip, the **Insured Person** must do all things reasonable and practical to minimise the possibility of late arrival at the departure point/s.
2. Any claims attributable to mechanical breakdown of non-scheduled transport must have a garage or motoring organisation report confirming the date, time and cause of the breakdown.

### | Section 4 - Employee Replacement Expenses

If during the **Period of Travel** the **Insured Person** is victim of a **Hijack**, dies or must return home due to:

1. Their **Bodily Injury**, **Illness** or compulsory quarantine;
2. The Death, **Bodily Injury** or **Illness** of their **Close Relative** which necessitates the **Insured Person's** return to their **Country of Residence**; or
3. Any other unforeseen circumstances (not listed in this section) which are outside **Your** control or the control of the **Insured Person**,

We will pay up to the amount shown in the **Policy** schedule for any **Reasonable** additional expenses necessarily incurred in:

- (a) Returning the **Insured Person** to their **Country of Residence**; and
- (b) Sending another **Employee** overseas to complete the original business of the **Insured Person**.

#### Exclusions applicable to Cancellation or Curtailment, Travel Disruption Expenses, Missed Transport Connection and Employee Replacement Expenses

We will not pay for any claim:

1. That exceeds the **Insured Person's** or **Your** contractual liability.
2. Arising from the **Insured Person** deciding not to travel, changing their plans or deciding to curtail a trip.
3. If the **Insured Person** is made redundant, resigns or his contract of employment is terminated within 31 days of a **Period of Travel** or once the **Period of Travel** has commenced.
4. Errors or omissions in the **Insured Person's** booking arrangements, failure to obtain vaccinations/inoculations or prevention of access by the government of a country into which the **Insured Person** wishes to enter (other than as provided for under this **Policy**).
5. Failure of any travel agent, tour operator, accommodation provider, hire company or travel carrier to provide advertised services and/or facilities.
6. Due to **Your** or the **Insured Person's** personal circumstances, business commitments, financial and/or contractual obligations.
7. Resulting from any regulations made by any public authority or government.
8. For delay of, or for cancellation following the delay of, a ship, aircraft or train, if:
  - (a) The **Insured Person** fails to check in according to the itinerary supplied unless the failure was itself due to strike or industrial action; and/or
  - (b) The delay is due to the withdrawal from service temporarily or permanently of any ship, aircraft or train on the orders or recommendation of any Port Authority or Civil Aviation or any similar body in any country.
9. Arising out of any of the contingencies specified above, if such contingencies had already started or been forecast before the trip was booked or the **Policy** was effected, whichever is the later.
10. Due to the inability of any tour operator, carrier or wholesaler to fulfil any travel arrangements due to a deficiency in the required number of travellers to commence any travel or tour.
11. Due to **Your** or the **Insured Person's** failure to obtain the necessary travel permits, visas or documents that result in refusal of entry to the travel destination.
12. Which is excluded by the General Exclusions applicable to this **Policy**.

### | Section 5 – Overseas Medical, Repatriation and Additional Expenses

If the **Insured Person** suffers **Bodily Injury** or **Illness** (including compulsory quarantine) whilst overseas during the **Period of Travel**, We will pay up to the amount shown in the **Policy** schedule for the following:

1. The **Reasonable** cost of medical and surgical treatment including specialists' fees, hospital, nursing home and nursing attendance charges, massage and manipulative treatment, surgical and medical requisites and ambulance charges necessarily incurred outside the **Insured Person's Country of Residence**.
2. The **Reasonable** cost of emergency dental treatment to natural teeth incurred outside the **Insured Person's Country of Residence** for the immediate relief of pain and suffering. The most **We** will pay for emergency dental treatment in any one **Period of Travel** is \$2,000 per **Insured Person**.
3. The **Reasonable** cost of repatriation (including medical escort if required) to the **Insured Person's Country of Residence** by whatever means deemed medically necessary. **We** reserve the right to either repatriate or evacuate the **Insured Person** to another region or country where medical facilities comparable to those available in Australia exist where in the opinion of the treating **Medical Practitioner** and **Our** medical advisers the **Insured Person** is fit to travel. In these circumstances **We** reserve the right to determine the manner in which repatriation or evacuation will occur.
4. The **Reasonable** cost of repatriating the **Insured Person's** mortal remains and personal effects to their **Country of Residence** or the **Reasonable** cost of a funeral in the country where death occurs.
5. The **Reasonable** cost of additional travel and accommodation expenses incurred for the **Insured Person** and one member of the travelling party to remain if necessary on medical grounds when, in the opinion of the **Insured Person's** treating **Medical Practitioner** and **Our** medical advisers that the **Pre-Booked** onward travel or return journey is impossible on medical grounds.
6. The **Reasonable** cost of travel and accommodation for a **Close Relative** to travel to the **Insured Person** where in the opinion of the treating **Medical Practitioner** and **Our** medical advisers, their presence is necessary on medical grounds.

### Conditions applicable to Overseas Medical, Repatriation and Additional Expenses

1. If the **Insured Person** is admitted to hospital as an inpatient or are likely to incur medical costs which exceed \$5,000, **You** must contact **Us**. Failure to do so may result in **Your** claim being limited or declined.
2. If the **Insured Person** wishes to return to their **Country of Residence** other than as scheduled and claim additional costs incurred, **You** must obtain **Our** consent. Failure to obtain **Our** agreement to the proposed arrangements may result in **Your** claim being limited or declined. The **Insured Person** must use medical facilities covered by any Reciprocal Health Agreements where possible. Where the **Insured Person** wishes to obtain treatment outside the facilities covered by applicable Reciprocal Health Agreements, **We** must authorise this.
3. If **We** agree to repatriate the **Insured Person** to their **Country of Residence**, **We** may use their **Pre-Booked** return ticket towards **Our** costs.
4. If **We** determine that the **Insured Person** should return to their **Country of Residence** but **You** and/or the **Insured Person** do not agree to do so, **We** will pay the equivalent amount that would have been incurred in respect of **Your** claim if **You** and/or the **Insured Person** had agreed with **Our** recommendation. **You** will then be responsible for any ongoing or additional costs relating to or arising from the event and/or medical condition for which **You** have claimed. Where **We** do not require the **Insured Person** to return to their **Country of Residence** for treatment, **We** will only pay for necessary and **Reasonable** treatment received overseas as provided for under this section for up to 24 months after the **Bodily Injury** or **Illness** giving rise to **Your** claim first occurred.

### | Section 6 – Continuation of Medical Expenses

**We** will continue to pay **Reasonable** medical expenses (excluding any dental expenses), up to the amount shown in the **Policy** schedule, that are necessarily incurred in the **Insured Person's Country of Residence** for a maximum period of 24 months immediately following the **Insured Person's** return to their **Country of Residence** provided that expenses have already been incurred at an overseas location during the **Period of Travel** and are the subject of a valid claim under this **Policy**. All payments under this section are subject to the local legislation applicable in the **Insured Person's Country of Residence**. If the **Insured Person's Country of Residence** is not Australia, the maximum amount payable under this provision is \$50,000.

### | Section 7 - Search and Rescue Expenses

**We** will pay up to the amount shown in the **Policy** schedule for **Reasonable** additional costs that are necessarily incurred to conduct a search and rescue operation to locate the **Insured Person** reported as missing to the police, coastguard or other authority responsible for rescue service where:

- (a) It is known or suspected that the **Insured Person** may have sustained **Bodily Injury** or become ill; or
- (b) Weather or safety conditions are such that it becomes necessary to do so to prevent the **Insured Person** from sustaining **Bodily Injury** or becoming ill.

In the event of a claim under this section, a written statement must be obtained from the police, coastguard, or other rescue authority that were responsible for the search and rescue operation.

### | Section 8 - Hospital Benefit

In the event of the **Insured Person** suffering **Bodily Injury** or **Illness** during the **Period of Travel**, and being admitted as a hospital inpatient for a continuous period of 24 hours or more, **We** will pay to the **Insured Person** \$100 per day or part thereof up to the amount shown in the **Policy** schedule.

