

A wide-angle photograph of a modern office atrium. The space is characterized by a high ceiling with a complex grid of white structural beams and large glass panels that allow natural light to flood the area. The floor is made of polished, light-colored tiles that reflect the overhead structure. In the distance, two people are walking across the atrium. The overall atmosphere is bright, clean, and professional.

Corporate Travel Policy

HDI Global SE, Australia

April 2022

WE ARE RISK MITIGATORS.

Our experts are always at your side for the best risk solutions, worldwide.

HDI Global SE trading as HDI Global SE, Australia
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www.hdi.global

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DEFINITIONS

The following Definitions apply to all sections of this Policy where the word is capitalised.

ACCIDENT means a sudden, unexpected and unintended specific event which occurs at a definable time and place.

ACCIDENTAL DEATH means Injury resulting in death caused by an Accident.

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

ACCOMPANYING means:

1. travelling with;
2. travelling separately from, with the intention to meet with;
3. continuing to travel with; or
4. leaving or departing with;

an Insured Person whilst on a Journey.

AGGREGATE LIMIT OF LIABILITY means the total We will pay for all claims within a Period of Insurance.

AIR OR ROAD RAGE INCIDENT means a violent physical act, or threat of the same, occurring whilst the Insured Person is occupying an aircraft as a passenger, or any motor vehicle intended for use on public roadways; that is intentionally committed by a person who is not an Insured Person or a Relative of an Insured Person.

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

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

ARTICLE means one (1) item (including but not limited to its attached or unattached accessories) or a set or pair of items such as earrings, set of golf clubs, a camera body and its standard lens, shoes, jacket and trousers (suit), gloves.

BENEFIT means the amount that We will pay to You or an Insured Person in the Event that a specific set of circumstances are satisfied.

BENEFIT PERIOD means the maximum period of time for which We will continue to pay a Benefit irrespective of whether claims are made under this Policy or another policy You or an Insured Person holds with Us, unless We have agreed to provide that cover over and above this Policy. If a Deferral Period applies to the Benefit, the Benefit Period for that Benefit begins at the end of the Deferral Period. The Benefit Period will be shown in the Policy Schedule below the relevant Benefit.

BUSINESS PROPERTY means items intended for use in connection with any trade, business or occupation.

BUSINESS TRAVEL means a Journey which is undertaken by an Insured Person on the business of You and includes any Incidental Leisure Travel as part of that Journey.

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

CHARTER means engagement by You or an Insured Person for a specific Journey to and/or from declared departure and arrival facilities or locations and where the mode of transportation is not part of a regular schedule for the general public.

CIVIL UNREST (including a civil War whether declared or not) means armed opposition, insurrection, revolution, armed rebellion or sedition between two (2) or more parties belonging to the same country where the opposing parties are of different ethnic, religious or idealistic groups.

COMMERCIAL HIRE VEHICLE means any rented vehicle primarily designed to:

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

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

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

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

4. as named in the Policy Schedule.

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

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

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

EMERGENCY MATERNITY DELIVERY means an unplanned delivery (natural or caesarean section) of a child that occurs in Hospital that is deemed life threatening, through complication, to the Insured Person and/or child by the attending Medical Practitioner.

DEPENDENT CHILD or DEPENDENT CHILDREN means an Insured Person's or their Partner's dependent child or children, including step children and legally adopted children, as long as the child or children are under nineteen (19) years of age, or under twenty five (25) years of age while they are full-time students attending a legally accredited registered training organisation, institution of higher learning, and are primarily dependent upon the Insured Person for maintenance and support. Dependent Child or Dependent Children also includes any child or children of any age who are living permanently with the Insured Person who through a disability are totally incapable of self-support.

DETENTION or DETAINED means the illegal holding of an Insured Person under duress by militias, militants or governments without any legal justification. Detention also includes the Insured Person being held hostage as part of a Hijacking.

EFFECTIVE DATE OF COVER means the date the:

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

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

EMERGENCY SERVICES means a public organisation that responds to and deal with emergency situations, including but not limited to ambulance services, police, fire brigade or rural fire services, coast guard, surf lifesaving.

EXCESS means the amount You or an Insured Person must contribute towards the cost of a claim under this Policy. Where an Excess applies it will be shown in the Policy Schedule and Our payments will be paid less the Excess amount. An Excess will reduce the amount We pay to You or the Insured Person for a claim for any one (1) Event. Only one (1) Excess applies to each separate Event for each Benefit of the Policy per Insured Person. An Excess can either be expressed as a monetary amount or a percentage of the loss.

EXPATRIATED means an Insured Person moving to or seconded to a specified country other than their Country of Domicile for a defined period of time on the business of You.

EXPOSURE means lack of protection to extreme weather or environmental conditions.

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

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

FAMILY means the Insured Person, their Accompanying Partner and/or their Dependent Children.

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

GENERAL CONDITIONS AND LIMITATIONS means the General Conditions and Limitations as set out in the General Conditions section of this Policy on page 133.

GENERAL EXCLUSIONS means the General Exclusions as set out in the General Exclusions section of this Policy on page 130.

HDI GLOBAL ASSIST means HDI Global SE medical, safety & security and emergency management assistance service.

HIJACK or HIJACKING means the unlawful seizure or capture by force or the forceful taking control of a conveyance in which the Insured Person is travelling or a building in which the Insured Person is located.

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

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

HIRE VEHICLE EXCESS means the amount You or an Insured Person has agreed to bear as the excess shown on the Hire Vehicle Agreement.

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

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

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

ILLNESS means a sickness or disease (including a mental illness, condition or disorder).

INCIDENTAL HOLIDAY means a holiday not exceeding:

1. the duration of the business component of a Journey; or
2. thirty-one (31) days;

whichever is the lesser.

INCOME means:

1. If the Insured Person is an employee of You:
 - a. the Insured Person's gross weekly rate of pay exclusive of overtime payments, bonuses, commissions and allowances averaged over:
 - i. the period of three hundred and sixty-five (365) consecutive days prior to the date the disablement (with respect to which We have agreed to pay a claim under this Policy) commenced; or
 - ii. such shorter period that an Insured Person has been continuously employed prior to the date of disablement as certified by the Medical Practitioner.

2. If the Insured Person is a self-employed person (not Your employee):
 - a. the Insured Person's weekly pre-tax income derived from personal exertion, after deduction of all expenses necessarily incurred in connection with that income, averaged over:
 - i. the period of three hundred and sixty-five (365) consecutive days;
or
 - ii. such shorter period that an Insured Person has been continuously self-employed prior to the date of disablement as certified by the Medical Practitioner.

If the Insured Person does not meet the criteria of 1 or 2 above, then the Insured Person's Income shall be deemed to be nil for the purposes of assessing any claim under this Policy.

INCURABLE INSANITY means a psychiatric disorder identified in the DSM-5 which is deemed to be Permanent by a Medical Practitioner.

INJURY means a physical bodily injury resulting from an Accident to the Insured Person; but excludes:

1. any consequences of an Injury which are ordinarily described as being a sickness, illness or disease, including but not limited to any congenital condition, heart condition, stroke or any form of cancer;
2. an aggravation of a pre-existing Injury; and
3. any degenerative condition.

IN-PATIENT MEDICAL CARE EXPENSES means charges whilst in Hospital for Medical Practitioner services, anesthesia and/or its administration, daily in-patient care, surgical procedures, necessary medical care and treatment, necessary dental care and treatment and in-patient pharmaceuticals.

INSURED means You, Your, the named company, organisation or person listed as the Insured in the Policy Schedule. They are the contracting party with 'HDI Global SE, Australia.'

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

INSURER means Us, We, Our, HDI, HDI Global SE, 'HDI Global SE, Australia'.

INVITED GUEST means someone who is not an Insured Person who has travelled internationally with You on a Journey to attend an event hosted and/or organised by You.

JOURNEY means travel outside the radius as stated on the Policy Schedule with a maximum duration of one hundred and eighty (180) days or less which is not normal

daily commuting between the Insured Person's principal residence and place of business. A Journey commences from the time the Insured Person leaves their principal residence or place of business, whichever is the place of departure for the commencement of travel, and continues until the Insured Person returns to their principal residence or place of business, whichever occurs first.

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

LABORATORY means the facility where tests and analysis are undertaken for diagnostic and/or treatment purposes including urinalysis, blood tests, microbiological cultures, pathology tests and analysis and other tests of body fluids.

LEGAL EXPENSES or LEGAL SERVICE means:

1. reasonable fees, costs, charges and/or disbursements necessarily incurred with Our prior written consent which shall not be reasonably withheld by a solicitor, firm of solicitors, or any other appropriately legally qualified person, firm or company appointed by You or by the Insured Person; and/or
2. a court or tribunal order for costs or costs included in a settlement of a claim or legal proceedings for which the Insured Person is legally liable.

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

LEISURE TRAVEL LIMITATION means the maximum amount We will pay for a claim which relates directly or indirectly to Leisure Travel. This Limitation will apply to any and all claim(s) under any other Benefits, including the Loss of Deposits and Cancellation Benefit, if the claim(s) relate directly or indirectly to Leisure Travel.

LIMB means the entire Limb between the shoulder and wrist or between the hip and ankle.

LOSS means items which are unrecoverable due to unforeseeable circumstances outside Your control or the control of an Insured Person.

LOSS OF USE means the physical severance, inability, Permanent and total loss to effectively use a part of the body.

MEDICAL EVACUATION means an evacuation due to the immediate requirement for medical treatment because of a sudden and life threatening medical condition.

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

MEDICAL PRACTITIONER means a person legally qualified in medicine who is currently registered or licensed with the medical board of Australia or the medical board of the country in which they practise medicine as a general practitioner (doctor), physician, surgeon or specialist and who is not the Insured Person, You, or Your or an Insured Person's Family member or Relative.

MEDICARE GAP means the difference between the payment made by Medicare (or equivalent government entity) and the Medicare Benefits (or equivalent) Schedule fee for the expense.

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

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

OCCUPATIONAL THERAPY EXPENSES means reasonable and necessarily incurred charges for rehabilitation treatment and/or occupational therapy as prescribed by the treating Medical Practitioner as a result of an Injury or Illness.

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

ON-GOING MEDICAL EXPENSES means all reasonable Medical Expenses necessarily incurred:

1. in the Insured Person's Country of Domicile; and
2. as a result of suffering an Injury or suffering an Illness whilst overseas during a Journey.

OTHER INSURANCE means in the event of a claim under this Policy, any other insurance policy under which You or the Insured Person are entitled to claim or to which You or the Insured Person has access, that provides cover for the same Events or Loss.

OUR means Us, We, Insurer, HDI, HDI Global SE, 'HDI Global SE, Australia'.

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

PARTNER means an Insured Person's wife or husband including de-facto or life partner who has continuously cohabited with the Insured Person for a period of three (3) consecutive months or more at the time of the Event.

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

PERMANENT means lasting at least one (1) year on a constant, daily basis and certified by a Medical Practitioner to have a prognosis of no improvement.

PERSONA NON GRATA means a person who is not, or no longer, wanted or welcome in a particular country, because they are unacceptable to its government.

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

POLICY means the policy wording, current Policy Schedule, any Endorsements, Supplementary Product Disclosure Statements and any other documents that We may issue to You and that We tell you will form part of the Policy.

POLICY SCHEDULE means any current, subsequent, renewal or variation schedule listing the Benefits and limits that form part of the Policy.

PRE-EXISTING CONDITION means:

1. an ailment, Illness or Injury, whether or not diagnosed:
 - a. of which the Insured Person was aware; or
 - b. the signs, symptoms or side effects of which the Insured Person was aware; or
 - c. in relation to which the Insured Person sought medical treatment:
prior to the Insured Person's Effective Date of Cover under the Policy; or
2. an ailment, Illness or Injury caused by a Pre-Existing Condition.
3. any medical condition for which an Insured Person has been treated or suffered prior to the Insured Person's Effective Date, irrespective of whether or not the Insured has recovered.

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

PRESCRIPTION MEDICINES means medication prescribed by a Medical Practitioner that are not available without a prescription. However, there is no cover for contraception and related birth control medicines whether a Prescribed Medicine or not.

PROFESSIONAL SPORTS means any sport for which an Insured Person receives a financial reward including an allowance, sponsorship, appearance fee or monetary payment to participate, where the reward accounts for more than fifteen percent (15%) of the Insured Person's annual Income from all sources.

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

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

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

RESUMPTION OF JOURNEY EXPENSES means all reasonable and necessary expenses incurred in returning the original Insured Person to complete their original defined business commitments and objectives, subject to the following:

1. Where the Insured Person has returned to their point of origin for non-medical reasons, the resumption of the Journey must be on the written approval, which shall not be unreasonably delayed or withheld by HDI or HDI Global Assist.
2. Where the Insured Person has been evacuated for medical treatment, cover for any Resumption of Journey Expenses will only be available for three (3) months from the evacuation and must be on the written approval of Our appointed Medical Practitioner in consultation with any of the Insured Person's Medical Practitioner(s).

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

SCOPE OF COVER means the operative time within the Period of Insurance that the cover under this Policy applies as shown in the Policy Schedule.

SERIOUS INJURY OR SERIOUS ILLNESS means:

1. **For the purpose of the Additional or Forfeited Travel and Accommodation Expenses Benefit and the Corporate Event Benefit:**

An Injury or Illness (not including pregnancy) suffered by a person who is a:

- a. Family member, for which the Insured Person is the primary care giver; or
- b. Relative, who's condition is life threatening; or
- c. travelling companion of the Insured Person, who is not a Relative and without whom the Insured Person's Journey cannot continue; or
- d. business partner or co-director of the Insured Person, making it necessary for the Insured Person to take over that person's business role;

and, at the date of the commencement of the Journey, the person has not received regular treatment or advice, or undergone tests or taken Prescribed Medication for the Injury or Illness. The seriousness of that Injury or Illness suffered, and necessitating the Insured Person's return for a reason listed in 1(a) to (d) above, must be certified by a Medical Practitioner.

2. For the purpose of the Loss of Deposits and Cancellation Expenses Benefit:

An Injury or Illness (not including pregnancy) suffered by a person who is a:

- a. Family member, for which the Insured Person is the primary care giver; or
- b. Relative, who's condition is life threatening; or
- c. travelling companion of the Insured Person, who is not a Relative and without whom the Insured Person's Journey cannot continue; or
- d. business partner or co-director of the Insured Person, making it necessary for the Insured Person to take over that person's business role;

and, at the date of the booking of the Journey, the person has not received regular treatment or advice, or undergone tests or taken Prescribed Medication for the Injury or Illness. The seriousness of that Injury or Illness suffered, and necessitating that the Insured Person remain for a reason listed in 2(a) to (c) above, must be certified by a Medical Practitioner.

3. For the purpose of the Alternative Employee Expenses Benefit:

An Injury or Illness which in the opinion of a Medical Practitioner is likely to last for at least seven (7) days and which entirely prevents the Insured Person from performing their usual occupation or business.

TEMPORARY PARTIAL DISABLEMENT means:

1. In the case of an Insured Person who is under the regular care of a Medical Practitioner and continues to be employed by You:
 - a. a temporary inability of the Insured Person, in the opinion of Medical Practitioner, to engage in a substantial part of their usual occupation or business duties; and
 - b. results in more than a twenty-five percent (25%) loss of the Income earned prior to the relevant Injury.
2. In the case of an Insured Person who is under the regular care of a Medical Practitioner who ceases to be employed by You:
 - a. a temporary inability of the Insured Person, in the opinion of Medical Practitioner, to engage in at least twenty-five percent (25%) of the duties

of any occupation for which they have suitable education, training or experience.

TEMPORARY TOTAL DISABLEMENT means:

1. In the case of an Insured Person who is under the regular care of a Medical Practitioner and continues to be employed by You:
 - a. a temporarily inability of the Insured Person, in the opinion of a Medical Practitioner, to engage in any aspect of their usual occupation; or any of their business duties.
2. In the case of an Insured Person who ceases to be employed by You:
 - a. a temporary inability of the Insured Person in the opinion of a Medical Practitioner, to engage in any occupation for which they have suitable education, training or experience.

TERRORISM means any act, preparation in respect of action or threat of action (any of which are considered an 'Act' for the purposes of this definition), by a person or two (2) or more people, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), that involves the use of or threat of force or violence, where the purpose of the Act by its nature or context is to:

- a. further a political, religious or ideological aim; and/or
- b. intimidate or influence a government or any political division within it for any purpose (whether lawfully constituted or otherwise) the public or any section of the public; and/or
- c. put the public, or any section(s) of the public, in fear.

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

TOTAL DISABLEMENT means disablement preventing the Insured Person from engaging in the Insured Person's usual occupation or employment, or any other occupation or employment for which the Insured Person has suitable education, training, experience or skill; or if not employed, from engaging in any occupation for the remainder of the Insured Person's life.

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

TOTAL LOSS OF HEARING means total and permanent loss of hearing.

TOTAL LOSS OF SPEECH means total and permanent loss of speech.

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

ULTIMATE NET LOSS means any monetary loss which is incurred by You in order to secure the resolution of a Kidnap, Detention or Extortion incident, resulting from:

1. payment of a Ransom by You;
2. reasonable fees and expenses of HDI Global Assist or other independent negotiators authorised by Us or HDI Global Assist, as a result of any Event; or
3. any other direct expenses which are reasonable in amount and necessarily incurred by You for the purpose of investigating, negotiating, or paying a Ransom demand or recovering the Insured Person; but not including any expenses, fees or damages incurred as a result of:
 - a. any proceedings brought against You arising out of such a demand; or
 - b. any losses or damages caused or claimed to be caused by way of interruption to any business.

UNATTENDED means, with regard to an item of property, the Insured Person or their travelling companion are not in a position to observe and have no reasonable prospect of preventing the item's theft.

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

UNEXPECTED DEATH means a death which was sudden or unforeseeable. It does not include the death of a terminally ill person, unless the death is due to an unrelated cause.

US means We, Our, Insurer, HDI, HDI Global SE, 'HDI Global SE, Australia'.

WAR (whether war is declared or not) means a state of armed conflict between different countries, different groups or factions within a country, or forces acting for any international authority, including but not limited to Nuclear, Biological or Chemical Terrorism, invasion, acts of foreign enemies, hostilities, or war-like operations.

WE means Our, Us, Insurer, HDI, HDI Global SE, 'HDI Global SE, Australia'.

YOU/YOUR means the named company, organisation or persons listed as the Insured on the Policy Schedule. The Insured is the party contracting with Us for this Policy of insurance.

