AIG AUSTRALIA LIMITED

Corporate Travel Insurance
Lifeline Plus

Combined Product Disclosure Statement
and Policy Wording
How is Your insurance arranged?

This insurance is issued/insured by:

**AIG Australia Limited (AIG)**
ABN 93 004 727 753, AFSL 381686
Level 13, 717 Bourke Street, Docklands Vic 3008

AIG Australia Limited issues/insures this product pursuant to an Australian Financial Services Licence (‘AFSL’) granted to Us by the Australian Securities and Investments Commission.

AIG Australia prepared this Product Disclosure Statement.

Retail Clients

Under Our AFSL We are required to provide ‘Retail Clients’ with a Product Disclosure Statement.

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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Contents

<table>
<thead>
<tr>
<th>Product Disclosure Statement</th>
<th>2-6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key benefits of Your policy</td>
<td>2</td>
</tr>
<tr>
<td>Important Information</td>
<td>3</td>
</tr>
<tr>
<td>Age Limits</td>
<td>3</td>
</tr>
<tr>
<td>Emergency and Medical Assistance – Travel Guard®</td>
<td>4</td>
</tr>
<tr>
<td>Costs</td>
<td>4</td>
</tr>
<tr>
<td>Cooling Off Period</td>
<td>4</td>
</tr>
<tr>
<td>Code of Practice</td>
<td>4</td>
</tr>
<tr>
<td>How to Make a Claim</td>
<td>4</td>
</tr>
<tr>
<td>About Our Complaints Process</td>
<td>5</td>
</tr>
<tr>
<td>The Financial Claims Scheme</td>
<td>5</td>
</tr>
<tr>
<td>Privacy Notice</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Policy Wording</th>
<th>7-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Important Policy Matters</td>
<td>7</td>
</tr>
<tr>
<td>Your Duty of Disclosure</td>
<td>7</td>
</tr>
<tr>
<td>Definitions</td>
<td>7</td>
</tr>
<tr>
<td>General Exclusions Applying to All Sections</td>
<td>9</td>
</tr>
<tr>
<td>Age Limits</td>
<td>9</td>
</tr>
<tr>
<td>General Conditions Applying to All Sections</td>
<td>9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The Benefits</th>
<th>11-45</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section 1 – Medical and Medical Evacuation Expenses</td>
<td>11</td>
</tr>
<tr>
<td>Section 2 – Travel Guard®</td>
<td>13</td>
</tr>
<tr>
<td>Section 3 – Loss of Deposits and Additional Expenses</td>
<td>14</td>
</tr>
<tr>
<td>Section 4 – Luggage, Personal Effects, Travel Documents</td>
<td>17</td>
</tr>
<tr>
<td>Section 5 – Personal Injury and Sickness Benefits</td>
<td>19</td>
</tr>
<tr>
<td>Section 6 – Alternative Employee or Resumption of Assignment Expenses</td>
<td>30</td>
</tr>
<tr>
<td>Section 7 – Political Risk and Natural Disaster Evacuation Expenses</td>
<td>31</td>
</tr>
<tr>
<td>Section 8 – Missed Transport Connection</td>
<td>32</td>
</tr>
<tr>
<td>Section 9 – Rental &amp; Private Vehicle Excess Cover including Towing Expense Benefit</td>
<td>32</td>
</tr>
<tr>
<td>Section 10 – Personal Liability</td>
<td>39</td>
</tr>
<tr>
<td>Section 12 – Extra Territorial Workers Compensation</td>
<td>40</td>
</tr>
<tr>
<td>Section 13 – Corporate Traveller’s Family Care</td>
<td>41</td>
</tr>
<tr>
<td>Section 14 – Identity Guard</td>
<td>43</td>
</tr>
<tr>
<td>Section 15 – Search and Rescue Expenses</td>
<td>45</td>
</tr>
<tr>
<td>Section 16 – AIG Global Security</td>
<td>46</td>
</tr>
</tbody>
</table>
The Product Disclosure Statement (‘PDS’) contains information about key benefits and significant features of this Travel policy. Its purpose is to assist both Your decision to purchase insurance and ability to compare products. You should read the PDS before deciding whether to acquire this product.

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

Details about the product issuer can be found under ‘How is Your insurance arranged’.

The terms and conditions of Your insurance are contained in the Policy Wording which commences on page 7 of this booklet.

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) and emergency transportation and emergency 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 (as defined), false arrest or wrongful detention or being hijacked.

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, personal belongings including Travel documents, portable business equipment/business property, unauthorised use of credit cards and replacement of keys and locks where identification and keys are lost. Limits apply to any one item.

Refer to Section 4 of the Policy Wording for details of cover 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, these enhanced 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 and 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 foreseeable circumstances.

Rental & Private Vehicle Excess Cover

We will reimburse You or the Insured Person for any Excess or deductible which You or the Insured Person become legally liable to pay in respect of loss or damage to a Rental Vehicle.

We will reimburse You towards any Excess or deductible on Your private vehicle used for authorised business Travel in event of a loss or damage to such vehicle.

We will reimburse You the cost of towing expense of Your private vehicle subject to the terms and conditions.