## Exclusions applicable to Overseas Medical Repatriation and Additional Expenses, Continuing Medical Expenses, Search and Rescue Expenses and Hospital Benefit

We will not pay any claim for:

1. The cost of continuing regular medication for a **Pre-existing Medical Condition**.
2. The continued investigation or treatment of a **Pre-existing Medical Condition**.
3. Any expenses incurred more than 24 months after the date of the incident which gave rise to the claim.
4. Any expenses incurred in the **Insured Person's Country of Residence**, unless they are in respect of the Continuing Medical Expenses section.
5. Any expenses which **We** are prohibited from paying by law. **We** will not pay any expenses which are recoverable from any other source including Medicare or private health insurance.
6. If the **Insured Person's Country of Residence** is Australia, no payment will be made for ongoing medical treatment in Australia where any such payment would contravene Australian law (including the National Health Act 1953, Australian Health Insurance Act 1973 and Private Health Insurance Act 2007, amendments thereto and any other legislation yet to be enacted).
7. Medical treatment which is cosmetic, routine, experimental, preventive or elective and/or can reasonably be delayed until the **Insured Person** returns to their **Country of Residence**.
8. Any expenses incurred for Search and Rescue without **Our** prior approval except in any situation or circumstance where it is not reasonably practicable to do so.
9. Any costs incurred for Search and Rescue expenses where the police, coastguard or other authority responsible for rescue service advise that continuing the search and rescue operation is no longer viable.
10. Loss which is excluded by the General Exclusions applicable to this **Policy**

### | Section 9 - Personal Accident

#### 9A – Capital Benefits

If the **Insured Person** suffers **Bodily Injury** which is the sole cause of their death or disablement within 12 months of the **Accident** giving rise to the claim, then **We** will pay the amount shown in the **Policy** schedule for such event giving rise to death or disablement. If the **Insured Person** disappears and after 12 calendar months it is reasonable for **Us** to consider they have died as a result of a **Bodily Injury**, **We** will pay the death **Benefit**. This undertaking is conditional upon **You** agreeing to repay any such **Benefit** paid if it is subsequently found that the **Insured Person** did not die as a result of a **Bodily Injury**.

Cover under this Section applies only if nominated in the **Policy** schedule. The amount payable for each event shall be the percentage listed in the table below of the amount shown in the **Policy** schedule.

	Bodily Injury resulting in:	Percentage of Benefit payable
1.	Death	100%
2.	<b>Permanent Total Disablement</b>	100%
3.	<b>Permanent</b> paraplegia or quadriplegia	100%
4.	<b>Permanent Total Loss of Sight</b> in both eyes	100%
5.	<b>Permanent Total Loss of Sight</b> in one eye	60%
6.	<b>Permanent Total Loss</b> of use of two <b>Limbs</b>	100%
7.	<b>Permanent Total Loss</b> of use of one <b>Limb</b>	80%
8.	<b>Permanent Total Loss of Hearing</b> in both ears	75%
9.	<b>Permanent Total Loss of Hearing</b> in one ear	15%
10.	Third degree burns and / or resultant disfigurement covering more than 40% of the external body	50%
11.	<b>Permanent Total Loss</b> of use of four fingers and thumb on one hand	70%
12.	<b>Permanent Total Loss</b> of use of four fingers on one hand	40%
13.	<b>Permanent Total Loss</b> of use of one finger	10%
14.	Loss of at least 50% of sound, natural teeth (per tooth to a maximum of \$10,000)	1%

In the event of **Permanent Partial Disablement** not otherwise provided for under Events 1-14, the amount payable will be a percentage of the Sum Insured shown in the **Policy** schedule that **We**, at **Our** absolute discretion, determine as being commensurate with the degree of disability arising from the **Bodily Injury** which has given rise to the claim, but subject to a maximum not exceeding \$50,000.

In the event the **Insured Person** suffers a broken bone as a result of an **Accident** during the **Period of Travel**, the following **Benefits** will be paid.

	<b>Bodily Injury</b> resulting in:	<b>Benefit payable</b>
15.	Broken neck or spine	\$5,000
16.	Broken skull, hip or pelvis	\$2,500
17.	Broken jaw, collar bone or shoulder blade	\$1,000
18.	Broken upper leg, upper arm, kneecap, elbow or nose	\$750
19.	Broken lower arm, lower leg, wrist, ankle, hand or foot	\$500
20.	Broken ribs (per rib)	\$200
21.	Broken finger, thumb, toe (per digit)	\$100

### 9B – Weekly Injury Benefits

This Section responds if included in the **Policy** schedule.

If the **Insured Person** suffers **Temporary Total Disablement** as a result of **Bodily Injury** sustained during the **Period of Travel**, and the **Temporary Total Disablement** persists after the **Excess Period**, **We** will pay an amount up to the amount shown in the **Policy** schedule but not exceeding the lesser of 85% of the **Insured Person's Salary** or \$1,000 per week whichever is the lesser.

If the **Insured Person** suffers **Temporary Partial Disablement** as a result of **Bodily Injury** sustained during the **Period of Travel**, and the **Temporary Partial Disablement** persists after the **Excess Period**, **We** will pay up to the amount shown in the **Policy** schedule but less any current earnings which result from the **Insured Person** working in a reduced capacity (but not exceeding the amount shown in the **Policy** schedule). If the **Insured Person** can work in a reduced capacity but chooses not to do so, the maximum amount payable under this section is 25% of the amount shown in the **Policy** schedule for this **Benefit** (but not exceeding the amount shown in the **Policy** schedule)

### 9C – Bodily Injury resulting in surgery outside Australia

If this Section is included in the **Policy** schedule and the **Insured Person** receives surgery whilst overseas to treat a **Bodily Injury** sustained during the **Period of Travel**, the following **Benefits** will be paid.

	<b>Bodily Injury</b> necessitating:	<b>Benefit payable</b>
1.	Brain surgery	\$20,000
2.	Amputation of a <b>Limb</b>	\$20,000
3.	Fracture of a <b>Limb</b> or dislocation of a joint requiring open reduction	\$5,000
4.	Any other procedure performed under general anaesthesia	\$2,500

### Conditions applicable to Personal Accident

- We** will not pay for more than one of the **Benefits** covered under Sections 9A, and 9C in respect of the same Accident in which case the highest Benefit amount will be payable.
- If payment of a claim is made under Section 9B and subsequently a **Benefit** is claimable under Sections 9A from the same **Accident**, then any amount already paid shall be deducted from any lump sum payment due.
- In the event of an **Accident** involving more than one **Insured Person**, where the total value of the claims exceed the Aggregate Limit of Liability, the amount payable in respect of each Insured Person shall be proportionally reduced until the total does not exceed that limit.
- Where the **Insured Person** is a **Dependent Child**
  - The death Benefit under section 9A shall be limited to \$10,000; and
  - The definition of **Permanent Total Disablement** shall be amended to read as follows:

“Disablement which entirely prevents the **Insured Person** from attending to full time education for a period of 12 consecutive months and at the end of that period is beyond hope of improvement and without prospect of being able to undertake any gainful occupation or of being able to support him/herself financially”

5. Where the **Insured Person** is one of **Your Employees** and is over the age of 65 years at the effective date of this **Policy** the definition for **Permanent Total Disablement** shall be amended to read as follows:  
“Disablement which entirely prevents the **Insured Person** from attending to any business or occupation of any and every kind and which lasts 12 months and at the end of that period is beyond hope of improvement”.
6. Where the **Insured Person** is over the age of 70 years at the date of this **Policy**, the death Benefit under section 9A shall be limited to \$10,000.
7. The maximum amount payable for any claim against Section 9A in respect of an **Insured Person** aged less than 18 years or more than 66 years at the date of the **Accident** shall not exceed the lesser of \$100,000 or the amount shown in the schedule.
8. Benefits payable under Section 9B will be made monthly in arrears.

