AIG

Accident & Health

Combined Product Disclosure Statement and Policy Wording

Corporate Travel Insurance

Lifeline Plus

AIG Australia Limited

How is Your insurance arranged?

This insurance is issued by:

AIG Australia Limited (AIG)
ABN 93 004 727 753, AFSL 381686

Level 19, 2 Park Street, Sydney NSW 2000

AIG issues this product pursuant to an Australian Financial Services Licence ('AFSL') granted to **Us** by the Australian Securities and Investments Commission.

This Product Disclosure Statement ('PDS') contains information about key benefits and significant features of **Your** Policy. It also contains important information about your rights and obligations such as your duty of disclosure, cooling-off and complaint procedures. Its purpose is to assist both **Your** decision to purchase this insurance and ability to compare it with other products. **We** recommend you read the PDS carefully before deciding whether to acquire this product.

AIG prepared this PDS on 30 January 2026. The information in this document is current as at the date of this PDS. **We** may change some of the information in the PDS that is not materially adverse from time to time where permitted by the law, without needing to notify you. **You** may review the current version of the PDS at any time by visiting the website aig.com.au. Should you require it, we will provide you with a paper version of this PDS free of charge upon receipt of such request. If it becomes necessary, we will issue a supplementary or replacement PDS.

Retail Clients

Under **Our** AFSL **We** are required to provide 'Retail Clients' with a Product Disclosure Statement for this product.

A Retail Client means an individual or small business.

`Small business' means a business employing less than

(a) if the business is or includes the manufacture of goods – 100 people; or

(b) otherwise 20 people.

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This document contains Your Insurance Policy Terms, Special Provisions, Exclusions and Conditions. It is important that You read and understand it and retain it in a safe place.

Date prepared: 30th January 2026
PDS JM 12/00852

Product Disclosure Statement ('PDS')

Target Market Determinations ('TMDs')

AIG Australia Limited (AIG) is required to have Target Market Determinations for its retail client insurance products in accordance with the Part 7.8A of the Corporations Act 2001.

WHAT IS A TMD?

Under the law AIG are required to provide you with a Target Market Determination ("TMD"). The TMD provides details about the class of customers this product has been designed for, taking into consideration their likely needs, objectives and financial situation.

The TMD is not a PDS and should not be used as a summary of policy benefits, terms or conditions. The information in this TMD is general advice only and does not take into consideration the needs, objectives and financial situation of individual customers. Customers should review the PDS for full details on benefits, terms, conditions and exclusions before deciding to purchase this Product.

This document also contains important information about **Your** rights and obligations including the duty of disclosure and cooling off for Retail Clients.

Key Benefits of Your Policy

This Policy insures against a range of risks that may arise during **Travel** undertaken during the **Policy Period**. A summary of key benefits is outlined below. Further details about benefits can be found throughout the **Policy Wording**.

MEDICAL AND MEDICAL EVACUATION EXPENSES

Provides cover for Overseas **Medical Expenses**, **Ongoing Medical Expenses** in Australia (as defined in Section 1B) and Overseas Medical Evacuation Expenses incurred whilst **Travelling**.

Refer to Section 1A, 1B, and 1C of the **Policy Wording** for details of cover and **Conditions** and **Exclusions** that may apply.

LOSS OF DEPOSITS AND ADDITIONAL EXPENSES

Cover for cancellation charges and additional extra expenses arising from unforeseen events such as natural disaster, **Injury** or **Sickness**, legal expenses or being denied boarding on a overbooked flight.

Refer to Section 3 of the **Policy Wording** for details of cover and Conditions and Exclusions that may apply.

LUGGAGE, PERSONAL EFFECTS, TRAVEL DOCUMENTS, MONEY AND CREDIT CARDS

Covers accidental loss of or damage to **Your** accompanied luggage, replacement costs for personal belongings including **Travel** documents, portable business equipment/business property, keys and locks and unauthorized use of credit cards. Limits apply to any one item.

Refer to Section 4 of the **Policy Wording** for details of cover, **Conditions** and **Exclusions** that may apply.

PERSONAL INJURY & SICKNESS BENEFITS

Provides lump sum payments for an **Injury** resulting in death or other specified events under section 5A. Section 5B provides income replacement, domestic home help assistance or student tutorial support in the event of an injury. Section 5C and 5D provide lump sum payments for specific surgeries undertaken overseas as a result of **Injury** or **Sickness**.

Subject to the terms and conditions of the policy, AIG Care Plus benefits may be available under Section 5E of the **Policy Wording**, these benefits supplement the **Compensation** under Sections 5A or 5B.

An optional income replacement benefit for **Sickness** is also offered.

Refer to Section 5 of the **Policy Wording** for details of cover, Conditions, Special Provisions and Exclusions that may apply.

ALTERNATIVE EMPLOYEE OR RESUMPTION OF ASSIGNMENT EXPENSES

Reimbursement of costs incurred for the resumption of an assignment by the **Insured Person** who has been repatriated following a specified event, or for the need to send a substitute employee to complete the original business commitments of an **Insured Person** who is unable to do so due to death, **Injury** or **Sickness**.

Refer to Section 6 of the **Policy Wording** for details of cover and **Exclusions** that may apply.

POLITICAL RISK AND NATURAL DISASTER EVACUATION EXPENSES

Cover for the cost of returning an **Insured Person** to their **Country of Residence** or the nearest place of safety following the need to leave the country they are in due to a natural disaster, being expelled or officials recommending that certain categories of persons leave the country.

Refer to Section 7 of the **Policy Wording** for details of cover and exclusions that may apply.

MISSED TRANSPORT CONNECTION

Cover for reasonable extra expenses incurred to enable an **Insured Person** to use alternative public transport services to arrive at a business meeting or conference on time if they miss their transport connection due to unforeseeable circumstances outside their control.

Refer to Section 8 of the **Policy Wording** for details of cover and **Exclusions** that may apply.

RENTAL & PRIVATE VEHICLE EXCESS COVER

We will reimburse **You** or the **Insured Person** for any excess which **You** or the **Insured Person** become legally liable to pay in respect of loss or damage to a **Rental Vehicle** (as defined in Section 9).

We will also reimburse the **Insured Person** for any excess on their private vehicle used for authorised business **Travel** in event of loss or damage to such vehicle.

We will reimburse **You** or the **Insured Person** the cost of towing expense of a **Rental Vehicle** or the **Insured Person's** private vehicle (authorised for business **Travel** by **You**).

Refer to Section 9 of the **Policy Wording** for details of cover, **Conditions** and **Exclusions** that may apply.

KIDNAP AND RANSOM AND EXTORTION

Cover for certain **Covered Losses** should the kidnapping or alleged kidnapping of a **Insured Person**, or extortion threats occur to a **Insured Person** during the **Travel**.

Refer to Section 10 of the **Policy Wording** for details of cover, **Conditions** and **Exclusions** that may apply.

PERSONAL LIABILITY

Cover for legal liability for bodily **Injury** or damage to property of others as a result of the **Insured Person's** negligence during the **Travel**.

Refer to Section 11 of the **Policy Wording** for details of cover, **Conditions** and **Exclusions** that may apply.

EXTRA TERRITORIAL WORKERS COMPENSATION

Indemnity against liability arising during the **Travel** to pay compensation payable under any Workers Compensation Legislation and damages at Common Law for death, personal **Injury** or occupational disease suffered by an **Insured Person** as a result of an Accident or occurrence during the **Travel**.

Refer to Section 12 of the **Policy Wording** for details of cover, **Conditions** and **Exclusions** that may apply.

CORPORATE TRAVELLERS FAMILY CARE

An **Accidental** Death Benefit in the event that the **Spouse/Partner** of an **Insured Person** dies as a result of an **Injury** (as defined in Section 13A) whilst the **Insured Person** is **Travelling**. An Education Fund Supplement is available for each **Dependent Child** in the event that the **Insured Person** dies when **Travelling** and a Spouse Retraining benefit is available if the **Insured Person** suffers a listed event whilst **Travelling**.

A Child Care Expense Benefit is provided to cover for child care expenses necessitated as a result of an **Injury**. A benefit is also provided to surviving Elders Dependent (defined in section 13) on the **Insured Person**, in event of death of an **Insured Person** as a result of an **Injury**.

Refer to Section 13 of the **Policy Wording** for details of cover, **Conditions** and **Exclusions** that may apply.

IDENTITY GUARD

Cover for legal expenses, lost wages and other expenses due to an **Insured Person's** identity being taken and used unauthorised by a third party.

Refer to Section 14 of the **Policy Wording** for details of cover, **Conditions** and **Exclusions** that may apply.

SEARCH AND RESCUE EXPENSES

Cover for certain costs relating to a search and rescue operation if an **Insured Person** is reported as missing.

Refer to Section 15 of the **Policy Wording** for details of cover and **Conditions** that may apply.

Important Information

A range of benefits are available under this Policy. Please note the following:

1. The insurance **Policy Wording** contains an **Important Policy Matters** section on **page 10**, **Definitions** section on **page 11**, and **General Exclusions** on **page 13** and **General Conditions** on **page 14** that apply to all sections of this document.
2. Terms, **Conditions**, **Special Provisions** and **Exclusions** may also apply under each **Section** of the **Policy Wording**.
3. Limits and sublimits and aggregate limits of liability apply to certain benefits under this Policy. These are contained within the **Policy Wording** that commences on page 10 of this document.
4. There is no cover under this Policy for medical expenses incurred in Australia or **Insured Person's Country of Residence**.

You should read this document carefully and familiarise yourself with all relevant terms, conditions and obligation that may be applicable to this Policy.

5. This document also contains important information about the rights and obligations of **Insured Persons** including:
   General Insurance Code of Practice – refer to page 7
   Privacy Notice – refer to page 9
   Duty of disclosure – refer to page 10

Please note: We suggest You check that it is safe to Travel to Your destination. Information on safe Travel is available at www.smartraveller.gov.au

Age Limits

Save for the age limitations in respect of the cover under certain sub-sections of Section 5 (as detailed below), this Policy does not cover any event which happens to an **Insured Person** unless they are, at the date of such event, under 101 years of age. Cover under Section 5A will be limited as set out in the table below for the respective age bands of an **Insured Person**, where the lesser of the amount shown in the **Policy Schedule** or the amount shown in the table below will be payable for each respective age bands of **Insured Persons**.

AGE BAND		75 YEARS OR OVER AND UNDER 80 YEARS	80 YEARS OR OVER AND UNDER 90 YEARS	90 YEARS OR OVER
1.	Section 5A – Death & Capital Benefits			
a.	Event 1 – Death	$500,000	$250,000	$25,000
b.	Event 2 – Permanent Total Disablement	Nil	Nil	Nil
c.	Events 3 to 19	$500,000	$250,000	$25,000
2.	Section 5B – Weekly Injury & Weekly Sickness Benefits			
a.	Events 21 & 25 – a **Temporary Total Disablement**	Nil	Nil	Nil
b.	Event 22 – Temporary Partial Disablement	Nil	Nil	Nil

Special provisions in relation to Section 5A apply to limit the benefits payable for **Insured Persons** under 18 years of age. Section 5B and Section 5E have different age limits as detailed in those sections.

If You are outside of these ages, We will consider cover on an individual application basis.

Emergency and Medical Assistance – AIG Travel Protect

The overseas assistance service in this **Section** is provided by AIG Travel Protect is in conjunction with **Your** Policy.

(a) in the event of an emergency whilst **You** are outside Australia AIG Travel Protect is only a telephone call away anywhere in the world – 24 hours a day.

(b) A worldwide team of highly skilled Doctors and medical professionals who are available by telephone – 24 hours a day for advice and assistance in the event of a medical emergency and any associated problems for travelers outside Australia.

(c) AIG Travel Protect is provides overseas assistance services in conjunction with the Terms and Conditions of **Your** Policy, including the following:

- Access to a registered medical practitioner for emergency assistance and advice.
- Emergency transportation to the nearest suitable hospital.
- Emergency evacuation back home if necessary.
- The family back home will be advised of **Your** medical condition and be kept informed of the situation.
- Payment guarantees to hospitals and insurance verification.
- Second opinions on surgery.
- Hospital case management.
- Legal referral service.
- Urgent message service and emergency **Travel** planning.
- Assistance in replacing **Travel** documents, passports and credit cards.

In the event of an emergency overseas, simply call (reverse charge where available) AIG Travel Protect any time from any place in the world: MALAYSIA 60 (3) 2772 5641

(The number underlined is the country code and the number in brackets is the area code.)

Costs

Some key factors that **We** take into consideration when calculating **Your** premium include:

- the estimated number of **Travel** days per annum to both overseas and domestic locations, and
- the average duration per trip (total **Travel** days),and
- the activities undertaken whilst **Travelling**, i.e. nature/purpose of the trip and
- the sums insured, and
- historical claims, and
- loss history.

The Premium will be detailed on the **Policy Schedule**. Premiums include applicable Commonwealth and State taxes and/or charges including the Goods and Services Tax and Stamp Duty.

Throughout the course of a year, additional premiums may be charged with **Your** agreement if, for example, the total **Travel** days or the sums insured are varied at **Your** request.

Also at the end of each annual renewal period, premiums may be increased or decreased depending on the actual number of **Travel** days taken.

Excess

Excess amounts may apply to certain sections of this Policy, in which case that amount will be deducted for each and every claim payable to **You** or the **Insured Person** under those sections. Any **Excess** amount to apply will be detailed in the **Policy Schedule**.

ELIMINATION PERIOD

An Elimination Period is the initial period of disablement for which no benefit is payable under Section 5B (Weekly **Injury** and Weekly **Sickness** Benefits) of this Policy. The Elimination Periods will be detailed in the **Policy Schedule**.

Cooling Off Period

If this insurance is purchased by a Retail Client, a cooling off period applies.

This means it may be returned to **Us**, or **Your** insurance intermediary, within 21 days of the date of purchase provided that no claim has arisen nor the **Travel** commenced. In these circumstances **We** will cancel the policy and provide **You** with a full refund of premiums collected.

General Insurance Code of Practice

AIG Australia Limited is signatory to the General Insurance Code of Practice ("Code"). The Code sets out the minimum standards of service that can be expected from the insurance industry and requires insurers to be open, fair and honest in their dealings with customers.

We are committed to adhering to the objectives of the Code and to uphold these minimum standards when providing services covered by this Code. The Code objectives will be followed having regards to the law and acknowledging that a contract of insurance is a contract based on the utmost good faith.

The Code Governance Committee is the independent body that monitors and enforces insurers' compliance with the Code. Their purpose is to drive better Code compliance and helping the insurance industry to improve its service to consumers.

For more information on the Code please visit codeofpractice.com.au

For more information on the Code Governance Committee please visit insurancecode.org.au

How to Make a Claim

Written notice of claim must be given to **Us** within 30 days after the happening of any circumstances giving rise to a claim where reasonably practicable, or otherwise as soon as reasonably practicable. Notice may be provided by completing a claim form available at any of **Our** offices, or advising **Us** by telephone on 1800 339 663 or by submitting a claim over the internet at www.aig.com.au. **We** will advise if additional information is required and **You** should provide this to **Us** in a reasonable time.

Claims need to be supported by supporting reports and documentation reasonably required by **Us** in relation to the claim, such as police reports, **Doctor's** reports, transport provider's reports, receipts, valuations or proof of ownership to the AIG business address. In the event of claims under some policy sections an **Excess** will apply. Please refer to the **Policy Wording**.

Confirmation of Transaction for Claims

Under the law if **You** are a retail client* **You** are entitled to confirmation information (**the Confirmation**) as when AIG Australia Ltd (**AIG**) accepts or settles a claim made by **You** under this insurance coverage (**the Transaction**).

AIG has established a facility under which **You** can send an email to us at ClaimsAdmin@aig.com requesting the Confirmation of the Transaction. **We** will aim to provide Confirmation of the Transaction to **You** as soon as reasonably practicable.

We will assume that **You** agree to the use of the facility to obtain the Confirmation of the Transaction, unless **You** advise **Us** at the above email address **You** do not agree to the use of the facility and that **You** wish to obtain Confirmation of the Transaction in another way.

Complaints and Feedback

Learning about **Your** experiences with **Us** and **Our** service partners helps to improve the way **We** do business with **You**. If **You** have feedback, or an issue **You** would like resolved **We** encourage **You** to make contact. Below is information on how to contact **Us** and how **We** will work together to resolve any concerns **You** have.

How to provide feedback

1. **Speak to Our Complaints team**

   Our complaints team can be contacted on 1800 339 669. To get the best out of **Your** call with **Us**, please have **Your** policy and/or claim number available and any specific information about the issue.

2. **Provide Your feedback or complaint in writing**

   If **You** would prefer to provide **Your** feedback or complaint in writing **You** can do so by lodging **Your** feedback or complaint on **Our** website, or by writing to:

   The Complaints Team
   AIG Australia Limited
   Level 13, 717 Bourke Street
   Docklands VIC 3008

   Email: aucomplaints@aig.com

WHAT HAPPENS IF YOU MAKE A COMPLAINT?

If **You** make a complaint, **We** will record **Your** complaint and make sure that **Your** concerns are addressed as quickly as possible and seek to achieve a fair outcome for both parties.

We will assess **Your** complaint upon receipt. During the complaints process as set out in this Policy, **We** will meet the following requirements in respect of **Your** complaint.

1. Acknowledge **Your** complaint within one (1) business day or as soon as practicable.
2. **We** will tell **You** who will handle **Your** complaint and their contact details.
3. **We** will, where applicable, keep **You** informed via **Your** preferred method of communication of the progress of **Your** complaint every ten (10) business days, more frequently or necessary or as agreed by both of **Us**.
4. **We** will treat **Your** complaint respectfully and handle all personal information in accordance with our Privacy Policy.
5. Within 30 calendar days from the date **We** receive **Your** complaint, **We** will provide a response to **Your** complaint.

If **We** cannot meet any of the stated time frames, **We** will communicate to **You** the reasons why this has not been possible. **We** will also advise **You** when **You** should expect to receive a response or decision, **Your** right to complain to the Australian Financial Complaints Authority (AFCA) if **You** are dissatisfied with such reasons and provide **You** with the contact details for AFCA.