Please note Rental Vehicle means a passenger class hatchback, sedan, van, mini-van, station wagon, or four-wheel drive rented or hired from a licensed motor vehicle rental company 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 or vehicle use.

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

Corporate Travellers Family Care
An Accidental death benefit in the event that the Spouse of an Insured Person dies as a result of an Injury (as defined) whilst the Insured Person is Travelling. Also provided are an Education Fund Supplement for each Dependent Child in the event that the Insured Person dies when Travelling and a Spouse retraining benefit 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 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 and Exclusions that may apply.

Identity Guard
Cover for legal expenses, lost wages, loss due to unauthorised use of identity and miscellaneous expenses resulting from an Insured Person’s identity being taken and used by a third party.
Refer to Section 14 of the Policy Wording for details of cover, Conditions and Exclusions 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 7, Definitions section on Page 7, and General Exclusions on Page 9 and General Conditions on Page 9 that apply to all sections of this document.

2. Specific Conditions 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 7 of this booklet.

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

4. This document also contains important information about the rights and obligations of Insured Persons including:

   Code of practice - refer to page 4
   Privacy Notice - refer to page 5
   Duty of disclosure - refer to page 7

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 limitation 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 he or she at the date of such event is under 101 years of age. Cover under section 5 will be limited as under for the respective age bands of an Insured Person, where the lesser of the amount shown as per policy schedule or the amounts in the table below will apply as per respective age bands of Insured Persons.

<table>
<thead>
<tr>
<th>Age Band</th>
<th>75 years or over and under 80 years</th>
<th>80 years or over and under 90 years</th>
<th>90 years or over</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Section 5A - Death &amp; Capital Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Event 1 – Death</td>
<td>$500,000</td>
<td>$250,000</td>
</tr>
<tr>
<td>b</td>
<td>Event 2 – Permanent Total Disablement</td>
<td>Nil</td>
<td>Nil</td>
</tr>
<tr>
<td>c</td>
<td>Events 3 to 19</td>
<td>$500,000</td>
<td>$250,000</td>
</tr>
<tr>
<td>2</td>
<td>Section 5B – Weekly Injury &amp; Weekly Sickness Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Temporary Total Disablement</td>
<td>Nil</td>
<td>Nil</td>
</tr>
<tr>
<td>b</td>
<td>Temporary Partial Disablement</td>
<td>Nil</td>
<td>Nil</td>
</tr>
</tbody>
</table>

If You are outside of these ages We will consider cover on an individual application basis.
Emergency and Medical Assistance – Travel Guard

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

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

(b) Travel Guard is 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 travellers outside Australia.

(c) Travel Guard provides the following services in conjunction with the Terms and Conditions of Your Policy:

- 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 casemangement.
- 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) Travel Guard 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 journeys per annum to both overseas and domestic locations, and
- the average duration per trip (total Travel days), and
- the activities undertaken whilst Travelling, and
- the sums insured.

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 collected if for example, the sums insured are varied at the request of the Insured. Also at the end of each annual renewal period, premiums may be increased or decreased depending on the actual number of Travel days taken.

Deductible or Excess

Excess amounts may apply to certain sections of this policy, in which case that amount will be deducted for each claim payable to You 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 of this policy (Weekly Injury benefit). 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 14 days of the date of purchase provided that no claim has arisen nor the Journey commenced. In these circumstances We will cancel the policy and provide You with a full refund of premiums collected.

Code of Practice

AIG is a signatory to the General Insurance Code of Practice. This aims to raise the standards of practice and service in the insurance industry, improve the way the claims and complaints are handled and help people better understand how general insurance works. Information brochures on the Code are available upon request.

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 original 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 Australia business address. In the event of claims under some policy sections an Excess and/or additional conditions for claiming will apply. Please refer to the Policy Wording.
About Our Complaints Process

We welcome every opportunity to resolve any concerns you may have with our products or service. You can register a complaint by telephoning us on 1800 339 669, lodging your complaint on our website or by writing to:

The Compliance Manager
AIG Australia Limited
Level 13, 717 Bourke Street,
Docklands VIC 3008

As soon as we receive your complaint, we will take all possible steps to resolve it. You will receive a written response to your complaint within 15 working days, unless we agree on a longer time frame with you.

If you are not satisfied with our response to your complaint, you may wish to have the matter reviewed by our Independent Dispute Resolution Committee (IDRC). The IDRC is comprised of senior management of the company who have the experience and authority to decide on matters brought to them. If you wish to have your complaint reviewed by IDRC please telephone or write to the person who has signed the response letter to your complaint and provide them with detailed reasons for requesting the review. This information will greatly assist the IDRC in reviewing your claim or enquiry.

Your complaint will then be treated as a dispute. You may also make a request for a review by the IDRC by contacting:

The Chairperson IDRC
AIG Australia Limited
Level 13, 717 Bourke Street,
Docklands VIC 3008

A written response setting out the final decision of the IDRC and the reasons for this decision will be provided to you within 15 working days of the date you advise us you wish to take your complaint to the IDRC.