### Exclusions applicable to Personal Accident

**We** will not pay for any claim:

1. Arising from or attributable to disease, natural causes or surgical treatment unless rendered necessary by **Bodily Injury** covered hereunder).
2. Under this Section for any **Insured Person** who is already Insured with **Us** under a Group Personal Accident or Group Personal Accident and Illness **Policy** held by **You**.
3. For any type of **Illness**, disease and/or infection unless medically acquired during treatment of the **Bodily Injury**.
4. Arising directly or indirectly from any **Pre-existing Medical Condition**.
6. Where the **Insured Person** does not follow the advice and instructions of the treating **Medical Practitioner**.
7. Which is excluded by the General Exclusions applicable to this **Policy**.

### | Section 10 - Personal Liability

**We** will pay up to the amount shown in the **Policy** schedule, for any one event or series of events (including legal expenses), should the **Insured Person** become legally liable to pay compensation for **Bodily Injury** to another person or for **Accidental** loss of or damage to property belonging to another person, which occurs during the **Period of Travel**.

### Conditions applicable to Personal Liability - (see also General Conditions)

1. The **Insured Person** must not make any admission of liability whatsoever, or make any arrangements, offer or promise of payment without **Our** written consent.
2. **We** shall be entitled, if **We** so desire, to take over and conduct, in the name of the **Insured Person**, a defence of any claim or to prosecute in his name for their own benefit any claims for indemnity, contribution, or damages or otherwise against any third party, and have discretion in the conduct of any negotiations or proceedings or the settlement of any claim. The **Insured Person** shall, whenever possible, give **Us** all such information and assistance as **We** may require.
3. In the conduct of any claim **You** and the **Insured Person** shall comply with all rules of court and orders made by the court, shall attend any hearings, meetings or conferences and sign any documents, as may be reasonably required.

### Exclusions applicable to Personal Liability

**We** will not pay any claim:

1. Arising out of **Bodily Injury** to any member of the **Insured Person's** family or household, or to any of **Your Employees**.
2. Arising out of **Accidental** loss or damage to property belonging to or in the care, custody or control of the **Insured Person** or any member of his family or household or any of **Your Employees**.
3. Arising out of the ownership, possession or use of any horse drawn or mechanically propelled vehicle (other than golf buggies), aircraft, waterborne craft (other than sailboards, surfboards, canoes, rowing dinghies, foot or hand propelled paddle boats, and inflatable dinghies), firearms or animals.
4. Arising out of the ownership, possession, occupation or use of land or buildings.
5. Arising out of the profession, occupation or business of the **Insured Person** or arising out of liability assumed under a contract if such a liability would not otherwise have attached.
6. For punitive and exemplary damages.
7. For any and all loss, damage, **Bodily Injury** or **Illness** directly or indirectly caused by **Pollution**.
8. Which is excluded by the General Exclusions applicable to this **Policy**.

### | Section 11 - Legal Expenses

**We** will pay up to the amount shown in the **Policy** schedule, for legal expenses incurred by or on behalf of the **Insured Person** in the pursuit of a claim for damages against a third party who has caused death, **Bodily Injury** or **Illness** of the **Insured Person** during the **Period of Travel**.

### Conditions applicable to Legal Expenses

1. **We** shall be entitled to nominate and appoint a legal representative to act on behalf of the **Insured Person** and to have direct access at all times to the legal representative.
2. **We** reserve the right to withdraw at any stage and thereafter shall not be liable for any further expenses after the appointed legal representative or claims administrator have obtained the opinion that a reasonably prudent uninsured would not incur further costs in pursuing the matter.
3. In the conduct of any claim **You** and the **Insured Person** shall comply with all rules of court and orders made by the court, shall attend any hearings, meetings or conferences and sign any documents, as may be reasonably required.

### Exclusions applicable to Legal Expenses

**We** will not pay any claim for:

1. Legal expenses incurred without **Our** written consent (which shall not be unreasonably withheld).
2. Actions against travel agents, tour operators, **Us** or **Our** Agents, or the **Insured Person's** spouse, immediate family or **You**.
3. The continued pursuit of any claim where **We** consider **You** or the **Insured Person** does not have a likely prospect of establishing a legal liability against the party being pursued and/or of recovering charges from such party.
4. For punitive and exemplary damages.
5. For any and all loss, damage, **Bodily Injury** or **Illness** directly or indirectly caused by **Pollution**.
6. Which is excluded by the General Exclusions applicable to this **Policy**.

### | Section 12 - Personal Baggage, Business Property and Money

**We** will pay up to the amounts shown in the **Policy** schedule for loss, theft or damage to accompanied **Personal Baggage**, **Business Property**, **Electronic Equipment**, **Money** and **Valuables** occurring during the **Period of Travel**. The most **We** will pay for any one item or set of items under this Section is limited to the amounts noted on the **Policy** schedule.

### Extensions applicable to Personal Baggage, Business Property and Money

#### | Loss of Keys

If during the **Period of Travel**, the **Insured Person** loses their house keys to their main permanent residence in their **Country of Residence**, **We** will pay for the parts and labour costs of replacing the locks up to the amount shown in the **Policy** schedule.

#### | Loss of Travel Documents

In the event of loss, theft or damage to **Travel Documents**, **We** will pay up to the amount shown in the **Policy** schedule for **Reasonable** additional expenses incurred for travel, accommodation and other associated costs, to enable the **Insured Person** to obtain essential replacement **Travel Documents**.

### Conditions applicable to Personal Baggage, Business Property and Money

1. The **Insured Person** shall at all times take reasonable care in the supervision of the insured property.
2. The **Insured Person** shall in the event of any loss, take all reasonable steps to recover such item(s).
3. In the event of a total loss or damage to an item, **We** will, at our option, pay the original cost price or the replacement cost of that article without deduction for wear and tear or depreciation providing that evidence of the original purchase is provided. Where such evidence is not provided, we will pay you the article's second-hand market value.
4. The **Insured Person** must report any loss of and/or theft of **Personal Baggage**, **Business Property**, **Travel Documents** and/or **Money** to the police or similar authority within 24 hours of discovery, and a written police statement must be obtained.
5. **Money** shall be covered from the time of collection from a bank or travel agent or from 72 hours prior to commencement of the **Period of Travel**, whichever is the later, and up to 48 hours after completion of the **Period of Travel**, or time of conversion or encashment, whichever is the earlier.

### Exclusions applicable to Personal Baggage, Business Property and Money

**We** will not pay any claims under this section due to/where:

1. Damage caused by atmospheric or weather conditions, mould, fungus, insects, birds, moth, vermin, rust, corrosion, wear and tear or gradual deterioration.
2. Loss, theft or damage to items sent by post, freight or other form of unaccompanied transit.
3. Loss or damage caused by any form of cleaning, repair, restoration or alteration.
4. **Money** shortages due to accounting or similar error, omission or depreciation in value.
5. Loss of and/or theft of **Personal Baggage**, **Electronic Equipment**, **Valuables**, **Business Property**, **Travel Documents** and/or **Money** not reported to the police or similar authority within 24 hours of discovery, and a written police statement obtained.
6. Losses arising from confiscation or destruction by customs or any other authority.
7. **Personal Baggage**, **Electronic Equipment**, **Valuables**, **Business Property**, **Travel Documents** or **Money** are insured elsewhere (except for any part of the loss that is not covered by the other policy).

