

Travel Insurance

Supplementary Product Disclosure Statement

4 June 2010

This Supplementary Product Disclosure Statement (SPDS) supplements ING Australia's Travel Insurance Product Disclosure Statement (PDS) issued 1 April 2009. It is to be read together with that PDS and any other SPDS that has been issued with that PDS. QBE Insurance (Australia) Limited (ABN 78 003 191 035, AFSL 239545) and ING General Insurance Pty Limited (ABN 56 072 892 365, AFSL 288160) (ING General Insurance) are the joint issuers of this SPDS and take full responsibility for this SPDS.

The purpose of this SPDS is to update the PDS with information about the change to the terms and conditions relating to an existing medical condition. Five sections of the PDS have been amended.

1. On the page preceding page 1 'Conditions of application' states:

If you are 80 years of age or over and applying for an International Travel Plan, or require cover for your existing medical condition regardless of your age, you will need to complete the Travellers' Medical Appraisal Form. If your application is approved, we will issue your Policy and provide you with a Certificate of Insurance. Your Certificate of Insurance confirms the cover you have chosen including any additional benefits, the total amount paid by you and information about the terms of your Policy.

This text has been replaced with the following:

You need to complete the Travellers Medical Appraisal Form and submit to us for approval for an:

- International Travel Plan – if you are 70 years of age or over, or you have an existing medical condition that is not automatically covered regardless of your age;
- Australian Travel Plan – if you wish to apply for cover for your existing medical condition that is not automatically covered.

Refer to pages 11 and 12 for the definition of an existing medical condition and a list of those conditions automatically covered.

If your application is approved, we will issue your Policy and provide you with a Certificate of Insurance. Your Certificate of Insurance confirms the cover you have chosen including any additional benefits, the total amount paid by you and information about the terms of your Policy. Discover these benefits and more in this combined PDS and policy document.

2. On page 6 'Existing medical conditions (including pregnancy)' it states:

Residents of Australia who are under 80 years of age

If you are a resident of Australia, under 80 years of age at the time the Certificate of Insurance is to be issued and would like cover for your existing medical condition, you will need to complete the relevant sections of a Travellers Medical Appraisal Form, which can be obtained by contacting us. Once completed you must submit the form to us for approval. In most cases, if you answer the questions fully and accurately your application for travel insurance will be processed on this information. In certain circumstances, however, we may ask you to have your usual medical practitioner complete Part B of the Travellers' Medical Appraisal Form and/or provide further information before a Certificate of Insurance can be issued. If cover is granted, you will be asked to pay an additional amount and advised of any special terms imposed.

This text has been replaced with the following:

Residents of Australia who are under 70 years of age

If you are under 70 years of age at the time the Certificate of Insurance is to be issued and you have an existing medical condition not automatically covered, you will need to complete the relevant sections of a Travellers Medical Appraisal Form. Refer to pages 11 and 12 for the definition of an existing medical condition and a list of those conditions automatically covered. You can obtain the form by contacting us. Once completed you must submit for approval. In most cases, if you answer the questions fully and accurately your application for travel insurance will be processed on this information. In certain circumstances however, we may ask you to have your usual medical practitioner complete Part B of the Travellers Medical Appraisal Form and/or provide further information before a Certificate of Insurance can be issued. If cover is granted, you will be asked to pay an additional amount and advised of any special terms imposed.

3. On page 7 under the heading 'Existing medical conditions (including pregnancy)' it states:

Residents of Australia who are 80 years of age or over

Regardless of your state of health, cover is not automatically provided for travellers 80 years of age or over at the time the Certificate of Insurance is to be issued. If you are travelling internationally, you must complete the Travellers Medical Appraisal Form and submit it to us for evaluation. In most cases, if you answer the questions fully and accurately your application for travel insurance will be processed on this information. In certain circumstances, however, we may ask you to have your usual medical practitioner complete Part B of the Travellers Medical Appraisal Form and/or provide further information before a Certificate of Insurance can be issued. If cover is granted you will be notified, and if applicable, asked to pay an additional amount and advised of any special terms imposed.