WHAT YOU CAN DO IF YOU ARE NOT HAPPY WITH OUR RESPONSE OR HANDLING OF YOUR COMPLAINT

If **You** are not satisfied with **Our** response or the handling of **Your** complaint, **You** may wish to have the matter reviewed by **Our** Internal Dispute Resolution Committee ("Committee").

If **You** wish to have **Your** complaint reviewed by the Committee, please call or write to the complaints team as per the details above. As part of **Your** request, please include detailed reasons for requesting the review and the outcome **You** are seeking. This information will assist the Committee in carrying out its assessment and review of **Your** complaint.

A written response setting out the final decision of the Committee and the reasons for this decision will be provided to **You**.

If **We** are unable to provide a response within 30 calendar days of receipt of the initial complaint, **We** will inform **You** of (i) the time frame for when **Your** complaint will be heard by the Committee, (ii) when **You** should expect to receive a response from the Committee; (iii) the reasons for such delay; (iv) **Your** right to complain to AFCA if **You** are dissatisfied with such reasons; and (v) the contact details for AFCA.

You can take **Your** complaint to AFCA at anytime, including:

- if **We** have been unable to resolve **Your** complaint within 30 calendar days;
- **You** are dissatisfied with the outcome of **Your** complaint; or
- **You** are dissatisfied with the findings of the Committee.

AFCA provides a fair and independent financial services complaint resolution service that is free to consumers. AFCA can make decisions with which AIG is obliged to comply.

Under AFCA Rules, **Your** complaint may be referred back to **Us** if it has not gone through **Our** complaints process.

AFCA's contact details are:

Australian Financial Complaints Authority **(AFCA)**
GPO Box 3, Melbourne VIC 3001

Website: www.afca.org.au
Email: info@afca.org.au
Phone: 1800 931678 (free call)

The use of AFCA does not preclude **You** from subsequently exercising any legal rights which **You** may have if **You** are still unhappy with the outcome. Before doing so however, **We** strongly recommend that **You** obtain independent legal advice.

If **Your** complaint does not fall within AFCA's Rules, **We** will advise **You** to seek independent legal advice or give **You** information about any other external dispute resolution options where available to **You**.

The Financial Claims Scheme

The protection provided under the Federal Government's Financial Claims Scheme (**the Scheme**) applies to the Policy. In the unlikely event that the **Insurer** is unable to meet its obligations under the Policy, persons entitled to make a claim under the insurance cover under the Policy may be entitled to payment under the Scheme (access to the Scheme is subject to eligibility criteria). Information about the Scheme can be obtained from the APRA website at https://www.fcs.gov.au

Privacy Notice

This notice sets out how AIG collects, uses and discloses personal information about:

- **You, if an individual; and**
- **other individuals You provide information about.**

Further information about Our Privacy Policy is available at www.aig.com.au or by contacting Us at australia.privacy.manager@aig.com or on 1300 030 886.

HOW WE COLLECT YOUR PERSONAL INFORMATION

AIG usually collects personal information from **You** or **Your** agents. AIG may also collect personal information from:

- **Our** agents and service providers;
- other **Insurers**;
- people who are involved in a claim or assist **Us** in investigating or processing claims, including third parties claiming under **Your** policy, witnesses and medical practitioners;
- third parties who may be arranging insurance cover for a group that **You** are a part of;
- providers of marketing lists and industry databases; and
- publically available sources.

WHY WE COLLECT YOUR PERSONAL INFORMATION

AIG collects information necessary to:

- underwrite and administer **Your** insurance cover;
- maintain and improve customer service; and
- advise **You** of **Our** and other products and services that may interest **You**.

You have a legal obligation under the Insurance Contracts Act 1984 to disclose certain information. Failure to disclose information required may result in AIG declining cover, cancelling **Your** insurance cover or reducing the level of cover, or declining claims.

TO WHOM WE DISCLOSE YOUR PERSONAL INFORMATION

In the course of underwriting and administering **Your** policy **We** may disclose **Your** information to:

- entities to which AIG is related, reinsurers, contractors or third party providers providing services related to the administration of **Your** policy;
- banks and financial institutions for policy payments;
- assessors, third party administrators, emergency providers, retailers, medical providers, **Travel** carriers, in the event of a claim;
- other entities to enable them to offer their products or services to **You**; and
- government, law enforcement, dispute resolution, statutory or regulatory bodies, or as required by law.

AIG is likely to disclose information to some of these entities located overseas, including in the following countries: United States of America, United Kingdom, Singapore, Malaysia, the Philippines, India, Hong Kong, New Zealand as well as any country in which **You** have a claim and such other countries as may be notified in **Our** Privacy Policy from time to time.

You may request not to receive direct marketing communications from AIG.

ACCESS TO YOUR PERSONAL INFORMATION

Our Privacy Policy contains information about how **You** may access and seek correction of personal information **We** hold about **You**. In summary, **You** may gain access to **Your** personal information by submitting a written request to AIG.

In some circumstances permitted under the Privacy Act 1988, AIG may not permit access to **Your** personal information. Circumstances where access may be denied include where it would have an unreasonable impact on the privacy of other individuals, or where it would be unlawful.

COMPLAINTS

Our Privacy Policy also contains information about how **You** may complain about a breach of the applicable privacy principles and how **We** will deal with such a complaint.

CONSENT

Your application includes a consent that **You** and any other individuals **You** provide information about consent to the collection, use and disclosure of personal information as set out in this notice.

Policy Wording

Important Policy Matters

This Policy consists of **Sections** and provides the **Insured Person** with insurance cover under those **Sections** selected by **You** in **Your** application for this insurance and shown in the **Policy Schedule**.

All cover is subject to **You** paying or agreeing to pay the required premium, and is subject to all the terms, Conditions, Special Provisions and Exclusions of the Policy including the **Policy Schedule**.

This Policy shall only apply to events that occur during the **Policy Period** as set out in the **Policy Schedule** or renewal notice.

This Policy applies to **Travel** for the period specified in the definition of **Travel** and does not apply to events happening after such period, unless **We** have agreed in writing to extend cover beyond this period.

Your Duty of Disclosure

Before **You** enter into an insurance contract, **You** have a duty to tell **Us** anything that **You** know, or could reasonably be expected to know, may affect our decision to insure **You** and on what terms.

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

You have the same duty before **You** renew, extend, vary or reinstate an insurance contract. **You** do not need to tell **Us** anything that:

- reduces the risk **We** insure **You** for; or
- is common knowledge; or
- **We** know or should know as an **Insurer**; or
- **We** waive **Your** duty to tell **Us** about.

IF YOU DO NOT TELL US SOMETHING

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

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

DUTY TO TAKE REASONABLE CARE NOT TO MAKE A MISREPRESENTATION

You have a duty to take reasonable care not to make a misrepresentation to **Us** before the contract of insurance is first entered into. **You** have the same duty when **You** renew, extend, vary or reinstate the contract.

This means that **You** must take reasonable care to answer accurately and completely all of the questions **We** ask **You**. If **You** are unsure about the requirements of any of **Our** questions, please tell **Us**. If **You** need to check **Your** records or other information before answering, please make sure **You** do so. In answering **Our** questions, **You** should also make sure **You** provide accurate and complete answers for anyone else to whom the questions apply.

Your compliance with this duty is very important as **We** make **Our** decisions whether to insure **You** and, if so, on what terms based on the information **You** provide.

If **You** fail to take reasonable care and make a misrepresentation to **Us**, **We** may be entitled to:

- cancel **Your** contract;
- deny a claim or reduce the amount **We** will pay **You** if **You** claim, or
- if the misrepresentation was made fraudulently, treat the policy as if it never existed.

GST

The amount of premium payable for this Policy also includes an amount on account of GST. The sums insured under this Policy exclude GST.

When **We** make a payment under this Policy for the acquisition of goods, services or other supplies **We** will reduce the payment by the amount of any input tax credit that **You** are or would have been entitled to if **You** made a relevant acquisition.

Where **You** are registered for GST **You** must tell **Us Your** correct input tax credit entitlement. Any fines or penalties arising from **Your** incorrect advice are payable by **You**.

Definitions

Words with a special meaning are shown in this policy wording by using capital letters and **bold** font and, except where words are defined within a **Section** of this Policy, have the meanings given below:

Accident or Accidental means a sudden, fortuitous, violent, visible and specific event caused external to the body which occurs at an identifiable time and place during the **Policy Period**.

Associated Leisure Travel means **Travel** by an **Insured Person** which is private (non-business related), taken either before, during or after an authorised business trip covered by this Policy.

Close Relative means a **Spouse/Partner**, parent, parent-in-law, step-parent, child, brother, sister, brother- in-law, sister-in-law, daughter-in-law, son-in-law, half-brother, half-sister, fiance (e), niece, nephew, uncle, aunt, stepchild, grandparent or grandchild of the **Insured Person**.

Coronavirus/Covid-19 means Coronavirus Disease (COVID-19)/Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)/any mutation, strain or variation of SARS-CoV-2.

Compensation means the amount payable by **Us** to **You** or an **Insured Person** in accordance with this Policy.

Country of Residence means:

(a) the country of which the **Insured Person** is a citizen or permanent resident (ie holder of a multiple entry visa or permit which gives the **Insured Person** resident rights in such country); or

(b) the country in which the **Insured Person** is residing on an overseas expatriate assignment; or

(c) the country **You**, the **Insured Person** or the **Insured Person's** representative would like **Us** to return the **Insured Person** to when repatriation is necessary.

Dependent Child(ren) means an **Insured Person's** children (including step or legally adopted children) who are:

(a) under nineteen (19) years of age; or

(b) under twenty-five (25) years of age while they are full time students at an accredited institution of higher learning;

and at the time of an event giving rise to a claim are primarily dependent upon the **Insured Person** for maintenance and support and who **Travel** with the **Insured Person**.

A child who is physically or mentally incapable of self-support upon attaining age 19 may continue to be covered as a **Dependent Child** under this Policy whilst remaining incapacitated provided they **Travel** with the **Insured Person**.

Doctor(s) means a medical practitioner or medical specialist who is registered or licensed and is legally qualified to practice medicine under the laws of the country in which they practice other than a medical practitioner or medical specialist who is the **Insured Person**, the **Insured Person's** business partner or agent, **Insured Person's** employer or employee or a **Close Relative**.

Excess means the part of each and every claim which **We** will not pay and which **You** or the **Insured Person** are required to bear themselves as shown in the **Policy Schedule**.

Fingers, Thumbs or **Toes** means the digits of a **Hand** or **Foot**.

Financial Default means insolvency, bankruptcy, provisional liquidation, liquidation, financial collapse, appointment of a receiver, manager or administrator, entry into any official or unofficial scheme of arrangement, statutory protection, restructuring or composition with creditors, or the happening of anything of a similar nature under the laws of any jurisdiction.

Foot means the entire foot below the ankle.

Hand means the entire hand below the wrist.

Injury means a bodily **Injury** to an **Insured Person** resulting from an Accident and occurring independently of any other cause provided the **Injury** occurs on or after the **Insured Person's** cover commencement date as described under the period of individual cover in the **Policy Schedule**.

Insured Person(s) means any person(s) who come within the description of the insured persons appearing in the **Policy Schedule**, who are nominated by **You** from time to time for insurance under this Policy and with respect to whom premium has been paid or agreed to be paid.

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

Non-Associated Leisure Travel means pure leisure **Travel** which is private, not taken in conjunction to any business trip and is unrelated to business for the entire duration of the trip, as declared by **You**, to be undertaken by directors, Chief Financial Officer, Chief Executive Officer, Chief Operating Officer, Company Secretary and nominated (named) executives and their accompanying **Spouse/Partner** and **Dependent Children** provided always that such **Travel** involves:

a. a flight or pre-booked overnight stay,

b. an interstate destination, or a destination outside Australia.

Policy Period means the period shown in the **Policy Schedule** or subsequent renewal notice issued by **Us**.

Policy Schedule means the most recent document we issue to you which contains conditions that are specific to **Your** cover, including details of **Your Travel**, **Insured Person(s)**, **Your Policy Period**, limit of liability and other Policy details.

Professional Sports means any sport for which an **Insured Person** receives any fee or monetary reward as a result of their participation.

Pre-existing Condition means:

1) any sickness, condition, injury, disease or disability which in the one (1) year period before the **Insured Person's** cover commenced as described under the period of individual cover in the **Policy Schedule**:

    a) the **Insured Person**, **Close Relative**, business partner, co-director or **Travelling Companion** were aware of or a reasonable person in the circumstance could be expected to be aware of; and

    b) such condition:

        i) manifested itself, worsened, became acute or exhibited symptoms which would have caused an ordinarily prudent person to seek diagnosis, care or treatment;

        ii) required taking prescribed drugs or medicine, or tests or further investigation had been recommended by a **Doctor**; or

        iii) was treated by a **Doctor** or treatment had been recommended by a **Doctor**.

2) any ongoing congenital, chronic or condition of the **Insured Person**, **Close Relative** or , business partner, co- director or **Travelling Companion** which they are aware of, or a reasonable person in the circumstances could be expected to be aware of, before the **Insured Person's** cover commencement date as described under the period of individual cover in the **Policy Schedule**.

Public Place means any place to which the public has access, including but not limited to shops, airports, train stations, bus stations, streets, hotel foyers and grounds, restaurants, beaches and public toilets.

Section/Sections means one or more of sections 1 to 16 in this **Policy Wording**.

Serious Injury or **Serious Sickness** means a serious **Injury** or **Sickness** for which the attending **Doctor** certifies that the attendance on the **Insured Person** is necessary given the immediate threat to the injured or sick person's life.

It does not mean:

a. a terminal condition diagnosed prior to the **Insured Person's** cover commencement date as described under the period of individual cover in the **Policy Schedule**; or

b. any chronic or other medical condition (other than mild and controlled asthma or hypertension) for which the person on whom the claim depends has:

    (i) received regular medical treatment or medication in the 30 days immediately prior to the **Insured Person's** cover commencement date as described under the period of individual cover in the **Policy Schedule**; or

    (ii) required hospitalisation or surgery (or was on a waiting list for hospitalisation or surgery) in the 6 months immediately prior to the **Insured Person's** cover commencement date as described under the period of individual cover in the **Policy Schedule**.

Sickness means (except where otherwise defined within a **Section** of this **Policy Wording**) sickness or disease of the **Insured Person** occurring on or after the **Insured Person's** cover commencement date as described under the period of individual cover in the **Policy Schedule**, but does not include a terminal condition of the **Insured Person** diagnosed prior to the **Insured Person's** cover commencement date as described under the period of individual cover in the **Policy Schedule**.

Specified Sickness means myocardial infarction, stroke, chronic obstructive pulmonary disorder or cancer.

Spouse/Partner means the husband or wife or any de facto partner with whom the **Insured Person** has continuously lived during the 3 months immediately prior to the commencement date of the **Travel**.

Sum Insured means the amount specified in **Your Policy Schedule** as the **Sum Insured**.

Travel/Travelling means the period of individual cover as described in the **Policy Schedule**.

Travelling Companion means a person who is travelling with an **Insured Person**.

Unattended means when an item is not on the **Insured Person** at the time of loss and has been,

a. left with a person other than the **Insured Person's Travelling Companion**;

b. left in a position where it can betaken without the knowledge of the **Insured Person** including on the beach or beside the pool whilst the **Insured Person** is swimming; or

leaving it at a distance where the **Insured Person** is unable to prevent it from being unlawfully taken.

War means war, whether declared or not, or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.

We/Our/Us/Insurer means AIG Australia Limited ("AIG"), ABN 93 004 727 753, AFSL 381686

You/Your/Insured means the insured named in the **Policy Schedule**. Words in the singular include the plural and vice versa.

General Exclusions Applying to All Sections

We will not pay under any **Section** of this Policy for claims arising directly or indirectly out of:

1. **War**, civil war, invasion, insurrection, revolution, use of military power or usurpation of government or military power in Australia or an **Insured Person's Country of Residence**, or any of the following countries: Iraq, Afghanistan, North Korea, Somalia,Chechnya, Russia, Ukraine or Belarus, or in countries or territories which, prior to the time of travel, have been recognised as do not travel zones by the Australian government Department of Foreign Affairs and Trade's travel advice, available at Smartraveller.gov.au, was against all travel in that country, or area of that country where there are warlike operations.
2. Air **Travel** except as a passenger in a properly licensed aircraft.
3. Intentional self-inflicted **Injury** or suicide of an **Insured Person**.
4. Sexually transmitted disease.
5. Training for or participating in **Professional Sports** of any kind.
6. Any criminal or intentional illegal act of **You** or the **Insured Person(s)**.
7. The refusal, failure or inability of any person, company or organisation, including but not limited to any airline, other transportation provider, hotel, car rental agency, tour or cruise operator, **Travel** wholesaler, booking agent or other provider of **Travel** or tourism related services, facilities or accommodation, to provide services, facilities or accommodation, by reason of their own **Financial Default** or the **Financial Default** of any person, company or organisation with whom or with which they deal.
8. The **Insured Person**(s) riding a motorised bike, trike or quad bike/ATV:
   i. whilst not wearing a helmet; or
   ii. where the engine capacity exceeds 250cc; or
   iii. whilst riding without a valid local or Australian license endorsed for the appropriate category of vehicle.

In addition to the above General Exclusions

9. The **Insurer** shall not be deemed to provide cover and the **Insurer** shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose the **Insurer**, its parent company or its ultimate controlling entity to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of Australia, the European Union or the United States of America.

Age Limits

Save for the age limitations in respect of the cover under certain sub-sections of Section 5 (as detailed below), this Policy does not cover any event which happens to an **Insured Person** unless they are, at the date of such event, under 101 years of age. Cover under Section 5 will be limited as set out in the table below for the respective age bands of an **Insured Person**, where the lesser of the amount shown in the **Policy Schedule** or the amount shown in the table below will be payable for each respective age band of **Insured Persons**.