LUMP SUM BENEFITS

Lump Sum Injury and Death Benefits

If, during a Journey in the Period of Insurance, an Insured Person suffers an Injury or Accidental Death:

We will pay the following Benefits for each Insured Person for the Insured Events listed below as a percentage of the Maximum Benefit for ‘Lump Sum Injury and Death Benefits’ shown on Your Policy Schedule:

Insured Events	Percentage of Benefit Payable	Maximum
Accidental Death:		100%
Permanent and Total Disablement:		100%
Paraplegia/Quadriplegia:		100%
Permanent and incurable paralysis of all Limbs:		100%
Permanent and Incurable Insanity:		100%
Permanent total loss of the following body organs:		
• both kidneys:		75%
• one (1) kidney:		30%
• liver:		70%
• spleen:		10%
• reproductive organs:		40%
Permanent Facial Scarring, the greater of:		
• More than 10% of the entire face:		0.5%
• More than 20% of the entire face:		1%
• More than 50% of the entire face:		5%
Permanent total loss of sight in one (1) eye or both eyes:		100%
Permanent total Loss of Use of the lens in:		
• one (1) eye:		60%
• both eyes:		100%
Permanent total loss of hearing in:		
• one (1) ear:		30%
• both ears:		100%
Permanent total Loss of Use of one (1) or more Limbs:		100%
Fractured leg or patella with established non-union:		10%
Shortening of leg by at least 5cm:		7.5%

Permanent total Loss of Use of one (1) thumb of either hand:	
• both joints:	30%
• one (1) joint:	15%

Permanent total Loss of Use of one (1) finger of either hand:	
• three (3) joints:	10%
• two (2) joints:	8%
• one(1) joint:	5%

Permanent total Loss of Use of toes of either foot:	
• all the toes on one (1) foot:	15%
• the great toe, both joints:	5%
• the great toe, one (1) joint:	3%
• other than the great toe, each toe:	1%

Burns:	
• Third degree burns and resultant permanent disfigurement which covers more than 20% of the entire external body:	50%
• Second degree burns and resultant disfigurement which covers more than 20% of the entire external body:	25%

Loss of at least 50% of all natural Teeth, including capped or crowned Teeth, but excluding first Teeth and dentures: only up to a maximum of \$10,000.	1%, but
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The maximum We will pay for this Benefit for any one (1) Insured Person is the amount shown in the Policy Schedule for ‘Lump Sum Injury and Death Benefits’.

The maximum amount payable for an Insured Person who is a Dependent Child is 10% of the listed Event for ‘Lump Sum Injury and Death Benefits’.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Lump Sum Injury and Death Benefits

1. The Insured Event must occur within twelve (12) months of the date of the Injury.
2. We will not pay a ‘Lump Sum Injury and Death Benefits’ for more than one (1) of the Insured Events in respect of the same Injury. If one (1) Injury causes two (2) or more Insured Events, We will only pay the highest of those Insured Events Benefits.

3. We will not pay Benefits unless the Insured Person obtained correct medical advice from a Medical Practitioner as soon as possible after the happening of any Injury or Illness.

Exclusions applicable to the Lump Sum Injury and Death Benefits

1. No Benefits are payable for any Injury or Illness which is wholly or partly attributable to childbirth or pregnancy or the complications of these (except for unexpected medical complications of emergencies arising from an Injury).
2. No cover is provided for the Insured Event 'Permanent Total Disablement' for Insured Persons who are:
 - a. 70 years of age or older; or
 - b. the age shown in the Policy Schedule against 'Maximum Age Limit';whichever is lower.
3. No cover is provided for any claim where the Insured Event is caused or contributed to by a Pre-Existing Condition or connected with a Pre-Existing Condition.

Unspecified Permanent Disablement Benefit

If, during a Journey in the Period of Insurance, an Insured Person suffers a Permanent Disablement which is not listed as an Insured Event:

We will pay a percentage of the Maximum Benefit for Lump Sum Injury and Death Benefits shown on Your Policy Schedule calculated as a percentage of a whole person impairment determined by the opinion of not less than three (3) Medical Practitioners, including two (2) Medical Practitioners whom We appoint. If there is disagreement between the Medical Practitioners, then the percentage shall be the average of the Medical Practitioners' opinions.

The maximum We will pay for this Benefit for any one (1) Insured Person is 75% of the amount shown in the Policy Schedule for 'Lump Sum Injury and Death Benefits'.

The maximum amount payable for an Insured Person who is a Dependent Child is 10% of the listed Event for 'Lump Sum Injury and Death Benefits'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Unspecified Permanent Disablement Benefit

1. The Insured Event must occur within twelve (12) months of the date of the Injury.
2. We will not pay a 'Lump Sum Injury and Death Benefits' for more than one (1) of the Insured Events in respect of the same Injury. If one (1) Injury causes two (2) or more Insured Events, We will only pay the highest of those Insured Events Benefits.
3. We will not pay Benefits unless the Insured Person obtained correct medical advice from a Medical Practitioner as soon as possible after the happening of any Injury or Illness.

Exclusions applicable to the Unspecified Permanent Disablement Benefit

1. No Benefits are payable for any Injury or Illness which is wholly or partly attributable to childbirth or pregnancy or the complications of these (except for unexpected medical complications of emergencies arising from an Injury).
2. No cover is provided for the Insured Event 'Permanent Total Disablement' for Insured Persons who are:
 - a. 70 years of age or older; or
 - b. the age shown in the Policy Schedule against 'Maximum Age Limit';whichever is lower.

3. No cover is provided for any claim where the Insured Event is caused or contributed to by a Pre-Existing Condition or connected with a Pre-Existing Condition.

Disappearance Benefit

If an Insured Person has been missing for a period of twelve (12) months following the sinking, wrecking or disappearance of an aircraft, vehicle or vessel in which the Insured Person was travelling during a Journey in the Period of Insurance:

We will pay the 'Lump Sum Injury and Death Benefits' for Accidental Death.

The maximum We will pay for this Benefit for any one (1) Insured Person is the amount shown in the Policy Schedule for 'Lump Sum Injury and Death Benefits'.

The maximum amount payable for an Insured Person who is a Dependent Child is 10% of the listed Event for 'Lump Sum Injury and Death Benefits'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Disappearance Benefit

1. The Insured Event must occur within twelve (12) months of the date of the Injury.
2. We will not pay a 'Lump Sum Injury and Death Benefits' for more than one (1) of the Insured Events in respect of the same Injury. If one (1) Injury causes two (2) or more Insured Events, We will only pay the highest of those Insured Events Benefits.
3. We will not pay Benefits unless the Insured Person obtained correct medical advice from a Medical Practitioner as soon as possible after the happening of any Injury or Illness.

Exclusions applicable to the Disappearance Benefit

1. No Benefits are payable for any Injury or Illness which is wholly or partly attributable to childbirth or pregnancy or the complications of these (except for unexpected medical complications of emergencies arising from an Injury).
2. No cover is provided for the Insured Event 'Permanent Total Disablement' for Insured Persons who are:
 - a. 70 years of age or older; or
 - b. the age shown in the Policy Schedule against 'Maximum Age Limit';whichever is lower.
3. No cover is provided for any claim where the Insured Event is caused or contributed to by a Pre-Existing Condition or connected with a Pre-Existing Condition.

Exposure Benefit

If, during a Journey in the Period of Insurance:

1. an Insured Person is exposed to the elements as a result of an Accident resulting in Injury; and
2. within twelve (12) months of the time of that Injury occurring suffers one (1) of the listed Insured Events under 'Lump Sum Injury and Death Benefits' as a direct result of the Exposure:

We will treat that Insured Event as if it were caused by an Injury for the purposes of this Policy.

The maximum We will pay for this Benefit for any one (1) Insured Person is the amount shown in the Policy Schedule for 'Lump Sum Injury and Death Benefits'.

The maximum amount payable for an Insured Person who is a Dependent Child is 10% of the listed Event for 'Lump Sum Injury and Death Benefits'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Exposure Benefit

1. The Insured Event must occur within twelve (12) months of the date of the Injury.
2. We will not pay a 'Lump Sum Injury and Death Benefits' for more than one (1) of the Insured Events in respect of the same Injury. If one (1) Injury causes two (2) or more Insured Events, We will only pay the highest of those Insured Events Benefits.
3. We will not pay Benefits unless the Insured Person obtained correct medical advice from a Medical Practitioner as soon as possible after the happening of any Injury or Exposure.

Exclusions applicable to the Exposure Benefit

1. No Benefits are payable for any Injury or Illness which is wholly or partly attributable to childbirth or pregnancy or the complications of these (except for unexpected medical complications of emergencies arising from an Injury).
2. No cover is provided for the Insured Event 'Permanent Total Disablement' for Insured Persons who are:
 - a. 70 years of age or older; or

b. the age shown in the Policy Schedule against 'Maximum Age Limit';

whichever is lower.

3. No cover is provided for any claim where the Insured Event is caused or contributed to by a Pre-Existing Condition or connected with a Pre-Existing Condition.

Compassionate Travel Benefit

If, during a Journey in the Period of Insurance an Insured Person suffers a life threatening Injury, Illness or death, and a Family member travels to be with the Injured or Ill Insured Person, and that Family member suffers an Injury or Accidental Death during that Journey and in the Period of Insurance:

We will pay 20% of the Benefits for the relevant Insured Event listed under ‘Lump Sum Injury and Death Benefits’.

The maximum We will pay for this Benefit for any one (1) Insured Person is the amount shown in the Policy Schedule for ‘Compassionate Travel Benefits’.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Compassionate Travel Benefit

Only General Conditions and Limitations apply.

Exclusions applicable to the Compassionate Travel Benefit

1. No cover is provided for any claim where the Insured Event is caused or contributed to by a Pre-Existing Condition or connected with a Pre-Existing Condition.

Broken / Fractured Bones Benefit

If, during a Journey in the Period of Insurance, an Insured Person suffers an Injury resulting in broken or fractured bones:

We will pay the following Benefits for each Insured Person for the Insured Events listed below as a percentage of the Maximum Benefit for 'Broken/Fractured Bones Benefit' shown on Your Policy Schedule:

Insured Events	Percentage of Maximum Benefit Payable
Neck or spine (full break i.e completely broken through with no connections)	100%
Neck or spine (incomplete break/not a full break)	50%
Pelvis and hip	25%
Skull, jaw, leg, pelvis, ankle or knee (full break or complete fracture)	50%
Skull, jaw, leg, pelvis, ankle or knee (simple or incomplete fracture)	20%
Shoulder blade	10%
Collar bone	10%
Upper leg	10%
Lower leg	5%
Knee cap	7.5%
Ankle, foot	5%
Upper arm, forearm or elbow	7.5%
Wrist or hand	5%
Ribs	5%
Finger, thumb or toe	2.5%
Cheek	5%

The maximum We will pay for this Benefit for any one (1) Insured Person is the amount shown in the Policy Schedule for 'Broken/ Fractured Bones Benefit'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Broken / Fractured Bones Benefit

Only General Conditions and Limitations apply.

Exclusions applicable to the Broken / Fractured Bones Benefit

1. No Benefits are payable for any Injury which is wholly or partly attributable to childbirth or pregnancy or the complications of these (except for unexpected medical complications of emergencies arising from an Injury).
2. No cover is provided for any claim where the Insured Event is caused or contributed to by a Pre-Existing Condition or connected with a Pre-Existing Condition.

Injury or Illness Resulting in Surgery Benefit

If, during a Journey in the Period of Insurance, an Insured Person requires surgery as a result of an Injury or Illness:

We will pay the following Benefits for each Insured Person for the Insured Events listed below as a percentage of the Maximum Benefit for 'Injury or Illness Resulting in Surgery Benefit' shown on Your Policy Schedule:

Insured Events	Percentage of maximum benefit payable
Craniotomy and Brain surgery	100%
Open Heart Surgery	100%
Amputation of a limb	100%
Abdominal surgery	50%
Fracture of a limb requiring open reduction	50%
Dislocation requiring open reduction	25%
Any other surgical procedure carried out under a general anaesthetic:	5%

The maximum We will pay for this Benefit for any one (1) Insured Person is the amount shown in the Policy Schedule for 'Injury or Illness Resulting in Surgery Benefit'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Injury or Illness Resulting in Surgery Benefit

1. The surgical procedure must occur within twelve (12) months of the date of Injury or for an Illness, or twelve (12) months from when the Insured person first sought treatment from a Medical Practitioner in relation to that Illness.
2. The surgery must be undertaken outside of Australia.

Exclusions applicable to the Injury or Illness Resulting in Surgery Benefit

1. No Benefits are payable for any surgery which is wholly or partly attributable to childbirth or pregnancy or the complications of these (except for unexpected medical complications of emergencies arising from an Injury).

2. No cover is provided for any claim where the surgery was required, caused or contributed to by a Pre-Existing Condition or connected with a Pre-Existing Condition.

Accidental HIV Infection Lump Sum Benefit

If, during a Journey in the Period of Insurance, an Insured Person contracts the Human Immunodeficiency Virus (HIV) as a result of:

1. an Injury caused by a violent physical bodily assault by another person; or
2. medical treatment of an existing Injury of the Insured Person provided by a Medical Practitioner or legally qualified and registered nurse:

We will pay the amount shown in the Policy Schedule for 'Accidental HIV Infection Lump Sum Benefit'.

The maximum We will pay for this Benefit for any one (1) Insured Person is the amount shown in the Policy Schedule for 'Accidental HIV Infection Lump Sum Benefit'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Accidental HIV Infection Lump Sum Benefit

1. General exclusions applicable to HIV infection do not apply to this Benefit, provided that the Insured Person contracts the HIV Infection in the specific Injury or medical treatment circumstances in which We pay this Benefit.
2. The Insured Person must be diagnosed positive for the HIV infection within six (6) months of the relevant Injury or medical treatment circumstances occurring.
3. A recognised laboratory must carry out the HIV testing for diagnosis.
4. It must be confirmed in the Insured Person's medical history records and/or HIV testing by a recognised laboratory that the Insured Person was not HIV positive at the time of the Injury or medical treatment giving rise to the HIV infection.

Exclusions applicable to the Accidental HIV Infection Lump Sum Benefit

- No cover is provided if the Insured Person already had HIV prior to the Injury or medical treatment circumstances giving rise to the HIV infection.
- No cover is provided for HIV infection which is wholly or partly attributable to childbirth or pregnancy or the complications of these (except for unexpected medical complications of emergencies arising from an Injury).
- No cover is provided for any claim where the HIV infection was caused or contributed to by a Pre-Existing Condition or connected with a Pre-Existing Condition.

Infections Death Benefit

If, during a Journey in the Period of Insurance, an Insured Person contracts one (1) or more of the following infections which results in the death of the Insured Person:

We will pay the amount shown in the Policy Schedule for 'Infections Death Benefit'.

Infections covered by this Benefit:

- Schistosomiasis
- Lyme disease
- Cholera
- Dengue fever
- Ebola
- Tick Borne Encephalitis (TBE)
- Yellow fever
- Japanese encephalitis
- Malaria
- Meningococcal encephalitis
- Plague
- Tetanus
- Rabies
- Typhus

The maximum We will pay for this Benefit for any one (1) Insured Person is the amount shown in the Policy Schedule for 'Infections Death Benefit'.

The maximum amount payable for an Insured Person who is a Dependent Child is 10% of the listed Event for 'Infections Death Benefit'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Infections Death Benefit

1. The infection will be deemed to have been contracted when its symptoms are such that a reasonable person in the circumstances of the Insured Person would seek medical treatment.

2. We will pay the 'Infections Death Benefit' only if the Insured Person's death occurs within one (1) year from when the Insured Person first contracted the Infection.
3. You must provide a report of a Medical Practitioner setting out, based objectively on the latest medical knowledge, that the infection contracted by the Insured Person was a first-time infection and not an activation or reactivation of a previous or existing Infection, and including laboratory results and findings to substantiate the diagnosis and features of the Insured Person's contraction of the infection.

Exclusions applicable to the Infections Death Benefit

1. No cover is provided for any claim where the infection or death was caused or contributed to by a Pre-Existing Condition or connected with a Pre-Existing Condition.
2. No cover is provided for an infection or death which is wholly or partly attributable to childbirth or pregnancy or the complications of these (except for unexpected medical complications of emergencies arising from an Injury).
3. No cover is provided for Death caused by a sexually transmitted disease/infection or Acquired Immune Deficiency Syndrome (AIDS) disease or Human Immunodeficiency Virus (HIV) infection.
4. No cover is provided for an infection or death which occurs as a direct or indirect result of the Insured Person:
 - a. not following any warning issued by the Australian Department of Foreign Affairs and Trade (DFAT) or other international government equivalent that recommends or advises that travellers do not travel anywhere or do not travel to a country or region at all; or
 - b. not taking appropriate action to avoid or minimise any potential claim from the above by either remaining in the country or region when advised to leave or travelling into such country or region when advised not to do so.
5. No cover is provided for Insured Persons who, at the time of death, have attained the age of:
 - a. Seventy (70) or over or;
 - b. the age shown in the Policy Schedule against 'Maximum Age Limit';whichever is the lesser.

Cosmetic and Reconstructive Surgery Benefit

If, during a Journey in the Period of Insurance, an Insured Person suffers an Injury which results in a reconstructive or cosmetic surgery recommended by a Medical Practitioner as medically necessary to cure or alleviate the Injury:

We will pay the amount shown in the Policy Schedule for 'Cosmetic and Reconstructive Surgery Benefit'.

The maximum We will pay for this Benefit for any one (1) Insured Person is the amount shown in the Policy Schedule for 'Cosmetic and Reconstructive Surgery Benefit'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Cosmetic and Reconstructive Surgery Benefit

1. This Benefit is not payable in addition to the Lump Sum Benefits cover for Permanent Facial Scarring and Burns.
2. This Benefit is payable once only in respect of any one (1) Accident.
3. This Benefit will be reduced by any Lump Sum Benefit payable to the Insured Person for Injury or Illness Resulting in Surgery.

Exclusions applicable to the Cosmetic and Reconstructive Surgery Benefit

1. We will pay for this Benefit notwithstanding any General Exclusions which apply to cosmetic, elective or plastic surgery.
2. No cover is provided for any claim where reconstructive or cosmetic surgery was required, caused or contributed to by a Pre-Existing Condition or connected with a Pre-Existing Condition.

Executor Expenses Benefit

If, during a Journey in the Period of Insurance, an Insured Person suffers:

1. An Injury that results in Accidental Death; or
2. We have accepted a claim for 'Infections Death Benefit';

and, if requested by the Executor of the Insured Person's estate:

We will pay You or the Executor the reasonable expenses necessarily incurred as a direct consequence of the death of the Insured Person which require immediate payment in order for the Executor to arrange the administration of the Insured Person's estate.