This text has been replaced with the following:

Residents of Australia who are 70 years of age or over

Regardless of your state of health, cover is not automatically provided for travellers 70 years of age or over at the time the Certificate of Insurance is to be issued. You must complete the Travellers Medical Appraisal Form and submit the form for evaluation by us. You must also have your usual medical practitioner complete Part B of the Travellers Medical Appraisal Form and/or provide further information before a Certificate of Insurance can be issued. If cover is granted you will be notified, and if applicable, asked to pay an additional amount and advised of any special terms imposed.

4. On page 11 under the heading 'Existing medical conditions (including pregnancy)' it states:

Not all existing medical condition(s) (including pregnancy) are covered automatically.

This text has been replaced with the following:

If you are applying for an international travel plan you must tell us if you have an existing medical condition not automatically covered. If you are applying for an Australian Travel Plan you must tell us if you require cover for an existing medical condition not automatically covered. You are not covered for an existing medical condition that you have not told us about and claims under other sections of the policy may be reduced to nil, unless the existing medical condition is automatically covered. Refer to pages 11 and 12 for the definition of an existing medical condition and a list of those conditions automatically covered. To apply for cover ask us for a Travellers Medical Appraisal Form which must be completed and submitted with your application for approval. If your application is approved you will be asked to pay an additional premium and advised of any restrictions and excess that may apply.

5. On page 12 under the heading 'Existing medical conditions (including pregnancy)' it states:

You do not have to take cover for your existing medical condition, however, there is no cover under this Policy for any claim arising as a result of, exacerbated by, or consequential upon, your existing medical condition.

What forms need to be completed to apply for existing medical condition cover?

Please also refer to the relevant travel plan you are applying for (pages 6-9)	Travellers Medical Appraisal Form	
	Part A	Part B
International Travel Plan		
0 – 69 years requiring cover for EMC*	✓ In some cases we may also ask for Part B to be completed	✗
70 – 79 years requiring cover for EMC*	✓	✓
80+ years regardless of state of health	✓	✓
Australian Travel Plan		
All age groups requiring cover for EMC*	✓ In some cases we may also ask for Part B to be completed	✗

*EMC means existing medical condition

This text has been replaced with the following:

What forms need to be completed?

Please also refer to the relevant travel plan you are applying for (pages 6-9)	Travellers Medical Appraisal Form	
	Part A	Part B
International Travel Plan		
0 – 69 years with an EMC* not automatically covered	✓ In some cases we may also ask for Part B to be completed	✗
70+ years regardless of state of health	✓	✓
Australian Travel Plan		
All age groups requiring cover for an EMC* not automatically covered	✓ In some cases we may also ask for Part B to be completed	✗

*EMC means existing medical condition

All terms, conditions and limitations under the various sections of the policy still apply.



Supplementary Product Disclosure Statement

30 November 2009

This Supplementary Product Disclosure Statement (SPDS) supplements each of the Product Disclosure Statements (PDS) listed in the schedule over the page. This SPDS is to be read together with the PDS for the relevant product and any other SPDS that has been issued with that PDS. QBE Insurance (Australia) Limited (ABN 78 003 191 035, AFSL 239545) and ING General Insurance Pty Limited (ABN 56 072 892 365, AFSL 288160) (ING General Insurance) are the joint issuers of this SPDS and take full responsibility for this SPDS.

The purpose of this SPDS is to update the PDS with information about the change of ownership of ING Australia Limited (ING Australia) and explain how to obtain up to date information in the future.

About ING Australia

ING General Insurance is a wholly owned subsidiary of ING Australia. From May 2002 until late 2009, ING Australia operated as a joint venture between Australia and New Zealand Banking Group Limited (ANZ) and the global ING Group (ING). ANZ recently purchased all of ING Group's shareholding in ING Australia, and now owns 100% of the company. ING Australia now operates as ANZ's Australian specialist wealth management and protection business.