AGE BAND		75 YEARS OR OVER AND UNDER 80 YEARS	80 YEARS OR OVER AND UNDER 90 YEARS	90 YEARS OR OVER
1.	Section 5A – Death & Capital Benefits			
a.	Event 1 – Death	$500,000	$250,000	$25,000
b.	Event 2 – Permanent Total Disablement	Nil	Nil	Nil
c.	Events 3 to 19	$500,000	$250,000	$25,000
2.	Section 5B – Weekly Injury & Weekly Sickness Benefits			
a.	Events 21 & 25 – a **Temporary Total Disablement**	Nil	Nil	Nil
b.	Event 22 – Temporary Partial Disablement	Nil	Nil	Nil

Special provisions in relation to Section 5A apply to limit the benefits payable for **Insured Persons** under 18 years of age. Section 5B and Section 5E have different age limits as detailed in those sections.

General Conditions Applying to All Sections

1. Notice of Claim

Written notice of claim must be given to **Us** within 30 days after the happening of any circumstances giving rise to a claim, where reasonably practicable, or otherwise as soon as reasonably practicable thereafter.

Notice may be provided by completing a claim form available at any of **Our** Offices, or advising **Us** by telephone on 1800 339 663 or by submitting a claim over the internet at www.aig.com.au

We will advise if additional information is required and **You** should provide this to **Us** in a reasonable time.

You or the **Insured Person** are required to declare any other insurance policy that is in force simultaneously with this Policy, where it may provide **You** or the **Insured Person** with similar cover for **Your** claims.

Please note that additional conditions apply to Section 14, Identity Guard – please refer to this **Section** for details.

2. Proof of Loss and Physical Examination

After **We** receive notice of a claim, **We** will provide **You** with **Our** usual claim forms for completion. The claim forms must be adequately completed and all evidence reasonably required by **Us** in relation to the claim must be furnished in a timely manner at the expense of **You** or the **Insured Person** and be in such form and of such nature as **We** may reasonably require. **We** may at **Our** own expense conduct any medical examination or arrange for an autopsy to be carried out where that is reasonably required in relation to the claim, unless it is illegal to do so.

3. Subrogation

We have the right to commence or takeover legal proceedings in **Your** and/or the **Insured Person's** name for the defence or settlement of any claim, or to sue or prosecute any other party to recover any monies payable by them at law. **You** and the **Insured Person** must reasonably co-operate with **Us** and do nothing to hinder **Our** rights.

In the event of any payment under this Policy, **We** shall be subrogated to all the **Insured**/**Insured Person's** rights of recovery thereof against any person or organisation and the **Insured**/**Insured Person** must execute and deliver instructions and papers and do whatever else is reasonably necessary to secure such and enable enforcement of such rights. The **Insured**/**Insured Person** must take no action to prejudice such rights.

4. Cancellation

(a) This Policy may be cancelled by **You** at anytime by giving **Us** written notice.

(b) This Policy may be cancelled by **Us** in accordance with Sections 59 and 60 of the Insurance Contracts Act 1984 (Cth).

(c) When the Policy is cancelled in the circumstances as outlined in (a) or (b), or **We** agree to bring the renewal date forward, **We** will refund the proportion of the premium (if applicable and dependent on risk exposure and claims made) for the unexpired **Policy Period**, after deducting reasonable allowance for **Our** administration costs, Commonwealth taxes and/or charges that **We** cannot recover, and benefits already paid or provided under the Policy for the period the Policy was in force.

5. Currency

All amounts shown are in Australian dollars. If expenses are incurred in a foreign currency, then the rate of currency exchange used to calculate the amount payable will be the rate at the time of incurring the expense or suffering a loss.

6. Australian Law

This Policy is governed by the laws of the state of New South Wales. Any dispute or action in connection therewith shall be conducted and determined in a court of competent jurisdiction in Australia

7. Aggregate Limits of Liability

(Applicable to Sections 4, 5, 6, 7, 8 and 9)

(a) Except as provided in clause 7.(b), **Our** total liability for all claims under one or more of the above **Sections** which arise out of any one event or series of related events, shall not exceed the amount specified in the **Policy Schedule**.

(b) **Our** total liability for all claims directly arising out of air **Travel** in aircraft whose flights are not conducted in accordance with fixed schedules to and from fixed terminals over specific routes, shall not exceed the amount specified in the **Policy Schedule**.

(Applicable to Section 10)

(c) **Our** total liability for all claims arising under Section 10 (Kidnap and Ransom and Extortion) which arise out of any one event or series of related events, shall not exceed the amount specified in the **Policy Schedule**.

(Applicable to Section 11)

(d) **Our** total liability for all claims arising under Section 11 (Personal Liability) which arise out of any one event or series of related events, shall not exceed the amount specified in the **Policy Schedule**.

(Applicable to Section 3)

(e) **Our** total liability for all claims arising under Section 3 (Loss of Deposits and Additional Expenses) which arise out of any one event or series of related events, shall not exceed the amount specified in the **Policy Schedule**.

8. Automatic Extensions

We will automatically extend the **Insured Person's** cover for up to 3 calendar months from the date of the **Insured Person's** expected return to their **Country of Residence** if such return is deferred due to delay of transport or the **Insured Person's** inability to **Travel** due to an **Injury** or **Sickness** for which a claim is payable under this Policy.

9. Please note: We suggest You check that it is safe to Travel to Your destination. Information on safe Travel is available at www.smartraveller.gov.au

10. Renewal

This Policy may be renewed with **Our** agreement from term to term, provided the **Insured** pays or agrees to pay the required renewal premium.

11. Fraudulent Claims

If any claim is in any respect fraudulent or if any fraudulent means or devices are used by **You** or the **Insured Person** or anyone acting on **Your** or the **Insured Person's** behalf to obtain any benefit under this Policy then any amount payable in respect of such claim shall be refused in accordance with relevant law.

12. Claim Offset

Subject to any applicable law, except for Section 5 (Personal Injury) Events 1- 20 inclusive and Sections 5C and 5D, there is no cover under this Policy for any loss or event or liability which is covered under any other insurance policy, health or medical scheme or Act of Parliament or is payable by any other source.

We will however pay the difference between what is payable under the other insurance policy, health or medical scheme or Act of Parliament or such other source and what **You** or the **Insured Person** would be otherwise entitled to recover under this Policy, where permissible under law.

13. Tax or Imposts

Where **We** are, or reasonably believe **We** will become, liable for any tax or other imposts levied by any Commonwealth or State government, authority or body in connection with this Policy, **We** may reduce, vary or otherwise adjust any amounts (including but not limited to premiums, charges and benefits), to take account of the tax or impost.

Section 1 – Medical and Medical Evacuation Expenses

This Section is only available for expenses arising from overseas Travel

Section 1A – Overseas Medical Expenses

DESCRIPTION OF COVER

If an **Insured Person** whilst **Travelling** incurs **Medical Expenses**, **We** will pay **You** or the **Insured Person** for those expenses provided that they are incurred outside of the **Insured Person's Country of Residence**.

DEFINITIONS – SECTION 1A

In addition to the definitions listed on pages 7-8, words with a special meaning in Section 1A are listed below and are shown by using capital letters and **bold** font.

Medical Expenses means all reasonable costs necessarily incurred outside the **Insured Person's Country of Residence** for:

1. **Injury** or **Sickness** resulting in hospital, surgical or other diagnostic or remedial treatment given or prescribed by a **Doctor**.
2. Emergency optical treatment provided by a **Doctor** or registered and legally qualified optician, but not for routine or other optical treatments.
3. Emergency dental treatment provided by a registered and legally qualified dentist for the relief or management of dental pain, but not for normal maintenance of dental health or other dental treatments.

Section 1B – Ongoing Medical Expenses

DESCRIPTION OF COVER

If an **Insured Person** during a **Policy Period** incurs **Ongoing Medical Expenses** in their **Country of Residence** for an:

1. **Injury** or **Sickness**; or
2. dental or optical condition arising out of an **Injury**;

which was first treated outside the **Insured Person's Country of Residence** during a period of **Travel**, **We** will pay **You** or the **Insured Person** for those expenses.

If an **Insured Person's Country of Residence** is any country other than Australia or New Zealand, **Ongoing Medical Expenses** are limited to a maximum of $50,000.

Subject to the exclusion set out below, an **Insured Person** is required to submit their claim to Medicare, or similar body established by law in **Your** or their **Country of Residence**, or their private health **Insurer** in the first instance.

DEFINITIONS – SECTION 1B

In addition to the definitions listed on pages 7-8, words with a special meaning in Section 1B are listed below and are shown in **bold** font.

Ongoing Medical Expenses means all reasonable costs necessarily incurred for **Injury** or **Sickness**, or an **Injury** related dental or optical condition, resulting in hospital, surgical or other diagnostic or remedial treatment given or prescribed by a **Doctor**, qualified dentist or optician. Ongoing medical expenses does not include those expenses **We** are prohibited by law from paying.

EXCLUSIONS APPLYING TO SECTION 1B – IN ADDITION TO THE GENERAL EXCLUSIONS APPLYING TO ALL SECTIONS

We will not pay any expenses reasonably recoverable by **You** or the **Insured Person** from any other source. **We** will also not cover any **Ongoing Medical Expenses** not permitted by law or covered by, or subject to Medicare, or a similar public health insurance body established by law in **Your** or the **Insured Person's Country of Residence** or any private health insurance.

Section 1C – Overseas Medical Evacuation Expenses

DESCRIPTION OF COVER

1. Emergency Transportation Services

If during overseas **Travel** an **Insured Person** suffers **Injury** or **Sickness** covered under Section 1A (Overseas Medical Expenses) that necessitates emergency air, land or water transportation from a location outside of **Your** or the **Insured Person's Country of Residence**:

(a) to another location to obtain necessary medical treatment; or

(b) to repatriate the **Insured Person** to their **Country of Residence**; then

We will pay for the reasonable cost of the required service including any necessary accompanying medical staff.

We will also pay for the reasonable cost of returning the **Insured Person** to the location from where they were evacuated unless **We** had returned them to their **Country of Residence** (refer Section 6 (Resumption of Assignment)).

CONDITIONS APPLYING TO SECTION 1C

(a) If **You** or the **Insured Person** incurs or requires **Us** to pay for the emergency transportation service then to the extent it is reasonably practicable, AIG Travel Protect must be contacted for prior consent (which shall not be unreasonably delayed or withheld) before incurring costs. To the extent it is reasonably practicable, **You** or **Insured Person(s)** should not incur any expenses without prior approval from AIG Travel Protect. Subject to the extent of **Our** prejudice, not doing so may reduce the amount payable under the Policy. (This requirement does not include in-country emergency ambulance transfers from the place of **Injury** or **Sickness** to a hospital, which will be paid by **Us** providing such service was medically necessary or was authorised by a local authority (eg police or medical officer)).

(b) **We** will reasonably determine based on medical advice where and how to best move the injured or sick **Insured Person**.

(c) **We** will be entitled to use the **Insured Person's** return ticket towards **Our** costs if the **Insured Person** is returned to their **Country of Residence**.

d) This Benefit does not apply in **Your** or the **Insured Person's Country of Residence**.

2. Repatriation of Mortal Remains/Burial Expenses

In the event of the death of the **Insured Person**, **We** will pay the reasonable cost of returning their remains to their **Country of Residence** or the reasonable funeral and related costs if the body is buried or cremated at the place of death.

3. Accompanying Family Member

If the **Insured Person** suffers **Injury** or **Sickness** and reasonably requires care under medical advice or dies during the **Travel**, **We** will pay the reasonable extra **Travel** and accommodation expenses, for up to two persons to **Travel** to, remain with or accompany the **Insured Person** back to their **Country of Residence**, provided **You** tell **Us** if **You** expect to incur reasonable expenses under this cover before doing so, so that **We** can inform **You** whether **We** agree that they are reasonable.

The maximum amount **We** will pay under this Section 1C is limited to the specified **Sum Insured** in the Schedule of Compensation of the **Policy Schedule**.

EXCLUSIONS APPLYING TO SECTION 1C – IN ADDITION TO THE GENERAL EXCLUSIONS APPLYING TO ALL SECTIONS

We will not pay for:

1. Any expenses reasonably recoverable by **You** or the **Insured Person** from any other source.
2. **Medical Expenses** incurred within an **Insured Person's** of **Country of Residence** except in accordance with Section 1B (**Ongoing Medical Expenses**).
3. Any expenses **We** are prohibited by law from paying (including those outlined under the Australian National Health Act 1953 and the Australian Health Insurance Act 1973 or similar law in any jurisdiction, amendments thereto and any other similar subsequent legislation which is enacted).
4. Expenses incurred when the **Insured Person** is **Travelling** against medical advice or to seek medical attention or advice or with a terminal condition which was diagnosed prior to **Travel** or when they are unfit to do so.
5. Expenses incurred for continuing treatment, including any medication commenced prior to the commencement date of the **Travel**, which the **Insured Person** has been advised to continue whilst **Travelling**.
6. Any expenses incurred more than 24 calendar months after the date of **Injury**, or in the case of **Sickness**, 24 calendar months after the date on which the **Medical Expenses** were first incurred.

Section 2 – Emergency And Medical Assistance

This Section is only available for expenses arising from overseas Travel

DESCRIPTION OF COVER

An **Insured Person** is entitled to the worldwide services of AIG Travel Protect (AIGTP).

In the event of a medical or other emergency overseas, the **Insured Person** should, as soon as reasonably practicable, call – reverse charge – the AIG Travel Protect telephone number shown on the Emergency **Travel** card which has been supplied to **You** and which should be carried by all **Insured Persons Travelling** outside their **Country of Residence**.

AIG Travel Protect has a worldwide team of Doctors, medical professionals and insurance specialists who are available 24 hours a day for advice and assistance for medical emergencies and any associated problems for **Insured Persons** outside their **Country of Residence**.

If the **Insured Person** needs advice regarding the replacement of lost or stolen luggage, credit cards or any similar problems – AIG Travel Protect is a free telephone call away.

AIG Travel Protect arranges access to the following services free of charge, but subject to the Terms and Conditions of Your Policy and applicable law(s):

- Pre-departure health information.
- Access to a registered medical practitioner for emergency assistance and advice.
- Emergency transportation to the nearest suitable hospital.
- Payment guarantees to hospitals and insurance verification.
- Second opinions on surgery.
- Hospital case management.
- Emergency evacuation to the **Insured Person's** home if necessary.
- Advice to the family at home of the **Insured Person's** medical condition and progress.
- **You** will be kept informed of **Insured Person's** condition and progress.
- Location of Australian Embassies and Consulates.
- Legal referral service.
- Assistance in replacing **Travel** documents and passports.
- Assistance in cancelling and replacing lost or stolen credit cards and **Insured Person's** cheques.
- Assistance and advice regarding the replacement of lost or stolen luggage.
- Urgent message service and emergency **Travel** planning.

Section 3 – Loss of Deposits and Additional Expenses

In relation to **Non-Associated Leisure Travel**, all losses payable under this section are limited to the lesser of the **Sum Insured** or $25,000 per **Event**.

DESCRIPTION OF COVER

1. Loss of Deposits

We will reimburse **You** or the **Insured Person**:

The non-refundable unused portion of **Travel** or accommodation arrangements paid for in advance by **You** or the **Insured Person** following necessary cancellation, alteration or incompletion of the **Insured Person's Travel** due to:

(a) the **Insured Person's** unexpected death, **Injury** or **Sickness**; or

(b) the unexpected death or Serious **Injury** or Serious **Sickness** of an **Insured Person's Close Relative**, business partner, co¬director or **Travelling Companion** and resulting in the **Insured Person** having to return to the original point of departure of such **Travel**; or

(c) any other unforeseen circumstances occurring outside the control of **You** or the **Insured Person**, other than those circumstances described in (a) or (b) above or specifically described elsewhere in this Policy,

all happening after the **Insured Person's** cover commencement date as described under the period of individual cover in the **Policy Schedule**.

Section 3, Exclusions 7 and 8 below do not apply to (a) and (b) above.

2. Additional Cancellation/Curtailment/Interruption Expenses

We will reimburse **You** or the **Insured Person** or pay direct to the provider, the expenses reasonably and necessarily incurred in addition to those already budgeted for or likely to be incurred but less any refund on unused prepaid **Travel** and accommodation arrangements, as a result of:

(a) the **Insured Person** suffering an **Injury** or **Sickness** during the **Travel**; or

(b) the **Insured Person** having to return to their **Country of Residence** or place of departure within their **Country of Residence** during the **Travel** due to the unexpected death or Serious **Injury** or **Serious Sickness** of a **Close Relative**, business partner, co-director or **Travelling Companion**; or

(c) any other unforeseen circumstances occurring during **Travel** and outside the control of **You** or of the **Insured Person**, other than those circumstances described in (a) or (b) above or specifically described elsewhere in this Policy.

We will not pay any additional costs or expenses incurred to **Travel** to a destination which is the **Insured Person's Close Relative**, business partner, co-director or **Travelling Companion's** location, if such location is different from the **Insured Person's** point of original departure. **We** will only pay the equivalent of any reasonable additional costs or expenses that would have been incurred if the **Insured Person** returned to their point of departure.

Section 3, Exclusions 7 and 8 below do not apply to (a) and (b) above.

Note: If the **Insured Person** needs to return home early for any reason AIG Travel Protect must be contacted as soon as practicable, so that **We** can inform **You** whether **We** agree that the expenses are reasonable and necessary. AIG Travel Protect will also help with the **Travel** arrangements.

3. Frequent Flyer Points

Where an airline ticket was purchased using frequent flyer or similar air points, **We** will pay the **Insured Person** for the frequent flyer or similar air points lost following cancellation of the **Insured Person's** airline ticket. The amount payable will be calculated as follows:

If the airline will not refund **Your** or the **Insured Person's** points, **We** will refund to **You** or the **Insured Person** the cost of the equivalent class air ticket on the quoted retail price at the time the ticket was issued.

If the airline will only refund a portion of the value of **Your** or the **Insured Person's** points, **We** will refund to **You** or the **Insured Person** the cost of the equivalent class air ticket based on the quoted retail price at the time the ticket was issued, less the value of the portion of **Your** or the **Insured Person's** points refunded back to **You** or the **Insured Person**.

For this benefit to become payable:

(a) the reason for cancellation must be an insured event under this **Section** of the Policy, and

(b) the loss of such points must not be reasonably recovered from any other source.