The maximum We will pay for this Benefit for any one (1) Insured Person is the amount shown in the Policy Schedule for 'Executor Expenses Benefit'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Executor Expenses Benefit

1. You or the Executor must produce the death certificate or interim death certificate to Us.

Exclusions applicable to the Executor Expenses Benefit

1. No cover is provided for any claim where the Insured Event is caused or contributed to by a Pre-Existing Condition or connected with a Pre-Existing Condition.

Life Saver Benefit

If, during a Journey in the Period of Insurance a person, who is not an Insured Person and not a member of the Emergency Services:

1. suffers an Injury whilst trying to save the life of an Insured Person; and
2. the Injury to the person results in the Accidental Death or Permanent Total Disablement of the person; and
3. You request:

We will pay that person (or that person's legal personal representative in the event of their Accidental Death) the amount shown in the Policy Schedule for 'Life Saver Benefit'.

The maximum We will pay for this Benefit for all persons who try to save any number of the Insured Persons' lives is the amount shown in the Policy Schedule for 'Life Saver Benefit'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Life Saver Benefit

Only General Conditions and Limitations apply.

Exclusions applicable to the Life Saver Benefit

1. No cover is provided for any claim where the Insured Event is caused or contributed to by a Pre-Existing Condition or connected with a Pre-Existing Condition.

Air or Road Rage Benefit

If, during a Journey in the Period of Insurance, an Insured Person suffers an Injury as a result of an Air or Road Rage Incident:

We will pay the amount shown in the Policy Schedule for 'Air or Road Rage Benefit'.

The maximum amount payable for this Benefit for any one (1) Insured Person is the amount shown in the Policy Schedule for 'Air or Road Rage Benefit'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Air or Road Rage Benefit

1. The Insured Person must report the Air Rage or Road Rage Incident to the Police or other appropriate authority as soon as practicable after the Event and provide Us with a copy of the written report from the same.

Exclusions applicable to the Air or Road Rage Benefit

Only General Exclusions apply.

Carjacking Benefit

If, during a Journey in the Period of Insurance, an Insured Person suffers an Injury as a result of a Carjacking:

We will pay the Insured Person the amount shown in the Policy Schedule for 'Carjacking Benefit' listed in the Policy Schedule.

The maximum amount payable for this Benefit is the amount shown in the Policy Schedule for 'Carjacking Benefit'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Carjacking Benefit

1. The Insured Person must report the Carjacking to the Police or other appropriate authority as soon as practicable after the Event and provide Us with a copy of the written report from the same.

Exclusions applicable to the Carjacking Benefit

Only General Exclusions apply.

Personnel Replacement Expenses Benefit

If, during a Journey in the Period of Insurance, an Insured Person suffers an Injury which results in Accidental Death or Permanent Total Disablement of the Insured Person (independent of any other cause) within two (2) years of the date of Injury:

We will pay You the reasonable expenses You necessarily incurred within sixty (60) days of the Accidental Death or of the Permanent Total Disablement of the Insured Person, to employ or recruit a direct replacement employee to replace the Insured Person in order to continue Your business.

The maximum We will pay for this benefit for any one (1) Insured Person in the amount shown in the Policy Schedule for ‘Personnel Replacement Expenses Benefit’.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Personnel Replacement Expenses Benefit

Only General Conditions and Limitations apply.

Exclusions applicable to the Personnel Replacement Expenses Benefit

1. No cover is provided for any claim where the Insured Event is caused or contributed to by a Pre-Existing Condition or connected with a Pre-Existing Condition.

Suicide Replacement Benefit

If, during a Journey in the Period of Insurance, an Insured Person who is Your director or employee commits suicide or attempts suicide, resulting in their death or Permanent Total Disablement:

We will pay You the reasonable expenses You necessarily incurred within sixty (60) days of the death or of the Permanent Total Disablement of the Insured Person, to employ or recruit a direct replacement employee to replace the Insured Person in order to continue Your business.

The maximum We will pay for this Benefit for any one (1) Insured Person is the amount shown in the Policy Schedule for ‘Suicide Replacement Benefit’.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Suicide Replacement Benefit

Only General Conditions and Limitations apply.

Exclusions applicable to the Suicide Replacement Benefit

1. We will pay for this Benefit notwithstanding any General Exclusions which apply to suicide or attempted suicide.

Premature Childbirth/Miscarriage Benefit

If, during a Journey in the Period of Insurance, an Insured Person who is pregnant suffers an Injury which results in premature childbirth (prior to twenty six (26) weeks' gestation) or a miscarriage of the pregnancy:

We will pay the Insured Person the amount shown in the Policy Schedule for 'Premature Childbirth/Miscarriage Benefit'.

The maximum We will pay for this Benefit for any one (1) Insured Person is the amount shown in the Policy Schedule for 'Premature Childbirth/Miscarriage Benefit'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Premature Childbirth/Miscarriage Benefit

Only General Conditions and Limitations apply.

Exclusions applicable to the Premature Childbirth/Miscarriage Benefit

We will pay for this Benefit notwithstanding any General Exclusions which apply to Pregnancy.

Prosthetic Limbs and Eye Benefit

If, during a Journey in the Period of Insurance, an Insured Person as a result of an Injury suffers a Permanent Total Loss of Use of one (1) or more Limbs and/or a Permanent Total Loss of Use or sight in one (1) eye or both eyes, and it is medically necessary for the Insured Person to acquire and fit a prosthetic Limb and/or prosthetic eye or to replace an existing prosthetic Limb and/or prosthetic eye:

We will pay the Insured Person the cost of the acquisition and fitting of a prosthetic Limb or eye or replacement prosthetic limb or eye.

The maximum We will pay for this Benefit for any one (1) Insured Person for one (1) prosthetic Limb is the amount shown in the Policy Schedule for ‘Prosthetic Limbs and Eye Benefit’.

If more than one (1) prosthetic Limb is required, We will pay a maximum of the amount shown in the Policy Schedule for ‘Prosthetic Limbs and Eye Benefit’ multiplied by two (2).

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Prosthetic Limbs and Eye Benefit

Only General Conditions and Limitations apply.

Exclusions applicable to the Prosthetic Limbs and Eye Benefit

1. No cover is provided for any claim where the Insured Event is caused or contributed to by a Pre-Existing Condition or connected with a Pre-Existing Condition.
2. No cover is provided where the payment of the Benefit would constitute the carrying on of a “Health Insurance Business” by Us as defined under *the Private Health Insurance Act 2007* or the *Health Insurance Act 1973* (Cth) or any amended or successor legislation of that nature.

Terrorism Injury Benefit

If, during a Journey in the Period of Insurance, an Insured Person suffers an Injury during the Period of Insurance which results in a claim that we have accepted under the cover for 'Lump Sum Injury and Death Benefits' for one (1) of the following Insured Events:

- Permanent and Total Disablement:
- Paraplegia/Quadriplegia:
- Permanent and incurable paralysis of all Limbs:
- Permanent and Incurable Insanity:
- Permanent total loss of sight in one (1) or both eyes:
- Permanent total Loss of Use of one (1) or more Limbs: or
- Permanent total Loss of Use of hearing in both ears;

and, the Injury results from an act of Terrorism:

We will pay the amount shown in the Policy Schedule for 'Terrorism Injury Benefit', in addition to any other Injury Benefit payable under this Policy.

The maximum amount We will pay is shown in the Policy Schedule for 'Terrorism Injury Benefit'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Terrorism Injury Benefit

Only General Conditions and Limitations apply.

Exclusions applicable to the Terrorism Injury Benefit

1. No cover is provided for any claim where the Insured Event is caused or contributed to by a Pre-Existing Condition or connected with a Pre-Existing Condition.
2. We will pay for this Benefit notwithstanding any General Exclusions which apply to Terrorism.

Trauma Counselling Benefit

If, during a Journey in the Period of Insurance:

1. an Insured Person suffers psychological trauma as a result of an Injury or of them being a victim of, or being an eyewitness to a criminal act such as Kidnap, sexual assault, rape, murder, violent robbery or an act of Terrorism and the Insured Person attends trauma counselling treatment sessions which incur fees charged by the provider of the trauma counselling; or
2. a Family member of an Insured Person suffers psychological trauma as a result of the death or Injury of the Insured Person in circumstances where the Insured Person was a victim of a criminal act such as Kidnap, sexual assault, rape, murder, violent robbery or an act of Terrorism and the Family member attends trauma counselling treatment sessions which incur fees charged by the provider of the trauma counselling:

We will pay the amount shown in the Policy Schedule for 'Trauma Counselling Benefit'.

The maximum amount We will pay is shown in the Policy Schedule for 'Trauma Counselling Benefit'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Trauma Counselling Benefit

1. The Insured Person must report the criminal to the Police or other appropriate authority as soon as practicable after the Event and provide Us with a copy of the written report from the same.

Exclusions applicable to the Trauma Counselling Benefit

1. We will pay for this Benefit notwithstanding any General Exclusions which apply to Terrorism.

Dependent Child Supplement Benefit

If, during a Journey in the Period of Insurance, an Insured Person suffers an Injury which results in the Accidental Death of the Insured Person and We have accepted a claim for the 'Lump Sum Injury and Death Benefits':

We will pay the Insured Person's estate a 'Dependent Child Supplement Benefit' for each Dependent Child of the Insured Person.

The maximum amount We will pay is shown in the Policy Schedule for 'Dependent Child Supplement Benefit'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Dependent Child Supplement Benefit

Only General Conditions and Limitations apply.

Exclusions applicable to the Dependent Child Supplement Benefit

Only General Exclusions apply.

Orphaned Benefit

If, during a Journey in the Period of Insurance, an Insured Person and their Partner each suffer an Injury which results in Accidental Death, and we have accepted a claim for Accidental Death under the 'Lump Sum Injury and Death Benefits':

We will pay to the Insured Person's estate, double the Lump Sum Benefit amount payable for Accidental Death.

The maximum amount We will pay is shown in the Policy Schedule for 'Orphaned Benefit'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Orphaned Benefit

1. Both the Insured Person and their Partner must suffer Accidental Death as a result of the same Accident.
2. We will not pay this Benefit in addition to the 'Dependent Child Supplement Benefit', 'Partner Accident Death Benefit' or 'Education Fund Benefit'.
3. We will only pay this Benefit if the Insured Person's Dependent Children are beneficiaries of the Insured Person's estate.

Exclusions applicable to the Orphaned Benefit

1. No cover is provided for any Injury wholly or partly attributable to childbirth or pregnancy or the complications of these (except for unexpected medical complications of emergencies arising from an Injury).
2. No cover is provided for any claim in relation to or in connection with a Pre-Existing Condition.

Partner Accidental Death Benefit

If, the Insured Person's Partner suffers Accidental Death as a result of an Injury while the Insured Person is on a Journey in the Period of Insurance:

We will pay the amount shown in the Policy Schedule for 'Partner Accidental Death Benefit'.

The maximum amount We will pay is shown in the Policy Schedule for 'Partner Accidental Death Benefit'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Partner Accidental Death Benefit

Only General Conditions and Limitations apply.

Exclusions applicable to the Partner Accidental Death Benefit

1. No cover is provided if the Insured Person's Partner is also an Insured Person under this Policy at the time of the Injury.
2. No cover is provided if the Insured Person's Partner was Accompanying the Insured Person at the time of the Injury.
3. No cover is provided for any claim in relation to or in connection with a Pre-Existing Condition of the Insured Person.

WEEKLY BENEFITS

Weekly Injury Benefit

If, during a Journey in the Period of Insurance the Insured Person suffers an Injury which results in the Insured Person's Temporary Total Disablement or Temporary Partial Disablement, and as a result suffers a Loss of Income:

We will pay:

1. For each completed twenty-four (24) hours of continued Temporary Total Disablement, the amount shown in the Policy Schedule for Weekly Injury Benefit, capped at the amount of the Insured Person's Average Weekly Income in the twelve (12) months immediately prior to the Injury; or
2. For each completed twenty-four (24) hours of continued Temporary Partial Disablement, 40% of the Weekly Injury Benefit that the Insured Person would be entitled to for Temporary Total Disablement, provided that:

if the Insured Person suffers a Temporary Partial Disablement and is able to return to work in a reduced capacity (whether or not with You) yet elects not to do so, the maximum We will pay is 25% of the Benefit payable for Temporary Total Disablement.

If, after one (1) year following the commencement the of the period of disablement, the Insured Person remains disabled as a result of the Injury, We will increase the future Benefits payable for Weekly Injury Benefit by 5% for the remainder of the Benefit period.

The maximum We will pay for each Insured Person is the amount shown in the Policy Schedule for 'Weekly Injury Benefits'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Weekly Injury Benefit

1. The Total or Partial Disablement must occur within one (1) year of the date of the Injury.
2. The Insured Person must as soon as possible after the happening of any Injury giving rise to a claim, obtain and follow medical advice from a Medical Practitioner.
3. Payments under this Benefit shall be reduced by the amount of any Workers' Compensation, Transport Accident Compensation, Statutory Compensation (or any other legislation having similar effect) entitlement for incapacity for work or any other payment which the Insured Person is entitled to receive for disability from any Other Insurance policy.

4. If the Insured Person suffers a recurrence of Temporary Total Disablement or Temporary Partial Disablement from the same Injury that period of disablement will be deemed a continuation of the prior period unless:
 - a. the Insured Person has worked full time for six (6) months between the original disablement period and the recurrence of the disablement period; or
 - b. following a period where the Insured Person has worked full time for more than six (6) months:

in which case, the subsequent period of disablement shall be deemed to have resulted from a new Injury and a new Deferral Period shall apply and the continuing period of disablement will accumulate to the prior claim period and total Benefit Period.
5. If the Insured Person's employment is terminated or they are made redundant and the Insured Person receives a lump sum termination or redundancy payment, We will reduce and/or off-set that termination or redundancy payment against any 'Weekly Injury Benefit' by the equivalent periodical payments (or proportional weekly equivalent of any Lump Sum Payment) that the Insured Person received.
6. If the Insured Person redeems, commutes or settles their entitlement to Income from any other source, their 'Weekly Injury Benefits' will immediately cease.
7. You and any Insured Person must give Us written notice as soon as practicable if You or any Insured Person takes out any Other Insurance with any insurer providing for weekly compensations of a similar kind.
8. All 'Weekly Injury Benefits' will be paid monthly in arrears.
9. An Insured Person cannot claim the 'Weekly Injury Benefit' and 'Weekly Illness Benefit' for the same period.
10. If an Insured Person is entitled to Temporary Total Disablement or Temporary Partial Disablement Benefits and travels or resides outside Australia for a period of more than thirty (30) consecutive days (unless otherwise agreed with Us in writing), the weekly Benefits payable under the 'Weekly Injury Benefits' will cease thirty (30) days after the Insured Person left Australia.

Exclusions applicable to the Weekly Injury Benefit

1. No Benefits are payable for any Injury or Illness which is wholly or partly attributable to childbirth or pregnancy or the complications of these (except for unexpected medical complications of emergencies arising from an Injury).
2. No cover is provided for any period where the Insured Person is receiving or is entitled to receive sick leave payments.

3. No cover is provided for Insured Persons who have attained:
 - a. the age of seventy-five (75) years; or
 - b. the age shown in the Policy Schedule against 'Maximum Age Limit';whichever is the lesser.
4. No cover is provided for any claim in relation to or in connection with a Pre-Existing Condition.

Weekly Illness Benefit

If, during a Journey in the Period of Insurance the Insured Person suffers an Illness which results in the Insured Person's Temporary Total Disablement or Temporary Partial Disablement, and as a result suffers a Loss of Income:

We will pay:

1. For each completed twenty-four (24) hours of continued Temporary Total Disablement, the amount shown in the Policy Schedule for 'Weekly Illness Benefit', capped at the amount of the Insured Person's Average Weekly Income in the twelve (12) months immediately prior to the onset of the Illness; or
2. For each completed twenty-four (24) hours of continued Temporary Partial disablement, 40% of the 'Weekly Illness Benefit' that the Insured Person would be entitled to for Temporary Total Disablement, provided that:

if the Insured Person suffers a Temporary Partial Disablement and is able to return to work in a reduced capacity (whether or not with You) yet elects not to do so, the maximum We will pay is 25% of the Benefit payable for Temporary Total Disablement.

If, after one (1) year following the commencement the of the period of Disablement, the Insured Person remains Disabled as a result of the Illness, We will increase the future Benefits payable for 'Weekly Illness Benefit' by 5% for the remainder of the Benefit period.

The maximum We will pay for each Insured Person is the amount shown in the Policy Schedule for 'Weekly Illness Benefits'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Weekly Illness Benefit

1. The Total or Partial Disablement must occur within one (1) year of the date of the onset of the Illness.
2. The Insured Person must as soon as possible after the happening of any Illness giving rise to a claim, obtain and follow medical advice from a Medical Practitioner.
3. Payments under this Benefit shall be reduced by the amount of any Workers' Compensation, Transport Accident Compensation, Statutory Compensation (or any other legislation having similar effect) entitlement for incapacity for work or any other payment which the Insured Person is entitled to receive for disability from any Other Insurance policy.

4. If the Insured Person suffers a recurrence of Temporary Total Disablement or Temporary Partial Disablement from the same Injury that period of disablement will be deemed a continuation of the prior period unless:
 - a. the Insured Person has worked full time for six (6) months between the original disablement period and the recurrence of the disablement period; or
 - b. following a period where the Insured Person has worked full time for more than six (6) months:

in which case, the subsequent period of disablement shall be deemed to have resulted from a new Injury and a new Deferral Period shall apply and the continuing period of disablement will accumulate to the prior claim period and total Benefit Period.
5. If the Insured Person's employment is terminated or they are made redundant and the Insured Person receives a lump sum termination or redundancy payment, We will reduce and/or off-set that termination or redundancy payment against any 'Weekly Illness Benefit' by the equivalent periodical payments (or proportional weekly equivalent of any Lump Sum Payment) that the Insured Person received.
6. If the Insured Person redeems, commutes or settles their entitlement to Income from any other source, their 'Weekly Illness Benefits' will immediately cease.
7. You and any Insured Person must give Us written notice as soon as practicable if You or any Insured Person takes out any Other Insurance with any insurer providing for weekly compensations of a similar kind.
8. All 'Weekly Illness Benefits' will be paid monthly in arrears.
9. An Insured Person cannot claim the 'Weekly Illness Benefit' and 'Weekly Injury Benefit' for the same period.
10. If an Insured Person is entitled to Temporary Total Disablement or Temporary Partial Disablement Benefits and travels or resides outside Australia for a period of more than thirty (30) consecutive days (unless otherwise agreed with Us in writing), the weekly Benefits payable under the 'Weekly Illness Benefits' will cease thirty (30) days after the Insured Person left Australia.