Although ING Australia is now owned by ANZ, it has a licence from ING to continue to use the ING brand for a period while it transitions to a new brand – expected to be by late 2010. We will work to make this transition as smooth as possible and minimise disruption for our customers.

During the transition there are likely to be changes to the names of companies, products, investment funds and investment options that are operated by ING Australia and its subsidiaries. Information about these changes and other transition updates will be made available as outlined below.

How to obtain up to date information

Information in the relevant PDS is subject to change from time to time and may be updated by us. If the change is not materially adverse, we will notify you of such changes via regular investor communications and the ING website at www.ing.com.au. We will issue a SPDS or new PDS if there is a materially adverse change or omission. You can request a paper copy of any updated information at any time. This information will be provided free of charge by contacting Customer Service on 133 665.

ING General Insurance

ING General Insurance, one of the joint issuers of each product, is a subsidiary of ANZ. ANZ is an authorised deposit taking institution (ADI) under the Banking Act 1959. ING General Insurance is not an ADI and its obligations to you do not constitute a deposit or liability of ANZ or any other member of the ANZ Group. Neither ANZ nor any member of ANZ Group stands behind or guarantees ING General Insurance.

Product Name	Date of PDS
Home Insurance	1 April 2009
Landlord Insurance	1 April 2009
Car Insurance	1 April 2009
Travel Insurance	1 February 2009

Travel Insurance

Product Disclosure Statement and Policy document
1 April 2009

ING's Travel Insurance PDS and Policy document

The purpose of this PDS

This combined Product Disclosure Statement (PDS) and Policy document has been designed to help you understand ING's Travel Insurance so you can get the most out of your Policy.

This combined PDS and Policy document contains detailed information on Travel Insurance, including when you are covered, when you are not covered, and maximum cover limits. We have also included a glossary on pages 46–47 to describe words with a special meaning. To the extent that the content of this PDS could be construed as general advice, it does not take into account your personal objectives, financial situation or needs (personal circumstances). You should consider the appropriateness of the information, having regard to your personal circumstances.

When you take out Travel Insurance, we agree to provide the cover described in your current Certificate of Insurance (also referred to as your Schedule) and this combined PDS and Policy document, as well as any Supplementary PDS we may issue. Together, they make up the terms and conditions of your Travel Insurance contract with us. We recommend that you read them carefully and store them together in a safe place.

This Policy is underwritten and issued by ING General Insurance Pty Limited (ABN 56 072 892 365, AFSL 288160) (ING General Insurance) and QBE Insurance (Australia) Limited (ABN 78 003 191 035, AFSL 239545) (QBE).

Each insurer takes full responsibility for this combined PDS and Policy document.

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Conditions of application

If you are 80 years of age or over and applying for an International Travel Plan, or require cover for your existing medical condition regardless of your age, you will need to complete the Travellers' Medical Appraisal Form. If your application is approved, ING will issue your Policy and provide you with a Certificate of Insurance. Your Certificate of Insurance confirms the cover you have chosen including any additional benefits, the total amount paid by you and information about the terms of your Policy.

Simple application process

If you are taking out a Policy with us for the first time, simply:

Call 132 062 weekdays from 8am to 8pm (Sydney time)

Visit www.ing.com.au/insurance

If we agree to insure you, you will be provided with a Certificate of Insurance setting out the details of your Policy.

For 24 hours a day claims service:

Call 132 062

Why choose ING's Travel Insurance?

Travel Insurance provides dependable protection offering a unique range of benefits including:

- **medical cover** for unexpected illness and injury
- **dental cover** for emergency dental expenses
- **cancellation cover**
- **emergency travel and accommodation cover**
- **luggage cover** if damaged, lost or stolen
- **travel delay cover**
- **emergency expenses cover**
- **replacement passports and travel documents cover**
- **repatriation**
- **personal liability**
- **sporting activities** – most amateur sports are covered at no additional charge. Some activities are excluded under the Policy. Here is a list of just some of the activities you may wish to do during your trip.