8. Loss or damage whilst in the custody of a carrier, unless reported to the carrier within 24 hours of discovery and a report obtained.
9. Loss of **Electronic Equipment, Valuables, Travel Documents** and/or **Money** whilst in the custody of a carrier, which has been checked-in and/or transported in the cargo hold of any aircraft, bus, train, ship, ferry or similar transport.
10. Loss, theft or damage to **Electronic Equipment, Valuables, Travel Documents** and/or **Money** from a tent, an unattended motor vehicle or where they have been **Left Behind** or left **Unattended** in a **Public Place**.
11. Loss of more than \$1000 for all non-defined items of property lost, stolen or damaged from a tent, an unattended motor vehicle or where they have been **Left Behind** or left **Unattended** in a **Public Place**.
12. Electrical and/or mechanical breakdown.
13. The fraudulent use of credit cards, debit cards or cheques, if the **Insured Person** has not reported the loss of the card to the issuing bank or company and has not complied with the terms and conditions under which the card was issued. **Our** liability shall be limited to any loss not covered by any guarantee given by the issuing bank or company to the **Insured Person**.
14. Loss or damage of fragile articles unless caused by fire or by an **Accident** to the aeroplane, ship or vehicle in which they are being carried.
15. Loss, theft or damage to contact or corneal lenses, dentures, bonds, coupons, securities, antiques, pictures, motor vehicles, spare parts and accessories, boats and/or ancillary equipment including windsurfing equipment and sailboards.
15. Any claim arising from credit or debit cards other than in respect of losses resulting from fraudulent use.
16. Loss, theft or damage to household effects, furniture, furnishings, perishable items.
17. Loss, theft or damage to sports clothing or sporting equipment whilst in use.
18. Which is excluded by the General Exclusions applicable to this **Policy**.

### | Section 13 - Delayed Baggage

In the event that the **Insured Person's Personal Baggage** is temporarily lost by the carrier for more than 12 hours, **We** will pay up to the amount shown in the **Policy** schedule for the purchase of immediate necessities. If the loss becomes permanent, then any payment made under this section will be deducted from any claim submitted under Section 12.

#### Conditions applicable to Delayed Baggage

1. If the **Insured Person** is entitled to compensation from the carrier, **We** will only pay the difference between the amount of the **Insured Person's** expenses and the amount of compensation received from the carrier up to the amount shown in the **Policy** schedule.
2. **You** must provide the original Property Irregularity Report (PIR) issued by the carrier and original receipts for all claimed expenses.
3. This section does not operate if the **Insured Person's** luggage is misdirected, misplaced or delayed on the return or final sector of the **Period of Travel**.

### | Section 14 – Hijack, Kidnap and Kidnap for Ransom

In the event of detention, internment, **Hijack, Kidnap** or **Kidnap for Ransom** of the **Insured Person** during the **Period of Travel**, **We** will pay \$100 per day or part thereof until release, for a maximum of 60 days.

In the event of the **Express Kidnapping** of the **Insured Person** during the **Period of Travel**, **We** will pay \$100 per day or part thereof until release, for a maximum of 7 days.

In addition **We** will indemnify the **Insured Person** for additional expenses necessarily and reasonably incurred by way of **Consultant** costs, legal, hotel, travel, related incidental expenses, **Ransom Monies** and the like, to secure release of the **Insured Person**.

The maximum Benefit payable under this section is \$250,000 (as stated in the **Policy** schedule) for all claims combined occurring during each **Period of Insurance**. Of this amount we will not pay more than \$50,000 in respect of **Consultants'** costs.

#### Conditions applicable to Hijack, Kidnap and Kidnap for Ransom

1. The **Insured Person** has not engaged in any political or other activity that would in all likelihood place him at an unusually high level of risk.
2. The **Insured Person** has no family or business connections that could be expected to put him in an unusually high level of risk.
3. All visas and documents are in order.
4. In the event of an incident, **We** must be contacted immediately with as much information as possible of any situation that could give rise to a claim.
5. No offer, promise or payment shall be made by **You** or the **Insured Person** without **Our** consent.

#### Exclusions applicable to Hijack, Kidnap and Kidnap for Ransom

**We** will not pay for:

1. Any claim arising from any **Period of Travel** within the **Insured Person's Country of Residence**.

2. Any **Kidnap** and **Kidnap for Ransom** occurring in Afghanistan, Iraq, Iran, Nigeria, Niger, Philippines, South Sudan, Yemen, any country located in central or South America or any country in which the United Nations armed forces are deployed.
3. Any claim in respect of the **Kidnap** or **Kidnap for Ransom** of a child by their parent or guardian.
4. Any claim resulting from any fraudulent, dishonest or criminal act committed or attempted by **You**, the **Insured Person**, authorised representative of **You** or the **Insured Person** including any person who has custody of any **Ransom Monies**.
5. Any amount which **You** or the **Insured Person** become legally liable to pay as the result of any legal action for damages including legal costs incurred in defence of such action as the result of alleged negligence or incompetence in hostage retrieval operations or negotiations following the Hijack, Kidnap, Kidnap for Ransom or Express Kidnapping of the **Insured Person** or alleged negligence in not preventing the Hijack, Kidnap, Kidnap for Ransom or Express Kidnapping of the **Insured Person**.
6. Any Ransom Monies, sums, property or other consideration surrendered to any person other than persons or their associates responsible for making a previously communicated ransom demand to the **Insured Person** or any person(s) authorised to act on behalf of the **Insured Person**.
7. Any claim arising out of any act(s) by the **Insured Person** that would be considered an offence by a court of Australia if the act had been committed in Australia.
8. No claims shall be payable in respect of any insured entity or **Insured Person** who has previously had **Hijack, Kidnap or Kidnap for Ransom** insurance declined or cancelled.
9. Which is excluded by the General Exclusions applicable to this **Policy**.

### | Section 15 - Political and Natural Disaster Evacuation Expenses

Should the **Insured Person** have to be evacuated from the country they are working in overseas due to:

1. A formal recommendation by the Australian Department of Foreign Affairs and Trade that the **Insured Person** or a class of persons which includes the **Insured Person** specifically leave the country they are in.
2. The **Insured Person** being expelled or declared persona non grata in the country they are in.
3. A **Natural Disaster** has occurred in the country the **Insured Person** is in, which necessitates their immediate evacuation in order to avoid personal risk of **Bodily Injury** or **Illness**.

**We** will pay up to the amount shown in the **Policy** schedule for **Reasonable** and necessary costs incurred in:

1. Returning the **Insured Person** to their **Country of Residence**; or
2. Evacuating the **Insured Person** to the nearest place of safety.

If the **Insured Person** is unable to return directly to their **Country of Residence**, **We** will pay up to \$200 per day for a maximum of 15 days or until such time as the **Insured Person** can be evacuated to their **Country of Residence**, whichever occurs first, for **Reasonable** and necessary expenses incurred for accommodation, transportation and food (provided that the total under this section shall not exceed the amount shown in the **Policy** schedule).

### Conditions applicable to Political and Natural Disaster Evacuation Expenses

1. In the event of a claim under this section, **We** must be contacted immediately and **We** will make all necessary travel arrangements to evacuate the **Insured Person**.
2. If **You** or the **Insured Person** fails to contact **Us**, then no claim will become payable under this section.

### Exclusions applicable to Political and Natural Disaster Evacuation Expenses

**We** will not pay for any claim:

1. If **You** or the **Insured Person** have breached or are accused of breaching the laws of the country from which the **Insured Person** must be evacuated.
2. Which results from **Your** or the **Insured Person's** failure to maintain and possess duly authorised and required documents, visas, permits and the like that are necessary for the **Insured Person** to remain in the country.
3. Arising from or attributable to debt, commercial failure, insolvency, the repossession of property or any other financial cause.
4. Following **Your** or the **Insured Person's** failure to:
  - (a) Honour any obligations in any contract or licence;
  - (b) Provide bond or other security because of any liability assumed by **You** or the **Insured Person**; and/or
  - (c) Obey any conditions in a licence.
5. For evacuation from the **Insured Person's Country of Residence**.
6. Where political unrest or a **Natural Disaster** existed prior to the **Insured Person** entering the country or its occurrence being foreseeable before the **Insured Person** entered the country.
7. For expenses necessarily incurred as part of the original travel budget.
8. Where deemed by **Us** to be too dangerous to evacuate the **Insured Person** or it is illegal to do so.
9. Which is excluded by the General Exclusions applicable to this **Policy**.

## | Section 16 - Car Hire Excess Waiver

We will pay up to the amount shown in the **Policy** schedule for any monetary excess or deductible that **You** or the **Insured Person** is legally liable to pay in respect of loss or damage to a rental vehicle hired by the **Insured Person** during the **Period of Travel**.