4. Other Expenses

We will pay:

(a) **in Hospital Cash Benefit**

$200 for each completed 24 hour period an **Insured Person** is hospitalised overseas as an in-patient due to **Injury** or **Sickness** suffered during **Travel**, up to a maximum of 25 days (ie $5,000).

(b) **In Hospital Coma Benefit**

$300 for each completed 24 hour period an **Insured Person** is hospitalised overseas as an in-patient due to a coma, up to a maximum of 10 weeks.

DEFINITIONS – SECTION 3.4

In addition to the definitions listed on pages 7-8, words with a special meaning in Section 3.4 are listed below and are shown by using capital letters and **bold** font.

Coma means the **Insured Person** being in a prolonged state of deep unconsciousness due to an **Injury** or **Sickness** suffered during **Travel**.

Benefits are not payable under 4(a) (In Hospital Cash Benefit) if a benefit is payable under 4(b) (In Hospital Coma Benefit) for the same period.

(c) **Legal Expenses**

The reasonable legal costs actually and necessarily incurred as a result of the false arrest or wrongful detention of the **Insured Person** during **Travel** by any internationally recognised foreign Government, up to a maximum of $50,000.

(d) **Hijack**

$2,000 for each 24 hour period (or part thereof after the initial 24 hour period) that an **Insured Person** is illegally detained during **Travel** as a result of the public transport on which they are **Travelling** being hijacked, up to a maximum of 20 days (ie $40,000).

(e) **Overbooked Flight**

If an **Insured Person** is denied boarding on a confirmed, scheduled flight due to overbooking and the carrier does not provide alternative transport that is scheduled to depart within eight (8) hours of the original scheduled departure time, **We** will pay up to $2,500 for all reasonable additional **Travel**, accommodation and meal expenses incurred as a result of the delay.

CONDITIONS

1) **We** will require confirmation from the airline as to why **You** were denied boarding **Your** original scheduled flight and what alternative arrangements were made available to **You**.
2) **We** will deduct any compensation **You** receive from the carrier, or any other third party, from any claim lodged under this **Section**.
3) There is no cover if **You** are flying standby or on any other class of ticket that does not guarantee a seat, such as airline staff **Travel**.

(f) **Additional Domestic Travel Benefit**

If an **Insured Person** is hospitalised for more than 24 hours in Australia beyond a 200 kilometre distance from their normal place of residence and work **We** will pay up to a maximum of $2,000 for the cost of one (1) persons return airfare, with **Your** consent, to **Travel** to the **Insured Person**.

Costs are limited to economy class domestic airfare, unless none are available.

(g) **Pet Care Benefit**

If an **Insured Person** is hospitalised as an inpatient resulting in their return trip being delayed for more than 24 consecutive hours at the end of the original pre-booked authorised business **Travel**, **We** will pay up to $50 per day towards any reasonable additional costs necessarily incurred by the **Insured Person** towards additional domestic cattery or kennel fees for pets owned by the **Insured Person**.

We will pay a maximum of $500 under this benefit.

CONDITIONS APPLYING TO SECTION 3 – LOSS OF DEPOSITS AND ADDITIONAL EXPENSES

1. All losses payable under this section in relation to **Non-Associated Leisure Travel** are limited to the lesser of the **Sum Insured** or $25,000 per event or series of related events.
2. Where an **Insured Person** has incurred both additional expenses as well as forfeited pre-paid **Travel** or accommodation expenses only the greater of each expense shall be payable under this Policy. For example, if an **Insured Person** forfeits accommodation for a particular night, but also incurs expense for accommodation for the same night, only the greater expense shall be payable.

EXCLUSIONS APPLYING TO SECTION 3 – IN ADDITION TO THE GENERAL EXCLUSIONS APPLYING TO ALL SECTIONS,

We will not pay for any expenses arising directly or indirectly out of:

1. Claims arising from cancellation, curtailment or diversion of scheduled public transport services, including by reason of strikes or other industrial action, if there had been reasonable media warning before the date the particular **Travel** was booked that such events were likely to occur.
2. Claims arising from cancellation, delays or rescheduling where the expense is recoverable from the carrier.
3. Any business or employment commitment or financial or contractual obligation of **You**, the **Insured Person** or any other person on whom the **Travel** depends.
4. Any change of plans, or disinclination on the part of the **Insured Person** or of any other person to **Travel**.
5. 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 **Travel**. This exclusion does not apply in relation to pre paid transportation and accommodation arrangements purchased separately to get to and/or from an **Insured Person's** destination.
6. A terminal condition of the **Insured Person** diagnosed prior to the **Insured Person's** cover commencement date as described under the period of individual cover in the **Policy Schedule**, or the **Insured Person Travelling** against medical advice or to seek medical attention or advice or when they are unfit do so.
7. **Covid-19**;
8. **Travel** restrictions (including quarantine requirements) due to government orders, advisories, regulations, directives, or border closures in relation to **Covid-19**.
9. **Travel** or accommodation arrangements for trips to countries or territories which, prior to the **Insured Person's** cover commencement date as described under the period of individual cover in the **Policy Schedule**, have been recognized as do not travel zones by the Australian Government Department of Foreign Affairs and Trade's travel advice, available at Smartraveller.gov.au, was against all travel in that country, or territories of that country where there are warlike operations.

Section 4 – Luggage, Personal Effects, Travel Documents

DESCRIPTION OF COVER

1. **Property**

   We will pay for reasonable expenses incurred due to the accidental loss of or damage to the **Insured Person's** accompanied luggage, personal effects, portable business equipment (including computers and mobile phones) and business property (including business papers, specifications, manuscripts, and stationery for the cost of reproducing such documents but excluding research and development costs), that occurred during **Travel**.

2. **Mislaid Luggage**

   We will pay the reasonable expenses necessarily incurred during **Travel** for the emergency replacement of essential items if during the **Travel** the **Insured Person's** luggage is delayed, misdirected or temporarily misplaced by any carrier for more than 8 consecutive hours. The maximum amount **We** will pay under this benefit is specified in the **Policy Schedule**.

   Claims must be supported by written confirmation of the delay, misdirection or misplacement from the carrier responsible and receipts for the replacement items the **Insured Person** needed to purchase. The cost of the essential items purchased will be offset against any subsequent claim where a total or partial loss of luggage, personal effects or business property is made for the same trip.

3. **Travel Documents**

   We will pay the reasonable non-recoverable cost of replacing the **Insured Person's** Travel documents, credit cards or Traveller's cheques should they be lost or damaged during **Travel**.

4. **Credit Card Fraud**

   We will pay **Your** or the **Insured Person's** legal liability for payment arising out of unauthorised use of **Your** or the **Insured Person's** Travel documents, credit cards or traveller's cheques following theft during **Travel** by any person other than the **Insured Person's Close Relative** or **Travelling Companion**. The maximum amount **We** will pay under this benefit is specified in the **Policy Schedule**.

5. **Money**

   We will pay for accidental loss of the **Insured Person's** cash, bank or currency notes, cheques, postal or money orders or other negotiable instruments, that occurred during **Travel**.

   In respect of money secured for the purpose of **Travel**, cover shall commence at the time of collection from the bank or 72 hours prior to the start of the **Travel** whichever occurs last and shall continue for 72 hours after termination of the **Travel** or until deposited at the bank, whichever occurs first. The maximum amount **We** will pay under this benefit is specified in the **Policy Schedule**.

6. **Keys and Locks**

   We will pay up to the amount specified under this benefit in the **Policy Schedule** of the costs actually incurred for the replacement of keys and locks where an **Insured Person** loses identification and keys at the same time.

SUM INSURED

The maximum amount **We** will pay under this Section 4 is limited to the specified **Sum Insured** in the Schedule of Compensation of the **Policy Schedule**.

BASIS OF SETTLEMENT

The basis of settlement under clauses 1, 2, 3, 5 and 6 of this **Section** will be the replacement value of items. **We** will replace or repair the item where it is reasonably practicable to do so, or otherwise pay for the replacement in cash where that is not the case.

CONDITIONS APPLYING TO SECTION 4

1. Where reasonably practicable, all loss or damage attributable to theft, vandalism or loss or damage by carriers must be reported to the local police or appropriate authority as soon as possible after the discovery of the loss, and a written acknowledgement of the report obtained.
2. Any loss of credit cards, traveller's cheques or **Travel** documents must be reported as soon as possible to the issuing authority and the appropriate cancellation measures taken.
3. The **Insured Person** must take all reasonable precautions for the safety and supervision of any insured luggage, personal effects, Travel documents, money and credit cards.

EXCLUSIONS APPLYING TO SECTION 4 – IN ADDITION TO THE GENERAL EXCLUSIONS APPLYING TO ALL SECTIONS

We will not pay for:

1. Damage or loss arising from electrical or mechanical breakdown or software malfunction, defector failure of any item.
2. Damage to or replacement of any electronic data or software.
3. Scratching or breakage of fragile or brittle items. This exclusion does not apply to photographic or video equipment, binoculars, spectacles or contact lenses.
4. Damage or loss arising from wear and tear, deterioration, atmospheric or climatic conditions, mould or fungus, insects, rodents, vermin, or any process of cleaning, ironing, pressing, repairing, restoring or alteration.
5. Luggage, personal effects, business property, Travel documents or money shipped under any freight agreement, or items sent by postal or courier services or given to someone else other than a **Travelling Companion**.
6. Losses due to depreciation or devaluation of currency.
7. Loss or damage arising from confiscation or destruction by customs or any other authorities.
8. Subject to applicable law, losses reasonably recoverable from any other source, including but not limited to airlines..
9. **Electronic Equipment**;
   (a) where theft or attempted theft occurs while such equipment is **Unattended** other than when securely locked inside a building or securely locked out of sight inside a motor vehicle. This exclusion 9(a) shall not apply in circumstances where the **Insured Person** leaves such property temporarily **Unattended** whilst on any conveyance and takes all reasonable precaution to safeguard the property and has no reasonable option other than to leave the property temporarily **Unattended**; or
   (b) whilst carried in or on any conveyance unless they accompany an **Insured Person** as personal cabin luggage unless the conveyance operator has specifically instructed the **Insured Person** that such items must be placed in the cargo hold prohibiting the **Insured Person** from carrying the item(s) as cabin luggage. Where the **Insured Person** is so prohibited, the item(s) must be reasonably and adequately packaged and protected from theft or damage.
10. Luggage, personal effects and/or Travel documents left **Unattended** in any **Public Place**. This exclusion 10 shall not apply in circumstances where the **Insured Person** leaves such property temporarily **Unattended** whilst on any conveyance and takes all reasonable precautions to safeguard the property and has no option other than to leave the property temporarily **Unattended**.
11. Damage or loss of jewelry, whilst placed in the storage hold of any aircraft, vehicle or vessel.
12. Contractual obligations in relation to a mobile phone purchase.
13. Cost of freight and associated charges including insurance incurred for replacing a lost or stolen item.
14. Any goods intended for sale or trade in excess of $1,000 in total.
15. Household furniture and household appliances unless acquired during the **Travel** for personal use in the **Insured Person's Country of Residence** and non-portable business property, computer or **Electronic Equipment**.
16. Drones lost, damaged or confiscated by lawful authorities whilst such drones were in use.

DEFINITIONS – SECTION 4

In addition to the definitions listed on pages 11-13, words with a special meaning in Section 4 are listed below and are shown by using capital letters and **bold** font.

Electronic Equipment means any electronic equipment including but not limited to laptops, notebooks, tablets, smart/hybrid watches, mobile phones, or any other portable electronic device, projectors, cameras, video equipment, drones, MP3 players (and other listening, recording and viewing devices) or GPS equipment.

Section 5 – Personal Injury and Sickness Benefits

Section 5A – Capital Benefits

DESCRIPTION OF COVER

If an **Insured Person**, whilst **Travelling** during a period of individual cover suffers an **Injury** which results within 12 consecutive months in any event described in the Table of Events, **We** will pay **You** the **Compensation** stated in the Table of Events.

In relation to **Non-Associated Leisure Travel**, benefits payable for Event 1 (Death) under this **Section** will be limited to the lesser of the **Sum Insured** stated in the **Policy Schedule** or $250,000.

For **Insured Persons** aged 75 years or over at the time of **Injury** resulting in an event described in the Table of Events, cover under this section 5A is limited to the lesser of the amount shown in the **Policy Schedule** and the amounts for the respective age bands set out in the following table:

AGE BAND		75 YEARS OR OVER AND UNDER 80 YEARS	80 YEARS OR OVER AND UNDER 90 YEARS	90 YEARS OR OVER
1.	Section 5A – Death & Capital Benefits			
a.	Event 1 – Death	$500,000	$250,000	$25,000
b.	Event 2 – **Permanent Total Disablement**	Nil	Nil	Nil
c.	Events 3 to 19	$500,000	$250,000	$25,000

EXPOSURE

If an **Insured Person** suffers an event described in the Table of Events as a direct result of exposure to the elements, **We** will pay the **Compensation** shown for that Event.

DISAPPEARANCE

If an **Insured Person** disappears and after 12 calendar months their body has not been found and it is reasonable to conclude that they have died due to an insured **Injury**, **We** will pay the **Compensation** shown for Event 1 (Death) subject to such disappearance being reported to the relevant authorities and receipt of a signed undertaking by **You** that any such **Compensation** shall be refunded if it is later demonstrated that the **Insured Person** did not die as a result of an **Injury**.

Table of Events

Cover under this **Section** is available only for the events specified in the **Policy Schedule**. Subject to the age band limits specified above, the **Compensation** for each event is payable as a percentage of the Death & Capital Benefits **Sum Insured** shown in the **Policy Schedule**.

THE EVENTS			THE COMPENSATION
INJURY AS DEFINED, RESULTING IN:			
1.	Death*		100%
2.	**Permanent Total Disablement**		100%
3.	**Paraplegia** or **Quadriplegia**		100%
4.	**Permanent Total Loss** of sight of both eyes		100%
5.	**Permanent Total Loss** of sight of one eye		100%
6.	**Permanent Total Loss** of use of two **Limbs**		100%
7.	**Permanent Total Loss** of use of one **Limb**		100%
8.	**Permanent Total Loss** of the lens of both eyes		100%
9.	**Permanent Total Loss** of the lens of one eye		50%
10.	**Permanent Total Loss** of hearing in		
	(a) both ears		75%
	(b) one ear		15%
11.	Third degree burns and/or resultant disfigurement received from fire or chemical reaction which extend to cover more than 40% of the entire external body		50%
12.	**Permanent Total Loss** of use of four **Fingers** and one **Thumb** of either **Hand**		70%
13.	**Permanent Total Loss** of use of four **Fingers** of either **Hand**		40%
14.	**Permanent Total Loss** of use of one **Thumb** of either **Hand**		
	(a) both joints		30%
	(b) one joint		15%
15.	**Permanent Total Loss** of use of **Fingers** of either **Hand**		
	(a) three joints		10%
	(b) two joints		7%
	(c) one joint		5%
16.	**Permanent Total Loss** of use of **Toes** of either **Foot**		
	(a) all – one **Foot**		15%
	(b) great – both joints		5%
	(c) great – one joint		3%
	(d) other than great each **Toe**		1%
17.	Loss of at least 50% of all sound and natural teeth, including capped or crowned teeth, but excluding first teeth and dentures	Per tooth	1% (to $10,000 in total for all teeth)
18.	Shortening of leg by at least 5cm		7%

THE EVENTS	THE COMPENSATION
INJURY AS DEFINED, RESULTING IN:	
19. **Permanent** partial disablement not otherwise provided for under Events 9 to 18 inclusive	Such percentage of the Death & Capital benefit **Sum Insured** which corresponds to the percentage reduction in whole bodily function as certified by the **Insured Person's** treating **Doctor**, and a **Doctor** appointed by **Us**, up to a maximum amount which is seventy-five percent (75%) of the Death & Capital benefit **Sum Insured**. If the **Doctor** chosen by **Us** forms a contrary opinion to that of the **Insured Person's** treating **Doctor**, **We** will seek the opinion of a third independent **Doctor** who will be appointed by mutual agreement between the **Insured Person** and **Us**. In the event of a disagreement between all three (3) **Doctors**, the percentage reduction in whole bodily function will be the average of the three (3) opinions, subject to the maximum of seventy-five percent (75%) of the Death & Capital benefit **Sum Insured**.

Additional Benefits		
20.	Broken bone benefits – **Injury** resulting in:	
(a)	neck or spine	$5,000
(b)	hip, pelvis	$3,750
(c)	skull, shoulder blade	$2,500
(d)	collar bone, upper leg	$2,500
(e)	upper arm, kneecap, forearm, elbow	$1,250
(f)	lower leg, jaw, wrist, cheek, ankle, **Hand**, **Foot**	$1,000
(g)	ribs (per rib)	$500
(h)	**Finger, Thumb, Toe** (per **Finger, Thumb, Toe**)	$350
	Maximum Compensation any one accident	$7,500

* Benefits payable with respect to **Dependent Children** and **Insured Persons** under 18 years of age for Event 1 (Death) will be limited to $20,000.

Section 5B – Weekly Injury and Weekly Sickness Benefits

Cover under this **Section** is available only if specified in the **Policy Schedule**.

DESCRIPTION OF COVER

If an **Insured Person** whilst **Travelling** during a period of individual cover suffers an **Injury** or **Sickness** which within 12 consecutive months results in any event described in the below Table of Events, **We** will pay the **Compensation** stated in the Table of Events.

For the section 5B coverages detailed below, this Policy does not cover any event which happens to an **Insured Person** unless they are under 75 years of age at the date of such event.