✓ means cover applies and X means no cover

Snow skiing ✓	Snow boarding ✓	Snow biking ✓	Parachuting ✓	Motorcycling without a valid licence X	Hot air ballooning ✓	Horse riding ✓
Scuba diving ✓	Professional sporting activities X	White water rafting ✓	Water skiing ✓	Racing (except on foot) X	Cycling ✓	Mountaineering or rock climbing using support ropes X
Sailboarding ✓	Running with the bulls X	Canoeing ✓	Bungee jumping ✓	Basejumping X	Paragliding ✓	Surfing ✓

Discover these benefits and more within this combined PDS and Policy Document.



When disaster strikes and the unthinkable happens, it's reas call and assist. Our dedicated OMEGA travellers assistance you with assistance when you need it most.

Our inhouse emergency assistance service, OMEGA, has been providing help to travellers since 1992. Whether it be in Vietnam or Canada, one call connects you to someone back home. It's comforting to know the person you are speaking to is a trained medical and insurance specialist, who can make decisions regarding your situation and provide assistance when you need it the most.

We can assist you with:

- paying hospital and medical bills
- repatriation to Australia after an accident or illness
- rescheduling disrupted travel plans
- replacement of lost tickets, passports or travel documents
- arrangement of emergency transfer of funds
- urgent messages to your family or travel agent
- interpreters in non-English-speaking overseas hospitals.

Where relevant, all services are subject to a claim being accepted under the Policy.

Emergency calls

When you call OMEGA, they will need to know:

- your Certificate of Insurance number
- telephone numbers to contact you.

For travel advice, visit smartraveller.gov.au. It's a must see destination.



uring to know someone back home is ready to take your team are on call 24 hours a day, 7 days a week to provide

Call us anytime from anywhere!

Austria 0800 291 702	Indonesia 001 803 61 683	South Africa 0800 99 3514
Brazil 0800 891 8401	Ireland 1800 552 636	Spain 900 996 167
Canada 1800 665 3870	Israel 180 945 6589	Sweden 0200 214 612
China North 10800 611 0133	Italy 800 875 100	Switzerland 0800 838 533
China South 10800 361 0151	Japan 00531 616 441	Thailand 001 800 611 2885
Fiji 00800 2149	Malaysia 1800 800 428	United Kingdom 0800 899 813
France 0800 90 5097	Netherlands 08000 226 742	United States 1800 765 8631
Germany 0800 181 7694	New Zealand 0800 441 678	Within Australia 1300 555 019
Greece 00800 6112 6195	Philippines 1800 1611 0045	
Hong Kong 800 933 877	Singapore 800 6161 051	

If you cannot make use of the numbers above, contact the international operator and ask to make a reverse charge call.

Call 61+3+8805 2800
Fax 61+3+8805 2815
Email omega@qbe.com

Calls from mobile phones will be at your cost.

Lost your credit cards/travellers cheques?

Because of privacy requirements you will need to call any credit card/travellers cheque company directly in order to cancel the card/cheques and arrange for replacements. Call reverse charges.

American Express	61+2+9271 8664	Visa	1+ 410+581 9994
Diners Club	61+3+8643 2210	Mastercard	1+ 636+722 7111

To make a reverse charge call, firstly contact the international operator and ask to make a collect call to the appropriate phone number.

Table of benefits

This list is a summary of some of the benefits covered by this Policy and the applicable limits. Please refer to the relevant sections in the Policy wording for full details of cover. Other applicable limits may apply.