Exclusions applicable to the Weekly Illness Benefit

1. No Benefits are payable for any Injury or Illness which is wholly or partly attributable to childbirth or pregnancy or the complications of these (except for unexpected medical complications of emergencies arising from an Injury).

2. No cover is provided for any period where the Insured Person is receiving or is entitled to receive sick leave payments.
3. No cover is provided for Insured Persons who have attained:
 - a. the age of 75 years; or
 - b. the age shown in the Policy Schedule against 'Maximum Age Limit';whichever is the lesser.
4. No cover is provided for any claim in relation to or in connection with a Pre-Existing Condition.

Coma Benefit

If, during a Journey in the Period of Insurance, an Insured Person suffers an Injury which results in them being in a state of continued total unconsciousness:

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

The maximum We will pay for any one (1) Injury resulting in coma is shown in the Policy Schedule for 'Coma Benefit'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Coma Benefit

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

Exclusions applicable to the Coma Benefit

1. No cover is provided for any Injury wholly or partly attributable to childbirth or pregnancy or the complications of these (except for unexpected medical complications of emergencies arising from an Injury).

OTHER BENEFITS CONSEQUENT ON INJURY OR ILLNESS

Medical and Medical Evacuation Benefits

If, during a Journey in the Period of Insurance, an Insured Person while outside of their Country of Domicile, suffers an Injury or Illness and as a result incurs expenses for:

- Medical Expenses;
- Medical Evacuation;
- On-going Medical Expenses; or
- Emergency Dental Services Expenses:

We will pay for or reimburse the Insured Person's reasonable costs for the Medical Expenses, Medical Evacuation Expenses, On-going Medical Expenses or Emergency Dental Services Expenses required as a result of the Injury or Illness.

The maximum amount We will pay is shown in the Policy Schedule for 'Medical and Medical Evacuation Expenses'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Medical and Medical Evacuation Benefits

1. If an Insured Person is admitted to Hospital and requires Medical Evacuation, Emergency Dental Services or any other Medical Expenses that are likely to exceed \$2,500 dollars, You, the Insured Person or anyone else must contact Us or HDI Global Assist as soon as reasonably practicable and notify Us or HDI Global Assist of the potential claim under this Benefit. If You do not notify Us or HDI Global Assist, then Our liability will be limited to the amount We would have incurred had you notified Us or HDI Global Assist of the Injury or Illness.
2. On-going Medical Expenses must be incurred within two (2) years from the date the first Medical treatment for the Injury or Illness.
3. Any On-going Medical Expenses incurred after an Insured Person has returned to their Country of Domicile will be offset against any Money that is or could be claimed against any government sponsored fund, plan, medical benefit scheme or private medical insurer.
4. Any On-going Medical Expenses payments are subject to the local legislation in the Insured's Country of Domicile.
5. Medical Evacuation must be recommended by a Medical Practitioner and prior approval for Medical Evacuation must be obtained from HDI Global Assist.
6. Medical Evacuation will be to the most suitable Hospital, or to the Insured Person's Country of Domicile.

7. Cover for Emergency Dental Services Expenses is limited to the reasonable costs necessarily incurred outside the Insured Person's Country of Domicile for emergency dental treatment given by a Dental Practitioner to restore or replace sound, natural Teeth lost or damaged as a result of an Injury, or to resolve the acute, spontaneous and unexpected onset of pain.
8. Cover for repair of dentures is only provided if the damage to the dentures was caused by an Injury.
9. Any general exclusions which apply to HIV infection do not apply to this Benefit, provided that the expenses under this Benefit result from the Insured contracting HIV infection caused by:
 - a. an Injury caused by a violent physical bodily assault by another person; or
 - b. Medical treatment of an Injury of the Insured Person provided by a Medical Practitioner or legally qualified and registered nurse.

Exclusions applicable to the Medical and Medical Evacuation Benefits

1. No cover is provided for expenses recoverable by You or the Insured Person from any government sponsored fund, plan, medical benefit scheme or private medical insurer.
2. No cover is provided for expenses incurred for any treatment, including any medication commenced prior to the commencement date of the Journey, which the Insured Person has been advised to continue whilst on a Journey.
3. No cover is provided for expenses incurred for routine medical, optical or dental treatment or consultation.
4. No cover is provided for expenses for non-medical incidental services.
5. No cover is provided in circumstances where:
 - a. prior to the commencement of the Journey, the Insured Person was diagnosed by a Medical Practitioner with a terminal Illness or condition;
 - b. the Insured Person commenced the Journey with knowledge of the terminal Illness or condition; or
 - c. the Medical Expenses or Medical Evacuation expenses were incurred directly or indirectly as a result of or related to or connection with that terminal Illness or condition.
6. No cover is provided in circumstances where:

- a. the Insured Person commenced their Journey against the advice or recommendation of a Medical Practitioner;
- b. the Insured Person was unfit for travel; or
- c. the Insured Person's purpose of the Journey was to seek medical treatment for a Pre-Existing Condition.

Family Accommodation and Transport Expenses Benefit

If, during a Journey in the Period of Insurance an Insured Person suffers an Injury which results in them being admitted as an in-patient to a Hospital in Australia, and the Insured Person's Family incurs expenses to travel to and remain with the Insured Person for the duration of their stay as an inpatient:

We will pay for the reasonable expenses incurred for 'Family Accommodation and Transport Expenses Benefit' up to the amount shown in the Policy Schedule for 'Family Accommodation and Transport Expenses Benefit'.

The maximum amount We will pay is shown in the Policy Schedule for 'Family Accommodation and Transport Expenses Benefit'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Family Accommodation and Transport Expenses Benefit

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

Exclusions applicable to the Family Accommodation and Transport Expenses Benefit

1. No cover is provided for any Injury wholly or partly attributable to childbirth or pregnancy or the complications of these (except for unexpected medical complications of emergencies arising from an Injury).
2. No cover is provided for any claim in relation to or in connection with a Pre-Existing Condition of the Insured Person.

Daily Overseas Hospitalisation Expenses Benefit

If, during a Journey in the Period of Insurance, an Insured Person while outside of their usual Country of Domicile suffers an Injury or Illness results in the admission of the Insured Person as an in-patient to a Hospital:

We will pay the amount shown in the Policy Schedule for 'Daily Overseas Hospitalisation Expenses Benefit' for each full twenty-four (24) hours of continued hospitalisation.

The maximum We will pay is the amount shown in the Policy Schedule for 'Daily Overseas Hospitalisation Expenses Benefit'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Daily Overseas Hospitalisation Expenses Benefit

Only General Conditions and Limitations apply.

Exclusions applicable to the Daily Overseas Hospitalisation Expenses Benefit

Only General Exclusions apply.

Childcare Services Benefit

If, during a Journey in the Period of Insurance, an Insured Person suffers an Injury which results in a claim that We have accepted under the cover for 'Lump Sum Injury and Death Benefits' for one (1) of the following Insured Events:

- Permanent and Total Disablement;
- Paraplegia/Quadriplegia;
- Permanent and incurable paralysis of all Limbs;
- Permanent and Incurable Insanity;
- Permanent total loss of sight in one (1) or both eyes;
- Permanent total Loss of Use of one (1) or more Limbs; or
- Permanent total Loss of Use of the lens in both eyes or hearing in both ear;

and, as a result of the Injury the Insured Person incurs expenses relating to Childcare Services for their Dependent Children:

We will pay the reasonable Childcare Services expenses incurred up to the amount shown in the Policy Schedule for 'Childcare Services Benefit'.

The maximum amount We will pay is shown in the Policy Schedule for 'Childcare Services Benefits'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Childcare Services Benefit

1. The Childcare Services must be provided by a trained and registered childcare provider that is not a relative of the Insured Person.

Exclusions applicable to the Childcare Services Benefit

1. No cover is provided for expenses that would have been incurred irrespective of the Injury.
2. No cover is provided for any claim in relation to or in connection with a Pre-Existing Condition of the Insured Person.

Education Fund Benefit

If, during a Journey in the Period of Insurance an Insured Person suffers an Injury which results in Accidental Death and We have accepted a claim for the Insured Person's Accidental Death under the 'Lump Sum Injury and Death Benefits' or 'Infections Death Benefit', and the Insured Person's Dependent Children subsequently incur expenses for school, university or institute of higher learning fees:

We will pay the Insured Person's estate an 'Education Fund Benefit' for each Dependent Child of the Insured Person.

The maximum amount We will pay is shown in the Policy Schedule for 'Education Fund Benefit'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Education Fund Benefit

Only General Conditions and Limitations apply.

Exclusions applicable to the Education Fund Benefit

1. No cover is provided for any claim in relation to or in connection with a Pre-Existing Condition of the Insured Person.

Home, Workplace and Vehicle Modification Benefit

If, during a Journey in the Period of Insurance, an Insured Person suffers an Injury which results in a claim which We have accepted under the 'Lump sum Injury and Death Benefits' for one (1) of the following Insured Events:

- Permanent Total Disablement;
- Paraplegia/Quadriplegia;
- Permanent and incurable paralysis of all Limbs;
- Permanent and Incurable Insanity;
- Permanent total loss of sight in one (1) or both eyes;
- Permanent total Loss of Use of one (1) or more Limbs;
- Permanent total Loss of Use of the lens in both eyes; or
- Permanent total loss of Hearing in both ears;

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

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

and expenses are incurred for those modifications:

We will pay for the reasonable Home, Workplace and/or Vehicle Modification expenses up to the amount shown in the Policy Schedule for 'Home, Workplace and Vehicle Modification Benefit'.

The maximum amount We will pay is shown in the Policy Schedule for 'Home, Workplace and Vehicle Modification Benefit'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Home, Workplace and Vehicle Modification Benefit

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

Exclusions applicable to the Home, Workplace and Vehicle Modification Benefit

1. No cover is provided where the payment of the Benefit would constitute the carrying on of a "Health Insurance Business" by Us as defined under the *Private Health Insurance Act 2007* the *Health Insurance Act 1973* (Cth) or any amended or successor legislation of that nature.
2. No cover is provided for any claim in relation to or in connection with a Pre-Existing Condition of the Insured Person.

Retraining and Rehabilitation Expenses Benefit

If, during a Journey in the Period of Insurance an Insured Person suffers an Injury or Illness which results in a claim that We have accepted for 'Weekly Injury Benefit' or 'Weekly Illness Benefit' for Temporary Total Disablement or Temporary Partial Disablement, and as a result of the Injury or Illness the Insured Person incurs expenses for Occupational Therapy Expenses for training, tuition or vocational guidance:

We will reimburse the reasonable expenses for Occupational Therapy Expenses for training, tuition or vocational guidance up to the amount shown in the Policy Schedule for 'Retraining and Rehabilitation Expenses Benefit'.

The maximum amount We will pay is shown in the Policy Schedule for 'Retraining and Rehabilitation Expenses Benefit'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Retraining and Rehabilitation Expenses Benefit

1. The Insured Person's Medical Practitioner must certify that the training, tuition or vocational guidance is absolutely medically necessary to rehabilitate the Insured Person as a result of the Injury or Illness.
2. Our written agreement must be obtained prior to the commencement of the training, tuition or vocational guidance.

Exclusions applicable to the Retraining and Rehabilitation Expenses Benefit

1. No cover is provided for any claim in relation to or in connection with a Pre-Existing Condition of the Insured Person.

Unexpired Membership Benefit

If, during a Journey in the Period of Insurance, an Insured Person suffers an Injury which :

1. results in a claim that We have accepted under the cover for 'Lump Sum Injury and Death Benefits' for one (1) of the following Insured Events:
 - Permanent and Total Disablement;
 - Paraplegia/Quadriplegia;
 - Permanent and incurable paralysis of all Limbs;
 - Permanent and Incurable Insanity;
 - Permanent total loss of sight in one (1) or both eyes;
 - Permanent total Loss of Use of one (1) or more Limbs;
 - Permanent total Loss of Use of the lens in both eyes; or
 - Permanent total Loss of hearing in both ears;
2. a claim that We accept for 'Weekly Injury Benefit' for Temporary Total Disablement or Temporary Partial Disablement;

and, as a result of the Injury the Insured Person is unable to participate in any sport or gym activity, for which the Insured Person has pre-paid a membership fee, association fee or registration fee:

We will reimburse the membership fee, association fee or registration fee which has been paid for the current season, on a pro-rata basis.

The maximum amount We will pay is shown in the Policy Schedule for 'Unexpired Membership Benefit'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Unexpired Membership Benefit

1. A Medical Practitioner must certify in writing that:
 - a. the Temporary Total Disablement or Temporary Partial Disablement will continue for a minimum period of six (6) months; and
 - b. the Injury is preventing the Insured Person from continuing their participation in the sport or gym activity for which they have pre-paid the relevant membership, association or registration fee.

Exclusions applicable to the Unexpired Membership Benefit

1. No cover is provided for any fees for which a refund is available, or where fees have not been paid.
2. No cover is provided for any claim in relation to or in connection with a Pre-Existing Condition.

Partner Employment Training Benefit

If, during a Journey in the Period of Insurance, an Insured Person suffers an Injury which results in Accidental Death or Permanent Total Disablement that We have accepted as a claim for 'Lump Sum Injury and Death Benefits' and the Insured Person's Partner incurs expenses for training or retraining for the purpose of:

1. obtaining gainful employment or improving the Insured Person's Partners potential for employment; or
2. improving the quality of care the Insured Person's Partner can provide to the Insured Person:

We will pay the reasonable expenses for the Partner Employment Training.

The maximum amount We will pay is shown in the Policy Schedule for 'Partner Employment Training Benefit'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Partner Employment Training Benefit

1. The Partner must be aged under seventy-five (75) years of age at the commencement of the training.
2. The training must be provided by a legally recognised training organisation or institution qualified to provide such training.
3. All such training expenses must be incurred within one (1) year from the date of the Insured Person's Injury.
4. This Benefit is only payable if the Insured Person's Partner is not already employed.

Exclusions applicable to the Partner Employment Training Benefit

1. No cover is provided for any claim in relation to or in connection with a Pre-Existing Condition of the Insured Person.

Driver Services Benefit

If, during a Journey in the Period of Insurance an Insured Person suffers an Injury or Illness which results in a claim that We accept for 'Weekly Injury Benefit' or 'Weekly Illness Benefit' for Temporary Total Disablement, and as a result the Insured Person incurs expenses related to transportation of the Insured Person between their principal residence and place of business for the purpose of engaging in their pre-disablement occupation:

We will reimburse the reasonable expenses up to the Maximum listed in the Policy Schedule for 'Driver Services Benefit'.

The maximum amount We will pay is shown in the Policy Schedule for 'Driver Services Benefits'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Driver Services Benefit

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

Exclusions applicable to the Driver Services Benefit

1. No cover is provided for any claim in relation to or in connection with a Pre-Existing Condition of the Insured Person.
2. No cover is provided for the expenses that the Insured Person usually incurs for travel between their principal residence and place of business.

Financial Advice Benefit

If, during a Journey in the Period of Insurance an Insured Person suffers an Injury, which results in a claim which We have accepted under the 'Lump Sum Injury and Death Benefits' for one (1) of the following Insured Events :

- Accidental Death;
- Permanent Total Disablement;
- Paraplegia/Quadriplegia;
- Permanent and incurable paralysis of all Limbs;
- Permanent and Incurable Insanity;
- Permanent total loss of sight in one (1) or both eyes;
- Permanent total Loss of Use of one (1) or more Limbs;
- Permanent total Loss of Use of the lens in both eyes; or
- Permanent total loss of hearing in both ears;

and, as a result of the Injury the Insured Person or the Insured Person's legal representative incurs expenses for professional financial planning advice:

We will pay the reasonable expenses for the Professional Financial Planning Advice up to the amount shown in the Policy Schedule for 'Financial Advice Benefit'.

The maximum amount We will pay is shown in the Policy Schedule for 'Financial Advice Benefit'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Financial Advice Benefit

1. The professional financial planning advice must be provided by a qualified financial planner who is authorised and regulated by the Australian Securities and Investment Commission to provide financial advice.
2. Expenses must be incurred within six (6) months of the Injury occurring.

Exclusions applicable to the Financial Advice Benefit

1. No cover is provided for expenses paid to a financial planner who is related in any way to the Insured Person or the Insured Person's legal representative.
2. No cover is provided for any claim in relation to or in connection with a Pre-Existing Condition of the Insured Person.

Corporate Image Protection Benefit

If, during a Journey in the Period of Insurance, an Insured Person suffers an Injury which results in a claim that We have accepted under 'Lump Sum Injury and Death Benefits' for Accidental Death or Permanent Total Disablement, and as a result You incur expenses for Corporate Image Protection of the necessary engagement of:

1. image consultants;
2. public relations consultants; and/or
3. media consultants for the release of information through the media:

We will reimburse You those reasonable expenses up to the amount listed in Your Policy Schedule for 'Corporate Image Protection Benefit'.

The maximum amount We will pay is shown in the Policy Schedule for 'Corporate Image Protection Benefit'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Corporate Image Protection Benefit

1. The expenses must be incurred within one (1) year from the date of the Injury.
2. The expenses must be incurred in direct response to the Injury to protect or positively promote Your business and image.
3. You must provide Us with a signed undertaking that any amount paid to You will be repaid to Us if, after Our payment, it is found that a valid claim did not or will not eventuate.

Exclusions applicable to the Corporate Image Protection Benefit

1. No cover is provided for any claim in relation to or in connection with a Pre-Existing Condition.

Repatriation of Mortal Remains / Funeral Expenses Benefit

If, during a Journey in the Period of Insurance, an Insured Person dies outside their Country of Domicile and You, the Insured Person's Partner or Dependent Children incur expenses for:

1. cremation or a funeral for the deceased Insured Person if the body is buried or cremated at the place of death; or
2. repatriation of the Insured Person's body or ashes to their home address:

We will pay the reasonable expenses for the cremation or funeral and repatriation of the Insured Person's body or ashes to their home address.

The maximum amount We will pay is shown in the Policy Schedule for 'Repatriation of Mortal Remains / Funeral Expenses Benefit'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Repatriation of Mortal Remains / Funeral Expenses Benefit

1. We only pay repatriation expenses under this benefit for the Insured Person's mortal remains and this does not include any travel or accommodation expenses of an accompanying Family member or any other person.

Exclusions applicable to the Repatriation of Mortal Remains / Funeral Expenses Benefit

Only General Exclusions apply.