THE EVENTS	THE COMPENSATION
INJURY AS DEFINED, RESULTING IN:	
21. **Temporary Total Disablement** if **Insured Person** is an income earner at the time of the Event	During such disablement the amount per week specified in the **Policy Schedule** or **Income** as defined, whichever is the lesser.
The **Compensation** shall be payable for no longer than the **Aggregate Period** specified in the **Policy Schedule**, and shall be subject to an **Elimination Period** as specified in the **Policy Schedule**.	
22. **Temporary Partial Disablement**	During such disablement: (a) if the **Insured Person** returns to work in a reduced capacity following a valid claim under Event 21, the **Compensation** payable shall be the difference between the **Compensation** for Event 21 per week and the weekly **Income** earned from personal exertion per week; or (b) if the **Insured Person** is able to return to work in a reduced capacity following a valid claim under Event 21, but elects not to do so, the **Compensation** shall be 25% of the **Compensation** for Event 21 per week.
23. **Temporary Total Disablement**, if **You** are not an income earner at the time of the Event.	85% of the cost of **Domestic Help** up to the maximum amount specified in the **Policy Schedule**.
The **Compensation** shall be payable for no longer than the **Aggregate Period** specified in the **Policy Schedule**, and shall be subject to an **Elimination Period** as specified in the **Policy Schedule**.	
24. **Temporary Total Disablement**, if **You** are a full-time student at the time of the Event.	85% of the cost of **Student Tutoring Expenses** up to the maximum amount specified in the **Policy Schedule**.
The **Compensation** shall be payable for no longer than the **Aggregate Period** specified in the **Policy Schedule**, and shall be subject to an **Elimination Period** as specified in the **Policy Schedule**.	

Please note: Benefits cannot be claimed under more than one event for the same period under Section 5B in respect of the same **Injury**.

SICKNESS AS DEFINED, RESULTING IN:	
25. **Temporary Total Disablement** if **You** are an income earner at the time of the Event	During such disablement the amount per week specified in the **Policy Schedule** or **Income** as defined, whichever is the lesser.
The **Compensation** shall be payable for no longer than the **Aggregate Period** specified in the **Policy Schedule**, and shall be subject to an **Elimination Period** as specified in the **Policy Schedule**.	

Compensation is not payable for more than one of the Events under Section 5B in respect of the same period of time.

DEFINITIONS – SECTION 5B

In addition to the definitions listed on pages 7-8, words with a special meaning in Section 5B are listed below and are shown by using capital letters and **bold** font.

Sickness in respect of Event 25 means sickness or disease contracted by the **Insured Person** whilst **Travelling** and which results solely and directly and independently of any other cause in **Temporary Total Disablement**, provided such **Temporary Total Disablement** occurs during the **Policy Period** and continues for a period of not less than seven days from the date of commencement of medical treatment by a **Doctor**.

EXCLUSIONS APPLYING TO SECTION 5B – EVENTS 21, 22, 23 & 24 – IN ADDITION TO THE GENERAL EXCLUSIONS APPLYING TO ALL SECTIONS

We will not pay for any claim which directly or indirectly arises from or is caused by any type of illness, disease, infection or contagion, even if contracted through an **Injury**. This exclusion shall not apply to any **Accidental** needle stick injuries, medically acquired infections or blood poisoning.

EXCLUSIONS APPLYING TO SECTION 5B – EVENTS 21, 22 & 25 – IN ADDITION TO THE GENERAL EXCLUSIONS APPLYING TO ALL SECTIONS

We will not pay a benefit for any period where the **Insured Person** is entitled to receive sick leave pay or any equivalent payment from their employer.

Section 5C – Surgical Benefits for Injury

Cover under this **Section** is available only if specified in the **Policy Schedule**.

THE EVENTS		THE COMPENSATION
INJURY RESULTING DIRECTLY IN THE FOLLOWING SURGICAL PROCEDURES:		
1.	Brain surgery	$20,000
2.	Amputation of a **Limb**	$20,000
3.	Fracture of a **Limb** requiring open reduction	$5,000
4.	Any other surgical procedure performed under general anaesthetic	$2,500

CONDITIONS

1. Cover is only provided under Section 5C for surgical procedures undertaken outside of Australia.

EXCLUSIONS – IN ADDITION TO THE GENERAL EXCLUSIONS APPLYING TO ALL SECTIONS

We will not pay for any claim which directly or indirectly arises from or is caused by:

1. Any type of illness, disease, infection or contagion, even if contracted through an **Injury**. This exclusion shall not apply to any **Accidental** needle stick injuries, medically acquired infections or blood poisoning.

Section 5D – Surgical Benefits for Sickness

Cover under this **Section** is available only if specified in the **Policy Schedule**.

THE EVENTS		THE COMPENSATION
INJURY RESULTING DIRECTLY IN THE FOLLOWING SURGICAL PROCEDURES:		
1.	Open heart surgery	$20,000
2.	Brain surgery	$20,000
3.	Abdominal surgery performed under general anaesthetic	$5,000
4.	Any other surgical procedure performed under general anaesthetic	$2,500

CONDITIONS

1. Cover is only provided under Section 5D for surgical procedures undertaken outside of Australia.

Section 5E – AIG Care+ Benefits

(A) CARE+ CAPITAL BENEFITS

1. Death by Specified Sickness

DESCRIPTION OF COVER

If an **Insured Person** suffers a Specified **Sickness** whilst **Travelling** and dies as a direct result thereof and further provided that;

a) the death occurs within four (4) weeks of the **Travel** commencing;

b) the **Insured Person** is under 65 years of age at the commencement of the **Travel**; and

c) the **Specified Sickness** occurs independently of any **Pre-existing Condition**,

We will pay the sum of $50,000 per **Insured Person**.

2. Independent Financial Advice

DESCRIPTION OF COVER

If an **Insured Person** sustains an **Injury** which results in a valid claim under Section 5A (Capital Benefits) Events 1-9, and on **Your** request, **We** will pay the reasonable costs:

(a) For **You** or the **Insured Person** to receive professional financial, taxation and/or investment advice in respect of the benefit paid under Events 1-9, as applicable.

CONDITIONS

1. The advice must be provided by a licensed independent financial advisor who is not **Your** employee or a **Close Relative**.
2. The maximum amount **We** will pay under this benefit is $5,000.

3. Executor Emergency Cash Advance Benefit.

DESCRIPTION OF COVER

If an **Insured Person** sustains an **Injury** resulting in death, **We** will upon the written request for financial assistance by the executor of the **Insured Person's** estate, advance **You** or the executor up to $15,000 whilst the administration of the **Insured Person's** estate is being arranged.

CONDITIONS

1. Any cash advance under this benefit will be subject to reasonable evidence regarding the cause of death being a covered **Injury**.
2. Any payments made by **Us** against this benefit will be deducted from the final **Compensation** paid out to the **Insured Person's** estate under Section 5A (Capital Benefits) Event 1.

4. Pre-mature Birth & Miscarriage Benefit

DESCRIPTION OF COVER

If an **Insured Person** sustains an **Injury** whilst **Travelling** which results in either a premature childbirth (prior to 26 weeks gestation) or miscarriage (prior to 26 weeks gestation), as certified by the **Insured Person's Doctor**, **We** will pay $5,000.

EXCLUSIONS

1. This benefit is not payable:

a. in the event the **Insured Person** is **Travelling** against medical advice; or

b. to the accompanying **Spouse/Partner** or **Dependent Children** of an **Insured Person**.

5. Cosmetic Surgery Benefit

DESCRIPTION OF COVER

If an **Insured Person** sustains an **Injury** whilst **Travelling** that results in a valid claim under Section 5A (Capital Benefits) Events 2 to 18, **We** will pay an additional amount equivalent to 10% of the benefit payable under the relevant event, subject to the maximum **Compensation** of $25,000, for medically necessary reconstructive or cosmetic surgery.

CONDITIONS

1. The sole purpose of the cosmetic or reconstructive surgery as certified by a **Doctor** must be to restore function or appearance after an **Injury** and be done at a medically appropriate stage within 24 months after the date of **Injury**.

6. Facial Scarring Benefit

DESCRIPTION OF COVER

If an **Insured Person** sustains an **Injury** whilst **Travelling** which results in a permanent facial scar on the **Insured Person's** face, **We** will pay **Compensation** as follows:

1. permanent facial scar is 2.5 to 5 centimetres in length or square centimetres in area – $750
2. permanent facial scar is over 5 centimetres in length or square centimetres in area – $1,500

7. Dental Cash Benefit – Injury Only

DESCRIPTION OF COVER

If an **Insured Person** suffers **Injury** resulting in the loss of teeth or the crowning of damaged teeth, **We** will pay $300 per tooth, up to a maximum of $5,000 per **Injury**.

EXCLUSIONS

No cover is provided for milk or first teeth, dentures or fillings. No benefit is payable if a claim is payable under Section 5A Event 17 in relation to the same **Injury**.

8. Trauma Counselling

DESCRIPTION OF COVER

If an **Insured Person** suffers psychological trauma as a result of being a victim of, or an eye witness to, a violent criminal act consisting of a sexual assault, rape, murder, violent robbery or an act of terrorism whilst **Travelling**, **We** will pay:

(a) Up to $250 per visit, to a maximum of $5,000 in total, for the cost of trauma counselling provided by a registered psychologist or psychiatrist.

CONDITIONS

1. The registered psychologist or psychiatrist must not be an **Insured Person** or their **Close Relative**.
2. The treatment must be certified as reasonably necessary by a **Doctor** for the well-being of the **Insured Person**.
3. Costs must be incurred within six (6) months of the event giving rise to a claim.
4. The maximum amount **We** will pay under this benefit is $10,000 with respect to any one (1) event or set of related circumstances, regardless of the number of **Insured Persons** involved.
5. Any claim under this benefit will need to be supported, where reasonably practicable, by a police report of the event.

9. Physical Assault Benefit

DESCRIPTION OF COVER

If an **Insured Person** is a victim of a sexual assault or physical assault whilst on authorised business **Travel**, **We** will pay reasonable costs actually incurred towards:

1. the reasonable transportation, lodging and meals costs up to a maximum of $200 per day, incurred for up to 7 days for one person (as chosen by the **Insured Person**) to **Travel** to and visit the **Insured Person** at the hospital or medical facility where they are confined for treatment, if the visitor's and **Insured Person's** usual place of residence is 100 kilometres or more away from the hospital or medical facility; and/or
2. any test costs incurred by the **Insured Person** to undergo infectious disease or virus testing within 60 days after the date of a sexual assault or physical assault.

CONDITIONS

1. Any claim under this benefit will need to be supported by appropriate reports such as medical and police reports of the event.

The maximum amount **We** will pay for cover under 1 and 2 above shall not exceed $2,600 in the aggregate.

10. Out of Pocket Expense Benefit

DESCRIPTION OF COVER

If an **Insured Person** sustains an **Injury** whilst **Travelling** which directly results in reasonably unforeseeable expenses for clothing, medical aids (not including electronic devices) and local transportation for the purpose of seeking medical treatment, **We** will pay the reasonable costs incurred up to the maximum of $1,000.

CONDITIONS

1. **We** will not pay for any expense covered under any other **Sections** of this Policy.
2. **We** will not pay for any expenses that **We** are prohibited by law from making.

11. Life Saver Benefit

DESCRIPTION OF COVER

If an individual, who is not an **Insured Person**, a **Close Relative** or a member of the emergency services, sustains **Injury** that results in their death or permanent total disablement whilst trying to save the life of an **Insured Person** whilst on **Travel**, **We** will pay on **Your** written request **Compensation** of $25,000 to this person or to their legal representatives.

The maximum amount payable under this benefit per **Policy Period** is $50,000.

12. Corporate Image Protection

DESCRIPTION OF COVER

If an **Insured Person** suffers an **Injury** whilst **Travelling** which based on evidence is likely to result in a valid claim under the Policy with respect to Section 5A (Capital Benefits) Event 1 Death,

We will pay:

(a) The reasonable costs **You** incur, other than **Your** internal costs, for the engagement of external image or public relations consultants to protect against or counter any reputational damage **Your** business may suffer as a result of the **Insured Person's Accidental** death.

CONDITIONS

1. Costs must be incurred no later than fifteen (15) days after the **Insured Person's Accidental** death.
2. The maximum amount **We** will pay is $10,000 with respect to any one (1) event or set of related circumstances, regardless of the number of **Insured Persons** involved.
3. Cover is subject to **You** giving **Us** a signed undertaking that any amount paid to **You** will be repaid to **Us**, if it is later found that a valid claim did not or will not eventuate.

(b) Care+Additional Benefits

1. Guaranteed Payment

DESCRIPTION OF COVER

If an **Insured Person** suffers an **Injury** for which benefits are payable under Section 5B (Weekly Injury Benefits) Event 21. and a **Doctor** certifies, with reasonable supporting medical evidence, that the total period of the **Temporary Total Disablement** is likely to be a minimum of twenty-six (26) consecutive weeks

We will pay:

(a) The first twelve (12) weeks benefits to the **Insured Person** in advance, following satisfactory proof of **Income**.

CONDITIONS

1. Reasonable supporting medical evidence must be provided by a **Doctor**, certifying that the total period of the **Temporary Total Disablement** is likely to be a minimum of twenty-six (26) weeks.
2. The **Insured Person** must provide a signed undertaking that if the claim does not run for twenty-six (26) consecutive weeks the **Insured Person** will refund the portion of the guaranteed payment that they were not entitled to receive.
3. All benefit entitlements after twelve (12) weeks will be paid four (4) weekly in arrears.

2. Escalation of Claim Benefit

DESCRIPTION OF COVER

After payment of the **Compensation** under any Section 5B Event continuously for 12 months, and again after each subsequent period of 12 months during which **Compensation** is paid, **We** will increase the **Compensation** by 5 percent compound per annum.

3. Home or Motor Vehicle Renovation Benefit

DESCRIPTION OF COVER

If after payment of the **Compensation** under any of Section 5A Events 2 to 8 in the Table of Events, the **Insured Person** is required to renovate their existing 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) or modify their motor vehicle as necessary for the **Insured Person** to:

i. carry out daily activities such as washing, cooking, bathing and dressing;

ii. remain in and move around their existing residence; or

iii. continue using their motor vehicle

We will pay 80% of the reasonable costs necessarily incurred for such renovations to a maximum of $10,000. This benefit is only payable:

(a) where such renovations and modifications are undertaken with **Our** prior written confirmation (not unreasonably withheld or delayed) with the agreement of the **Insured Person's** attending **Doctor**; and

(b) in respect of one primary residence and any one motor vehicle only.

You/**Insured Person** must, to the extent it is reasonably possible, seek **Our** prior written agreement, which **We** will not unreasonably withhold or delay, before any incurring any costs towards this benefit. Subject to the extent of **Our** prejudice, not doing may reduce the amount payable under the Policy.

4. Membership Fee Reimbursement Benefit

DESCRIPTION OF COVER

After payment of the **Compensation** under any of Section 5A Events 2 to 9 of the Table of Events, Section 5B Event 21 or 25 (where selected); and where a **Doctor** certifies that the **Injury** prevents the **Insured Person** from continuing their participation in the sport or gym activity for which they have pre-paid a membership, association or registration fee, **We** will pay the **Insured Person** an amount equal to the un-refundable portion of such fees paid for the current season or year up to $3,000 in total.

5. Chauffeur Benefit

DESCRIPTION OF COVER

After payment of the **Compensation** under Section 5B Event 21, 22, or 25 (where selected) where the **Insured Person**:

(a) has returned to work in a limited capacity, and

(b) is unable to commute to work via their normal mode of transport;

We will pay the reasonable costs of hiring a suitable chauffeured vehicle or taxi to transport the **Insured Person** directly to and from their normal place of residence and normal place of work to complete their work duties.

The maximum amount payable for this benefit is $100 per day up to a maximum of $2,500.

CONDITIONS

Medical evidence must be presented to **Us** from a **Doctor** certifying that the **Insured Person** is unable to operate a motor vehicle or **Travel** on other available modes of public transport.

EXCLUSIONS APPLYING TO SECTION 5E – IN ADDITION TO THE GENERAL EXCLUSIONS APPLYING TO ALL SECTIONS

We will not pay for any claim which directly or indirectly arises from or is caused by:

1. Any type of illness, disease, infection or contagion, even if contracted through an **Injury**. This exclusion shall not apply to any **Accidental** needle stick injuries, medically acquired infections or blood poisoning.

DEFINITIONS – SECTION *5*

In addition to the definitions listed on pages 7-8, words with a special meaning in Section 5 are listed below and are shown by using capital letters and **bold** font.

1. **Aggregate Period** means the aggregate period specified in the **Policy Schedule**.
2. **Domestic Help** means the actual costs incurred for reasonable and necessary professional services carried out by persons other than **Close Relatives** or persons permanently residing with the **Insured Person**, to help the injured **Insured Person** with household duties provided such services are certified by the **Insured Person's Doctor** as being necessary for the **Insured Person's** recovery.
3. **Elimination Period** means the period, commencing with the first day of **Temporary Total Disablement** or **Temporary Partial Disablement** for which medical treatment was sought, during which no **Compensation** is payable.
4. **Income** means

   (a) as regards to a salaried **Insured Person**, the average gross weekly income earned from personal exertion before personal deductions and income tax, but excluding bonuses, commissions, overtime payments and other allowances; or

   (b) as regards to a T.E.C. (i.e. total employee cost) or salary package of the **Insured Person**, the average gross weekly value of the income package earned from personal exertion (including, but not limited to wages, and/or salary, motor vehicle and/or travelling allowances, club subscriptions and fees, housing loan or rental subsidy, clothing or meal allowances), before personal deductions and income tax, but excluding bonuses, commissions and overtime payments and other allowances not listed above; or

   (c) as regards to a self-employed **Insured Person**, the average gross weekly income earned from personal exertion after the deduction of all business expenses necessarily incurred in earning that income;

   all derived during the 12 calendar months period, or such shorter period as they have been employed, immediately preceding the **Injury** giving rise to the claim under this Policy.
5. **Paraplegia** means permanent and entire paralysis of both legs and part or whole of the lower half of the body.
6. **Permanent** means lasting 12 consecutive calendar months and at the end of that period is certified by a **Doctor** as being unlikely to materially improve for the remainder of the **Insured Person's** natural life.
7. **Permanent Partial Disablement** means as a result of **Injury** the **Insured Person** is wholly and continuously prevented from engaging in more than 50% of their usual occupation in their usual **Country of Residence**, which continues for 12 consecutive months and at that time is certified by a **Doctor** as being unlikely to materially improve for the remainder of the **Insured Person's** natural life.
8. **Permanent Total Disablement** means total disablement which as a result of **Injury** continues for 12 consecutive months and at that time is certified by a **Doctor** as being unlikely to materially improve and likely to entirely prevent the **Insured Person** forever from engaging in their usual occupation immediately prior to the **Injury** or any occupation for which they are reasonably qualified by training, education or experience for the remainder of the **Insured Person's** natural life.