Benefits
Medical expenses incurred outside Australia – Section 1A
Permanent disability – Section 1B
Cash in hospital – Section 1C
Post hospitalisation accommodation – Section 1D
Medical evacuation and repatriation – Section 3
Emergency dental expenses – Section 2A
Luggage and personal effects – Section 10A
Personal computer item limit
Camera and video item limit
Watches and jewellery item limit
Other item limit
Emergency luggage – Section 10B
Cash – Section 10C
Replacement passports and travel documents – Section 10D
Cancellation or holiday deferment costs – Section 4A
Emergency travel arrangements and accommodation expenses – Section 4D
Travel delay – Section 5A
Resumption of trip – Section 5C
Missed connection – special events – Section 5D
Internet use and telephone calls – Section 5E
Hijacking – Section 5G
Emergency travel and accommodation expenses – relative – Section 5I
Rental vehicle insurance excess – Section 6A
Return of rental vehicle – Section 6B
Accidental death – Section 7A
Repatriation of remains to or within Australia or funeral expenses overseas – Section 7B
Funeral expenses within Australia – Section 7C
Personal liability – Section 11
Legal expenses – Section 12

International Travel Plan		Australian Travel Plan	
Single	Doubles	Single	Doubles
Applicable limits		Applicable limits	
Unlimited	Unlimited	n/a	n/a
\$12,000	\$24,000	n/a	n/a
\$8,000	\$16,000	n/a	n/a
\$500	\$1,000	n/a	n/a
Unlimited	Unlimited	\$5,000	\$10,000
Unlimited	Unlimited	n/a	n/a
\$15,000	\$30,000	\$4,000	\$8,000
\$6,000	\$6,000	\$1,000	\$1,000
\$4,000	\$4,000	\$750	\$750
\$1,000	\$1,000	\$500	\$500
\$700	\$700	\$500	\$500
\$500	\$1,000	\$500	\$1,000
\$200	\$200	n/a	n/a
\$3,000	\$3,000	\$2,000	\$2,000
Unlimited	Unlimited	\$10,000	\$20,000
Unlimited	Unlimited	\$10,000	\$20,000
\$1,500	\$3,000	\$500	\$1,000
\$2,500	\$5,000	n/a	n/a
\$2,500	\$5,000	\$2,000	\$4,000
\$250	\$250	n/a	n/a
Unlimited	Unlimited	n/a	n/a
\$20,000	\$40,000	n/a	n/a
\$5,000	\$5,000	\$3,000	\$3,000
\$750	\$750	\$750	\$750
\$25,000	\$50,000	\$10,000	\$20,000
\$25,000	\$50,000	\$5,000	\$10,000
\$10,000	\$20,000	n/a	n/a
limit \$5,000 per person	limit \$5,000 per person		
\$3,000,000	\$3,000,000	\$300,000	\$600,000
\$15,000	\$30,000	n/a	n/a

International Travel Plan

Eligibility

- Insurance is not available to travellers outside Australia.
- This travel plan is available to residents of Australia who are in Australia at the time the Certificate of Insurance is to be issued and intend to return to Australia.
- The terms and conditions of the Policy are subject to the laws of the Australian State or Territory where the Certificate of Insurance is issued. You agree to submit to the jurisdiction of the courts of that State or Territory.
- This Policy must be issued prior to the commencement of your trip.
- You cannot purchase insurance more than 12 months prior to travel.

Age limits

- This Policy is available to residents of Australia who are 16 years of age or over.
- This Policy does not provide any cover for any person whose date of birth is after the date the Certificate of Insurance was issued.

Policy durations

- There is no provision to suspend this Policy during the period of insurance.
- This Policy ends once you have returned to your normal place of residence within Australia, and there is no cover if you resume your trip unless the reason for your return to your normal place of residence was the hospitalisation or death of a relative, and the conditions of Section 5C of the Policy wording are satisfied.

Existing medical conditions (including pregnancy)

Residents of Australia who are under 80 years of age

If you are a resident of Australia, under 80 years of age at the time the Certificate of Insurance is to be issued and would like cover for your existing medical condition, you will need to complete the relevant sections of a Travellers Medical Appraisal Form, which can be obtained by contacting us. Once completed you must submit the form to us for approval. In most cases, if you answer the questions fully and accurately your application for travel insurance will be processed on this information. In certain circumstances, however, we may ask you to have your usual medical practitioner complete Part B of the Travellers' Medical Appraisal Form and/or provide further information before a Certificate of Insurance can be issued. If cover is granted, you will be asked to pay an additional amount and advised of any special terms imposed.