### Conditions Applicable to Car Hire Excess Waiver

1. The rental car must be rented from a licensed rental agency.
2. The **Insured Person** must comply with all the requirements of the rental organisation under the hiring agreement and of the vehicle insurer.

### Exclusions Applicable to Car Hire Excess Waiver

We will not pay for any claim:

1. Arising out of loss or damage due to the operation of the rental vehicle in violation of the terms of the rental agreement.
2. Due to wear and tear, gradual deterioration, damage from insects or vermin, inherent vice, latent defect, wilful damage by the **Insured Person** or damage that existed at the commencement of the rental period.
3. For damage sustained solely to tyres, windows and / or windscreens.
4. For mechanical or electrical failure that is not attributable to **Accident** damage.
5. Which is excluded by the General Exclusions applicable to this **Policy**.

## | Section 17 – Extra Territorial Workers Compensation

If the **Insured Person** suffers **Accidental death, Bodily Injury or Illness** during the **Period of Travel**, We will pay up to the amount shown in the **Policy** schedule compensation **Benefits** for which **You** are liable under any workers' compensation legislation which provides benefits to injured workers or their dependents for **Accidental death, Bodily Injury or Illness** arising out of their employment and/or common law damages payable (except where the entitlement arises solely under statute).

The cover provided under this Section will be limited as follows:

1. In the event of a claim for compensation **Benefits**, We will only pay the difference (if any) between the amount the **Insured Person** (or their dependent/s if applicable) is able to claim under **Your** workers compensation policy and the amount shown in the **Policy** schedule.
2. In the event of common law damages, the difference between the damages and legal costs **You** incur and the amount of cover which is available to **You** under **Your** workers' compensation policy but not exceeding the amount shown in the **Policy** schedule.
3. The aggregate amount shown in the **Policy** schedule is the maximum amount payable for all compensation, damages, **Benefits**, costs and expenses for all of **Your Employees** arising out of all **Accidents** which occur during the **Operative Time**.

### Conditions Applicable to Extra Territorial Workers Compensation

1. The **Insured Person** is **Your Employee** at the time of the **Accident** giving rise to the claim and the **Insured Person** is employed within Australia in a managerial, clerical, administrative, technical or sales position with the majority of their duties being performed in Australia.
2. **You** hold a valid and current workers' compensation policy covering **Your Employees** as required under Australian law.
3. The **Insured Person** is working outside the Australian state or territory of their usual place of employment on a temporary basis (i.e. not more than 6 months).

### Exclusions Applicable to Extra Territorial Workers Compensation

We shall not be liable to pay for:

1. Any claim for punitive, exemplary or aggravated damages.
2. Which is excluded by the General Exclusions applicable to this **Policy**.

## | Section 18 – Identity Theft Benefit

If during the **Period of Travel** the **Insured Person** suffers theft of personal data or documents relating to their identity and this results in **fraudulent** use to obtain money, goods or services, We will pay up to the amount shown in the **Policy** schedule for reasonable expenses incurred with **Our** written consent:

1. To pursue closure of any disputed accounts or credit facilities.
2. To re-submit applications for loans, grants, credit or debit facilities that are rejected solely due to the lender receiving incorrect information as a result of the identity theft.
3. For notarising affidavits or similar documents, amending or correctly records relating to the **Insured Person's** true name/identity as a result of the identity theft.
4. To defend any demand brought against the **Insured Person** by a creditor, collection agency or any other entity acting on a creditor's behalf for non-payment of goods or services or default on a loan resulting from the identity theft.
5. To remove any civil judgment wrongly entered against the **Insured Person** as a result of the identity theft.

### | Section 19 – Corporate Image Protection Benefit

If during the **Period of Travel** the **Insured Person** suffers a **Bodily Injury** that results in death or **Permanent Total Disablement**, **We** will pay up to the amount shown in the **Policy** schedule for the reasonable cost incurred to engage the services of image/public relations consultants for the purpose of protecting **Your** corporate image/brand.

### | Section 20 – Court Attendance Benefit

If during the **Period of Insurance** the **Insured Person** is required to attend court in relation to a valid claim against Section 10 (Personal Liability), **We** will pay the **Insured Person** \$100 per day for each day the **Insured Person** attends court up to the amount shown in the **Policy** schedule.

### | Section 21 – Corporate Transport Benefit

If the **Insured Person** suffers **Temporary Total Disablement** or **Temporary Partial Disablement** as a result of **Bodily Injury** or **Illness** sustained during the **Period of Travel** and for which **Benefits** are payable under this **Policy**, **We** will pay up to the amount shown in the **Policy** schedule for reasonable costs incurred for the hire of a suitable chauffeured vehicle or taxi to transport the **Insured Person** directly to and from their normal place of residence and normal place of work.

This **Benefit** is conditional on the provision of medical evidence from a **Medical Practitioner** certifying that the **Insured Person** is unable to operate a motor vehicle or travel on other available modes of transport. The maximum period for which **We** will pay under this Section is 26 weeks and the **Benefit** is only payable in respect of additional costs that would not have otherwise been incurred.

### | Section 22 – Independent Financial Advice Benefit

If during the **Period of Travel** the **Insured Person** sustains a **Bodily Injury** for which a **Benefit** is paid under Section 9A – Personal Accident for event 1 (Death), event 2 (**Permanent Total Disablement**), event 3 (**Permanent** paraplegia or quadriplegia), event 4 (**Permanent Total Loss of Sight** in both eyes) or event 6 (**Permanent Total Loss** of use of two **Limbs**), **We** will pay up to the amount shown in the **Policy** schedule for the reasonable cost of professional financial planning advice in respect of the Section 9A **Benefit** paid.

This **Benefit** is conditional on the costs being incurred within six (6) calendar months of the Section 9A **Benefit** having been paid and provided that the financial planning advice is obtained from a person who is not the **Insured Person**, their **Close Relative**, **Employee** or **Partner**.

### | Section 23 – Trauma Counselling Benefit

If during the **Period of Travel** the **Insured Person** suffers psychological trauma resulting from them being a victim of or eye witness to an act of murder, sexual assault, rape, violent robbery or **Terrorism**, **We** will pay up to the amount shown in the **Policy** schedule for the cost of trauma counselling provided by a registered psychologist or psychiatrist who is not the **Insured Person**, their **Close Relative** or **Partner**.

This **Benefit** is conditional on the trauma counselling being certified by a **Medical Practitioner** as medically necessary.

### | Section 24 – Accidental HIV Infection Benefit

If during the **Period of Travel** the **Insured Person** **Accidentally** contracts the Human Immunodeficiency Virus (HIV) Infection, **We** will pay the amount shown in the **Policy** schedule. This **Benefit** is payable if the infection is contracted:

1. As a direct result of a **Bodily Injury** to the **Insured Person**; or
2. As a direct result of the **Insured Person** receiving medical treatment provided by a **Medical Practitioner** following **Bodily Injury** or **Illness**.

This **Benefit** is conditional on the following.

1. There is a positive diagnosis within six (6) calendar months of the event giving rise to the HIV infection;
2. Any event leading to (or likely to lead to) a positive HIV diagnosis is reported to **Us** and medical tests are carried out by a **Medical Practitioner** within 48 hours of the event; and
3. A recognised laboratory performs medical and clinical tests that conclusively prove that the **Insured Person** was not HIV positive prior to the event giving rise to the claim under this Section.

### | Section 25 – Coma Benefit

If during the **Period of Travel** the **Insured Person** sustains a **Bodily Injury** which directly causes or results in their continuous state of unconsciousness, **We** will pay \$100 per day for each day that the **Insured Person** remains unconscious up to the amount shown in the **Policy** schedule. This **Benefit** is conditional on the provision of medical evidence from a **Medical Practitioner** certifying that the **Bodily Injury** sustained by the **Insured Person** caused their continuous state of unconsciousness.

### | Section 26 – Orphan Benefit

If during the **Period of Travel** the **Insured Person** and their accompanying **Partner** both suffer **Accidental** death resulting from the same event and they are survived by **Dependent Child(ren)** We will pay \$5,000 for each **Dependent Child** of the **Insured Person** up to the amount shown in the **Policy** schedule.