OTHER BENEFITS

Additional or Forfeited Travel and Accommodation Expenses Benefit

If, during a Journey in the Period of Insurance, You or an Insured Person incurs reasonably necessary, unbudgeted additional or forfeited Travel and Accommodation Expenses and/or reasonably necessary essential Expenses as a result of:

1. the Insured Person's Unexpected Death, Injury or Illness which results in the Insured Person being unable to continue the Journey as planned; or
2. the Unexpected Death or Serious Injury or Serious Illness of a Relative, business partner, co-director or travelling companion of the Insured Person, which occurs after the commencement of the Journey and results in:
 - a. the Insured Person or their Relative, business partner, co-director or travelling companion having to return to the point of origin of such travel; and
 - b. the return of the Insured Person to continue with the Journey after returning to the point of origin of such travel; or
3. the Insured Person suffering an Injury or Illness during the Journey and it is deemed necessary for up to two (2) people to remain with or escort the Insured Person directly back to the point of origin of the Journey; or
4. strikes, riot, hijacking, civil commotion, flood, adverse weather conditions or natural disasters occurring during the Journey; or
5. the Insured Person's principal residence or place of business suffering severe theft or damage; or
6. delay or disruption caused by another unforeseeable circumstance happening after the commencement of Journey;

We will:

1. reimburse the reasonable Travel, Accommodation or essential Expenses caused by such incident; or
2. reimburse the value of the equivalent frequent flyer points or similar reward points for the reasonable Travel, Accommodation or essential Expenses caused by the incident if the equivalent points cannot be recovered from any other source. The reimbursement will be calculated as the difference between:
 - a. the cost of equivalent class travel ticket(s) and/or accommodation costs based on the quoted retail price on either a comparable date of travel or at the time We assess the claim, whichever time is the most comparable; and
 - b. less the amount You or an Insured Person contributed to the cost of the travel and/or accommodation costs; and

- c. less the value of any component of the ticket that has already been used, calculated as a percentage of kilometres already flown or accommodation already used.

If the purchased tickets are 'around the world' or 'multiple destination' tickets, the reimbursement will be limited to the percentage of remaining air kilometres or accommodation not travelled or used as they relate to the total kilometres or accommodation covered by the tickets.

The maximum amount We will pay is shown in the Policy Schedule for 'Additional or Forfeited Travel and Accommodation Expenses'

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Additional or Forfeited Travel and Accommodation Expenses Benefit

1. If the additional expenses are due to the Injury or Illness of the Insured Person, a Medical Practitioner must certify that the Insured Person is unable to continue the Journey as planned.
2. If the additional expenses are due to the costs of escorting the injured or ill Insured Person back to the point of origin of their Journey, a Medical Practitioner must provide written advice that the expenses are necessary, and the additional expenses must be authorised by Us or HDI Global Assist.
3. Additional Expenses incurred due to the Insured Person's principal residence or place of business suffering severe theft or damage are only payable if the local authorities require that the Insured Person be present.
4. You must inform HDI Global Assist as soon as reasonably practicable:
 - a. before attempting to resolve any issues that could lead to a claim for additional or forfeited Travel and Accommodation Expenses; or
 - b. of any potential claim for any additional or forfeited Travel and Accommodation Expenses which is likely to exceed \$5,000 dollars.
5. Where an Insured Person has incurred both additional expenses as well as forfeited expenses, only one (1) expenses can be claimed and We will only pay the greater of the expenses payable under this Benefit. For example, if an Insured Person forfeits accommodation and incurs expense of accommodation for the same night, only the greater expense shall be payable as a Benefit.
6. The Insured Person must comply with the terms and conditions of all issued tickets, passes and vouchers.
7. If You or the Insured Person incurs additional expenses as a result of failure or inability of a person, company or organisation (including but not limited to an airline, other transportation provider, hotel, vehicle rental agency, tour or cruise

operator, travel wholesaler, booking agency or other provider of travel or tourism related services, facilities or accommodation) to provide a service, facilities or accommodation by reason of their own financial default or the financial default of any person, company or organisation with whom/which they deal, We will only pay up to \$20,000 for each Insured Person and to a maximum of \$50,000 for the Period of Insurance.

Exclusions applicable to the Additional or Forfeited Travel and Accommodation Expenses Benefit

1. No cover is provided for the death or Injury or Illness of a Relative, business partner, co-director or travelling companion of the Insured Person if the Relative, business partner or co-director of the Insured Person was ninety-five (95) years of age or older at the time of their death, injury or illness.
2. No cover is provided for expenses incurred directly or indirectly as a result of cancellation, curtailment or diversion of scheduled public transport services, caused by or in connection with War or Civil Unrest if there had been prior warning issued by the Australian Department of Foreign Affairs and Trade (DFAT) or other international government equivalent that recommends travellers do not undertake travel to the country or region before the date of booking or commencement of the particular Journey that such events were likely to occur during the Journey.
3. No cover is provided for carrier-caused delays where the expenses are recoverable from the carrier.
4. No cover is provided for any expense or loss incurred in connection with failure to meet business obligations, financial obligations or contractual obligations of You the Insured Person or any other person.
5. No cover is provided for any expenses incurred for change of plans or disinclination of the Insured Person or any other person to travel.
6. No cover is provided for the inability of any tour operator or wholesaler to complete arrangements for any tour due to a deficiency in the required number of persons to commence any tour or Journey.
7. No cover is provided if the Insured Person has travelled against the advice of a Medical Practitioner or when the Insured Person is unfit to undertake the Journey according to a Medical Practitioner.
8. No cover is provided for the death of a Relative with a known short life span as a consequence of a previous or existing medical condition.
9. No cover is provided for any expenses that are recoverable by You and/or an Insured Person from any other source (to the extent permitted by law).

Loss of Deposits and Cancellation Expenses Benefit

If, during the Period of Insurance, You or an Insured Person are required to alter or cancel a Journey prior to its commencement as a result of:

1. the Insured Person's Unexpected Death, Injury or Illness which results in the Insured Person being unable to commence the Journey as planned;
2. the death, or Injury or Illness of a Family member, Relative or travelling companion of the Insured Person;
3. the Insured Person's principal residence or place of business suffering severe theft or damage; or
4. any other unforeseeable circumstance outside the control of You or the Insured Person, and as a result You or the Insured Person incur expenses for the alteration of the Journey or forfeited deposits as a result of the cancellation of the Journey;

We will:

1. reimburse You or the Insured Person the additional costs of the alteration or forfeited deposit for the cancellation of the Journey; or
2. reimburse the value of the equivalent frequent flyer points or similar reward points for the alteration of the Journey, if the equivalent points cannot be recovered from any other source. The reimbursement will be calculated as the difference between:
 - a. the cost of equivalent class travel ticket(s) and/or accommodation costs based on the quoted retail price on either a comparable date of travel or at the time We assess the claim, whichever time is the most comparable; and
 - b. less the amount You or an Insured Person contributed to the cost of the travel and/or accommodation costs); and
 - c. less the value of any component of the ticket that has already been used, calculated as a percentage of kilometres already flown or accommodation already used.

If the purchased tickets are 'around the world' or 'multiple destination' tickets the reimbursement will be limited to the percentage of remaining air kilometres or accommodation not travelled or used as they relate to the total kilometres or accommodation covered by the tickets.

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

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Loss of Deposits and Cancellation Expenses Benefit

1. If the loss of deposit or cancellation expenses is incurred due to the Insured Person's Injury or Illness, a Medical Practitioner must certify that the Insured Person is unable to continue the Journey as planned as a result of their Injury or Illness.
2. Loss of deposit or cancellation expenses incurred due to the Insured Person's principal residence or place of business suffering severe theft or damage is only payable if the local authorities require that the Insured Person be present at their principal residence or place of business.
3. You must inform Us or HDI Global Assist as soon as reasonably practicable:
 - a. before attempting to resolve any issues that could lead to a claim for loss of deposit or cancellation expenses; and/or
 - b. of any potential claim for any loss of deposit or cancellation expenses which is likely to exceed \$5,000.
4. Where an Insured Person incurs both additional expenses and forfeited expenses, only one (1) expense can be claimed and We will only pay the greater of the expenses payable under this Benefit. For example, if an Insured Person forfeits accommodation and incurs expense of accommodation for the same night, only the greater expense shall be payable as a Benefit.
5. The Insured Person must comply with the terms and conditions of all issued tickets, passes and vouchers.
6. If You or the Insured Person incurs loss of deposit or cancellation expenses as a result of failure or inability of a person, company or organisation (including but not limited to an airline, other transportation provider, hotel, vehicle rental agency, tour or cruise operator, travel wholesaler, booking agency or other provider of travel or tourism related services, facilities or accommodation) to provide a service, facilities or accommodation by reason of their own financial default or the financial default of any person, company or organisation with whom/which they deal, We will only pay up to \$20,000 for each Insured Person and to a maximum of \$50,000 for the Period of Insurance.

Exclusions applicable to the Loss of Deposits and Cancellation Expenses Benefit

1. No cover is provided for cancellation, curtailment or diversion of scheduled public transport services, caused by or in connection with War or Civil Unrest if there had been prior warning issued by the Australian Department of Foreign Affairs and Trade (DFAT) or other international government equivalent that recommends travellers do not undertake travel to the country or region before the date of booking or commencement of the particular Journey that such events were likely to occur during the Journey.

2. No cover is provided for any expense or loss incurred in connection with failure to meet business obligations, financial obligations or contractual obligations of You, the Insured Person or any other person.
3. No cover is provided for any expenses incurred for changes of plans or disinclination to travel by either You, the Insured Person or any other person travelling on the Journey.
4. No cover is provided for the inability of any tour operator or wholesaler to complete arrangements for any tour due to a deficiency in the required number of persons to commence any tour or Journey.
5. No cover is provided for the death of a Relative with a known short life span as a consequence of a previous or existing medical condition.
6. No cover is provided for any expenses that are recoverable by You and/or an Insured Person from any other source (to the extent permitted by law).

Pre-Journey Theft of Passport Benefit

If, during the Period of Insurance and within seven (7) days before the planned departure date for the commencement of a Journey, an Insured Person's passport or visa is stolen, and the Insured Person incurs additional Travel or Accommodation Expenses:

We will pay the Insured Person:

1. the reasonable additional travel costs and accommodation expenses necessarily incurred; and
2. the cost of the replacement passport or visa.

The maximum amount We will pay is shown in the Policy Schedule for 'Pre-Journey Theft of Passport Benefit'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Pre-Journey Theft of Passport Benefit

1. The Insured Person must report the passport or visa as stolen to the Police or other appropriate authority as soon as practicable after they become aware that the passport or visa has been stolen.
2. The Insured Person must take all reasonable steps to obtain a replacement passport immediately after they become aware that the passport has been stolen.

Exclusions applicable to the Pre-Journey Theft of Passport Benefit

1. No cover is provided for You or the Insured Person for any additional travel or accommodation expenses if the Insured Person's passport or visa has expired or does not have at least six (6) months validity to meet the visa and immigration requirements of the countries the Insured Person is visiting or transiting.

Baggage Benefit

If, during a Journey in the Period of Insurance, an Insured Person suffers damage to or Loss of their Personal Baggage or Business Property that is not:

1. Electronic Equipment; or
2. Money;

We will, at Our discretion acting reasonably having regard to the relevant circumstances, have the option of:

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

The maximum amount We will pay is shown in the Policy Schedule for ‘Baggage Benefit’.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Baggage Benefit

1. The Insured Person must provide proof of ownership (for example receipts) of all articles being claimed.
2. The Insured Person must take all reasonable precautions for the safety and supervision of their Personal Baggage and Business Property.
3. The Insured Person must report any Loss or Damage of Personal Baggage or Business Property to either the police, transport carrier or other local authorities as soon as reasonably practicable and ensure that a written report is provided at the time of making any claim.
4. Where We have replaced damaged goods, the salvage of the damaged goods becomes Our property. If We replace or pay cash for lost or stolen goods, and those goods are subsequently recovered, then We may seek recovery of those goods.

Exclusions applicable to the Baggage Benefit

1. No cover is provided for Damage to or Loss of Personal Baggage or Business Property as a result of wear and tear, deterioration, atmospheric or climatic conditions, mechanical or electrical breakdown, product defect, malfunction or failure, insects, rodents or vermin or by any process of cleaning, repairing, restoring or alteration.
2. No cover is provided for Damage to Personal Baggage or Business Property as a result of scratching or breaking of fragile or brittle articles if as a result of negligence of You and/or the Insured Person.
3. No cover is provided for theft not reported within three (3) consecutive days of discovery of the theft, to the police or responsible officer of any aircraft, vehicle or vessel on which the Insured Person is travelling. You must provide Us with a written copy of the report from the same.
4. No cover is provided for any Damage to or Loss of Personal Baggage or Business Property as a result of theft or attempted theft which occurs while the Personal Baggage or Business Property is Unattended unless securely locked inside a building (e.g. hotel, apartment, etc.) or securely locked and completely out of sight inside an aircraft, vehicle or vessel (where no reasonable alternative secure storage is available);
5. No cover is provided for Damage to or Loss of jewellery, curio or similar items whilst placed in the storage hold of any aircraft, vehicle or vessel, unless the operator of the aircraft, vehicle or vessel prohibits the Insured Person from carrying the item as 'carry-on' Personal Baggage, in which case such items must be reasonably and adequately packaged to protect and prevent theft or damage.
6. No cover is provided for Damage to or Loss of Personal Baggage or Business Property as a result of confiscation by quarantine, customs regulations or by order of any government or public authority; or losses due to devaluation of currency.
7. No cover is provided for Damage to or Loss of any articles as a result of them being placed in checked baggage where the carriers' conditions of carriage stipulate those items should not be placed in checked baggage.
8. No cover is provided for Damage to or Loss of Personal Baggage or Business Property which is recoverable by You or by the Insured Person from any other source to the extent to which they are so recoverable (e.g. airline tour operators or other domestic or travel insurance policies).

Delayed Baggage Benefit

If, during a Journey in the Period of Insurance an Insured Person's Personal Baggage or Business Property is misplaced, misdirected or delayed by a carrier for more than eight (8) consecutive hours, and the Insured Person subsequently incurs reasonable expenses to purchase or hire essential, similar replacement clothing and toiletries or any other items as approved by HDI Global Assist or Us:

We will reimburse the reasonable expenses to replace the clothing and toiletries or any other items as approved by HDI Global Assist or Us.

The maximum amount We will pay is shown in the Policy Schedule for 'Delayed Baggage'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Delayed Baggage Benefit

1. The Insured Person must provide proof of ownership (for example receipts) of all article being claimed.
2. The Insured Person must take all reasonable precautions for the safety and supervision of their Personal Baggage and Business Property.
3. The Insured Person must report any misplaced, misdirected or delayed Personal Baggage or Business Property to either the transport carrier or other local authorities as soon as reasonably practicable. You must provide Us with a written copy of the report from the same.
4. Any articles purchased will be off-set against any subsequent claim where a total or partial loss of the Personal Baggage or Business Property is made for the same Journey.

Exclusions applicable to the Delayed Baggage Benefit

1. No cover is provided for confiscation by quarantine, customs regulations or by order of any government or public authority.
2. No cover is provided for any articles placed in checked baggage where the carriers' conditions of carriage stipulate those items should not be placed in checked baggage.

Electronic Equipment Benefit

If, during a Journey in the Period of Insurance, an Insured Person suffers damage to or Loss of their Personal Baggage or Business Property which is Electronic Equipment:

We will, at Our discretion, acting reasonably having regard to the relevant circumstances, have the option of:

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

The maximum amount We will pay is shown in the Policy Schedule for ‘Electronic Equipment Benefit’.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Electronic Equipment Benefit

1. The Insured Person must provide proof of ownership (for example receipts) of all Electronic Equipment claimed as being damaged or lost.
2. The Insured Person must take all reasonable precautions for the safety and supervision of their Personal Baggage and Business Property and Electronic Equipment.
3. The Insured Person must report any lost or damaged Electronic Equipment to either the transport carrier or other local authorities as soon as reasonably practicable. You must provide Us with a written copy of the report from the same.
4. Where We have replaced damaged Electronic Equipment, then salvage remains the property of Us. If We replace or pay cash for lost or stolen Electronic Equipment, and the Electronic Equipment is subsequently recovered, then We may seek recovery of the Electronic Equipment.

Exclusions applicable to the Electronic Equipment Benefit

1. No cover is provided for Damage to or Loss of Electronic Equipment as a result of wear and tear, deterioration, atmospheric or climatic conditions, mechanical or electrical breakdown, product defect, malfunction or failure, insects, rodents or vermin or by any process of cleaning, repairing, restoring or alteration.
2. No cover is provided for Damage to Electronic Equipment as a result of scratching or breaking of fragile or brittle articles if as a result of negligence of You or the Insured Person.
3. No cover is provided for theft not reported within three (3) consecutive days of discovery to the police or responsible officer of any aircraft, vehicle or vessel on which the Insured Person is travelling. You must provide Us with a copy of the written Report from the same.
4. No cover is provided for any Damage to or Loss of Electronic Equipment as a result of theft or attempted theft which occurs whilst the article is Unattended unless securely locked inside a building (e.g. hotel, apartment, etc.) or securely locked and completely out of sight inside an aircraft, vehicle or vessel (where no reasonable alternative secure storage is available);
5. No cover is provided for Damage to or Loss of Electronic Equipment whilst placed in the storage hold of any aircraft, vehicle or vessel, unless the operator of the aircraft, vehicle or vessel prohibits the Insured Person from carrying the item as 'carry-on' baggage, in which case such items must be reasonably and adequately packaged to protect and prevent theft or damage.
6. No cover is provided for Damage to or Loss of Electronic Equipment as a result of confiscation by quarantine, customs regulations or by order of any government or public authority or losses due to devaluation of currency.
7. No cover is provided for Damage to or Loss of Electronic Equipment as a result of being placed in checked baggage where the carriers' conditions of carriage stipulate those items should not be placed in checked baggage.
8. No cover is provided for Damage to or Loss of Electronic Equipment which is recoverable by You or by the Insured Person from any other source to the extent to which they are so recoverable (e.g. airline tour operators or other domestic or travel insurance policies).

Data Connection Benefit

If, during a Journey in the Period of Insurance, an Insured Person suffers Theft of, damage to or Loss of their mobile phone, and subsequently incurs expenses to replace any network plan, software, applications and connection or settings configuration:

We will reimburse the reasonable expenses to replace the network plan, software, applications and connection or settings configuration.