9. **Quadriplegia** means permanent and entire paralysis of both legs and both arms.

10. **Student Tutoring Expenses** means the actual expenses necessarily incurred for professional tutorial services of a suitably qualified teacher holding a current teaching certificate equal to the level of education currently undertaken by an **Insured Person**.

11. **Temporary Partial Disablement** means that as a result of **Injury** or, with respect to Section 5B Event 25 (where selected), as a result of **Sickness** the **Insured Person** is wholly and continuously prevented from engaging in more than 50% of the duties of their usual occupation in their usual **Country of Residence**, and is under the regular care of and acting in accordance with the instructions or professional advice of a **Doctor**.

12. **Temporary Total Disablement** means:

    (a) in respect of income earners that as a result of **Injury** the **Insured Person** is wholly and continuously prevented from engaging in their usual occupation in their **Country of Residence**, and is under the regular care of and acting in accordance with the instructions or professional advice of a **Doctor**;

    (b) in respect of non-income earners that as a result of **Injury** the **Insured Person** is wholly and continuously prevented from engaging in all of their normal household duties in their **Country of Residence**, and is under the regular care of and acting in accordance with the instructions or professional advice of a **Doctor**;

    (c) in respect of students that as a result of **Injury** the **Insured Person** is wholly and continuously prevented from attending all of their normal studies at an educational institution in their **Country of Residence**. Provided such absence is certified by that **Insured Person's Doctor**, as being necessary for that **Insured Person's** recovery.

13. **Total Loss** means the Permanent and total physical loss or loss of use of the body part referenced in the Table of Events. Where that body part is a **Limb**, **Hand**, **Foot**, **Finger** or toe, **Total Loss** means the total **Permanent** physical loss or loss of use of, or for an eye entire and irrecoverable loss of sight in that eye or for an ear entire and irrecoverable loss of hearing in that ear or speech entire and irrecoverable loss of speech.

SPECIAL PROVISIONS APPLYING TO SECTION 5

1. The **Compensation** payable under Event 1 in Section 5A shall be payable to **You**. Any other **Compensation** payable under this **Section** shall be payable to an **Insured Person** or as per benefit terms.

2. (a) **Compensation** shall not be payable for more than one of the events listed in Section 5A in respect of the same **Injury**;

    (b) Any **Compensation** payable for Events 2-19 listed in Section 5A shall be reduced by any **Compensation** already paid under Events 21, 22, 23 and 24 in Section 5B in respect of the same **Injury**;

    (c) Should an **Insured Person** sustain **Injury** which results in payment of **Compensation** for any one of Events 2 to 8 described in Section 5A there shall be no further liability under the Policy for **Injury** sustained by that **Insured Person** thereafter;

    provided always that if an **Insured Person** becomes entitled to **Compensation** under any one of the events listed in Section 5A Table of Event (other than Event 1), an **Insured Person** may elect to receive **Compensation** either under that event or under events listed in Section 5B Table of Events.

3. **Compensation** shall not be payable under events described in Section 5B Table of Events:

    (a) in excess of the **Aggregate Period** shown against such events in the **Policy Schedule** in respect of any one **Injury** or **Sickness**;

    (b) unless as soon as possible after the happening of any **Injury** or **Sickness** giving or likely to give rise to a claim, an **Insured Person** obtains and follows proper medical advice from a **Doctor**; or

    (c) to the extent the **Insured Person** is entitled to receive sick leave pay, any **Compensation** shall be reduced by that amount.

4. **Weekly Benefits Limitation**

    (1) For each **Insured Person** the **Compensation** payable under Event 21, 22 or 25 (Weekly Benefits) is limited to an **Insured Person's** weekly **Income** up to the limit stated in the **Policy Schedule**. If an **Insured Person** is entitled to receive:

        (a) weekly or periodical disability benefits under any other policy of insurance; and/or

        (b) weekly or periodical disability benefits under any Workers Compensation law or other legislation having a similar effect, or under Civil Wrongs legislation , or under any Compulsory Third Party or Motor Vehicle law, Transport Accident law other legislation having similar effect; and/or

        (c) earned income from any other occupation;

    then **Compensation** payable under Section 5B Events 21,22 or 25 (Weekly Injury Benefits) will be reduced by the amount necessary to limit the total of all payments and/or **Compensation** to the **Insured Person's** weekly **Income** up to the limit stated in the **Policy Schedule**.

(2) For each **Insured Person** the **Compensation** payable under Section 5B Events 23 or 24 (Weekly Benefits) is limited to an **Insured Person's Domestic Help** costs or **Student Tutoring Expenses** up to the limit stated in the **Policy Schedule**. If an **Insured Person** is entitled to receive:

(a) weekly or periodical disability benefits under any other policy of insurance; and/or

(b) weekly or periodical disability benefits under any Workers Compensation law or other legislation having a similar effect, or under Civil Wrongs legislation, or under any Compulsory Third Party or Motor Vehicle legislation or Transport Accident law or other legislation having similar effect; and/or

(c) earned income from any other occupation;

then **Compensation** payable under Events 23 or 24 (Weekly Injury Benefits) will be reduced by the amount necessary to limit the total of all payments and/or **Compensation** to the **Insured Person's** actual **Domestic Help** costs or **Student Tutoring Expenses** up to the limit stated in the **Policy Schedule**.

5. If as a result of **Injury** or **Sickness**, **Compensation** is payable under Section 5B hereunder and if, while the Policy is in force, an **Insured Person** suffers recurrence of **Temporary Total Disablement** from the same or related cause or causes, the subsequent period of **Temporary Total Disablement** will be deemed a continuation of the prior period unless between such periods the **Insured Person** has performed their usual domestic or occupational duties or studies on a full-time basis for at least six consecutive months, in which event such **Temporary Total Disablement** shall be deemed the result of a new **Injury** and subject to a new **Elimination Period**.

6. **Dependent Children** and **Insured Persons** Under18 Years.

   Benefits payable with respect to **Dependent Children** and **Insured Persons** under 18 years of age for Event 1 (Death) will be limited to $20,000 or as specified in the Schedule.

7. **Duplicate Benefit Cover**

   Should a benefit be payable under this Policy that is also payable under any other insurance policy insured with **Us**, only one (1) Policy can be claimed against (i.e. the Policy with the greatest benefit).

Section 6 – Alternative Employee or Resumption of Assignment Expenses

DESCRIPTION OF COVER

We will pay **You** for reasonable **Expenses** necessarily incurred during a **Policy Period** to either:

(Alternative Employee)

(a) send a substitute person to complete the original business commitments and objectives of an **Insured Person** who is unable to do so due to their unexpected death, **Injury** or **Sickness**, or who has to return early to their **Country of Residence** or place of departure following the unexpected death of a **Close Relative** during the **Travel**; or

(Resumption of Assignment)

(b) return the original **Insured Person** whom **We** have repatriated back to **Country of Residence** following an event covered under Section 1 or Section 3, within 90 days of such repatriation, to complete their original business commitments and objectives.

This benefit will not cover any expenses in connection with:

a. **Non-Associated Leisure Travel**; and/or

b. **Associated Leisure Travel**.

The maximum amount **We** will pay under this Section 6 is limited to the **Sum Insured** in the Schedule of Compensation of the **Policy Schedule**.

DEFINITIONS – SECTION 6

In addition to the definitions listed on pages 7-8, words with a special meaning in Section 6 are listed below and are shown by using capital letters and **bold** font.

Expenses mean:

(a) an economy return air flight for interstate and intrastate air trips within Australia;

(b) a business class return air flight for international air trips (or economy class if the original **Insured Person** travelled economy class at **Your** instruction); and

(c) other essential expenses reasonably and necessarily incurred in transportation of the substitute person or returning the **Insured Person**.

EXCLUSIONS APPLYING TO SECTION 6 – IN ADDITION TO THE GENERAL EXCLUSIONS APPLYING TO ALL SECTIONS

We will not pay for any expenses:

1. Incurred when the **Insured Person** is **Travelling** against medical advice or to seek medical attention or advice or with a terminal condition which was diagnosed prior to **Travel** or when they are unfit to do so.
2. Necessarily incurred as part of the original **Travel** budget.

Section 7 – Political Risk and Natural Disaster Evacuation Expenses

DESCRIPTION OF COVER

If whilst an **Insured Person** is **Travelling** outside their **Country of Residence** and:

1. officials in the country the **Insured Person** is in recommend that certain categories of persons, which categories include the **Insured Person**, should leave that country; or
2. the **Insured Person** is expelled from or declared persona non grata in the country they are in; or
3. a major natural disaster has occurred in the country the **Insured Person** is in necessitating their immediate evacuation in order to avoid risk of personal **Injury** or **Sickness** to him or herself; or
4. there is a wholesale seizure, confiscation or expropriation of **Your** or the **Insured Person's** property, plant or equipment.

We will pay:

(a) the cost of a business class air fare to return the **Insured Person** to their **Country of Residence**; or

(b) the cost of a business class air fare to return the **Insured Person** to the nearest place of safety; or

(c) where the **Insured Person** is unable to return to their **Country of Residence**:

(i) the reasonable costs of accommodation actually incurred, up to a maximum of $500 per day; and

(ii) the reasonable additional costs actually incurred, up to a maximum of $150 per day,

for each **Insured Person** for a maximum period of 21 days. This benefit is not payable with respect to costs incurred in the **Insured Person's Country of Residence**.

CONDITIONS

If an **Insured Person** needs to leave the country they are in, to the extent it is reasonably practicable, AIG Travel Protect must be contacted for prior consent (which shall not be unreasonably delayed or withheld) before incurring costs. Where possible, AIG Travel Protect will make the **Travel** arrangements .To the extent it is reasonably practicable, **You** or **Insured Person**(s) should not incur any expenses without prior approval from AIG Travel Protect. Subject to the extent of **Our** prejudice, not doing so may reduce the amount payable under the Policy.

The maximum amount **We** will pay under this Section 7 is limited to the specified **Sum Insured** in the Schedule of Compensation of the **Policy Schedule**.

EXCLUSIONS APPLYING TO SECTION 7 – IN ADDITION TO THE GENERAL EXCLUSIONS APPLYING TO ALL SECTIONS

We will not pay for losses arising from or attributable to:

1. The **Insured Person** violating the laws or regulations of the country from which they are to be evacuated.
2. The **Insured Person** failing to produce or maintain immigration, work, residence or similar visas, permits or other similar documentation.
3. Any debt, insolvency, commercial failure, the repossession of any property by a titleholder or any other financial cause.
4. **Your** or the **Insured Person's** failure to honour any contractual obligations or bond or to obey any conditions in a licence.
5. The **Insured Person** being a national of the country from which they are to be evacuated.
6. The political unrest or natural disaster that resulted in the **Insured Person's** evacuation being inexistence prior to the **Insured Person** entering the country or its occurrence being foreseeable to a reasonable person before the **Insured Person** entered the country.

We will not pay:

7. In respect of the costs of accommodation for a period in excess of twenty-one (21) days for any one event.
8. Expenses necessarily incurred as part of the original **Travel** budget.

Section 8 – Missed Transport Connection

DESCRIPTION OF COVER

Cover under this **Section** only applies where the **Insured Person** is officially scheduled to attend a business meeting or conference during **Travel** which cannot be delayed because of their late arrival.

We will pay the reasonable extra expenses actually and necessarily incurred, net of any recoveries which **You** or the **Insured Person** are entitled to receive from a carrier, to enable the **Insured Person** to use alternative scheduled public transport services to arrive at their destination on time, if due to any unforeseen circumstances outside **Your** and the **Insured Person's** control, they miss a scheduled transport connection and are unable to arrive at their destination at the original scheduled time.

The maximum amount **We** will pay under this Section 8 is limited to the specified **Sum Insured** in the Schedule of Compensation of the **Policy Schedule**.

EXCLUSIONS APPLYING TO SECTION 8 – IN ADDITION TO THE GENERAL EXCLUSIONS APPLYING TO ALL SECTIONS

We will not pay for:

1. Any missed transport connection arising from a personal, business or employment commitment, or a financial or contractual obligation of **You**, the **Insured Person** or **Travel Companion**.

Section 9 – Rental & Private Vehicle Excess Cover including Towing Expense Benefit

1. Rental Vehicle Excess

DESCRIPTION OF COVER

We will pay **You** or the **Insured Person** for any insurance excess which **You** or the **Insured Person** become legally liable to pay under a valid and current rental vehicle hire agreement if the rental vehicle is stolen, damaged or involved in an accident during the rental period whilst on **Travel**.

CONDITIONS

1. The **Rental Vehicle** must be rented from a licensed rental company.
2. The **Insured Person** must comply with all requirements of the rental organisation under the rental agreement and of the insurer under such rental insurance.
3. As part of the arrangement for the rental of the vehicle the **You** or the **Insured Person** must purchase all compulsory motor vehicle insurance provided by the rental provider, against loss or damage to the rental vehicle during the rental period. Provided that the compulsory insurance has been taken up there is no additional requirement under the Policy to purchase excess buy back.
4. A copy of the signed **Rental Vehicle** agreement clearly showing the **Rental Vehicle** excess amount must be supplied to **Us**.

2. Personal Vehicle Excess

DESCRIPTION OF COVER

If **Insured Person** uses their personal vehicle for authorised business **Travel** as authorised by **You**, and the vehicle is involved in an accident whilst the **Insured Person** is in control of the vehicle. **We** will:

(a) reimburse the **Insured Person** the amount of the excess payable under the **Insured Person's** valid claim under their comprehensive motor vehicle insurance policy of their personal vehicle; and/or

(b) pay the **Insured Person** a weekly benefit of up to a maximum of $350 per week, for a maximum of 4 consecutive weeks, for the cost of hiring a similar motor vehicle in the event that they have lost total use of their personal vehicle as a result of the accident.

The maximum amount **We** will pay with respect to any one accident under this benefit for both parts a) and b) will be $2,000.

CONDITIONS

In the event of a claim the **Insured Person** must supply the following information:

(a) receipts (or copies) for the amount of the claim or excess paid and the name of the firm which carried out the repairs on the **Insured Person's** privately owned vehicle; and

(b) document(s) from the **Insured Person's** personal vehicle insurer confirming the amount of the excess paid and the car is insured under a comprehensive motor vehicle policy.

3. Towing Expense Benefit

DESCRIPTION OF COVER

If whilst on authorised business **Travel**, an **Insured Person's Rental Vehicle** or personal vehicle is involved in an accident or is damaged and unable to be driven, or if the **Insured Person** is deemed unfit to drive as a result of an **Injury** or **Sickness** (not caused by alcohol or unprescribed drugs) which is confirmed by a **Doctor**, **We** will reimburse the **Insured Person** or **You** for the necessary and reasonable towing fees not covered under a roadside assistance agreement, comprehensive motor insurance or the **Rental Vehicle** agreement up to a maximum of $250.

DEFINITION

In addition to the definitions listed on pages 7-8, words with a special meaning in Section 9 are listed below and are shown by using capital letters and **bold** font.

Rental Vehicle means a passenger class hatchback, sedan, van, mini van, station wagon or four-wheel-drive and other non-commercial vehicle rented or hired from a licensed motor vehicle rental for the sole purpose of carrying the **Insured Person** and their **Travelling Companions** on public roadways. It shall not include any other type of vehicle (such as campervans or motorcycles) or vehicle use.

The maximum amount **We** will pay under this Section 9 is limited to the specified **Sum Insured** in the Schedule of Compensation of the **Policy Schedule**.

EXCLUSIONS APPLYING TO SECTION 9 – SECTION 9. IN ADDITION TO THE GENERAL EXCLUSIONS APPLYING TO ALL SECTIONS

We will not pay:

1. For loss or damage arising from operation of the **Rental Vehicle** in violation of the terms of the rental agreement.
2. For wear and tear, gradual deterioration, damage from insects or vermin, inherent vice or damage.
3. For loss or damage which occurs beyond the limits of any public roadway or on any roadway inaccessible to two-wheel-drive cars.
4. For loss or damage caused or contributed to by the operation of the **Rental Vehicle** or personal vehicle in breach of the provisions of the comprehensive motor vehicle policy of insurance.
5. For loss or damage arising from the illegal or criminal use of the **Rental Vehicle** or personal vehicle by the **Insured** or **Insured Person** including racing and/or time trials of any form.
6. For loss or damage arising from the use of the **Rental Vehicle** or personal vehicle by an **Insured Person** without holding a valid driver's license for the vehicle in the country the motor vehicle is being operated in.
7. For loss or damage arising from the use of the **Rental Vehicle** or personal vehicle when the vehicle is not covered by comprehensive motor vehicle policy of insurance.
8. For expenses which are legally and reasonably recoverable from any other policy (other than by **You**) or source to the extent permitted by law.
9. The **Insured Person** being in charge or a **Rental Vehicle** or personal vehicle whilst under the influence of alcohol or a drug not prescribed by a **Doctor** or with a percentage of alcohol in their breath, blood or urine in excess of that permitted by law.

Section 10 – Kidnap and Ransom and Extortion

DESCRIPTIONS OF COVER

We will indemnify **You** up to the specified **Sum Insured** in the Schedule of Compensation of the **Policy Schedule** for the **Covered Losses** set out below should any of the following **Insured** Events happen to a **Covered Person** during the **Travel**:

INSURED EVENTS

1. **Kidnapping** or alleged **Kidnapping** of a **Covered Person**; or
2. **Personal Extortion** threats to a **Covered Person**.

COVERED LOSSES

We will indemnify **You** for the following **Covered Losses**:

1. Ransom Monies

Ransom Monies paid by **You** or a **Covered Person** resulting directly from a **Kidnapping** or **Extortion** occurring during the **Policy Period**.

2. In-Transit/Delivery

Loss due to destruction, disappearance, confiscation or wrongful appropriation of **Ransom Monies** while being delivered to person(s) demanding the **Ransom Monies** by anyone who is authorised by **You** or a **Covered Person** to have custody of them, provided, however, that the **Kidnapping** or **Extortion** which gave rise to the delivery is covered by this **Section**.