This **Benefit** is not payable in addition to any **Benefit** paid under Section 27.

### | Section 27 – Dependent Child Benefit

If during the **Period of Travel** the **Insured Person** suffers **Accidental** death and is survived by **Dependent Child(ren)** We will pay \$5,000 for each **Dependent Child** of the **Insured Person** up to the amount shown in the **Policy** schedule.

This **Benefit** is not payable in addition to any **Benefit** paid under Section 26.

### | Section 28 – Home Modification Benefit

If during the **Period of Travel** the **Insured Person** sustains a **Bodily Injury** for which a benefit is paid under Section 9A – Personal Accident for event 2 (**Permanent Total Disablement**) or Event 3 (**Permanent** paraplegia or quadriplegia), **We** will pay up to the amount shown in the **Policy** schedule for reasonable costs incurred to 1) modify the **Insured Person's** home and/or motor vehicle; or 2) relocate the **Insured Person** to more suitable residential accommodation.

This **Benefit** is conditional on the provision of medical evidence from a **Medical Practitioner** certifying that the modification or relocation is medically necessary.

### | Section 29 – Domestic Assistance Benefit

If the **Insured Person** suffers **Temporary Total Disablement** or **Temporary Partial Disablement** as a result of **Bodily Injury** or **Illness** sustained during the **Period of Travel** and for which **Benefits** are payable under this **Policy**, **We** will pay up to the amount shown in the **Policy** schedule for reasonable costs incurred for the hire of domestic help up to the amount shown in the **Policy** schedule.

This **Benefit** is conditional on the provision of medical evidence from a **Medical Practitioner** certifying that the **Insured Person** is unable to perform domestic duties and provided the domestic assistance is not provided by the **Insured Person**, their **Close Relative** or any other person who ordinarily resides with the **Insured Person**. The maximum period for which **We** will pay under this Section is 26 weeks and the **Benefit** is only payable in respect of additional costs that would not have otherwise been incurred.

## | General Policy Exclusions

The following **Policy Exclusions** apply to all sections of the **Policy** and all clauses, extensions and endorsements unless otherwise stated.

**We** will not be liable for the following:

1. Claims arising directly or indirectly out of any trip which is booked or commenced by the **Insured Person**:
  - (a) Against the advice of a **Medical Practitioner** and/or where the **Insured Person** is unfit to travel;
  - (b) Contrary to health and safety restriction(s) of an airline or carrier with whom the **Insured Person** has booked to travel;
  - (c) To obtain medical treatment or convalescent care; and/or
  - (d) After the **Insured Person** has been given a terminal prognosis.
2. Any claim for an **Insured Person** who is aged 76 years or over at the effective date of this **Policy**.
3. Any claim directly or indirectly caused or contributed to by the **Insured Person's**:
  - (a) Intentional self-injury;
  - (b) Suicide or attempted suicide;
  - (c) Provoked assault or fighting except in bona fide self-defence;
  - (d) Own criminal act;
  - (e) Engagement or participation in civil commotions or riots of any kind; and/or
  - (f) Deliberate exposure to needless danger (except in an attempt to save human life).
4. Any claim for death, **Bodily Injury, Illness**, disablement, loss or expense from the **Insured Person's** participation in:
  - (a) Any form of operational duties as a member of the armed forces (except for the cover specifically provided by Section 1(3));
  - (b) Aeronautics or aviation, except travelling in an aircraft as a fare paying passenger in a fully licensed passenger carrying aircraft;
  - (c) Riding or driving in any kind of race;
  - (d) Mountaineering or rock climbing requiring the use of ropes or guides or special equipment, and/or
  - (e) Professional sports and/or sports tours.
5. Claims where medical or other suitable evidence is not provided.
6. Any claim arising directly or indirectly out of any Illness or disease which is transmitted sexually including Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex (ARC), or Human Immunodeficiency Virus (HIV). This exclusion will not apply to the extent that a claim is covered section 24 of this **Policy**.
7. Any claim directly resulting from the influence of alcohol (which exceeds a Blood Alcohol Content of 0.05% and would render the **Insured Person** unfit to drive regardless of whether they are driving or not), drugs, solvents, or chemicals (this exclusion will not apply where drugs are taken under medical supervision, but not for the treatment of drug addiction).
8. Any part of any trip, which is booked or commenced by the **Insured Person** in the knowledge that the **Period of Travel** will be longer than 6 months unless agreed by **Us** in writing.
9. Any loss, damage or any legal liability of whatsoever nature, directly or indirectly caused by or contributed to, by or arising from pressure waves caused by aircraft or other aerial devices travelling at sonic or supersonic speeds.
10. Any claim arising from or attributable to **War** (whether declared or not), whilst the **Insured Person** is in Australia and/or their **Country of Residence** or is travelling to any country or area that, at the commencement of the **Period of Travel**, was publicly known to be in a state of, or faced with the threat of **War**. This exclusion shall automatically be deemed inoperative if the **Insured Person's** presence in such country or area is attributable to:
  - (a) The scheduled transit or stopover not exceeding 24 hours of an aircraft or sea vessel in which he is travelling, or
  - (b) Involuntary diversion or transit due to force majeure or to **Hijack**, kidnap or the like, an **Act of Terrorism** or criminal act, provided always that at the time of the original occurrence or act the **Insured Person** was not within the confines of any country or area to which this exclusion was applicable, nor travelling to or from such country or area other than as provided for under (a).
11. Regardless of any contributory cause(s), any claim(s) in any way caused or contributed to by an **Act of Terrorism** involving the use or release or the threat thereof of any nuclear weapon or device or chemical or biological agent. If **We** allege that, by reason of this exclusion, any claim is not covered by this **Policy**, the burden of proving to the contrary shall be upon **You**.
12. (a) Loss or destruction of or damage to any property whatsoever or any loss or expense whatsoever resulting from or arising therefrom or any consequential loss; and/or
  - (b) Any legal liability of whatsoever nature directly or indirectly caused by or contributed to by or arising from
    - (i) **Pollution, Radiation** or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel
    - (ii) the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
13. Any claim involving travel to Afghanistan, Central African Republic, Chechnya, Democratic Republic of Congo, Egypt, Iraq, Israel (West Bank, Gaza and Occupied Territories), Libya, Nigeria, North Korea, Nigeria, Somalia, South Sudan, Sudan, Syria and / or Yemen.