If we are unable to provide a written response setting out the final decision, we will keep you informed of progress at least every 10 days. If you are not satisfied with the finding of the IDRC, or if we have been unable to resolve your complaint within 45 calendar days, you may be able to lodge a complaint with the Australian Financial Complaints Authority (AFCA). AFCA provides fair and independent financial services complaint resolution that is free to consumers. AFCA can make decisions with which we are obliged to comply. Its contact details are:

Website: http://www.afca.org.au
Email: info@afca.org.au
Tel: 1800 931 678 (local call fee applies)

In writing to Australian Financial Complaints Authority,
GPO Box 3, Melbourne VIC 3001

You should note that 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 (if any) that may be 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 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, Provisos, Conditions 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 does not apply to events that occur after 180 consecutive days from the commencement of an Insured Person’s Travel, 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 contract or 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.

Definitions
Words with a special meaning are shown in this policy wording by using capital letters and bold font:

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/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, fiancé (e), niece, nephew, uncle, aunt, stepchild, grandparent or grandchild.

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.
(c) It also means 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 Children means an Insured Person’s unmarried 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 on the Journey.

A child who is physically or mentally incapable of self-support upon attaining age 19 may continue to be covered under this policy whilst remaining incapacitated and unmarried provided they Travel with the Insured Person on the Journey.

Doctor means a medical practitioner or medical specialist who is registered or licensed and is legally qualified medical 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 an amount that will be deducted for each and every loss payable to You or the Insured Person as shown in the Policy Schedule.

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

Foot means the entire foot below the ankle.

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.
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 and Dependant Children provided always 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.

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

Pre-existing Conditions mean:

(a) Any sickness, disease or other condition, including symptoms thereof suffered by the Insured Person, Insured Person’s Relative, business partner, co-director or travelling companion which in the one (1) year period prior to the Insured Person’s cover commencement date as described under the period of individual cover in the Policy Schedule:

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

(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.

(b) It shall also mean any congenital, hereditary, chronic or ongoing condition of the Insured Person, Insured Person’s Relative, business partner, co-director or travelling companion which the Insured Person or Insured Person’s Relative, business partner, co-director or travelling companion are aware of, or could reasonably 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.

Serious Injury or Serious Sickness means a serious injury or Sickness for which the attending Doctor certifies that the attendance of 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 daily 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 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 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.

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

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

a. left with a person other than the Insured Person’s Travelling companion;

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

c. 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 or Chechnya.

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 or Acquired Immune Deficiency Syndrome (A.I.D.S.) or Human Immunodeficiency Virus (H.I.V.) infection. This exclusion does not apply to Accidental H.I.V. Infection as described under benefit 10 of Section 5 E (a) AIG Care+ Benefits.

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. riding a motorised bike, trike or quad bike/ATV:
   i. if the Insured Person(s) were not wearing a helmet; or
   ii. if the engine capacity exceeds 250cc; or
   iii. if riding without a valid local or Australian license endorsed to 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 limitation in respect of the cover under certain sub-section of section 5 (as detailed below), this Policy does not cover any event which happens to an Insured Person unless he or she at the date of such event is under 101 years of age. Cover under section 5 will be limited as under for the respective age bands of an Insured Person, where the lesser of the amount shown as per policy schedule or the amounts in the table below will apply as per respective age bands of Insured Persons.

<table>
<thead>
<tr>
<th>Age Band</th>
<th>75 years or over and under 80 years</th>
<th>80 years or over and under 90 years</th>
<th>90 years or over</th>
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<tbody>
<tr>
<td>1</td>
<td>Section 5A - Death &amp; Capital Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Event 1 – Death</td>
<td>$500,000</td>
<td>$250,000</td>
<td>$25,000</td>
</tr>
<tr>
<td>b Event 2 – Permanent Total Disablement</td>
<td>Nil</td>
<td>Nil</td>
<td>Nil</td>
</tr>
<tr>
<td>c Events 3 to 19</td>
<td>$500,000</td>
<td>$250,000</td>
<td>$25,000</td>
</tr>
<tr>
<td>2</td>
<td>Section 5B – Weekly Injury &amp; Weekly Sickness Benefits</td>
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<td></td>
</tr>
<tr>
<td>Events 21 &amp; 25 – Temporary Total Disablement</td>
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<td>Nil</td>
<td>Nil</td>
</tr>
<tr>
<td>Event 22 – Temporary Partial Disablement</td>
<td>Nil</td>
<td>Nil</td>
<td>Nil</td>
</tr>
</tbody>
</table>

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 Insured Person are required to declare any other insurance policy that is in force simultaneously with this policy, providing You or the Insured Person similar cover to 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 properly completed and all evidence reasonably required by Us in relation to the claim shall 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 take over 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 shall 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 shall take no action to prejudice such rights.

4. **Cancellation**
(a) This Policy may be cancelled by You at any time 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.
(c) When the Policy is cancelled, We will refund the proportion of the premium (if applicable) 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. **Aggregate Limits of Liability**
(Applicable to Sections 4, 5, 6, 7, 8, and 9)
(a) Except as provided in 6.(b), 6.(c) and 6.(d), 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 11)
(c) 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)
(d) 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.

7. **Australian Law**
This Policy is governed by the Laws of the Australian State or Territory it was issued in and any dispute or action in connection therewith shall be conducted and determined in Australia.

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 his or her 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, providing 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 forfeited.