The maximum amount We will pay is shown in the Policy Schedule for ‘Data Connection Benefit’.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Data Connection Benefit

1. The Insured Person must provide receipts for the purchase of the mobile phone and proof of the network plan, software, applications and connection or settings configuration for the mobile phone which were provided to the mobile phone before it was stolen, Damaged or lost.
2. The Insured Person must take all reasonable precautions for the safety of their mobile phone.
3. The Insured Person must report any Loss, theft, Damage of the mobile phone to either the police, transport carrier or other local authorities as soon as reasonably practicable. You must provide Us with a copy of the written report from the same.
4. The Insured Person must report any Loss or theft of a mobile phone to the service provider to have the device blocked using the IMEI (International Mobile Equipment Identity) number, and provide Us with the confirmation from the service provider.

Exclusions applicable to the Data Connection Benefit

1. No cover is provided for Damage caused by wear and tear, deterioration, atmospheric or climatic conditions, mechanical or electrical breakdown, product defect, malfunction or failure, insects, rodents or vermin or by any process of cleaning, repairing, restoring or alteration.
2. No cover is provided for Damage caused by scratching or breaking of the mobile phone if as a result of negligence of the Insured and/or the Insured Person.
3. No cover is provided for theft not reported, within three (3) consecutive days following the discovery of the theft, to the police or responsible officer of any aircraft, vehicle or vessel on which the Insured Person is travelling. You must provide Us with a copy of the written report from the same.

4. No cover is provided for any theft of, Damage to or Loss of a mobile phone as a result of theft or attempted theft which occurs whilst the mobile phone is Unattended, unless securely locked inside a building (e.g. hotel, apartment, etc.) or securely locked and completely out of sight inside an aircraft, vehicle or vessel (where no reasonable alternative secure storage is available);
5. No cover is provided for loss, Damage, misplacement or theft of the mobile phone whilst placed in the storage hold of any aircraft, vehicle or vessel, unless the operator of the aircraft, vehicle or vessel prohibits the Insured Person from carrying the item as 'carry-on' baggage, in which case the mobile phone must be reasonably and adequately packaged to protect and prevent theft or Damage.
6. No cover is provided for loss as a result of confiscation by quarantine, customs regulations or by order of any government or public authority or losses due to devaluation of currency.
7. No cover is provided for Loss, Damage, misplacement or theft of a mobile phone placed in checked baggage where the carriers' conditions of carriage stipulate those items should not be placed in checked baggage.
8. No cover is provided for Damage to or Loss of any mobile phone which is recoverable by You or by the Insured Person from any other source to the extent to which they are so recoverable (e.g. airline tour operators or other domestic or travel insurance policies).

Data Recovery Benefit

If, during a Journey in the Period of Insurance, an Insured Person suffers damage to their laptop, tablet or computer hard drive or any external drive, including but not limited to flash drive, external hard drive, SD card, or similar, and subsequently incurs expenses for the services of an information technology professional to recover data on the Damaged drive:

We will reimburse the reasonable expenses to recover the data on the Damaged drive.

The maximum amount We will pay is shown in the Policy Schedule for ‘Data Recovery Benefit’.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Data Recovery Benefit

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

Exclusions applicable to the Data Recovery Benefit

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

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

Identity Theft Benefit

If, during a Journey in the Period of Insurance, an Insured Person is the victim of Identity Theft as a result of their Personal Baggage having been stolen, and as a result incurs reasonable expenses for Legal Services to:

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

We will reimburse the reasonable expenses for those Legal Services.

The maximum amount We will pay is shown in the Policy Schedule for 'Identity Theft Extension Benefit'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Identity Theft Benefit

1. Our written agreement must be obtained prior to the engagement of the Legal Services.
2. The Insured Person must provide a copy of the police report for the theft of the Personal Baggage and the Identity Theft.

Exclusions applicable to the Identity Theft Benefit

1. No cover is provided for expenses for any item which has been purchased by the fraudulent use of the Insured Person's identity.
2. No cover is provided for expenses for any loss arising or liability from any business pursuits or the theft of a commercial identity.
3. No cover is provided for expenses for any loss or liability arising from the use of any vehicle bought, leased or hired by the fraudulent use of the Insured Person's identity, where civil or criminal action is, or has been, taken against the Insured Person.

4. No cover is provided for expenses for authorised charges that the Insured Person has disputed based on the quality of goods or services.
5. No cover is provided for expenses for theft of the Insured Person's identity by any Family member who usually lives with the Insured Person.
6. No cover is provided for expenses for any costs or expenses in connection with any claim not agreed in advance by Us.
7. No cover is provided for expenses for authorised account transactions or trades that the Insured Person has disputed, or are disputing, based on the execution (or non-execution) of electronic transfers, trades or other verbal or written instructions or directions.
8. No cover is provided for expenses if the Insured Person has not lodged a report with the Police for the theft of their Personal Baggage and the Identity Theft.
9. No cover is provided for expenses for any amount from fraudulent use of stolen debit or credit cards where the financial institution issuing those cards has reimbursed or refunded the amount to You or the Insured Person.

Lost Keys and Travel Documents Benefit

If, during a Journey during the Period of Insurance, an Insured Person loses their keys together with their Travel Documents used for identification at the same time, and incurs expenses for the replacement of those keys and/or the corresponding locks:

We will reimburse the reasonable expenses for the replacement of the Keys and Locks.

The maximum amount We will pay is shown in the Policy Schedule for ‘Lost Keys and Travel Documents’.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Lost Keys and Travel Documents Benefit

1. For clarity, both the Insured Person’s key(s) and Travel Documents must be lost for cover under this Benefit to be provided.
2. The Insured Person must provide receipts for the purchase of the articles claimed.
3. The Insured Person must take all reasonable precautions for the safety and supervision of their keys and Travel Documents.
4. The Insured Person must report any Loss of keys and Travel Documents to either the police, transport carrier or other local authorities as soon as reasonably practicable. You must provide Us with a copy of the written report from the same.

Exclusions applicable to the Lost Keys and Travel Documents Benefit

1. No cover is provided for losses not reported, within seventy two (72) consecutive hours of discovery, to the police or responsible officer of any aircraft, vehicle or vessel on which the Insured Person is travelling. You must provide Us with a copy of the written report from the same.
2. No cover is provided for any loss of keys and Travel Documents as a result of theft or attempted theft which occurs whilst the keys and Travel Documents were Unattended unless securely locked inside a building (e.g. hotel, apartment, etc.) or securely locked and completely out of sight inside an aircraft, vehicle or vessel (where no reasonable alternative secure storage is available);
3. No cover is provided for confiscation by quarantine, customs regulations or by order of any government or public authority or losses due to devaluation of currency.

4. No cover is provided for, if both keys and Travel Documents are placed in checked baggage where the carriers' conditions of carriage stipulate those items should not be placed in checked baggage.
5. No cover is provided for Loss of keys and Travel Documents which are recoverable by the Insured or by the Insured Person from any other source to the extent to which they are so recoverable (e.g. airline tour operators or other domestic or travel insurance policies).

Money Benefit

If, during a Journey in the Period of Insurance, an Insured Person suffers Loss of, theft of or fraudulent use of Money:

We will reimburse the lost Money.

The maximum amount We will pay is shown in the Policy Schedule for ‘Money Benefit’.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Money Benefit

1. The Insured Person must substantiate their Loss and provide proof of the Money lost or stolen.
2. The Insured Person must take all reasonable precautions for the safety and supervision of their Money.
3. The Insured Person must report any Loss of, theft of or fraudulent use of any Money to the issuing authorities as soon as practicable or at least within twenty-four (24) consecutive hours of detection and effect appropriate cancellation measures.
4. Where you or the Insured Person has withdrawn or exchanged bank notes or coins, for the purpose of the Journey, cover shall commence from the time of collection from the financial institution or seventy two (72) hours prior to commencement of the Journey, whichever is the latter and shall continue for seventy two (72) hours after the Journey has ended or until the bank notes or coins are deposited at a financial institution.

Exclusions applicable to the Money Benefit

1. No cover is provided for theft which is not reported, within three (3) consecutive days of discovery, to the police or responsible officer of any aircraft, vehicle or vessel on which the Insured Person is travelling. You must provide Us with a copy of the written report from the same.
2. No cover is provided for any Loss of Money as a result of theft or attempted theft which occurs whilst the Money is Unattended unless securely locked inside a building (e.g. hotel, apartment, etc.) or securely locked and completely out of sight inside an aircraft, vehicle or vessel (where no reasonable alternative secure storage is available);
3. No cover is provided for confiscation by quarantine, customs regulations or by order of any government or public authority or losses due to devaluation of currency.

4. No cover is provided for Money placed in checked baggage where the carriers' conditions of carriage stipulate Money should not be placed in checked baggage.
5. No cover is provided for Money greater than the amount allowed by any applicable currency regulation at the time of commencement of the Journey.

Repatriation of Belongings Benefit

If We have accepted a claim by an Insured Person for:

1. Lump Sum Injury or Death Benefits; or
2. Infections Death Benefit; or
3. Medical and Medical Evacuation Benefits; or
4. Repatriation of Mortal Remains/ Funeral Benefit; or
5. Political Risk, Natural Disaster and Personal Safety Evacuation Expenses Benefit;

and, as a result the Insured Person incurs reasonable and necessary expenses related to the return of their Personal Baggage, Business Property or Electronic Equipment to them or their principal residence or place of business:

We will reimburse the reasonable expenses for the return of their Personal Baggage, Business Property or Electronic Equipment to them or their principal residence or place of business.

The maximum amount We will pay is shown in the Policy Schedule for ‘Repatriation of Belongings’.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Repatriation of Belongings Benefit

Only General Conditions and Limitations apply.

Exclusions applicable to the Repatriation of Belongings Benefit

Only General Exclusions apply.

Hire Vehicle Excess Benefit

If, during a Journey in the Period of Insurance a Hire Vehicle which is in the care of You or an Insured Person, is stolen, Damaged or involved in a collision, and as a result You or an Insured Person incurs expenses for:

1. the prescribed excess of You or the Insured Person's Hire Vehicle Agreement; or
2. the repair cost for the car is below the excess that would have been payable under Your or the Insured Person's Hire Vehicle Agreement;

We will reimburse the repair cost or the excess, whichever is the lesser.

The maximum amount We will pay is shown in the Policy Schedule for 'Hire Vehicle Excess Benefit'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Hire Vehicle Excess Benefit

1. As part of the arrangement for the rental of the Hire Vehicle, You or the Insured Person must purchase all available compulsory motor vehicle insurance for loss or damage to the Hire Vehicle during the rental period, as provided by the rental provider. Provided that the compulsory insurance has been taken, there is no additional requirement under the Policy to purchase excess reduction cover.
2. The Hire Vehicle must be hired from a recognised motor vehicle hire company.
3. The Hire Vehicle must be rented for the purpose of Your business.
4. A copy of the signed Hire Vehicle Agreement clearly showing the Hire Vehicle excess amount must be provided to Us.
5. You or the Insured Person must comply with all requirements of the rental provider under the Hire Vehicle Agreement and of the insurer under such insurance.
6. Hire Vehicle Excess cover is extended for a period of up to twenty-four (24) hours prior to the commencement of the Journey and up to twenty-four (24) hours after the conclusion of a Journey where Your authorised representative collects and/or returns the Hire Vehicle on behalf of the Insured Person hiring the Hire Vehicle. The twenty-four (24) hour period will commence once the Hire Vehicle is in the control of Your authorised representative or the Insured Person and conclude when the Hire Vehicle is returned to the vehicle hire company or the end of the twenty-four (24) hours whichever first occurs.

Exclusions applicable to the Hire Vehicle Excess Benefit

1. No cover is provided for expenses relating to the rental of a Commercial Hire Vehicle, recreational vehicle (RV) or camper van.
2. No cover is provided for expenses relating to any vehicle that is greater than ten (10) years old from the date of manufacture.
3. No cover is provided for expenses which are not indemnifiable under the insurance offered by the vehicle hire company because of the application of an exclusion clause.
4. No cover is provided for expenses arising from the illegal or criminal use of a Hire Vehicle by You or the Insured Person including racing and/or time trials of any form.
5. No cover is provided for expenses arising from the use of the Hire Vehicle by an Insured Person who does not hold a valid or approved driver's license in the country the motor vehicle is being operated in.
6. No cover is provided for expenses arising from the use of the Hire Vehicle when the vehicle is not covered by comprehensive motor vehicle insurance.

Private Vehicle Excess Benefit

If, during a Journey in the Period of Insurance, You or the Insured Person's privately owned vehicle, under the control of the Insured Person:

1. is involved in a collision for which they become legally liable; or
2. is stolen or damaged as the result of a Carjacking Incident;

and, as a result You or Insured Person incurs expenses for:

- a. the prescribed excess of Your or the Insured Person's comprehensive vehicle policy of insurance; or
- b. the repair cost of the car is below the excess that would have been payable under Your or Insured Person's comprehensive vehicle policy of insurance;

We will reimburse the repair cost or the excess, whichever is the lesser.

The maximum amount We will pay is shown in the Policy Schedule for 'Private Vehicle Excess'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Private Vehicle Excess Benefit

1. You must supply Us with:
 - a. receipts for the amount of the claim or excess paid;
 - b. the name of repairer of the Insured Person's privately owned vehicle; and/or
 - c. a letter from You or the Insured Person's privately owned vehicle insurer stating the amount of the excess has been paid.

Exclusions applicable to the Private Vehicle Excess Benefit

1. No cover is provided for expenses caused or contributed to by the operation of the vehicle in breach of the provisions of the comprehensive vehicle policy of insurance.
2. No cover is provided for expenses to any vehicle that is greater than ten (10) years old from the date of manufacture.
3. No cover is provided for expenses arising from the illegal or criminal use of the vehicle by You or Insured Person including racing and/or time trials of any form.

4. No cover is provided for expenses arising from the use of the vehicle by an Insured Person who does not hold a valid or approved driver's license for the vehicle in the country the motor vehicle is being operated in.
5. No cover is provided for expenses arising from the use of the vehicle when the vehicle is not registered or covered by comprehensive motor vehicle insurance.
6. No cover is provided for expenses which are legally recoverable from any other policy or source to the extent permitted by law.

Towing and Roadside Assistance Expenses Benefit

If, during a Journey in the Period of Insurance, a Hire Vehicle or privately owned vehicle under the control and/or care of You or an Insured Person:

1. is involved in a collision which renders the vehicle to be unsuitable for driving;
or
2. is not drivable as a result of the Insured Person suffering an Injury or Illness;

and, as a result You or the Insured Person incurs expenses for towing of the vehicle to a destination specified by the motor vehicle hire company or the comprehensive motor vehicle insurer:

We will reimburse the reasonable towing and roadside assistance expenses.

The maximum amount We will pay is shown in the Policy Schedule for ‘Towing and Roadside Assistance Expenses’.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Towing and Roadside Assistance Expenses Benefit

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

Exclusions applicable to the Towing and Roadside Assistance Expenses Benefit

1. No cover is provided for expenses caused or contributed to by the operation of a vehicle in breach of the provisions of the Hire Vehicle Agreement or applicable comprehensive motor vehicle insurance policy.
2. No cover is provided for expenses related to the rental of a vehicle or truck for commercial purposes or recreational vehicle (RV) or camper van.
3. No cover is provided for expenses related to any vehicle that is greater than ten (10) years old from the date of manufacture.
4. No cover is provided for expenses arising from damages which are not indemnifiable under the Hire Vehicle Agreement or comprehensive motor vehicle insurance policy because of the application of an exclusion clause.
5. No cover is provided for expenses arising from the illegal or criminal use of a vehicle by You or the Insured Person including racing and/or time trials of any form.
6. No cover is provided for expenses arising from the use of a vehicle by an Insured Person who does not hold a valid or approved driver's license for the vehicle in the country the motor vehicle is being operated in.
7. No cover is provided for expenses arising from the use of the Hire Vehicle or the Insured Person's privately owned vehicle when the vehicle is not registered or not covered by comprehensive motor vehicle insurance.

Alternative Employee or Resumption of Journey Expenses Benefit

If, during a Journey in the Period of Insurance, an Insured Person:

1. suffers Unexpected Death; or
2. suffers a Serious Injury or Serious Illness which entirely prevents them from completing their business commitments and objectives; or
3. has a claim that We accept against this Policy under 'Loss of Deposit and Cancellation Expenses Benefit';

and, as a result You incur Alternative Employee Expenses or Resumption of Journey Expenses:

We will pay for or reimburse the reasonable expenses incurred in arranging for an Alternative Employee or for the Insured Person in resuming the Journey.

The maximum amount We will pay is shown in the Policy Schedule for 'Alternative Employee or Resumption of Journey Expenses Benefit'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Alternative Employee or Resumption of Journey Expenses Benefit

1. The Alternative Employee Expenses shall be limited to:
 - a. an economy return airfare for interstate or intrastate air travel within Australia; and/or
 - b. the same standard of airfare as the Insured Person had travelled on or a business class return airfare, whichever is the lesser, for international air travel outside Australia; and/or
 - c. essential expenses incurred by the Alternative Employee including:
 - i. direct transfer from the airport to principal residence or place of business using a taxi or legally approved ride sharing service; and
 - ii. up to a maximum of \$60 dollars covering meal allowance and a single sim card purchase.
2. If a Benefit is paid for Alternative Employee Expenses, then no Benefit shall be payable for Resumption of Journey Expenses for the same Event.

3. Where the Insured Person has returned to their point of origin for non-medical reasons, Resumption of Journey Expenses will only apply where more than 50% of the Journey remains.

Exclusions to the Alternative Employee or Resumption of Journey Expenses Benefit

1. No cover is provided for any expenses which You or the original Insured Person had paid or budgeted for before the commencement of the Journey.

Personal Liability Benefit

If, during a Journey in the Period of Insurance, an Insured Person, as a result of an Accident, becomes legally liable for damages, compensation and/or Legal Expenses for:

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

We will indemnify the Insured Person for their legal liability for damages, compensation and Legal Expenses.

The maximum amount We will pay is shown in the Policy Schedule for ‘Personal Liability’.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Personal Liability Benefit

1. All Occurrences or series of Occurrences arising out of the one (1) original cause shall be deemed to be the one (1) Event.
2. You and the Insured Person must not admit fault or liability, promise payment or indemnity to any other person without Our written consent which can be applied for by contacting HDI Global Assist.
3. We shall be entitled to take over, and conduct in the Insured Person’s name, the defence or settlement of any claim.
4. We shall have full discretion in the handling of any proceedings.
5. We may at any time pay to the Insured Person in connection with any claim or series of claims arising from the one (1) original cause, the amount shown in the Policy Schedule against ‘Personal Liability’, (after deduction of any amount(s) already paid as Compensation) or any lesser amount for which such claim(s) can be settled and upon such payment being made, We shall be under no further liability in connection with such claim(s), except for the payment of costs and expenses recoverable or incurred prior to the date of such payment.