14. Any claim arising from the **Insured Person** travelling to a destination for which a travel advisory warning of “Do Not Travel” has been issued by the Australian Government Department of Foreign Affairs and Trade and published on their website [www.smartraveller.gov.au](http://www.smartraveller.gov.au).
15. Any claim arising from the **Insured Person’s** pregnancy:
  - i. after the 20th week of gestation for a single pregnancy, or 16 weeks in respect of a multiple pregnancy provided no complications exist with this or any previous pregnancy;
  - ii. if it is the result of medically assisted reproductive programs, including but not limited to IVF and GIFT;
  - iii. for medical treatment and investigation that is normally conducted in respect of pregnancy or which is not for an unexpected, serious medical complication;
  - iv. for the cost of childbirth (regardless of the cause and irrespective of what stage of gestation the child is born); and/or
  - v. for the cost of medical treatment for a newborn child.
16. Any claim arising from the **Insured Person’s** participation in contact sports, motor sports, hunting, pot-holing or caving, rodeo, hang gliding, paraponting/parapenting, microlight flying, BASE jumping, and/or high diving.
17. Any claim arising from the **Insured Person’s** participation in ski, snowboard, snow blade or skibob racing, ski jumping, the use of skeletons and bobsleighs, speed skating, ice hockey, heli-skiing, luge, ski acrobatics, ski flying, ski stunting, snow cat skiing, ski touring, ski radonee, snow mobiling or any snowsport which occurs off-piste, outside designated commercial ski areas or in areas which have been closed for any reason.
18. Any claim arising from errors or omissions in the **Insured Person’s** booking arrangements, failure to obtain vaccinations/inoculations or prevention of access by the government of a country into which the **Insured Person** wishes to enter (other than as provided for under this insurance).
19. Any claim arising directly or indirectly out of the use of a two-wheeled or three-wheeled motor vehicle (including but not limited to; **Motorcycles, Mopeds and Scooters**) unless;
  - a. if **You** are the rider
    - i. **You** are wearing appropriate protective clothing and a helmet on **Your** head (this is irrespective of the law in the country **You** are in);
    - ii. **You** hold a licence which permits you to be riding that vehicle at the time of the event giving rise to the claim;
    - iii. the engine capacity is no greater than 250cc (if **You** are riding a **Motorcycle**) and no greater than 100cc if **You** are riding a **Scooter** or **Moped**.
  - b. if **You** are the passenger
    - i. **You** are wearing appropriate protective clothing and a helmet on **Your** head (this is irrespective of the law in the country **You** are in);
    - ii. the driver holds a licence permitting him to be riding that vehicle at the time of the event giving rise to the claim;
    - iii. the engine capacity is no greater than 250cc (if **You** are riding a **Motorcycle**) and no greater than 100cc if **You** are riding a **Scooter** or **Moped**.
20. Any claim for consequential loss of any kind including loss of enjoyment or any financial loss (other than financial losses for which benefits are provided under this policy).
21. Any claim arising from the **Insured Person** diving underwater if the **Insured Person** is
  - i. not qualified for the dive undertaken or not diving under licensed instruction;
  - ii. diving alone;
  - iii. diving in caves or ice diving; and/or
  - iv. diving to a depth greater than 30 metres.
22. Any claim caused by or resulting from:
  - (a) Coronavirus disease (COVID-19);
  - (b) Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2);
  - (c) Any mutation or variations of SARS-CoV-2;
  - (d) Any fear or threat of (a), (b) or (c) above.
23. Any claim which is excluded by the Exclusions in each specific section of this **Policy**.

## | General Policy Conditions

The following **Policy** Conditions apply to all sections of the **Policy** and all clauses, extensions and endorsements unless otherwise stated.

Each section of the **Policy** has conditions and they must be read in conjunction with the following General Conditions which apply to all sections unless otherwise stated. If any term, condition, exclusion or endorsement or part thereof is found to be invalid or unenforceable, the remainder will be in full force and effect.

1. **You** and the **Insured Person** must provide assistance and co-operate with **Us** or **Our** representatives including in obtaining or providing any records **We** deem necessary to evaluate the claim. In no event will **We** be liable to pay any claim hereunder unless **You** and the **Insured Person** fully co-operate with **Us** and/or **Our** representatives in the investigation of a claim.
2. If **You** or the **Insured Person** fails to comply with any obligation to act in a certain way specified in the terms, provisions, conditions and endorsements of this **Policy**, it may prejudice **Your** or the **Insured Person's** entitlement to successfully claim under this policy.
3. If **You** or anyone acting on **Your** behalf makes any false or fraudulent claim or supports a claim by false or fraudulent document, device or statement, we will refuse your claim and cancel this **Policy**.
4. The maximum duration for any one continuous **Period of Travel** shall not exceed 6 months. **We** will not cover **You** and/or the **Insured Person** for any part of the trip where the **Period of Travel** exceeds 6 months in duration unless agreed by **Us** in writing.
5. This **Policy** is issued on the condition that **You** have no knowledge of any other corporate travel Insurance in force except as specifically declared to **Us** at inception or agreed by **Us** during the **Period of Insurance**. If at the time of a claim there is another insurance **Policy** which covers **You** or the **Insured Person** for the same expense or loss, **We** will only pay a proportion of the claim.
6. Following notice of a claim, the **Insured Person** shall when **We** deem necessary provide all authorisations necessary to obtain their medical records. **We** have the right to have the **Insured Person** examined by a physician and/or vocational expert of **Our** choice and at **Our** expense when and as often as **We** may reasonably request. If lawful, **We** may also arrange for an autopsy to be carried out.
7. If the **Insured Person** has not returned to their **Country of Residence** before the expiration of a **Period of Travel** for reasons which are beyond their control, this **Policy** will remain in force for up to a further three (3) months or until return, whichever is the earlier, without additional premium. In the event of the **Insured Person** being victim of **Hijack or Kidnap** cover shall continue whilst such **Insured Person** is subject to the control of the person(s) or their associates making the **Hijack** and during travel direct to their **Country of Residence** and/or original destination up to 12 months from the date of **Hijack**.
8. Subject to **Our** agreement, this Policy can be extended at **Your** request following departure but the **Period of Travel** cannot exceed 12 months from the date of original departure.
9. This **Policy** is governed by the laws of the Commonwealth of Australia and the state or territory in which the **Policy** was issued.
10. There is no cover under this **Policy** for any loss, event or liability which is covered under another insurance policy, health, medical or statutory scheme or that is recoverable via any other source. **We** will, however, pay the difference between what is payable via another source and what **You** or the **Insured Person** would be otherwise entitled to recover under the terms of this **Policy** and where permitted by law.
11. **We** shall not be deemed to provide cover and nor shall **We** be liable to pay any claim or provide any benefit under this Policy to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose **Us** to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, Australia, United Kingdom or United States of America.
12. **You** or the **Insured Person** must advise **Us** of any possible claim within one (1) calendar month of the **Insured Person's** return to their **Country of Residence**.
13. All certificates, information and evidence required by **Us** will be provided at **Your** or the **Insured Person's** expense.
14. Any items which become the subject of a claim for loss or damage must where possible be retained for **Our** inspection and forwarded to **Us** at **Your** expense. All such items will become **Our** property following acceptance and settlement of the claim.
15. **You** and the **Insured Person** must take and cause to be taken all reasonable precautions to avoid injury, illness or disease; take all practicable steps to minimise loss/claim; safeguard insured property from loss, theft or damage; and to recover property that has been lost or stolen.
16. **We** are entitled at **Our** own expense to issue proceedings in **Your** or the **Insured Person's** name to recover compensation or secure an indemnity or contribution from any third party in respect of any loss or damage for which **We** have indemnified **You** and/or the **Insured Person** under this **Policy**. **You** and the **Insured Person** must assist **Us** to obtain or pursue a recovery from a third party or insurers by providing all information and documentation **We** reasonably and necessarily require.
17. **We** may at **Our** option discharge any liability under this **Policy** by replacing or repairing any article/s which have been lost or damaged or by issuing a credit voucher.
18. **You** and/or the **Insured Person** must refund any amounts that **We** have paid to **You** or the **Insured Person** (or on behalf of **You** or the **Insured Person**) that are not covered by this insurance within one calendar month of **Our** request.

19. If an insured Trip is curtailed for any reason, is covered by this insurance, and the **Insured Person** does not hold a ticket for return travel to their **Country of Residence**, the cost of a one-way ticket to their **Country of Residence** will be deducted from any settlement effected under this **Policy**.
20. **You** and/or the **Insured Person** must prove the claim. This means **You** and/or the **Insured Person** must provide independent documentary evidence of the event giving rise to the claim. **You** or the **Insured Person** must also provide evidence to verify the losses sustained and / or costs incurred.
21. If, following the inception of cover and during the **Period of Insurance**, the **Insured** purchases in its entirety or creates any new branch, wholly owned subsidiary or associated company, cover shall automatically extend to such entity from the date of such purchase or creation at no additional premium. It is a condition of this **Policy** that following such event, the wage roll, number of **Insured Persons** or travel pattern shall not increase by more than 10%. Where such an event results in an increase of more than 10%, **We** agree to extend cover to that entity for fourteen (14) days during which time **You** shall provide relevant additional information including any information required by **Us** and pay any additional premium required by **Us**. If this information is not forthcoming after fourteen (14) days, cover in respect of the new entity shall be deemed to have never been in force.
22. Any material change in **Your** business activities that involves increased risk must be notified to **Us** and agreed in writing. Further, any change to an **Insured Person's** occupation in which greater risk may be incurred than in the occupation originally disclosed to **Us** must be notified to **Us** and agreed in writing. Failure to notify **Us** of these changes may result in the **Policy** not operating and any claim not being covered. Special terms may have to be applied and an additional premium may be required.
23. An **Insured Person** has a right to recover under this **Policy** only through Section 48 of the Insurance Contracts Act 1984 (Cth) (the Act) and is not a party to the contract of insurance. Only **You** (the insured entity) can vary or cancel the **Policy**. Section 48 of the Act allows a third party beneficiary under a contract of general insurance to claim from an insurer, in accordance with the contract, the amount of any loss suffered by them even though they are not a party to the contract. Any benefit payable under the **Policy** will be paid to **You** (the insured entity) or if an **Insured Person** suffered the loss that benefit will be paid to the **Insured Person**. Under no circumstances will **We** pay both **You** and an **Insured Person** in respect of the same event or loss.
24. If the aggregate amount of all sums payable under this **Policy** exceeds the **Aggregate Limit of Liability**, the benefits payable to **You** or each **Insured Person** shall be proportionally reduced until the total of all benefits payable hereunder is equal to the **Aggregate Limit of Liability**.