12. **Claim Offset**
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 believe We will become, liable for any tax or other impost 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), under this Policy in the manner and to the extent We determine to be appropriate to take account of the tax or impost.
Section 1 – Medical and Medical Evacuation Expenses

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 registered and legally qualified medical practitioner.
2. Emergency Optical treatment provided by a registered and legally qualified medical practitioner or optician. No cover is provided for routine optical treatments.
3. Emergency Dental treatment provided by a registered and legally qualified dentist for the relief or management of dental pain. No cover is provided for normal maintenance of dental health, or lack thereof.

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 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.

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 Injury related dental or optical condition, resulting in hospital, surgical or other diagnostic or remedial treatment given or prescribed by a qualified medical practitioner, dentist or optician. Ongoing medical expenses does not include those expenses We are prohibited by law from paying.

Please note that as set out in General Condition 13 We will not pay any expenses reasonably recoverable by You or the Insured Person from any other source. This includes Medicare, or similar body established by law in Your Country of Residence or any private health insurance. An Insured Person is required to submit their claim to Medicare, or similar body established by law in Your Country of Residence, or their private health insurer in the first instance.

Section 1C – Overseas Medical Evacuation Expenses

Description of Cover

1. Emergency Transportation Services
   If during Travel an Insured Person suffers Injury or Sickness covered under Section 1A (Overseas Medical Expenses) that necessitates emergency air, land or water transportation:
   
   (a) to another location to obtain necessary medical treatment; or
   
   (b) repatriation to 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 Country of Residence (refer Section 6. - Resumption of Assignment).
Conditions

(a) If You or the Insured Person requires Us to pay for the emergency transportation service then Travel Guard® must be contacted as soon as practicable, so that We can inform You whether We agree that the transportation is necessary and costs are reasonable. (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 determine based on medical advice where and how to best move the injured or sick Insured Person.

(c) We will use the Insured Person’s return ticket towards Our costs if the Insured Person is returned to his or her 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 his or her remains to his or her 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, 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 his or her 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 is limited by the specified Sum Insured in the Schedule of Compensation.

Exclusions - 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 he or she is 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, after the date on which the Medical Expenses were first incurred.
Section 2 – Travel Guard®

Description of Cover

An Insured Person is entitled to the worldwide services of Travel Guard®.

In the event of a medical or other emergency overseas, the Insured Person should simply call - reverse charge - the Travel Guard® 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.

Travel Guard® is 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 his or her Country of Residence.

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

Travel Guard® 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 casemangement.
- 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 completion 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 point of origin 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.

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 his or her Country of Residence or place of departure within his or her 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 where 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.

   Note: If the Insured Person needs to return home early for any reason Travel Guard® must be contacted as soon as practicable, so that We can inform You whether We agree that the expenses are reasonable and necessary. Travel Guard® 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 cannot 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, 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.

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

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 that an Insured Person is illegally detained during Travel as a result of the public transport on which he or she is 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 the return trip being delayed for more than 24 consecutive hours at the end of the original pre-booked authorised business Travel, We will reimburse 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 are limited to the lesser of the sum insured or $25,000 per Insured Person in relation to Non-Associated Leisure Travel.

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 – 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 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 has been recovered 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 he or she is unfit do so.
Section 4 – Luggage, Personal Effects, Travel Documents

Description of Cover

1. Property
   We will pay for 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. Misplaced Luggage
   We will pay the reasonable expenses 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 is specified in the Policy Schedule.

   Claims must be supported by written confirmation 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 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 relative or Travelling companion. The maximum amount We will pay 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 is specified in the Policy Schedule.

6. Keys and Locks
   We will reimburse up to the amount specified 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 is limited by the specified Sum Insured in the Schedule of Compensation.

Basis of Settlement
The basis of settlement under 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
1. Where reasonably practicable, all loss or damage attributable to theft, vandalism or loss or damage by carriers 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 shall take all reasonable precautions for the safety and supervision of any insured luggage, personal effects, Travel documents, money and credit cards.
Exclusions – 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, defect or 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. Losses reasonably recoverable from any other source, e.g. airlines, or other insurance including automatic credit card Travel insurance.
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, however 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 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 however 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 precaution 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 7-8, 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 during a period of individual cover suffers an Injury as defined 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.

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.

Cover under section 5A will be limited as under for the respective age bands of an Insured Person, where the lesser of the amount shown as per policy schedule or the amounts in the following table will apply as per respective age bands of Insured Persons:

<table>
<thead>
<tr>
<th>Age Band</th>
<th>75 years or over and under 80 years</th>
<th>80 years or over and under 90 years</th>
<th>90 years or over</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Section 5A - Death &amp; Capital Benefits</td>
<td>$500,000</td>
<td>$250,000</td>
<td>$25,000</td>
</tr>
<tr>
<td>a. Event 1 - Death</td>
<td>Nil</td>
<td>Nil</td>
<td>Nil</td>
</tr>
<tr>
<td>b. Event 2 - Permanent Total Disablement</td>
<td>$500,000</td>
<td>$250,000</td>
<td>$25,000</td>
</tr>
<tr>
<td>c. Events 3 to 19</td>
<td>$500,000</td>
<td>$250,000</td>
<td>$25,000</td>
</tr>
</tbody>
</table>

Exposure
If an Insured Person suffers an Event 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 included only for the Events specified in the Policy Schedule. The Compensation for each Event is payable as a percentage of the Capital Sum Insured shown in the Policy Schedule.