Exclusions applicable to the Personal Liability Benefit

1. No cover is provided for any liability directly or indirectly arising out of or in connection with death,-Injury to, or Loss of or Damage to property owned by or in the control of:
 - a. You or the Insured Person or Family member(s) ordinarily residing with the Insured Person; or

- b. You or any employee of the Insured Person arising out of or during the course of their employment.
- 2. No cover is provided for any liability directly or indirectly arising out of or in connection with Loss of or Damage to property or Injury, arising out of You or the Insured's or Insured Person's ownership, possession, or use of any mechanically propelled vehicle (excluding golf buggies and motorised wheelchairs), aircraft, aerial device or watercraft where You or the Insured or Insured Person is the owner, driver or pilot thereof or where the driver or pilot is an employee or agent of You or the Insured or Insured Person.
- 3. No cover is provided for any liability directly or indirectly arising out of or in connection with Loss of or Damage to property or Injury, arising out of Your or the Insured Person's business, trade or professional activities or advice given by You or the Insured Person.
- 4. No cover is provided for any liability directly or indirectly arising out of or in connection with any contract unless such liability would have arisen in the absence of that contract.
- 5. No cover is provided for any liability directly or indirectly arising out of or in connection with judgements which are not either delivered by or obtained from a court of competent jurisdiction within Australia or the country in which the Event occurred giving rise to Your or the Insured Person's liability.
- 6. No cover is provided for any liability directly or indirectly arising out of or in connection with any claim for exemplary, punitive or aggravated damages (including damages of that nature which may be named differently in another country).
- 7. No cover is provided for any liability directly or indirectly arising out of or in connection with consequential loss of any kind.

Political Risk, Natural Disaster and Personal Safety Evacuation Expenses Benefit

If, during a Journey in the Period of Insurance, an Insured Person is in a country or region outside their Country of Domicile:

1. that Australian officials or Australian Department of Foreign Affairs and Trade (DFAT) or other international government equivalent recommend certain categories or persons (which include the Insured Person) in that country or region should leave:
 - a. because the Insured Person is expelled from, or declared *Persona Non Grata* in, that country or region; or
 - b. because of a major natural disaster such as earthquake, volcanic eruption, cyclone, typhoon, tornado, flooding or extremely severe weather conditions has occurred in the country or region the Insured Person is in necessitating the immediate evacuation of the Insured Person in order to avoid risk of personal Injury or Illness; or
 - c. because of a security threat such as insurrection, War, rebellion, Civil Unrest or political instability; or
 - d. because there is a wholesale seizure, confiscation or expropriation of Your or the Insured Person's property, plant or equipment;
2. where the Insured Person is in an emergency situation where their personal safety and security is at risk, and You and/or the Insured Person subsequently incurs expenses for:
 - a. transportation to the nearest point of safety; and/or
 - b. assistance reasonably required to remove the Insured Person from a situation where their personal safety and security is at risk;

We will pay for, or reimburse:

1. the reasonable expenses for transportation of the Insured Person to the nearest point of safety; and/or
2. the expenses for the assistance reasonable required to remove the Insured Person from the situation where their personal safety is at risk; and/or
3. the reasonable Accommodation Expenses incurred by the Insured Person in being relocated to a country which is not their Country of Domicile.

The maximum amount We will pay is shown in the Policy Schedule for 'Political Risk, Natural Disaster and Personal Safety Evacuation Expenses'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Political Risk, Natural Disaster and Personal Safety Evacuation Expenses Benefit

1. If evacuation or assistance to leave is required from the country or region the Insured Person is in, HDI Global Assist or HDI must be contacted prior to confirm cover. HDI Global Assist will authorise and where possible, make all travel arrangements and in all cases, it will be HDI Global Assist's decision as to where to send the Insured Person.
2. The maximum we will pay for Accommodation expenses for the Insured Person after being relocated to a country which is not their Country of Domicile is thirty (30) days accommodation of a standard similar to the Insured Person's accommodation before being relocated.
3. We retain the right to decline to provide assistance for any Insured Person where HDI Global Assist reasonably determines that performing such assistance would subject the appointed personnel to undue risk of physical harm or will subject HDI Global Assist to undue risk.

Exclusions applicable to the Political Risk, Natural Disaster and Personal Safety Evacuation Expenses Benefit

1. No cover is provided if the Insured Person violated the laws or regulations of the country or region in which the Insured Person is located.
2. No cover is provided for the Insured Person in failing to produce or maintain immigration, work, residence or similar visas, permits or other similar documentation as required for the Insured Person to stay in that country or region.
3. No cover is provided for expense resulting from any debt, insolvency, commercial failure, the repossession of any property by the owner or any other financial cause.
4. No cover is provided for failure by You or the Insured Persons to honour any contractual obligation or bond or to obey any conditions in a licence.
5. No cover is provided if the Insured Person is a national of the country from which he or she is located in.
6. No cover is provided if the Event causing the serious risk to the personal safety and/or security of the Insured Person was in existence prior to the Insured Person entering the country or region or the Event was foreseeable to a reasonable person before the Insured Person entered the country or region.

7. No cover is provided if the Insured Person did not follow any warning issued by the Australian Department of Foreign Affairs and Trade (DFAT) or other international government equivalent that recommends travellers do not undertake travel to the country or region at all (i.e. Travel Advice warning Level 4).
8. No cover is provided if the Insured Person remained in the country or region when advised to leave by Australian officials or Australian Department of Foreign Affairs and Trade (DFAT) or other international government equivalent.

Search and Rescue Expenses Benefit

If, during a Journey in the Period of Insurance, an Insured Person is reported missing and:

1. it is reasonably believed that the Insured Person may have suffered an Injury or Illness; or
2. a major natural disaster such as earthquake, volcanic eruption, cyclone, typhoon, tornado, flooding or extremely severe weather conditions make it necessary to commence a search and rescue operation to prevent the Insured Person from suffering an Injury or Illness:

and, You or the Insured Person incur expenses for a recognised rescue service provider or local law enforcement or government authority to launch a search and rescue operation to search for the missing Insured Person and to bring them to a place of safety:

We will pay for or reimburse the reasonable search and rescue expenses.

The maximum amount We will pay is shown in the Policy Schedule for ‘Search and Rescue Expenses’.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Search and Rescue Expenses Benefit

1. At all times the Insured Person must comply with all local safety advice given by the local authorities and adhere to all of their recommendations.
2. HDI Global Assist must be notified as soon as practicable of any situation that may potentially give rise to a claim under this Benefit.
3. Any expenses must be approved by HDI or HDI Global Assist prior to them being incurred.
4. We will only pay for the portion of cost incurred (up to the limit for this Benefit) that directly relate to the missing Insured Person.
5. At the date and time the missing Insured Person is found or recovered, further costs or incurred expenses under this Benefit of the Policy will automatically cease.
6. There is no cover under this Benefit if You or any Insured Person decide to continue the search and rescue operation after the recognised rescue service provider or local law enforcement authorities have decided to cease the search.

7. Where any Event covered under this Benefit is, or is subsequently found to be covered under any other Benefit in this Policy, the Benefit amount payable shall be in addition to any amount payable under any other Benefit in this Policy.
8. An Insured Person must take all necessary precautions not to endanger their own life or that of any other Insured Person or expose themselves to any activities for which they are not qualified to undertake.
9. You or the Insured Person must provide Us with written documentation from the relevant recognised rescue service provider or local law enforcement authorities or any other authority involved in the claim in order to assess and validate the claim.

Exclusions applicable to the Search and Rescue Expenses Benefit

Only General Exclusions apply.

Corporate Event Benefit

If, during the Period of Insurance Your Invited Guest who is not an Insured Person travels internationally with You to attend an event hosted and/or organised by You, and after the commencement of such travel is required to alter, cancel or curtail their travel due to:

1. the Unexpected Death, Serious Injury or Serious Illness of their Family member, Relative or travelling companion; or
2. severe theft or damage to their principal residence or place of business; or
3. any other unforeseeable circumstance outside of their control;

and, as a result incurs Travel, Accommodation Expenses or reasonable essential expenses related to such alteration, cancellation or curtailment:

We will:

- a. reimburse the reasonable Travel, Accommodation Expenses or reasonable essential expenses caused by such alteration, cancellation or curtailment; or
- b. reimburse the value of the equivalent frequent flyer points or similar reward points for the Travel, Accommodation Expenses or reasonable essential expenses if the equivalent points cannot be recovered from any other source. The reimbursement will be calculated as the difference between:
 - i. the cost of equivalent class travel ticket(s) and/or accommodation costs based on the quoted retail price on either a comparable date of travel or at the time We assess the claim, whichever time is the most comparable; and
 - ii. less the amount You or an Insured Person contributed to the cost of the travel and/or accommodation costs); and
 - iii. less the value of any component of the ticket that has already been used, calculated as a percentage of kilometres already flown or accommodation already used.

If the purchased tickets are 'around the world' or 'multiple destination' tickets the reimbursement will be limited to the percentage of remaining air kilometres or accommodation not travelled or used as they relate to the total kilometres or accommodation covered by the tickets.

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

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Corporate Event Benefit

1. If the Corporate Event Benefit is claimed because the Invited Guest's principal residence or place of business suffered severe theft or damage, the cover is only available if local authorities require that the Invited Guest be present at the principal place of residence or place of business as a result of theft or damage.
2. HDI Global Assist must be informed as soon as reasonably practicable:
 - a. before attempting to resolve any issues that could lead to a claim for Corporate Event Benefit; and/or
 - b. of any potential claim for any Corporate Event Benefit which is likely to exceed \$5,000 dollars.
3. Where Your Invited Guest has incurred both additional expenses as well as forfeited expenses, only one (1) expenses can be claims and We will only pay the greater of expenses payable under this Benefit. For example, if an Invited Guest forfeits accommodation and incurs expense of accommodation for the same night, only the greater expense shall be payable as a Benefit.
4. Your Invited Guest must comply with the terms and conditions of all issued tickets, passes and vouchers.

Exclusions applicable to the Corporate Event Benefit

1. No cover is provided for cancellation, curtailment or diversion of scheduled public transport services, caused by or in connection with War or Civil Unrest if there had been prior warning issued by the Australian Department of Foreign Affairs and Trade (DFAT) or other international government equivalent that recommends travellers do not undertake travel to the country or region, before the date of booking or commencement of the particular Journey that such events were likely to occur during the Journey.
2. No cover is provided for any expense or loss incurred in connection with failure to meet business obligations, financial obligations or contractual obligations of You or the Insured, the Insured Person, the Invited Guest or any other person.
3. No cover is provided for any expenses incurred for changes of plans or disinclination to travel by either You or the Insured, Insured Person, Invited Guest or any other person travelling on the Journey.
4. No cover is provided for any expenses incurred as a result of the inability of any tour operator or wholesaler to complete arrangements for any tour due to a deficiency in the required number of persons to commence any tour or Journey.

5. No cover is provided for the death of an Invited Guest's Family member, Relative or travelling companion with a known short life span as a consequence of a previous or existing medical condition.
6. No cover is provided for any expenses that are recoverable by You, an Insured Person or the Invited Guest from any other source (to the extent permitted by law).

Hijack and Detention Benefit

If, during a Journey in the Period of Insurance, an Insured Person is prevented from reaching their scheduled destination:

1. as a result of a Hijack of an aircraft which they are travelling on; or
2. because the Insured Person is arrested and held in Detention by any Government or foreign power without any subsequent formal charges being laid:

We will pay the amount shown in the Policy Schedule for 'Daily Hijack and Detention Benefit' for each full twenty-four (24) hours of hijacking or Detention.

The maximum We will pay is the amount shown in the Policy Schedule for 'Daily Hijack and Detention Benefit'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Hijack and Detention Benefit

Only General Conditions and Limitations apply.

Exclusions applicable to the Hijack and Detention Benefit

Only General Exclusions apply.

Legal Expenses Benefit

If, during a Journey in the Period of Insurance, an Insured Person is arrested and held in Detention by any Government or foreign power without any subsequent formal charges being laid, and as a result incurs Legal Expenses:

We will pay for or reimburse the reasonable Legal Expenses incurred.

The maximum amount We will pay is shown in the Policy Schedule for ‘Legal Expenses’.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Legal Expenses Benefit

Only General Conditions and Limitations apply.

Exclusions applicable to the Legal Expenses Benefit

Only General Exclusions apply.

Missed Transport Connection Benefit

If, during a Journey in the Period of Insurance an Event that is outside the control of the Insured Person causes them to miss a transport connection, and they incur reasonable expenses for alternative transportation arrangements to allow them to attend a Scheduled Meeting:

We will pay for or reimburse the reasonable expenses for the alternative transport arrangements.

The maximum amount We will pay is shown in the Policy Schedule for ‘Missed Transport Connection Benefit’.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Missed Transport Connection Benefit

1. We only pay this Benefit for missed transportation which was booked prior to the commencement of the Journey.
2. We only pay this Benefit for expenses incurred for alternative transportation by scheduled public transport and not for private, charter or non-scheduled means of transportation.

Exclusions applicable to the Missed Transport Connection Benefit

1. No cover is provided if the expenses for alternative transportation arrangements were incurred directly or indirectly as a result of:
 - a. cancellation, curtailment or diversion of scheduled public transport services, War or Civil Unrest if there had been prior warning issued by the Australian Department of Foreign Affairs and Trade (DFAT) or other international government equivalent that recommends travellers do not undertake travel to the country or region before the date of booking or commencement of the particular Journey that such Events were likely to occur during the Journey; or
 - b. carrier-caused delays where the expense is recoverable from the carrier; or
 - c. any business obligations, financial obligations or contractual obligations of the Insured Person or any other person; or
 - d. any change of plans or disinclination of the Insured Person or any other person to travel; or
 - e. the inability of any tour operator or wholesaler to complete arrangements for any tour due to a deficiency in the required number of persons to commence any tour or Journey.

2. No cover is provided if the Insured Person:

- a. has travelled against the advice of a Medical Practitioner; or
- b. when the Insured Person is unfit to undertake the Journey according to a Medical Practitioner.

Overbooked Flight Benefit

If, during a Journey in the Period of Insurance an Insured Person cannot board a confirmed scheduled flight due to overbooking, and no alternative transport is made available within eight (8) hours of the scheduled departure time:

We will pay the amount shown in the Policy Schedule for ‘Overbooked Flight Benefit’.

The maximum amount We will pay is shown in the Policy Schedule for ‘Overbooked Flight Benefit’.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Overbooked Flight Benefit

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

Exclusions applicable to the Overbooked Flight Benefit

1. No cover is provided if the Insured Person could not board the flight as a result of cancellation, curtailment or diversion of scheduled public transport services, War or Civil Unrest if there had been prior warning issued by the Australian Department of Foreign Affairs and Trade (DFAT) or other international government equivalent that recommends travellers do not undertake travel to the country or region before the date of booking or commencement of the particular Journey that such Events were likely to occur during the Journey.

Pet Boarding Expenses Benefit

If, during a Journey in the Period of Insurance an Insured Person's return from a Journey is delayed due to any unforeseeable circumstances outside of their control, and as a result, the Insured Person incurs reasonable and necessary expenses for pet boarding:

We will reimburse the reasonable and necessary expenses for pet boarding.

The maximum amount We will pay is shown in the Policy Schedule for 'Pet Boarding Expenses Benefit'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Pet Boarding Expenses Benefit

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

Exclusions applicable to the Pet Boarding Expenses Benefit

1. No cover is provided for expenses that would have been incurred irrespective of the delay.
2. No cover is provided if the expenses were incurred directly or indirectly as a result of:
 - a. cancellation, curtailment or diversion of scheduled public transport services, War or Civil Unrest if there had been prior warning issued by the Australian Department of Foreign Affairs and Trade (DFAT) or other international government equivalent that recommends travellers do not undertake travel to the country or region before the date of booking or commencement of the particular Journey that such Events were likely to occur during the Journey; or
 - b. carrier-caused delays where the cost of the expenses is recoverable from the carrier; or
 - c. any business obligations, financial obligations or contractual obligations of the Insured Person or any other person; or
 - d. any change of plans or disinclination of the Insured Person or any other person to travel; or

- e. the inability of any tour operator or wholesaler to complete arrangements for any tour due to a deficiency in the required number of persons to commence any tour or Journey.
- 3. No cover is provided if the Insured Person has travelled against the advice of a Medical Practitioner or when the Insured Person is unfit to undertake the Journey according to a Medical Practitioner.

Kidnap, Detention, Extortion and Ransom Benefit

If, during a Journey in the Period of Insurance, an Insured Person is Kidnapped, illegally Detained or receives an Extortion threat and as a result incurs an Ultimate Net Loss:

We will reimburse the Ultimate Net Loss You have incurred.

The maximum amount We will pay is shown in the Policy Schedule for 'Kidnap, Detention, Extortion and Ransom'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Kidnap, Detention, Extortion and Ransom Benefit

1. In the Event of a Kidnapping, Detention or Extortion threat, You or the Insured Person must make every reasonable effort to give notice as soon as practicable to HDI Global Assist and HDI.
2. HDI Global Assist, must be involved in any Kidnap, Detention, Extortion or Ransom situation. To contact HDI Global Assist refer to the HDI Global Assist's Emergency contact number that is provided when taking out the Policy.
3. You and each and every Insured Person must take all reasonable precautions to protect the confidentiality of the cover provided under this Benefit.
4. In the Event of the reported Kidnapping of an Insured Person or other Event that is or may be covered under this Benefit, You must make every reasonable effort to determine positively that the Insured Person has been Kidnapped, in Detention or is the recipient of an Extortion threat and record the serial number of any currency paid to secure the Insured Person's release.
5. We will not pay any monies unless You have paid a Ransom.
6. You must do all things necessary to prosecute any person who has acted fraudulently or in collusion with any other person with respect to a Kidnap, Detention or Extortion threat against an Insured Person.
7. You must make every reasonable effort to notify any relevant law enforcement agency of any demand for Ransom prior to the payment of any Ransom and the Insured must comply with the recommendations and instructions issued by any law enforcement agency if this appears to be in the best interest of the Kidnapped Person. The Insured must also comply with the recommendations and instructions issued to the Insured by HDI Global Assist.

Exclusions applicable to the Kidnap, Detention, Extortion and Ransom Benefit

1. No cover is provided for any Ransom by way of reimbursement where the Insured Person has had:
 - a. this type of insurance declined in the past;
 - b. this type of insurance cancelled or issued with special conditions in the past;
 - c. a Kidnapping or attempted Kidnapping occur in the past; or
 - d. an Extortion demand made against them in the past.
2. No cover is provided for any loss caused or contributed to by any fraudulent or dishonest act committed by You or an Insured Person or any person authorised by the Insured or an Insured Person.
3. No cover is provided for any loss from the Kidnap, Detention, Extortion or Ransom of an Insured Person permanently residing or staying for more than six (6) months in the country where the Kidnap, Detention, Extortion or Ransom occurs, unless We agree beforehand in writing.
4. No cover is provided for any expenses, fees or damages incurred as a result of any proceedings brought against You or the Insured Person as a result of a covered Kidnap, Detention or Extortion.
5. No cover is provided for any losses or damages caused or claimed to be caused by way of interruption to any business.