3. Expenses

Any reasonable expenses necessarily incurred and paid by **You** or a **Covered Person** solely and directly as a result of an **Insured** Event covered under this **Section**, including but not limited to:

(a) the amount paid by **You** or a **Covered Person** as reward to an Informant for information relevant to any Insured Event;

(b) interest costs for a loan from a financial institution made to **You** or a **Covered Person** for the purpose of paying **Ransom Monies**;

(c) costs of **Travel** and accommodations as follows:

(i) costs incurred by **You** or a **Covered Person** while attempting to negotiate an incident covered as a result of an Insured Event;

(ii) **Travel** costs of a **Victim** to join their immediate family upon their release, and the **Travel** costs of an employee to replace the **Victim**;

(d) **Salary**, which shall mean the following:

(i) the amount of remuneration previously paid by **You** at an annual rate including but not limited to average bonuses, commissions, cost of living adjustments or foreign tax reimbursements the **Covered Person** would normally receive, including contributions to pension and benefit programs (at the level in effect on the date of the **Kidnapping**) which **You** continue to pay to or on behalf of the **Covered Person** for the duration of the **Kidnapping**. Salary will be paid until the earliest of the following:

(1) 30 days after the release of the **Covered Person**, if the **Covered Person** has not yet returned to work; or

(2) discovery of the death of the **Covered Person**; or

(3) 120 days after **We** receive the last credible evidence that the **Covered Person** is still alive; or

(4) 60 months after the date of the **Kidnapping**; and

(ii) the amount of remuneration, paid by **You** at an annual rate, of an individual newly hired to conduct the specific duties of the **Covered Person** while he/she is absent due to a **Kidnapping** for so long as the **Covered Person(s)** own salary under (i) above is covered.

(e) personal financial loss suffered by a **Covered Person** solely and directly as the result of their physical inability to attend to personal financial matters while a victim of a **Kidnapping** (or while involved with the handling or the negotiation of the same). Coverage will include but not be limited to loss which results from the **Covered Person(s)** failure to renew insurance contracts, failure to exercise stock options, failure to respond to margin or loan calls by financial institutions and failure to pay off personal loans or a mortgage. Claims will be payable to **You** where **You** have indemnified the **Covered Person** for these **Covered Losses**;

(f) rest and rehabilitation expenses after release of the **Covered Person**, including **Travel**, lodging, meals and recreation of the **Victim** and the **Victim's Spouse** and/or any **Dependent Children**, up to a maximum of $5,000 in aggregate;

(g) fees and expenses of a qualified interpreter assisting **You** or the **Covered Person** following an Insured Event;

4. Judgments & Settlements and Defence costs

Judgments, settlements and reasonable defence costs (with **Our** written consent, which shall not be unreasonably withheld) incurred as a result of any claim or suit brought by or on behalf of a **Covered Person** (or the heirs, estate, or legal representatives of a **Covered Person**) against **You** solely and directly as a result of a **Kidnapping** or **Extortion**, provided such suitor claim is made within 12 consecutive months of the release or death of the **Covered Person** or the last credible **Extortion** threat made during the **Policy Period**, but in no case longer than 60 months after the commencement of the **Kidnapping** or **Extortion**. As additional conditions precedent to **Our** liability, **You** will:

(i) make every reasonable effort to immediately notify Claims under this cover and to cooperate with AIG in conducting the defence of the claim or suit; and

(ii) not admit liability.

It is important that you tell us if you expect to incur Defence costs under this cover before doing so, so that **We** can inform you whether **We** agree that they are reasonable.

We shall have the right to investigate, negotiate or settle the claim or suit or to take over the conduct of the defence, and **You** and the **Covered Person** must reasonably co-operate with **Us** in this regard.

5. Consultants

In the event of an incident, situation or occurrence which may give rise to an **Insured** Event under this Section 10, then as part of this Section 10 coverage and under a special arrangement with **Us**, **We** will:

(a) make available on a priority basis, specialist consultants nominated by **Us** or, if requested by **You**, consultants of **Our** choice who **We** provide **Our** prior written consent to use, to advise, inform and assist **You**; and

(b) pay the reasonable and necessary fees and expenses of the said consultant/s.

As part of this special arrangement, **We** have dedicated a 24-hour crisis response contact telephone number which **You** may contact in the event of an incident, situation or occurrence which may give rise to an Insured Event, as follows:

International Access Code	Country Code	Area Code	Local Number
From Australia - 0011	**1**	**713**	**260 5500**

This number is a dedicated crisis response contact and should only be used for notification of an incident, situation or occurrence which may give rise to an Insured Event. Callers will speak directly to or receive an immediate call back from **Our** experienced consultants who are available to nominate specialist consultants or consider any request (to be confirmed in writing) by **You** concerning the use of **Your** preferred consultants. Following notification of an incident, situation or occurrence which may give rise to an Insured Event, the consultants will be available to be with **You** as soon as **Travel** time permits.

Notwithstanding anything to the contrary or endorsed thereon, in the event of an incident, situation or occurrence which may give rise to an Insured Event, **You** must provide immediate notification to:

The Claims Manager
AIG
Level 19, 2 Park Street
Sydney, NSW, 2000, Australia
Telephone: 1300 030 886

It is understood and agreed that:

(a) the consultant will be appointed to perform crisis management services;

(b) the consultant is retained to advise, inform and assist **You** in the event of a crisis incident, situation or occurrence which has given or may give rise to an Insured Event and to enable **You** to manage and respond to the said crisis;

(c) the consultant's role is limited to providing immediate assistance and guidance to **You** to enable **You** to manage and minimise the effects of a crisis incident, situation or occurrence which may give rise to an **Insured** Event;

(d) the consultant has no authority on behalf of **Us** to make any admissions which may prejudice **Our** rights or to deal with matters concerning this section 10 policy coverage or the application of any facts and circumstances of any crisis incident, situation or occurrence which has been notified and which may give rise to an Insured Event subject to the policy terms, conditions, special provisions and exclusions;

(e) the consultant shall give such information and assistance to **Us** as **We** may reasonably require to enable **Us** to investigate and determine **Our** liability to indemnify under this section 10 policy coverage;

(f) the provision and/or the use of these services is not, is not intended to be and shall not be regarded as an admission of or an acceptance by **Us** of any liability to indemnify **You** under this section 10 policy coverage and is without prejudice to all of **Our** rights under the terms, conditions, special provisions and exclusions of this section 10 policy coverage;

(g) notification to the dedicated crisis response contact number of an incident, situation or occurrence which may give rise to an Insured Event does not constitute a notification under this section 10 policy coverage. **You** must separately notify **Us** and provide proof of loss in relation to the claim in accordance with the terms and conditions of this section 10 policy coverage;

(h) upon notification by **Us** to **You** that liability to indemnify is not accepted, **We** will no longer have any liability under this **Section** and **We** will not pay any fees or expenses of the said consultant/s which are incurred after such notification is given.

DEFINITIONS – SECTION 10

In addition to the definitions listed on pages 7-8, words with a special meaning in Section 10 are listed below and are shown by using capital letters and **bold** font.

1. **Covered Person(s)** means the **Insured** (if a natural or legal person, sole proprietorship, or partnership) listed in the Schedule, and any director, officer or **Employee** of the **Insured** who is listed in the Schedule.
2. **Employee** means any person in **Your** regular service whom **You** compensate by salary, wages and/or commissions and have the right to govern in the performance of such service.
3. **Informant** means any person, other than a **Covered Person**, providing information not otherwise obtainable, solely in return for a reward offered by **You**.
4. **Kidnapping** means any event or connected series of events of seizing, detaining or carrying away by force or fraud, of one or more **Covered Person(s)** (except a minor by his or her parent) for the purpose of demanding **Ransom Monies**.
5. **Personal Extortion** or **Extortion** means any threat or connected series of threats communicated to **You** or to a **Covered Person** for the purpose of demanding **Ransom Monies**, to:
   (a) kill, physically injure or kidnap an **Covered Person**; and/or
   (b) divulge any confidential, private or secret information unique to **You** in relation to **Your** business; provided that **Ransom Monies** are not in the possession of the **Covered Person** at the time of the threat.
6. **Ransom Monies** means any monies which **You** or a **Covered Person** has paid (or lost in-transit/delivery) under circumstances described in the Description of Cover. The term 'Monies' includes cash, monetary instruments, bullion, or the fair market value of any securities, property or services.
7. **Victim** means a **Covered Person** who is the subject of an Insured Event.

TERRITORY

This cover applies to incidents anywhere in the world except for:

(a) the **Covered Person(s) Country of Residence**;
(b) Iraq;
(c) Colombia;
(d) Mexico;
(e) Venezuela;
(f) Pakistan;
(g) Nigeria;
(h) Myanmar;
(i) Afghanistan;
(j) Sudan;
(k) Iran;
(l) Niger;
(m) Democratic Republic of Congo;
(n) Chad;
(o) Yemen.

EXCLUSIONS – IN ADDITION TO THE GENERAL EXCLUSIONS APPLYING TO ALL SECTIONS

We will not be liable for loss caused by or resulting either directly or indirectly from or involving:

1. The fraudulent, dishonest, or criminal acts of **You**, any **Covered Person**, or any person authorised by **You** to have custody of **Ransom Monies**. This Exclusion will not apply to the payment of **Ransom Monies** by **You** or a **Covered Person** in a situation where local authorities have declared such payment illegal.
2. Monies or property surrendered away from **Your** premises in any face-to-face encounter involving the use or threat of force or violence unless surrendered by a person in possession of such monies at the time of such surrender for the sole purpose of conveying it to pay an **Extortion** or demand for **Ransom Monies** previously communicated to **You** or a **Covered Person**.
3. Monies or property surrendered on **Your** premises unless brought onto the premises after receipt of an **Extortion** or demand for **Ransom Monies** for the purpose of paying that demand.
4. Actual loss of or damage to property of any description, including intellectual property, as a result of an **Insured** Event or the carrying out of a **Personal Extortion** threat. This Exclusion does not apply to in-transit/delivery loss of **Ransom** and/or **Extortion** monies as described under Covered Losses 2.
5. Any loss if the **Covered Person** is permanently residing or is staying for more than 180 consecutive days in the country where the Insured Event occurs.

CONDITIONS – IN ADDITION TO THE GENERAL CONDITIONS APPLYING TO ALL SECTIONS

1. As a condition precedent to **Our** liability under the Insured Events, **We** must have approved the payment of the **Ransom Monies** (which will not be unreasonably withheld).

2. Prior to the payment of **Ransom Monies**, **You** must make every reasonable effort to:

(a) determine that an Insured Event has actually occurred;

(b) give oral and written notice to **Us** as soon as practicable after becoming aware of an Insured Event, with periodic and timely updates concurrent with activity occurring during the incident; and

(c) if it appears to be in **Your** and the **Covered Person(s)** best interests, notify the national or other appropriate law enforcement agency having jurisdiction over the matter.

3. Confidentiality

You and the **Covered Person(s)** will use all reasonable efforts not to disclose the existence of this **Section**. This condition will also apply to any **Excess** or other insurance.

4. Limits of Liability

For each **Covered Loss** the maximum limit and aggregate limit of **Our** liability will not exceed the **Sum Insured(s)** stated in the Schedule of Compensation and **Policy Schedule** by reason of anyone Insured Event, except where stated to the contrary.

All **Covered Losses** will be deemed to have been incurred during the **Policy Period** in which the **Insured** Event occurred.

5. Due Diligence

You and the **Covered Person(s)** will use due diligence and do and concur in doing all things reasonably practicable to avoid or diminish any loss(es) insured under this **Section**.

6. Statement of Loss

You will file a detailed, sworn statement of loss with **Us** as soon as possible after the date of loss.

7. Non-Employee Directors

In the event that any one of the **Covered Person(s)** is the **Insured's** director, who is not an **Employee**, and is an insured person under any other similar policy or policies issued by **Us** (or by any other member or affiliated insurance company of AIG) and a loss involving that director is reported under this this section 10 policy coverage and under one or more such other policies, then **Our** aggregate liability (including that of any of **Our** other member company(ies)) for each loss will not be cumulative and will not exceed the highest Limits of Liability applicable to each loss under any one of the policies. Before the inception of this this section 10 policy coverage, **You** must inform **Us** of all such policies, which will be noted in the Schedule of Other Insurance Policies forming part of this this section 10 policy coverage.

8. Non-Assignment

This **Section** may not be assigned or transferred.

9. Inspection and Audit

We may examine and audit **Your** business documents, relating to the subject matter of this insurance, at any reasonable time after giving reasonable notice to you, until 3 years after this policy has expired or has been cancelled. Any premium due for exposures which exist but were not reported will be determined by **Our** audit.

10. Recoveries

In the event of any payment under this **Section**, all recoveries, net of **Our** actual recovery cost, will be distributed firstly to **Us** for all amounts paid by **Us** under this **Section** and any remainder will be paid to **You**.

11. Non-disclosure or misrepresentation

In the event that **You** fail to comply with the duty of disclosure or make any misrepresentation, whether such non-disclosure or misrepresentation is fraudulent or otherwise, or make any false, fraudulent or exaggerated claim, **Our** rights shall be as provided in the applicable provisions of the Insurance Contracts Act 1984 (Cth).

12. Changes

Notice to any of **Our** representatives or knowledge possessed by any representative or by any person will not create a waiver or a change in any part of this **Section** or stop **Us** from asserting any right under the terms of this **Section**, nor will the terms of this **Section** be waived or changed unless agreed to in writing by **Us**.

13. Notices

Except as indicated to the contrary, all notices, applications, demands and requests provided for in this **Section** will be in writing and will be given to or made upon either party at its address shown in the policy.

14. Non-accumulation of Liability

Regardless of the number of years this this section 10 policy coverage will continue in force, and of the number of premiums, which will be payable or paid or of any other circumstances whatsoever, **Our** liability under this this section 10 policy coverage with respect to any loss(es) will not be cumulative from year to year or period to period. When there is more than one **Insured**, the aggregate Limit of Liability for **Our** loss(es) sustained by any or all of them will not exceed the amount for which **We** would be liable if all loss(es) were sustained by any one of them.

15. Other Insurance

Before the inception of this Policy, the **Insured** must inform **Us** of all policies of insurance under which any **Insured** may be entitled to claim and which may provide primary coverage of a similar nature to that provided by this Policy. All such policies will be noted in the Schedule of Other Insurance Policies in the **Policy Schedule**, forming part of this Policy. The insurance provided under this Policy will be excess over any other valid and collectable bond or such insurance as noted.

16. Consolidation – Merger

If, through either (1) consolidation or merger with (2) acquisition of the majority stock ownership of, or (3) acquisition of the assets of, some other entity, exposures are created which are covered by this this section 10 policy coverage and were not originally part of the insured based on the original description of the **Insured** at the time of policy issue, the **Insured** will give **Us** written notice within thirty (30) days of such consolidation, merger or acquisition and upon acceptance by **Us** of the additional exposure, will pay **Us** an additional premium computed from the date of the consolidation, merger or acquisition to the end of the current premium period.

Section 11 – Personal Liability

DESCRIPTION OF COVER

We will pay all damages, compensation and legal expenses, up to the specified **Sum Insured** in the Schedule of Compensation of the **Policy Schedule** for which **You** or the **Insured Person** become legally liable to pay to another person as a result of the **Insured Person's** negligence during the **Travel** causing:

1. Bodily **Injury** including death or illness of the other person.
2. Loss of or damage to property.

CONDITIONS

It is a condition of payment under this **Section** that neither **You** nor the **Insured Person** admit fault or liability to any other person without **Our** prior written consent (not unreasonably withheld).

EXCLUSIONS APPLYING TO SECTION 11 – IN ADDITION TO THE GENERAL EXCLUSIONS APPLYING TO ALL SECTIONS

We will not pay damages, compensation or legal expenses in respect of any liability directly or indirectly arising out of or in connection with:

1. Bodily **Injury** to the **Insured Person** or to any member of their family ordinarily residing with them.
2. Bodily **Injury** to any of **Your** or the **Insured Person's** employees arising out of or in the course of employment.
3. Loss of or damage to property owned by or in the control of the **Insured Person** or any member of their family ordinarily residing with them.
4. Loss of or damage to property or bodily **Injury**, arising out of **Your** or the **Insured Person's** ownership, use or possession of any mechanically propelled vehicle (other than golf buggies and motorised wheelchairs), aircraft or waterborne craft.
5. Loss of or damage to property or bodily **Injury**, arising out of **Your** or the **Insured Person's** business or trade, or out of professional advice given by **You** or by the **Insured Person**.
6. Any contract unless such liability would have arisen in the absence of that contract.
7. Judgments which are not in the first instance either delivered by or obtained from a court of competent jurisdiction within Australia or the country in which the event occurred giving rise to **Your** or the **Insured Person's** liability.
8. Any claim for exemplary, punitive or aggravated damages.

Section 12 – Extra Territorial Workers Compensation

DESCRIPTION OF COVER

This **Section** applies only:

1. With respect to the **Insured Person(s)** who are employed by **You** and persons who are deemed by any applicable workers' compensation legislation to be workers employed by **You**, who are employed or engaged within Australia in a managerial, clerical, administrative or sales capacity and whose employment or engagement is to be performed substantially within Australia;
2. If **You** maintain in force during the currency of this Policy within Australia, workers' compensation insurance as required by the law of any State or Territory which applies to the employment of employees by **You** or **You** are licensed under such laws as a self-insurer; and
3. While an **Insured Person** is working on a temporary basis (but not exceeding in any event one hundred and eighty (180) days, unless otherwise agreed in writing by **Us**), outside the State or Territory in which the **Insured Person's** usual place of employment or employment base is located.

We will indemnify **You** against:

1. **Your** liability arising during the **Travel** to pay compensation benefits payable under any workers' compensation legislation which provides compensation to injured workers or their dependents for death, personal **Injury** or occupational disease arising out of or in the course of employment;
2. Damages at common law (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 **Travel** in the circumstances set out above.