<table>
<thead>
<tr>
<th>The Events</th>
<th>The Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injury as defined, resulting in:</td>
<td></td>
</tr>
<tr>
<td>1. Death*</td>
<td>100%</td>
</tr>
<tr>
<td>2. Permanent Total Disablement</td>
<td>100%</td>
</tr>
<tr>
<td>3. Permanent Paraplegia or Quadriplegia</td>
<td>100%</td>
</tr>
<tr>
<td>4. Permanent Total Loss of sight of both eyes</td>
<td>100%</td>
</tr>
<tr>
<td>5. Permanent Total Loss of sight of one eye</td>
<td>100%</td>
</tr>
<tr>
<td>6. Permanent Total Loss of use of two Limbs</td>
<td>100%</td>
</tr>
<tr>
<td>7. Permanent Total Loss of use of one Limb</td>
<td>100%</td>
</tr>
<tr>
<td>8. Permanent Total Loss of the lens of both eyes</td>
<td>100%</td>
</tr>
<tr>
<td>9. Permanent Total Loss of the lens of one eye</td>
<td>50%</td>
</tr>
<tr>
<td>10. Permanent Total Loss of hearing in</td>
<td></td>
</tr>
<tr>
<td>(a) both ears</td>
<td>75%</td>
</tr>
<tr>
<td>(b) one ear</td>
<td>15%</td>
</tr>
<tr>
<td>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</td>
<td>50%</td>
</tr>
<tr>
<td>12. Permanent Total Loss of use of four Fingers and Thumb of either Hand</td>
<td>70%</td>
</tr>
<tr>
<td>13. Permanent Total Loss of use of four Fingers of either Hand</td>
<td>40%</td>
</tr>
<tr>
<td>14. Permanent Total Loss of use of one Thumb of either Hand</td>
<td></td>
</tr>
<tr>
<td>(a) both joints</td>
<td>30%</td>
</tr>
<tr>
<td>(b) one joint</td>
<td>15%</td>
</tr>
</tbody>
</table>
15. **Permanent Total Loss** of use of **Fingers** of either **Hand**
   
   (a) three joints  
   (b) two joints  
   (c) one joint

16. **Permanent Total Loss** of use of **Toes** of either **Foot**
   
   (a) all – one **Foot**  
   (b) great – both joints  
   (c) great – one joint  
   (d) other than great each **Toe**

17. Loss of at least 50% of all sound and natural teeth, including capped or crowned teeth, but excluding first teeth and dentures

<table>
<thead>
<tr>
<th>Per tooth</th>
<th>Percentage</th>
<th>Total for all teeth</th>
</tr>
</thead>
<tbody>
<tr>
<td>1%</td>
<td>1%</td>
<td>$10,000</td>
</tr>
</tbody>
</table>

18. **Shortening of leg** by at least 5cm

<table>
<thead>
<tr>
<th>Per effect</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>7%</td>
<td></td>
</tr>
</tbody>
</table>

19. **Permanent** partial disablement not otherwise provided for under Events 9 to 18 inclusive

   Such percentage of the Capital Sum insured which corresponds to the percentage reduction in whole bodily function ascertified by the **Insured Person’s** treating **Doctor**, and a **Doctor** appointed by **Us**. 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 parties. 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 amount **We** will pay which is seventy-five percent (75%) of the Lump Sum Benefit insured.

**Additional Benefits**

20. **Broken Bone Benefits** – Injury resulting in:

   (a) neck or spine
   (b) hip, pelvis
   (c) skull, shoulder blade
   (d) collar bone, upper leg
   (e) upper arm, kneecap, forearm, elbow
   (f) lower leg, jaw, wrist, cheek, ankle, **Hand**, **Foot**
   (g) ribs (per rib)
   (h) **Finger**, **Thumb**, **Toe** (per **Finger**, **Thumb**, **Toe**)

<table>
<thead>
<tr>
<th>Maximum Compensation any one accident</th>
</tr>
</thead>
<tbody>
<tr>
<td>$5,000</td>
</tr>
<tr>
<td>$3,750</td>
</tr>
<tr>
<td>$2,500</td>
</tr>
<tr>
<td>$2,500</td>
</tr>
<tr>
<td>$1,250</td>
</tr>
<tr>
<td>$1,000</td>
</tr>
<tr>
<td>$500</td>
</tr>
<tr>
<td>$350</td>
</tr>
</tbody>
</table>

* Benefits payable to **Dependent Children** and **Insured Persons** under 18 years of age for Event 1 (Death) will be limited to or $20,000.
Section 5B – Weekly Injury and Weekly Sickness Benefits

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

Description of Cover

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

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

(a) Section 5 - Personal Injury Event 2. Permanent Total Disablement,
(b) Section 5 - Events 21 & 25 - Temporary Total Disablement and Event 22 - Temporary Partial Disablement).