Extra Territorial Workers Compensation Benefit

If, during a Journey in the Period of Insurance:

1. an Insured Person suffers or is involved in an event which results in liability in the following circumstances:
 - a. for compensation benefits payable under any applicable workers' compensation legislation for injured workers or their dependents for death, personal injury or occupational disease arising out of or in the course of employment; or
 - b. for common law damages (but not where entitlement arises solely under any statute) arising out of the death, personal injury or occupational disease suffered by an insured person as a result of an Accident or Occurrence happening during the Period of Insurance; and
2. the Insured Person is:
 - a. Your employee or deemed by any applicable workers' compensation legislation to be a worker employed by You; and
 - b. is employed within Australia in a managerial, clerical, administrative, technical or sales capacity; and
 - c. whose employment or engagement is to be performed substantially within Australia; and
3. You have a valid and current workers' compensation insurance policy covering Your employees as required by the law of any Australian State or Territory; and
4. the Insured Person is working on a temporary basis (not exceeding six (6) months) outside the state or territory in which his or her usual place of employment or employment base is located:

We will pay or reimburse You for that liability with respect to any one (1) Insured Person:

1. In the case of a claim for compensation benefits, We will pay You the difference between the amount of Your liability to pay workers compensation benefits and the amount which the Insured Person or their dependents are entitled to claim under Your workers' compensation insurance policy, but not to exceed the amount shown on in the Policy Schedule for Extra Territorial Workers Compensation Benefit; or
2. In the case of a claim for damages at common law, We will pay You the difference between the damages and legal costs You are liable to pay and the amount to which You would have been entitled to under Your workers'

compensation policy, but not to exceed the amount shown on in the Policy Schedule for Extra Territorial Workers Compensation Benefit

The maximum We will pay is shown in the Policy Schedule for 'Extra Territorial Workers Compensation Benefit'

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Extra Territorial Workers Compensation Benefit

1. You must make available to Us all information and documentation in Your possession that We request relating to any claim submitted by any Insured Person.
2. You must authorise Your Workers Compensation insurer if We request, to make available to Us all information and documentation that We request.
3. Any benefits otherwise payable under Lump Sum Injury and Death Benefits, Weekly Injury Benefit, Weekly Illness Benefit and Medical and Medical Evacuation Benefits of the Policy with respect to a Insured Person, will be reduced by the amount of any benefit payable under this Extra Territorial Workers Compensation Benefit with respect to that Insured Person.

Exclusions applicable to the Extra Territorial Workers Compensation Benefit

1. No cover is provided for exemplary, punitive or aggravated damages.
2. Any benefits otherwise payable under Lump Sum Injury and Death Benefits, Weekly Injury and Sickness, Medical and Medical Evacuation Benefits with respect to an Insured Person will be reduced by the amount of any benefit payable under this Section with respect to that Insured Person.

GENERAL EXCLUSIONS

These General Exclusions apply to all Benefits under the Policy, unless a Benefit expressly states that a General Exclusion does not apply in relation to that Benefit or the Policy.

1. We do not provide cover for an Insured Person who has attained the age shown in the Policy Schedule against 'Maximum Age Limit'.
2. We do not provide cover for an Insured Person while they are engaging in air travel or aerial activities except as a passenger in an aircraft licensed to carry passengers.
3. We do not provide cover for an Insured Person while they are participating in or training for Professional Sports.
4. We do not provide cover for any intentional, deliberate or self-inflicted harm or Injury including, but not limited to:
 - a. suicide or attempted suicide; and/or
 - b. reckless misconduct;caused or committed by You, the Insured Person, a spouse/Partner or Dependent Child.
5. We do not provide cover for any Injury, Loss or damage resulting from any criminal or illegal act caused or committed by You, the Insured Person, a spouse/Partner or Dependent Child.
6. We do not provide cover for an Insured Person who was under the influence of intoxicating liquor while driving or had a blood alcohol content over the prescribed legal limit whilst driving.
7. We do not provide cover for an Insured Person who was under the influence of any drug whilst driving, unless the drug was prescribed by a Medical Practitioner and taken in accordance with the Medical Practitioner's advice.
8. We do not provide cover for any Insured Person who intentionally takes an illegal drug and suffers an Injury or Illness when or as a result of the Insured Person being under the influence of an illegal drug.
9. We do not provide cover for an Insured Person engaging in or taking part in naval, military or air force service or operations.
10. We do not provide cover for any form of racing or time trials, other than on foot.

11. We do not provide cover for the use, existence or escape of nuclear weapons material, or ionising radiation from, or contamination by, radioactivity from any nuclear fuel or nuclear waste.
12. We do not provide cover for sexually transmitted diseases/infection or Acquired Immune Deficiency Syndrome (AIDS) disease or Human Immunodeficiency Virus (HIV) infection.
13. We do not provide cover for losses arising from, or with respect to, the following:
 - a. War;
 - b. Civil Unrest;
 - c. rebellion or revolution;
 - d. insurrection or military or usurped power in, or confiscation or nationalisation or requisition or destruction of or damage to property by or under the order of any government or public or local authority in the Insured Person's Country of Domicile or Country of Expatriation;
 - e. direct involvement or participation by an Insured Person in any riot or civil commotion, or any of the circumstances listed in (a) - (c) above in any country.
14. We do not provide cover, and We are not liable to pay any claim or provide any Benefit under the Policy to the extent that such claim payment or the provision of such cover or 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, one (1) of its member states, Australia, or the United States of America.
15. We do not provide cover for travel that is planned, purchased and/or undertaken:
 - a. by the Insured Person against the advice or recommendation of a Dental Practitioner or Medical Practitioner;
 - b. when the Insured Person has been certified by a Medical Practitioner or Dental Practitioner as being deemed unfit for Travel;
 - c. for the purpose of the Insured Person seeking medical advice or treatment for a Pre-Existing Condition; or
 - d. after a Medical Practitioner has diagnosed the Insured Person to be suffering a terminal illness or condition.
16. We do not provide cover for any cosmetic, elective or plastic surgery (except and to the extent that it is necessary for the cure or alleviation of an Injury to the Insured Person).
17. We do not provide cover for any expenses or charges incurred after the Insured Person or their representatives refuse to follow or ignore Our instructions or directions or that of HDI Global Assist.

18. We do not provide cover for any Benefit where that would:
- a. constitute the carrying out of a 'Health Insurance Business' as defined under the *Private Health Insurance Act 2007* (Cth) or any amended or successor legislation of that nature; or
 - b. result in a breach of the provisions of the *Health Insurance Act 1973* (Cth) or the *National Health Act 1953* (Cth) or any amended or successor legislation of that nature.
19. We do not provide cover where a Loss, damage, liability, Event, Injury or Illness is covered by Medicare, any workers compensation legislation, any transport accident legislation, any government sponsored fund, plan or medical benefit scheme or any other insurance policy required to be effected by or under law.

GENERAL CONDITIONS AND LIMITATIONS

The following General Conditions and Limitations apply to the Policy.

1. Change in Business Activities

You must notify Us in writing within thirty (30) days from the Effective Date of Cover of any additional Insured Persons for the Policy or any alteration in Your business activity which will increase the risk of a claim being made under the Policy.

2. Age limitation

Age limits apply to this Policy.

Insured Persons are only covered if they are aged between the minimum and maximum age limits applicable at the time of an Event.

The Maximum Age Limit is shown in the Policy Schedule if it applies. If the Policy Schedule does not contain a reference to Maximum Age Limit, then no Maximum Age Limit applies.

The Minimum Age Limit is shown in the Policy Schedule if it applies. If the Policy Schedule does not contain a reference to Minimum Age Limit, then no Minimum Age Limit applies.

Specific age limits may also apply to each Benefit included in the Policy. If an age limit applies it will be specified in the details of the Benefit in the Policy Wording.

3. HDI Global Assist

HDI Global Assist provides pre-travel safety advice and in the event of a potential claim, they provide coordination of services such as:

- International medical services and assistance
- Access to Telehealth Doctors and Specialists via smart phone or laptop
- International evacuations for medical, Natural disasters, personal safety and security
- Emergency planning and crisis management
- Transportation and accommodation booking services
- International specialist security advice and services
- International legal advice

- Translation and interpreting services
- Repatriation of mortal remains
- Response to international Kidnap, Extortion, and Detention situations
- Baggage, Money and Travel Document services.

Policy coverage for coordination services provided by HDI Global Assist is subject to the terms and conditions of the Policy.

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

The following conditions apply to services provided by HDI Global Assist:

- a. In the Event that HDI Global Assist provides assistance in good faith to any person who is not an Insured Person under the Policy, You shall reimburse Us for all costs incurred.
- b. The appropriate type, cost and level of any medical or emergency assistance provided by HDI Global Assist to an Insured Person shall be determined by HDI Global Assist.
- c. You or any Insured Person must contact HDI Global Assist as soon as reasonably practicable after incurring any potential loss, claim or expense.
- d. Any assistance, service or advice that requires specific tailoring or modification from the standard service provided by HDI Global Assist under this Policy is to be arranged directly with HDI Global Assist at a cost agreed at the time of the request and will be invoiced to You directly by HDI Global Assist.
- e. You and/or any Insured Person must not attempt to resolve any issues encountered without informing HDI Global Assist as this may affect the assessment of the claim or reimbursement of any expenses
- f. Where evacuation or assistance is required, You or the Insured Person must first confirm with HDI Global Assist that the relevant cover is available.
- g. HDI Global Assist will authorise and where possible, make all travel arrangements and in all cases it will be HDI Global Assist's decision as to where to send the Insured Person.

4. Automatic Extension of Cover

If, during a Journey in the Period of Insurance, an Insured Person's original expected return to their Country of Domicile is postponed due to any unforeseeable circumstances causing delay of transportation outside the control of the Insured Person, or due to the Insured's Person's inability to travel as a result of an Injury or Illness for

which a claim is payable under the Policy, We will automatically extend the Insured Person's cover for that Journey under the Policy for up to one hundred and twenty (120) consecutive days from the date of the Insured Person's original expected return to their Country of Domicile, even if such time falls outside the Period of Insurance.

5. Hijack and Kidnap Extension of Cover

If in the Period of Insurance, an Insured Person is a victim of Hijack or Kidnap, the cover provided under the Policy will remain in force until the Insured Person has returned to their Country of Permanent Residence or Country of Domicile or Country of Secondment, or until twelve (12) months from the date of the Hijack or Kidnap, whichever occurs first.

6. Cancellation

You may cancel the Policy at any time by notifying Us in writing.

Cancellation by You will be effective when We receive Your request to cancel the Policy.

We may cancel the Policy or any section of the Policy for any of the reasons set out in section 60 of the *Insurance Contracts Act 1984* (or any amended or successor legislation of that nature) by issuing a written notice thirty (30) days in advance, in accordance with section 59 of the *Insurance Contracts Act 1984* (or any amended or successor legislation of that nature).

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

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

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

7. Notice of claim

You or an Insured Person entitled to make a claim under the Policy must give us written notice of any Occurrence or circumstances giving rise to a claim or likely to give rise to a claim within thirty (30) days of the date of the Occurrence.

When You notify Us of a claim, We will provide You with claim forms and other documentation We require You or the Insured Person to complete.

We shall not be liable to make any payment under this Policy unless the claim form is properly completed and You have provided Us, at Your expense, with all information We reasonably require.

From time to time, We may request that the Insured Person's attending Medical Practitioner complete progressive claim forms.

8. Assessment of claim

If a Benefit under this Policy calls for consideration of 'reasonable', 'necessary' or 'essential' expenses/services, the determination as to whether the claimed expense/service falls within the same, is a matter for Our sole discretionary assessment and determination acting reasonably having regard to the relevant circumstances.

9. Other insurance

In the event of a claim under the Policy, You, the Insured Person or any person covered by this Policy must inform Us of any Other Insurance to which You or the Insured Person have access to make a claim, that may cover the same risk or loss.

10. Claim Off-set where other source of cover applies

Where any Benefit under this Policy is intended to reimburse incurred expenses or financial losses, there is no cover under the Policy for any loss, damage, liability, Insured Event, Injury or Illness which is covered under any other insurance policy, health or medical scheme or any government legislation, or is payable by any other source.

However, We will pay the difference between what is payable under the other insurance policy, health or medical scheme or any government legislation or other source and what You or the Insured Persons would otherwise be entitled to recover under this Policy, where permissible by law.

11. Duplicate Cover

Should a Benefit be payable under the Policy that is also payable under any Other Insurance policy insured with Us, You or an Insured Person can only claim under one (1) of the policies (the Policy with the highest Benefit).

12. Consent to electronic notification

Acceptance of this Policy means that You consent to Us providing information, including but not limited to notices, in an email or in any other form of electronic communication to You.

13. Currency

All amounts shown in the Policy are in Australian dollars (AUD). Any claim or Benefit paid under the Policy will be paid in AUD. International bank transaction fees are covered to a maximum of \$50 per claim.

If expenses are incurred in a currency other than AUD, then the rate of currency exchange used to calculate the amount payable will be the rate sourced from the OANDA website, in effect at the time of incurring the expense or suffering a loss. Website Exchange rate differences may result in variations between original value and final payment amount. This can be minimised by requesting all payments made in AUD into an Australian bank account.

14. Documentation

You must provide all Insured Persons with:

1. information that any claim they make is subject to the terms, Conditions and Exclusions of the Policy;
2. information that is relevant to the Policy cover contained in the Policy Schedule, including but not limited to the definitions of Insured Persons, Period of Insurance, the Scope of Cover and the nature and effect of any endorsement to the Policy; and
3. a note to inform them if the Policy is lapsed or cancelled.

We rely on You to ensure that the Insured Persons receive the required Policy information.

15. Due Diligence

You and all Insured Persons must act reasonably and exercise due diligence in doing all things to avoid or reduce any loss under the Policy.

16. Duty to Co-Operate

You and any Insured Person or person covered by this Policy shall give Us information which We reasonably require and request and provide Us with assistance We reasonably require and request during the progress of claim assessment and even after We have paid a claim. This includes, but is not limited to:

- a. giving Us written statements and/or documents that we request; and
- b. You and any other person covered by this Policy to attend court to give evidence and attend conferences and interviews with legal representatives and other service providers we engage for assessment of a claim or for the purpose of legal proceedings in court.

If You or an Insured Person or any other person covered by the Policy are in receipt of weekly Benefit payments for Temporary Total Disablement or Temporary Partial Disablement, We may appoint a return to work coordinator or vocational rehabilitation provider. Such persons will work with You or the Insured Person's Employer and nominated Medical Practitioner to explore and facilitate return to work strategies within the functional parameters of the medical condition. You and the Insured Person must reasonably cooperate with such injury management.

If You or any other person covered by the Policy do not cooperate with Us, You and the Insured Person or any persons covered by the Policy will be in breach of this Policy and payments may either be suspended, or reduced to the extent that the failure to cooperate prejudices Our ability to make ongoing Benefit payments, in accordance with Our rights at law, including under the Insurance Contracts Act 1984 (Cth).

17. Governing Law and Jurisdiction

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

18. Limit of Liability

The most We will pay for all Benefits in any one (1) Period of Insurance under the Policy is the Aggregate Limit of Liability shown in the Policy Schedule.

An Aggregate Limit of Liability may also apply to specific Benefits or Events. If a limit applies it will be specified on the Policy Schedule.

The Aggregate Limit of Liability does not apply to the Personal Liability Benefit or the Medical and Medical Evacuation Expenses Benefit if they are included on the Policy.

If an Aggregate Limit of Liability is reached, the amount can be reinstated on request if We agree and on payment of a reasonable additional premium plus any charges.

The Aggregate Limit of Liability does not apply to the Personal Liability Benefit or the Medical and Medical Evacuation Expenses Benefit if they are included on the Policy.

19. Payments

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

20. Physical Examination and Autopsy

If We do not agree with the opinion given by the Medical Practitioner in relation to a claim under the Policy, We have the right (at Our own expense) to conduct any medical examination or examinations of the Insured Person or in the event of death, arrange for an autopsy to be conducted. We may also at any time during a claim ask for further information or appoint a person to conduct further enquiries into the nature and circumstances of a claim acting reasonably having regard to the relevant circumstances.

If the Medical Practitioner We authorise forms an opinion that is contrary to the opinion of the initial Medical Practitioner, We will obtain a further independent Medical Practitioner's opinion which will be the opinion used for the purposes of determining a claim.

21. Written Approval

If, following an Injury or Illness to an Insured Person resulting in their evacuation, they seek to return to the Country of Expatriation from their Country of Domicile, it must be

on the written approval of Our Medical Practitioner in consultation with the Insured Person's attending Medical Practitioner.

22. Subrogation

If We make any payments under the Policy to You or an Insured Person, We have a right of subrogation to recover from a third party to the extent You or an Insured Person may have a cause of action for loss or damage against any third party in respect of that loss or damage, including a claim for interest or costs.

Our right of subrogation includes Our entitlement to commence legal action or in Your name or the name of an Insured Person against a third party.

Both You and any Insured Person must provide reasonable cooperation to Us when we pursue a right in action against a third party.

If an Insured Person brings a claim for loss or damage in their own name against a third party in respect of the same facts, matters and circumstances which gave rise to the payments being made under the Policy, then the Insured Person must include in their claim any payments made by Us to the Insured Person which may be recoverable from the third party including a claim for interest. Should the Insured Person recover damages against the third party either by way of settlement or judgment then the Insured Person must repay to Us out of any such damages the recoverable payments which the Insured Person received from Us under the Policy.

You and an Insured Person must not prejudice Our subrogation rights. If You or an Insured Person at any time enters into a contract or agreement with another party that prevents or limits recovery of any payment of a claim under the Policy, We may be entitled to deny or reduce the cover for the claim in accordance with Our rights at law, including under the Insurance Contracts Act 1984 (Cth).

23. Headings

Headings have been included for ease of reference only. The terms, condition and exclusions of the Policy are not to be construed or interpreted by reference to such headings.

24. Singular/Plural

If consistent with the context of any clause in the Policy, the use of the singular includes the plural and vice versa.

25. Taxation Implications

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

Depending upon You this Policy may be subject to a Goods & Services Tax in relation to premium.

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

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