LIMIT OF LIABILITY

The indemnity provided under this **Section** shall be limited as follows:

1. In the case of a claim for compensation benefits, to the difference between the amount specified in the **Policy Schedule** and the amount which the **Insured Person(s)** or their dependents are entitled to claim under any workers' compensation insurance which **You** were required to effect as described above, but not to exceed the **Sum Insured** specified in the Schedule of Compensation of the **Policy Schedule** for all claims for compensation with respect to any one **Insured Person** and with respect to all **Insured Person(s)** during the **Policy Period**.
2. In the case of a claim for damages at common law, the difference between the damages and law costs payable by **You** and the amount of indemnity to which **You** would have been entitled under any workers' compensation legislation which **You** were required to effect as described above, but not to exceed the **Sum Insured** specified in the Schedule of Compensation of the **Policy Schedule** for this **Section** for all damages payable with respect to the death, personal **Injury** or occupational disease of any one **Insured Person** or with respect to the death, personal **Injury** or occupational disease of all **Insured Person(s)** occurring during the **Policy Period**.
3. The Limit of Liability is the compensation shown in the Schedule of Compensation of the **Policy Schedule** for the following:
   (a) the Limit per week for weekly compensation for each **Insured Person**;
   (b) the Limit in respect of all compensation, damages, costs and expenses arising out of anyone accident whether involving one or more **Insured Person's**;
   (c) the aggregate Limit of Liability for all compensation, damages, costs and expenses for all occurrences, events and accidents occurring during anyone **Policy Period**, whether involving one or more **Insured Person's**.
4. Any benefits otherwise payable under Sections 1 and 5 of this Policy with respect to any **Insured Person** shall be reduced by the amount of any compensation payable under this **Section** with respect to that **Insured Person**.

CONDITIONS

1. In the event of any occurrence giving rise to indemnity under this **Section**, **We** shall be entitled to exercise any right of recovery against any third party in **Your** name and for **Our** own benefit and **You** must give **Us** all such assistance as **We** may reasonably require.
2. **You** shall, if reasonably required by **Us**, make available to **Us** such information and documentation with respect to the claim brought by the **Insured Person** including medical reports, report of **Injury** forms, claims forms and any other documentation which comes into **Your** possession, and **You** must, if reasonably required by **Us**, authorise **Us** to have access to the files and information held by any Workers' Compensation **Insurer** with whom **You** have effected insurance.

EXCLUSIONS APPLYING TO SECTION 12 – IN ADDITION TO THE GENERAL EXCLUSIONS APPLYING TO ALL SECTIONS

1. There is no indemnity under this **Section** with respect to any claim for exemplary, punitive or aggravated damages.

Section 13 – Corporate Traveller's Family Care

Section 13A – Spouse Accidental Death Benefit

DESCRIPTION OF COVER

We will pay to the **Insured Person**, the amount shown in the Schedule of Compensation of the **Policy Schedule** for this benefit should the **Insured Person's Spouse/Partner** die as a result of an **Injury** whilst the **Insured Person** is **Travelling**.

DEFINITION – SECTION 13A

In addition to the definitions listed on pages 7-8, words with a special meaning in Section 13A are listed below and are shown by using capital letters and **bold** font.

For the purpose of this benefit under section 13A only, **Injury** means physical and bodily **Injury** which happens to the **Insured Person's Spouse/Partner** in Australia, when the **Insured Person** is **Travelling**, as a result of external violence and which results solely, directly and independently of any other cause including any **Pre-existing Condition** in the death of the **Insured Person's Spouse/Partner**.

This benefit is not payable if the **Spouse/Partner** is accompanying the **Insured Person** during the **Travel** at the time the death by **Injury** occurs.

Section 13B – Education Fund Supplement

DESCRIPTION OF COVER

We will pay $15,000 for each **Dependent Child** should the **Insured Person** die when **Travelling** as the result of an **Injury**.

In the event that an **Insured Person** and their accompanying **Spouse/Partner** both die when **Travelling** as the result of an **Injury** sustained in the same event then the **Sum Insured** increases to $30,000 for each **Dependent Child** ("the benefit").

If the accompanying Spouse is an **Insured Person**, the benefit is paid per **Insured Person**.

DEFINITION – SECTION 13B

In addition to the definitions listed on pages 7-8, words with a special meaning in Section 13B are listed below and are shown by using capital letters and **bold** font.

For the purpose of this benefit only, **Injury** means physical and bodily **Injury** which happens to the **Insured Person** when they are **Travelling** as a result of external violence and which results solely and directly and independently of any other cause including any Pre-existing Condition in the death of the **Insured Person**.

EXCLUSIONS APPLYING TO SECTION 13B – IN ADDITION TO THE GENERAL EXCLUSIONS APPLYING TO ALL SECTIONS

We will not pay for any claim which directly or indirectly arises from or is caused by:

1. Any type of illness, disease, infection or contagion, even if contracted through an **Injury**. This exclusion shall not apply to medically acquired infections or blood poisoning.

Section 13C – Spouse Retraining Benefit

DESCRIPTION OF COVER

We will pay up to $15,000 for actual costs incurred for an **Insured Person's Spouse/Partner's** Training if an **Insured Person** dies or suffers Events 1-8 under Section 5A when **Travelling** as the result of an **Injury**.

DEFINITIONS – SECTION 13C

In addition to the definitions listed on pages 7-8, words with a special meaning in Section 13 C are listed below and are shown by using capital letters and **bold** font.

Training means course fees and associated costs for the purpose of obtaining or refreshing skills to gain employment and/or improve employment prospects.

This benefit is only payable for **Training** costs incurred within 24 months following an **Injury** leading to an **Insured Person's** claim under Events 1-8 under Section 5A.

Section 13D – Child Care Expense Benefit

DESCRIPTION OF COVER

If an **Insured Person** sustains an **Injury** whilst on **Travelling**, which results in a valid claim under Section 5A (Capital Benefits) Events 2-10 rendering them unable to provide reasonable care for their **Dependent Children** as certified by the attending **Doctor**, **We** will reimburse the **Insured Person** the actual expenses up to a maximum of $500 per week, regardless of the number of **Dependent Children**, necessarily incurred for the services of a registered childcare provider for their **Dependent Child(ren)**.

CONDITIONS

1. The maximum period this benefit can be claimed for is 26 weeks and must be incurred within 24 months from the date of the **Injury**.
2. This benefit will only cover additional costs that would not otherwise have been incurred but for the **Injury**.
3. Any childcare expense subsidy available from the relevant Government agencies will be deducted from any benefit payable under this **Section**.

Section 13E – Elder Survivor Benefit

DESCRIPTION OF COVER

If an **Insured Person** sustains an **Injury** whilst **Travelling**, which results in a valid claim under Section 5A-Capital Benefits – Event 1 – Death, **We** will pay an additional benefit of $25,000 for each surviving **Elder Dependent** of the **Insured Person**. The benefit will be payable for up to a maximum of 4 surviving **Elder Dependents**.

DEFINITIONS – SECTION 13E

In addition to the definitions listed on pages 7-8, words with a special meaning in Section 13 E are listed below and are shown by using capital letters and **bold** font.

For the purpose of this benefit only, **Elder Dependent** means a parent or grandparent who is financially dependent on and under the care of the **Insured Person**.

EXCLUSIONS – IN ADDITION TO THE GENERAL EXCLUSIONS APPLYING TO ALL SECTIONS

We will not pay for any claim which directly or indirectly arises from or is caused by:

1. Any type of illness, disease, infection or contagion, even if contracted through an **Injury**. This exclusion shall not apply to medically acquired infections or blood poisoning.

Section 14 – Identity Guard

Section 14A – Legal Expenses

DESCRIPTION OF COVER

We will reimburse an **Insured Person** up to $5,000 for legal and court costs incurred in:

a. Defending any **Suit** brought against an **Insured Person** by a creditor or collection agency or someone acting on their behalf as a result of the **Identity Guard**;

b. Removing any civil or criminal judgment wrongfully entered against an **Insured Person** as a result of the **Identity Guard**;

c. Challenging the accuracy or completeness of any information in an **Insured Person's** consumer credit report provided this information is inaccurate and was falsely provided to the credit agency or financial institution as a result of the **Identity Guard**.

Section 14B – Lost Wages

DESCRIPTION OF COVER

We will pay an **Insured Person** for their loss of Income attributed to the time taken away from work solely as a result of an **Insured Person's** reasonable efforts to correct their financial records that have been altered due to the **Identity Guard**.

Payment of lost Income includes compensation for whole or partial unpaid workdays. An **Insured Person** must take these unpaid days within 12 months of making an **Identity Guard** claim and the maximum **Compensation We** will pay for lost Income is $1,000.

Section 14C – Obligation to Pay

DESCRIPTION OF COVER

If any Credit Accounts and or bank accounts were opened in an **Insured Person's** name without their authorization, **We** will pay an **Insured Person** up to $5,000 for their actual loss from the unauthorized account. **We** will pay up to $5,000 for an **Insured Person's** legal obligation to pay a creditor when the account was created as part of their **Identity Guard**.

Section 14D – Miscellaneous Expenses

DESCRIPTION OF COVER

We will reimburse up to $5,000 for the following expenses:

a. The cost of re-filing applications for **Credit Accounts** or banking accounts that are rejected solely because the lender received incorrect information as a result of the **Identity Guard**;

b. The cost of obtaining legal copies of documents related to an **Insured Person's Identity Guard**, long distance telephone calls, and certified mail reasonably incurred as a result of an **Insured Person's** efforts to report an **Identity Guard** or to correct their financial and credit records that have been altered as a result of their **Identity Guard**;

c. The cost of contesting the accuracy or completeness of any information contained in an **Insured Person's** credit history as a result of their **Identity Guard**;

d. The reasonable cost of a maximum of 4 (four) credit reports. The credit reports shall be requested when a claim is made. It is important that **You** tell **Us** if **You** expect to incur expenses in relation to credit reports before doing so, so that **We** can inform **You** whether **We** agree that they are reasonable.

DEFINITIONS – SECTION 14

In addition to the definitions listed on pages 7-8, words with a special meaning in Section 14 are listed below and are shown by using capital letters and **bold** font.

Suit means a civil proceeding seeking monetary damages as a result of **Identity Guard**, or a criminal proceeding in which **You** or the **Insured Person** is charged with illegal acts committed by someone else while engaged in the theft of an **Insured Person's** identity.

Identity Guard means the unauthorized and/or illegal use of an **Insured Person's** personal information such as their name or drivers licence to open Credit Accounts and/or bank accounts that they did not authorize.

Credit Accounts means any credit arrangements from a financial institution for personal use, such as credit card account or a car/home/personal loan account.

Income means

(a) as regards to a salaried **Insured Person**, the average gross weekly income earned from personal exertion before personal deductions and income tax, but excluding bonuses, commissions, overtime payments and other allowances; or

(b) as regards to a T.E.C. (i.e. total employee cost) or salary package of the **Insured Person**, the average gross weekly value of the income package earned from personal exertion (including, but not limited to wages, and/or salary, motor vehicle and/or **Travelling** allowances, club subscriptions and fees, housing loan or rental subsidy, clothing or meal allowances), before personal deductions and income tax, but excluding bonuses, commissions and overtime payments and other allowances not listed above; or

(c) as regards to a self-employed **Insured Person**, the average gross weekly income earned from personal exertion after the deduction of all business expenses necessarily incurred in earning that income;

all derived during the 12 calendar months period immediately preceding the **Injury** giving rise to the claim under this Policy.

CONDITIONS

1. The fraudulent account must have been opened in an **Insured Person's** name without their authorisation.
2. Any false charge or withdrawal from the unauthorised opened account must be verified by an **Insured Person's** financial institution.
3. Coverage for false charges is limited to the amount an **Insured Person** is held liable for by the financial institution or the maximum **Sum Insured** whichever is the lesser.
4. **We** will be permitted to inspect an **Insured Person's** financial records, to the extent they are relevant to the claim.
5. **You** and the **Insured Person** will reasonably cooperate with **Us** and help **Us** to enforce any legal rights an **Insured Person** or **We** may have in relation to their **Identity Guard**; this may include an **Insured Person's** attendance at depositions, hearings and trials, and giving evidence as reasonably necessary to resolve their **Identity Guard**.

LIMITS ON LIABILITY

Our maximum liability per person under Section 14 is $5,000 for anyone event and cannot exceed an annual aggregate of $10,000.

Our maximum liability under Section 14 in anyone **Policy Period** is $50,000 for all **Insured Persons**.

In the Event of a Claim under this section **You** or the **Insured Person** must:

1. Call **Us** 1800 331013 to make a claim within 2 days of discovering the **Identity Guard** where reasonably practicable, or otherwise as soon as possible thereafter, to obtain proper forms and instructions;
2. File a police report within 48 hours of discovering the **Identity Guard** where reasonably practicable, or otherwise as soon as possible thereafter. It is particularly important that this is reported to the police at the earliest;
3. Notify the **Insured Person's** bank(s) or **Credit Account** issuer(s) of the **Identity Guard** within 24 hours of discovering the **Identity Guard** where reasonably practicable, or otherwise as soon as possible thereafter;
4. Complete and return any claims forms including an authorization for **Us** to obtain records and other information such as credit reports (if applicable) within 30 days of the original claim where reasonably practicable or otherwise as soon as possible thereafter (see 1 above);
5. Provide proof that it was necessary to take time away from an **Insured Person's** work if they make a claim for lost **Income**. **We** will ask an **Insured Person** to submit proof from their employer that they took unpaid days off;
6. Send **Us** copies of any demands, notices, summonses, complaints, or legal papers received in connection with a covered loss;
7. Take all reasonable and prudent action to prevent additional damage to an **Insured Person's** identity.

EXCLUSIONS – IN ADDITION TO THE GENERAL EXCLUSIONS APPLYING TO ALL SECTIONS

We will not pay for any claim which arises directly or indirectly from, or is caused by:

1. Monetary losses other than the out-of-pocket expenses related to the resolution of an **Insured Person's Identity Guard** outlined in this policy other than under Section 14C-Obligation to Pay;
2. Any physical **Injury**, **Sickness**, disease, disability, shock, mental anguish and mental injury including required care, loss of services or death;
3. Requesting credit reports before the discovery of an **Insured Person's Identity Guard**; or
4. Taking time from self-employment or workdays that will be paid by an **Insured Person's** employer in order to correct their financial records that have been altered due to **Identity Guard**.

Section 15 – Search and Rescue Expenses

DESCRIPTION OF COVER

If an **Insured Person** is reported as missing and it becomes necessary for a recognised rescue provider or police authorities to launch a search and rescue operation where:

1. it is known or believed that the **Insured Person** may have sustained a **Serious Injury** or **Sickness**; or
2. weather or safety conditions make it necessary to so launch a search in order to prevent the **Insured Person** from sustaining a **Serious Injury** or **Sickness**.

We will pay:

(a) **You** up to $20,000 per **Insured Person**, up to a maximum of $100,000 per any one (1) **Policy Period**, in respect of the reasonable costs necessarily incurred in searching for and retrieving the **Insured Person** by a recognised rescue provider or police authorities.

CONDITIONS

1. **Insured Persons** are required to comply, at all times, with local safety advice and adhere to safety recommendations in force during their **Travel**.
2. An **Insured Person** must not knowingly endanger their own life or that of any other **Insured Person**.
3. An **Insured Person** must not engage in any activity that requires a level of experience or skill that is beyond the ability of the **Insured Person**.
4. **We** must be informed immediately or as soon as reasonably possible of any emergency that may potentially give rise to a claim.
5. **We** will only pay for the portion of expenses that relate to an **Insured Person**.
6. Cover for costs incurred ceases at the time where the **Insured Person** is recovered by search and rescue or at the time where the search and rescue authorities advise that continuing the search is no longer viable. There is no cover under this **Section** for **You** or any other person to continue the search and rescue operation after the rescue authorities have decided to cease the search.
7. In the event of a claim **We** will require a written statement from the applicable rescue authorities in order to assess the validity of the claim.

Section 16 – AIG Global Security

DESCRIPTION OF COVER

Insured Persons have access to security advice, direction and assistance 24 hours a day, 7 days a week through the worldwide security expertise of AIG Global Security.

If, due to covered unforeseeable circumstances, an **Insured Person's** safety is put at risk or conditions necessitate their evacuation from an area of imminent physical danger, AIG Global Security is there to provide advice and assistance to safeguard the **Insured Person**.

In the event of an emergency, simply call (reverse charge) AIG Travel Protect any time from any place in the world: +60 (3) 2772 5687.

In addition to dealing with an immediate security risk, **Insured Persons** will also have access to the following range of other security tools as part of this policy.

TRAVEL ASSISTANCE AND SECURITY WEBSITE

The **Travel** Assistance and Security Website offers up-to-the-minute security information on over 185 countries and more than 135 cities. Access to online, real time, security related information to assist **You** and the **Insured Persons** to prepare for potentially risky situations based on their **Travel** destinations) including information on security risks, kidnap for ransom, political conditions, **Travel** logistics and cultural pointers.

You and the **Insured Persons** are provided with access to a website that is an all inclusive intelligence database containing a vast array of real-time information for countries and major cities around the world including:

- Digital maps with colour coded areas of risk
- Detailed and continuous coverage of breaking events
- Threat level ratings
- Country and city profiles
- Essential **Travel** and cultural data
- Business information and demographics
- Local law enforcement capabilities
- Transportation concerns and safety
- Calendar of significant dates
- Local restrictions
- Aviation issues
- Medical and health information

DAILY NEWS – EMAIL REPORTS

Subscribe to receive email reports every weekday, covering political stability, civil unrest, disease outbreaks, crime patterns and terrorism news from around the world. **You** are able to nominate **Insured Persons** to receive reports.

IMMEDIATE SMS AND EMAIL SECURITY ALERTS

Free and immediate alerts sent to **You** via email and SMS providing updates for potentially life threatening events such as terrorism, civil or political unrest and other relevant security threats happening in or near **Your** location.

HOW DO I ACCESS AIG GLOBAL SECURITY?

In the event of an emergency overseas, simply call (reverse charge) AIG Travel Protect any time from any place in the world: +60 (3) 27725687 (The number underlined is the country code and the number in brackets is the area code.)

To access the other security and **Travel** services provided by AIG Global Security log onto the website www.aig.com/TravelAssistanceAustralia. Select the Sign In link and create a user-id before **You** depart by registering online with **Your** policy number. Sign up to receive destination-specific alerts.

END OF WORDING

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