<table>
<thead>
<tr>
<th>Injury as defined, resulting in:</th>
</tr>
</thead>
<tbody>
<tr>
<td>21. Temporary Total Disablement if You are an income earner at the time of the Event</td>
</tr>
<tr>
<td>22. Temporary Partial Disablement</td>
</tr>
<tr>
<td>23. Temporary Total Disablement, if You are not an income earner at the time of the Event.</td>
</tr>
<tr>
<td>24. Temporary Total Disablement, if You are a full-time student at the time of the Event.</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>25. Temporary Total Disablement if You are an income earner at the time of the Event</td>
</tr>
</tbody>
</table>

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 4 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, except that 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 you are entitled to receive sick leave pay.

Section 5C – Surgical Benefits for Injury
Cover under this Section is included only if specified in the Policy Schedule.

<table>
<thead>
<tr>
<th>The Events</th>
<th>The Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injury as defined, resulting directly in the following surgical procedures:</td>
<td></td>
</tr>
<tr>
<td>1. Brain surgery</td>
<td>$20,000</td>
</tr>
<tr>
<td>2. Amputation of a Limb</td>
<td>$20,000</td>
</tr>
<tr>
<td>3. Fracture of a Limb requiring open reduction</td>
<td>$5,000</td>
</tr>
<tr>
<td>4. Any other surgical procedure performed under general anaesthetic</td>
<td>$2,500</td>
</tr>
</tbody>
</table>

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, except that 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 included only if specified in the Policy Schedule.

<table>
<thead>
<tr>
<th>The Events</th>
<th>The Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injury as defined, resulting directly in the following surgical procedures:</td>
<td></td>
</tr>
<tr>
<td>1. Open Heart surgery</td>
<td>$20,000</td>
</tr>
<tr>
<td>2. Brain surgery</td>
<td>$20,000</td>
</tr>
<tr>
<td>3. Abdominal surgery performed under general anaesthetic</td>
<td>$5,000</td>
</tr>
<tr>
<td>4. Any other surgical procedure performed under general anaesthetic</td>
<td>$2,500</td>
</tr>
</tbody>
</table>

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 medical condition,
   We will pay:
   a) 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 if agreed by You, We will pay:
   (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 is $5,000.


   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 A – Capital Benefits - Event 1.

4. Pre-mature Birth & Miscarriage Benefit

   Description of Cover
   If an Insured Person sustains an Injury whilst on authorised business Travel 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.

   Conditions
   1. This Benefit is not payable:
      a. in the event the Insured Person is Travelling against medical advice; or
      b. for Insured Persons who are accompanying Spouse or Dependent Children.
   2. This Benefit is only payable for Travel undertaken for business purposes (including Associated Leisure Travel).
5. Cosmetic Surgery Benefit

Description of Cover
If an Insured Person sustains an Injury whilst on business Travel (including Associated Leisure Travel) that results in a valid claim under Section 5A - Events 2 to 18, We will pay an additional amount equivalent to 10% of the benefit payable under Events 2 to 18, 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 is to restore function or appearance after an Accident and was done at a medically appropriate stage within 24 months from the date of Injury.
2. This benefit is only payable for Travel undertaken for business purposes (including Associated Leisure Travel).

6. Facial Scarring Benefit

Description of Cover
If an Insured Person sustains an Injury whilst on business Travel which results in a Permanent Facial Scar on the Insured Person's face, We will pay compensation as listed under:

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

Conditions
1. This Benefit is only payable for Travel undertaken for business purposes (including Associated Leisure Travel).

7. Dental Cash Benefit – Injury Only

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

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, 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 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 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 by a police report of the event.
9. Physical Assault Benefit

Description of Cover
If an Insured Person is a victim of a physical assault whilst on business Travel, We will reimburse:

1. the reasonable costs incurred 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.

   Reasonable costs mean transportation costs and lodging and meals costs for up to 7 days. It is a condition of this cover that the visitor’s and Insured Person’s usual place of residence is 100 kilometres away from the Hospital or medical facility.

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 compensation for 1 above will be calculated based on $200 per day of the Insured Person’s hospitalisation.

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

10. Accidental HIV Infection Benefit

Description of Cover
If an Insured Person accidentally contracts the Human Immunodeficiency Virus (H.I.V.) infection as a direct result of:

(a) an Injury caused by a physical and violent bodily assault by another person on the Insured Person while he or she is covered under this Policy; or

(b) the administering of medical treatment provided by a Doctor or registered nurse of an Insured Person’s covered Injury or Sickness while he or she is insured under this Policy.

We will pay:

(a) the Sum of $50,000 per Insured Person.

Conditions
(i) Compensation will only be payable if the Insured Person is positively diagnosed within 180 days of the event giving rise to the H.I.V. infection.

(ii) Compensation shall not be payable unless any event leading to or likely to lead to a positive diagnosis of H.I.V. is reported to Us and medical tests are carried out by a Doctor as soon as reasonably practicable after the Insured Person becomes aware that the event has led to or is likely to lead to that diagnosis.

11. Out of Pocket Expense Benefit

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

Conditions
1. We will not pay for any expense insured under any other sections this Policy.

2. We will not pay for any expenses that We are prohibited by law from making such payments.

12. Life Saver Benefit

Description of Cover
If an unrelated individual, who is not an Insured Person 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 a compensation of $25,000 to this person or to their legal representatives.
The maximum payable for all claims per Policy Period is $50,000.