Residents of Australia who are 80 years of age or over

Regardless of your state of health, cover is not automatically provided for travellers 80 years of age or over at the time the Certificate of Insurance is to be issued. If you are travelling internationally, you must complete the Travellers Medical Appraisal Form and submit it to us for evaluation. In most cases, if you answer the questions fully and accurately your application for travel insurance will be processed on this information. In certain circumstances, however, we may ask you to have your usual medical practitioner complete Part B of the Travellers Medical Appraisal Form and/or provide further information before a Certificate of Insurance can be issued. If cover is granted you will be notified, and if applicable, asked to pay an additional amount and advised of any special terms imposed.

Excesses

We will not pay the first \$100 (the excess) for any one event except in relation to claims under Sections 1C–1D, 5A– 5G, 6, 7, 8, 9, 10B and 10C.

Policy extensions

(No extensions are available on Policies issued to travellers 70 years of age or over at the time the Certificate of Insurance was issued.)

Your Policy can be extended as many times as you like up to a maximum duration of 24 months from your departure date. This is only available before the current Policy expires. When applying for an extension you must tell us if there is a claim made or pending, if you suffer from an existing medical condition (including pregnancy), or if you have seen a medical or dental practitioner, as an extension may not be available or special terms may be imposed. If you wish to extend your Policy, please contact ING on 132 062. The amount payable for an extension is calculated at the amount current at the time of the extension.

Australian Travel Plan

Eligibility

- Insurance is not available to travellers outside Australia.
- The terms and conditions of the Policy are subject to the laws of the Australian State or Territory where the Certificate of Insurance is issued. You agree to submit to the jurisdiction of the courts of that State or Territory.
- This travel plan is available to residents of Australia only.
- This Policy must be issued prior to the commencement of your trip.
- You cannot purchase insurance more than 12 months prior to travel.

Age limits

- This Policy is available to residents of Australia who are 16 years of age or over.
- This Policy does not provide any cover for any person whose date of birth is after the date the Certificate of Insurance was issued.

Policy durations

- There is no provision to suspend this Policy during the period of insurance.
- This Policy ends once you have returned to your normal place of residence within Australia.

Existing medical conditions (including pregnancy)

If you are a resident of Australia and would like cover for your existing medical condition (including pregnancy), please complete the Travellers Medical Appraisal Form and submit it to us for approval. In most cases, if you answer the questions fully and accurately your application for travel insurance will be processed on this information. In certain circumstances, however, we may ask you to have your usual medical practitioner complete Part B of the Travellers Medical Appraisal Form and/or provide further information before a Certificate of Insurance can be issued. If cover is granted, you will be advised of any additional amount payable and of any special terms imposed.

Excesses

We will not pay the first \$25 (the excess) for any one event except in relation to claims under Sections 5A, 5D, 5F, 6, 7, 8, 9 and 10B.

Policy extensions

Your Policy can be extended as many times as you like up to a maximum duration of 12 months from departure. This is only available before the current Policy expires. When applying for an extension you must tell us if there is a claim made or pending, if you suffer from an existing medical condition (including pregnancy), or if you have seen a medical or dental practitioner, as an extension may not be available or special terms may be imposed. If you wish to extend your Policy, please contact ING on 132 062.

Important information

Significant risks

This Policy may not match your expectations

This Policy may not match your expectations (for example, because an exclusion applies). You should therefore read this PDS and Policy wording carefully to ensure it meets your needs. Please ask ING if you are unsure about any aspect of the Policy.

Are you sure you have the right level of cover?

You need to make sure the limits of cover are appropriate for your needs. Otherwise you may be under insured and you have to bear part of any loss that exceeds the limits. Please refer to the applicable limits as set out in the 'Table of benefits' on page 4.