## | Global Emergency Assistance

In case of emergencies, Go Insurance has a team of medical, insurance and travel specialists to help **You** and the **Insured Person** 24 hours a day, seven days a week. **Our** dedicated team is multi-lingual and has a wealth of resources available to help when **You** and the **Insured Person** need it most. **Our** emergency assistance team can assist with the following:

- Liaising with doctors and hospitals to ensure the **Insured Person** obtains necessary medical treatment.
- Attending to payment of hospital and treatment costs on **Your** behalf.
- Co-ordinating the **Insured Person's** return home if they are injured or fall ill and cannot continue their **Period of Travel**.
- Repatriation and/or evacuation due to medical necessity.
- Providing assistance with lost or damaged passports and **Travel Documents**.
- Providing emergency funds if necessary.
- Passing urgent messages to the **Insured Person's** family or travel agent.
- Helping to reschedule travel arrangements following an emergency if **Your** agent is unable to do so.
- Arranging travel for **Close Relatives** to travel to the **Insured Person** if necessary on medical grounds.
- Emergency travel arrangements.

Contact details for **Our** emergency assistance team are noted below.

**Telephone** + 61 (0) 7 3481 9880  
**Email** sos@goinsurance.com.au

Please have **Your Policy** number available when contacting **Us** in an emergency.

## | Claims Procedure

For all non-emergency claims, **You** must give **Us** notice of **Your** claim as soon as possible. **You** must complete a claim form and submit it to **Us** with original supporting documentation. Please ensure **You** take a copy of **Your** documentation before sending **Your** submission to **Us**. When completing the claim form, please provide as much information about **Your** claim as possible. This will assist **Us** in processing **Your** claim quickly.

All certificates, information and evidence required for the assessment of **Your** claim shall be provided at **Your** expense. **You** must prove **Your** loss and no claim will be admitted where **You** are unable to do so. As a minimum, all claims must be accompanied by the following (where possible and relevant):

- A copy of the **Insured Person's** passport ID page declaring their name, date and place of birth.
- A copy of the **Insured Person's** travel itinerary.
- The Property Irregularity Report for loss or damage whilst in the custody of a travel carrier. In the event of permanent loss, evidence of any compensation provided to **You** by the carrier.
- In the case of property, money and loss of passport claims, a written report from the police or other relevant authority.
- Repair report/quotation from a reputable repairer if a claimed item has been damaged.
- Proof of ownership/value for claimed items.
- In the case of medical expenses claims, a report from the attending **Medical Practitioner** detailing the condition together with invoices or receipts for costs incurred.
- Proof of expenses incurred as a direct result of the event giving rise to the claim.
- Any other documentation or information **We** reasonably and necessarily require to assess **Your** claim.

### All claims should be addressed to:

Go Insurance  
PO Box 5964  
Brendale Qld 4500  
Australia

**Telephone** + 61 (0) 7 3481 9888 or 1300 819 888  
**Facsimile** + 61 (0) 7 3481 9899  
**Email** claims@goinsurance.com.au

Go Unlimited Pty Ltd ABN 74 149 217 925 T/as Go Insurance (Go) is an Australian Financial Services Licensee (no. 404782) authorised by ASIC to deal in and provide general advice on insurance products.

This insurance is underwritten by Certain Underwriters at Lloyd's. These **Underwriters** have authorised Go to act on their behalf to arrange, issue, vary and cancel insurance products. Go is also authorised to handle claims on the **Underwriters'** behalf.

# Financial Services Guide (FSG)

## I About this Financial Services Guide

This FSG is an important document about the financial services offered by Go Unlimited Pty Ltd trading as Go Insurance. This document is designed to help **You** make an informed choice as to whether this product suits **Your** needs. This FSG contains information about the services provided as well as how **We** are remunerated and how **We** manage any concerns or complaints **You** have.

## I Date Prepared

This FSG was prepared on 20 November 2019.

## I What Financial Services are provided?

Go Unlimited Pty Ltd trading as Go Insurance is authorised to provide **You** with advice of a general nature about travel insurance products and issue the cover to **You**.

Go Unlimited Pty Ltd is not authorised to give **You** personal advice in relation to travel insurance. Any advice given to **You** by Go Unlimited Pty Ltd will be of a general nature only and does not take into account **Your** personal objectives, needs or financial situation.

**You** should carefully read the Product Disclosure Statement before making a decision to purchase any insurance product.

## I Who Is the Product Issuer?

Go Unlimited Pty Ltd (ABN 74 149 217 925) AFS License no 404782 trading as Go Insurance is an Australian Financial Services Licensee (AFS licensee) and is authorised by ASIC to issue, deal in and provide general advice on general insurance products. Go Unlimited Pty Ltd issues insurance certificates under a binding authority with Certain Underwriters at Lloyd's.

**Our** contact details are noted below:

Post	PO Box 5964, Brendale Qld 4500
Telephone	+ 61 (0) 7 3481 9888 or 1300 819 888
Facsimile	+ 61 (0) 7 3481 9899
Email	mail@goinsurance.com.au
Website	<a href="http://www.goinsurance.com.au">www.goinsurance.com.au</a>

Go Unlimited Pty Ltd has a binding authority which means it can enter into, cancel or vary these products without reference to the **Underwriters** provided it acts within the binding authority. Go Unlimited Pty Ltd acts for the **Underwriters** and not **You**.

## I How are We remunerated?

Go Unlimited Pty Ltd is paid a commission by the Underwriters for arranging and managing travel insurance services on their behalf. This amount is calculated as a percentage of the premium **You** pay for the policy. Employees of Go Unlimited Pty Ltd receive an annual salary and may receive performance related bonuses depending on the nature of their employment.

Go Unlimited Pty Ltd may work in partnership with third party organisations (affiliates and agents) that introduce customers. Go Unlimited Pty Ltd may pay a referral fee to a third party organisation if they have referred **You** to Go Insurance and **You** have purchased a policy. The referral fee is paid out of the commission that Go Unlimited Pty Ltd receives from the Underwriters.

Further information regarding the remuneration Go Unlimited Pty Ltd receives for the insurance services **We** provide may be obtained by contacting **Us** within a reasonable time of **You** being given this Financial Services Statement, and before **You** receive any of the financial services detailed in this Product Disclosure Statement.

## I Professional Indemnity Insurance Arrangements

**We** and **Our** representatives are covered under professional indemnity insurance that complies with the requirements of Section 912B of the Corporations Act.

The insurance (subject to its terms and conditions) will continue to cover claims in relation to **Our** representatives and employees who no longer work for **Us** (but who did at the time of conduct).

## | What to do if You have a complaint

**Our** dispute resolution process is outlined in the Product Disclosure Statement (PDS).

Phone	1300 819 888 / + 61 7 3481 9888
Website	<a href="http://www.goinsurance.com.au">www.goinsurance.com.au</a>
Version	V1.0 112019