13. Corporate Image Protection

Description of Cover
If an Insured Person suffers an Injury 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 Persons Accidental death.

Conditions
1. Costs must be incurred within fifteen (15) days of the Insured Persons Accidental death and they must be directly related to protecting Your business image.
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 sufficient supporting documentation, 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 as defined.

Conditions
1. Satisfactory medical evidence needs to 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. We will require 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 Event 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 cost incurred for such renovations to a maximum of $10,000. This Benefit is only payable:

(a) where such renovations and modifications are undertaken with the agreement of the Insured Person’s attending Doctor; and
(b) in respect of their primary residence and any one motor vehicle only.

It is important that You tell Us if You expect to incur costs under this additional benefit before doing so, so that We can inform You whether We agree that they are reasonable.

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 Benefits, 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 a pro-rata refund 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 Events 21 or 22, or 25(where selected) where:

(a) the Insured Person has returned to work in a limited capacity, and
(b) are unable to commute to work via their normal mode of transport;

We will reimburse the costs for the hire of a suitable chauffeured vehicle or taxi to transport the Insured Person directly to and from their normal place of residence and normal place of work to complete their work duties.

The most We will pay is $100 per day 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 Applicable 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, except that 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. Domestic help means the actual costs incurred for reasonable and necessary professional services carried out by persons other than members of the Insured Person’s family or other 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 legally qualified and registered medical practitioner as being necessary for the Insured Person’s recovery.

2. Elimination Period means the period, commencing with the first day of Temporary Total Disablement or partial disablement for which medical treatment was sought, during which no Compensation is payable.

3. 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 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, overtime payments and other allowances; 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.
4. **Limb** means any part of the arm between the shoulder and the wrist or any part of the leg between the hip and the ankle.

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 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 Total Disablement** means total disablement which continues for 12 consecutive months and at that time is certified by a **Doctor** as being unlikely to materially improve and entirely preventing the **Insured Person** forever from engaging in their usual occupation immediately prior to the Injury or any occupation for which he or she is reasonably qualified by training, education or experience.

8. **Quadruplegia** means permanent and entire paralysis of both legs and both arms.

9. **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**.

10. **Temporary Partial Disablement** means that as a result of **Injury** the **Insured Person** is wholly and continuously prevented from engaging in more than 50% of the duties of his or her usual occupation in his or her usual **Country of Residence**, and is under the regular care of and acting in accordance with the instructions or professional advice of a registered and legally qualified medical practitioner who is not the **Insured Person** or a family member.

11. **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 his or her usual occupation in his or her **Country of Residence**, and is under the regular care of and acting in accordance with the instructions or professional advice of a registered and legally qualified medical practitioner who is not the **Insured Person** or a family member.

   (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 his or her normal household duties in his or her **Country of Residence**, and is under the regular care of and acting in accordance with the instructions or professional advice of a registered and legally qualified medical practitioner who is not the **Insured Person** or a family member.

   (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 legally qualified and registered medical practitioner, who is not the **Insured Person** or a member of the **Insured Person**'s family, as being necessary for that **Insured Person**'s recovery.

12. **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**

1. The Compensation payable under Event 1 in Section 5A shall be payable to **You**, any other Compensation payable under the Policy shall be payable to an **Insured Person**.

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 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** become entitled to Compensation under any one of the Events listed in Section 5A (other than Event 1) an **Insured Person** may elect to receive Compensation either under that Event or under Events listed in Section 5B.

3. Compensation shall not be payable:

   (a) Under Events described in Section 5B in excess of the Aggregate Period shown against such Events therein 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 registered and legally qualified medical practitioner who is not the **Insured Person** or a member of the **Insured Person**'s immediate family.

   (c) if the **Insured Person** is entitled to receive sick leave pay.
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 Workcover or Workers Compensation Act or other Statutory body having a similar effect, or under the Wrongs Act, or under any Compulsory Third Party or Motor Vehicle Act, or Transcover or Transport Accident Act or other Statutory body having similar effect; and/or

(c) earned income from any other occupation;

then Compensation payable under Event 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 Event 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 Workcover or Workers Compensation Act or other Statutory body having a similar effect, or under the Wrongs Act, or under any Compulsory Third Party or Motor Vehicle Act, or Transcover or Transport Accident Act or other Statutory body having similar effect; and/or

(c) earned income from any other occupation;

then Compensation payable under Event 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** Under 18 Years.

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

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 reimburse You for reasonable and necessary Expenses 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 his or her unexpected death, Injury or Sickness, or who has to return early to his or her Country of Residence or place of departure following the unexpected death of a 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 his or her original business commitments and objectives.

This benefit will not cover any expenses in connection with:

a. non-associated leisure travel; and/or
b. the leisure component of associated leisure travel.

The maximum amount We will pay is limited to the Sum Insured in the Schedule of Compensation.

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 the insured’s instruction); and
(c) other essential expenses reasonably and necessarily incurred in transportation of the substitute person or returning the Insured Person.