Unattended luggage and personal effects

There is no cover under this Policy for luggage and personal effects that are left unattended. Please refer to the definition of unattended in the 'Glossary' on page 46 and 'Losses we do not cover under Section 10' on page 34.

Medical and ancillary costs

There is no cover for any medical, dental, or ancillary costs incurred within Australia.

Existing medical conditions (including pregnancy)

Not all existing medical condition(s) (including pregnancy) are covered automatically.

An existing medical condition is:

- a. any chronic or ongoing (whether chronic or otherwise) medical or dental condition, illness or disease of which you were aware or should reasonably have been aware, and which is medically documented or under investigation prior to the issue of the Certificate of Insurance
- b. any physical, mental illness or medical condition (including pregnancy), defect, illness or disease of which you were aware or should reasonably have been aware, and for which treatment, medication, preventative medication, advice, preventative advice or investigation has been received or prescribed by a medical or dental adviser in the 60 days prior to the issue of the Certificate of Insurance.

Note:

- Where any condition is the subject of an investigation, that condition falls within this definition, regardless of whether or not a diagnosis of the condition has been made.
- This definition applies to you, your travelling party, your relatives, your business colleague, or any other person you have a relationship with whose state of health could impact your travel plans.
- Provided the following existing medical conditions are stable and you, or anyone else to be covered, are not waiting for treatment, on a hospital waiting list or awaiting results of medical tests or investigations in relation to any of these conditions, cover is provided automatically:
 - acne
 - allergies – such as allergic rhinitis, chronic rhinitis, hayfever, sinusitis, anaphylaxis, dermatitis, eczema, psoriasis, urticaria, food intolerance, latex allergy
 - anaemia – including iron deficiency anaemia, B12 deficiency, folate deficiency, pernicious anaemia
 - asthma – not requiring cortisone medication and no hospitalisation for the past 12 months including as an outpatient
 - Bell's palsy
 - benign breast or renal cysts
 - bunions
 - carpal tunnel syndrome
 - cataracts, dry eye syndrome, glaucoma, macular degeneration
 - coeliac disease
 - colonic polyps

- congenital blindness/deafness
- diabetes mellitus types 1 and 2 – where you have no known cardiovascular, hypertensive, vascular disease and no related kidney, eye or neuropathy complications
- epilepsy – you have been seizure free for the past 12 months and do not require more than one anti-seizure medication
- goitre, hypothyroidism, Hashimoto's disease, Graves disease
- gout
- hiatus hernia/gastro-oesophageal reflux disease, peptic ulcer disease
- high cholesterol (hypercholesterolaemia)
- high lipids (hyperlipidaemia)
- insulin resistance, impaired glucose tolerance
- incontinence
- Meniere's disease, tinnitus
- menopause
- migraines except where you have been hospitalised in the past 12 months
- nocturnal cramps
- osteoporosis – where there have been no fractures and you do not require more than one medication
- plantar fasciitis
- Raynaud's disease
- sleep apnoea
- stable high blood pressure (hypertension)
- trigeminal neuralgia
- trigger finger
- routine screening tests where no underlying disease has been detected.

You do not have to take cover for your existing medical condition, however, there is no cover under this Policy for any claim arising as a result of, exacerbated by, or consequential upon, your existing medical condition.

What forms need to be completed to apply for existing medical condition cover?

Please also refer to the relevant travel plan you are applying for (pages 6–9)	Travellers Medical Appraisal Form	
	Part A	Part B
International Travel Plan		
0 – 69 years requiring cover for EMC*	✓ In some cases we may also ask for Part B to be completed	✗
70 – 79 years requiring cover for EMC*	✓	✓
80+ years regardless of state of health	✓	✓
Australian Travel Plan		
All age groups requiring cover for EMC*	✓ In some cases we may also ask for Part B to be completed	✗

* EMC means Existing Medical Condition

If you require cover for your existing medical condition(s) (including pregnancy), please refer to the eligibility rules relevant to the travel plan you are applying for (pages 6-9) as well as the table above.