Exclusions – 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 he or she is 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 his or her 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 he or she is in; or
3. a major natural disaster has occurred in the country the Insured Person is in necessitating his or her 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 his or her Country of Residence; or
(b) the cost of a business class air fare to return the Insured Person to the nearest place of safety; and
(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 five hundred dollars ($500) per day and;
   (ii) the reasonable additional costs actually incurred, up to a maximum of one hundred and fifty dollars ($150) per day, for each Insured Person for a maximum period of 21 days. This benefit is not payable in the Insured Person’s Country of Residence.

Note: If an Insured Person needs to leave the country he or she is in, Travel Guard® must be contacted beforehand so that we can inform you whether we agree that cover applies. Where possible Travel Guard® will make the Travel arrangements and in all cases We will determine a suitable location to send the Insured Person.

The maximum amount We will pay is limited by the specified Sum Insured in the Schedule of Compensation.

Exclusions – 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 he or she is 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 he or she is to be evacuated.
6. The political unrest or natural disaster that resulted in the Insured Person’s evacuation being in existence 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 his or her late arrival.

We will pay the reasonable extra expenses actually and necessarily incurred, net of any recoveries which You or the Insured Person may be entitled to receive from a carrier, to enable the Insured Person to use alternative scheduled public transport services to arrive at his or her destination on time, if due to any unforeseen circumstances outside Your or the Insured Person’s control, he or she misses a scheduled transport connection and is unable to arrive at his or her destination at the original scheduled time.

The maximum amount We will pay is limited by the specified Sum Insured in the Schedule of Compensation.

Exclusions – 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 or the Insured Person or of any other person on whom the Travel depends.

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

1. Rental Vehicle Excess

Description of Cover
We will reimburse 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 business 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 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 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 in 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 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 is limited by the specified Sum Insured in the Schedule of Compensation.

Exclusions — 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 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 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 for which You or the Insured Person become legally liable as a result of the Insured Person’s negligence during the Travel causing:

1. Bodily Injury including death or illness of another 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.

Exclusions – 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 his or her family ordinarily residing with him or her.
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 his or her family ordinarily residing with him or her.
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 dependants 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 dependants 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 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 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 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 any one 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 any one 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 shall 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 shall, 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 – 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 maximum amount shown in the Schedule of Compensation should the Insured Person’s Spouse 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 13 A 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’s Spouse in Australia, when the Insured Person is Travelling, as a result of external violence and which results solely and directly and independently of any other cause including any pre-existing physical or congenital condition (except Sickness directly resulting from medical or surgical treatment rendered necessary by such Injury) in the death of the Insured Person’s spouse.

This Benefit is not payable if the Spouse 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 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 13 B 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 physical or congenital condition (except Sickness directly resulting from medical or surgical treatment rendered necessary by such Injury) in the death 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, except that 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’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.

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 physical or congenital condition (except Sickness directly resulting from medical or surgical treatment rendered necessary by such Injury) in the death of the Insured Person.

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 business Travel, which results in a valid claim under Section 5A – Capital Benefits - Events 2-10 rendering them unable to care for their Dependant 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 Dependant Children, necessarily incurred for the services of a registered childcare provider for their Dependant Child(ren).

Conditions
1. The maximum period this benefit can be claimed for will be 26 weeks and must be incurred within 24 months from the date of the Injury.
2. This benefit will only reimburse in respect of additional costs that would not otherwise have been incurred.
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 for business, 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 Dependant 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 13E 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, except that 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 falsely provided to the credit agency or financial institution as a result of **Identity Guard**.

Section 14B – Lost Wages

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

Payment of lost wages 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 for lost wages 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 **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 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, overtime payments and other allowances; 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 authorization.
2. Any false charge or withdrawal from the unauthorized 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 any one event and cannot exceed an annual aggregate of $10,000.

Our maximum liability under Section 14 in any one 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 331 013 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 wages. 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;
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 necessary and reasonable costs incurred by a recognised rescue provider or police authorities in searching for and retrieving the Insured Person.

Conditions

1. Insured Person are required to comply, at all times, with local safety advice and adhere to recommendations in force during their Travel.
2. An Insured Person must not knowingly endanger their own life or that of any other Insured Person. 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.
3. We must be informed immediately or as soon as reasonably possible of any emergency that may potentially give rise to a claim.
4. We will only pay for the portion of expenses that relate to an Insured Person.
5. 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.
6. 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) Travel Guard® 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 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 Insured Persons and policyholders prepare for potentially risky situations based on their Travel destination(s) including information on security risks, kidnap for ransom, political conditions, Travel logistics and cultural pointers.

Insured Persons and Policyholders 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. Policyholders 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) Travel Guard® any time from any place in the world: +60 (3) 2772 5687. (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.
American International Group, Inc. (AIG) is a leading global organisation. Building on 100 years of experience, today AIG member companies provide a wide range of property casualty insurance, life insurance, retirement products, and other financial services to customers in more than 80 countries and jurisdictions. These diverse offerings include products and services that help businesses and individuals protect their assets, manage risks and provide for retirement security. AIG common stock is listed on the New York Stock Exchange.

Additional information about AIG can be found at www.aig.com | YouTube: www.youtube.com/aig | Twitter: @AIG_LatestNews | LinkedIn: http://www.linkedin.com/company/aig

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