Terms and conditions

This section provides the terms and conditions of the contract between you, ING General Insurance and QBE Insurance. It is important that you read this very carefully. If you have any questions regarding your Policy, please telephone ING's Customer Services on 132 062.

When does the cover begin and end?

1. This insurance is only valid when you pay the amount payable and ING issues a Certificate of Insurance to you.
2. Cover under all applicable sections except Section 4A (Cancellation or holiday deferment costs), Section 4B (Agents' cancellation fees) and Section 4C (Loss of reward points) covers you for the period of the trip. Sections 4A, 4B and 4C cover you from the time you pay the amount payable until the trip ends.
3. If the scheduled transport in which you are to travel is delayed, or the delay is caused by an event that entitles you to make a claim under this Policy, the insurance is automatically extended beyond the period of the trip. The extension lasts until you are capable of travelling to your final destination, including the journey there, or for a period of six months, whichever happens first.
4. This insurance is only valid for the period of the trip. That period cannot be changed without our consent. If you wish to defer or alter the period of travel, we may require you to submit a Policy Amendment Form and our decision whether or not to agree to alter the period of the trip will depend upon our assessment of that form. If we do not agree, a refund of the amount payable will be made to you.

Losses we do not cover at all

1. Under the International Travel Plan we will not pay the first \$100 (the excess) for any one event except in relation to a claim under Sections 1C–1D, 5A–5G, 6, 7, 8, 9, 10B and 10C.
2. Under the Australian Travel Plan we will not pay the first \$25 (the excess) for any one event except in relation to a claim under Sections 5A, 5D, 5F, 6, 7, 8, 9 and 10B.
3. In all sections of this Policy, we will pay only up to the applicable limit of the travel plan selected unless a sub-limit is specified in the relevant section.
4. There are general exclusions, which apply to all types of cover. Particular exclusions apply to specific sections of cover under this Policy and are listed following the relevant types of cover. Please read them carefully.

General exclusions

We will not pay for any of the following losses:

1. A loss which is recoverable under some other scheme. For example, Medicare, a private health fund, workers' compensation scheme, travel compensation fund or accident compensation scheme.
2. Consequential loss of any nature.
3. A loss caused by, arising directly or indirectly from, or in any way connected with, a criminal or dishonest act by you or by a person with whom you are in collusion.
4. A loss caused by, arising directly or indirectly from, or in any way connected with, war, invasion, act of a foreign enemy, hostilities (whether war is declared or not), civil war, rebellion, revolution, insurrection, military or usurped power, or popular uprising.
5. A loss caused by, arising directly or indirectly from, or in any way connected with, the use, existence or escape of nuclear weapons material, or ionising radiation from, or contamination by, radioactivity from, any nuclear fuel, or nuclear waste from the combustion of nuclear fuel.
6. A loss caused by, arising directly or indirectly from, or in any way connected with, any Government intervention, prohibition, or regulation.
7. Ongoing payments under Section 1A Medical expenses, if we decide on the advice of a doctor appointed by us that you are capable of being repatriated to or within Australia. If you do not agree to return to your normal place of residence in Australia, we may limit the amount we will pay for medical expenses and associated costs as determined by us had you returned.
8. A loss caused by, arising directly or indirectly from, or in any way connected with, an act or threat of terrorism. This exclusion does not apply to Section 1A Medical expenses, Section 2A Emergency dental expenses, Section 5G Hijacking, Section 7B Repatriation of remains to or within Australia or funeral expenses overseas, Section 10 Luggage or Section 3 Medical evacuation and repatriation for the cost of repatriation to or within Australia, if the carrier requires you to be brought back with a medical escort.
9. A loss caused by, arising directly or indirectly from, or in any way connected with, the cancellation of travel arrangements due to mechanical breakdown of transportation.
10. Any claim arising from illness or injury where a metastatic or terminal prognosis was made, in relation to any medical condition, whether related or not to the cause of the claim, prior to the issue of the Certificate of Insurance.

11. Any claim arising directly or indirectly as a result of a member of the travelling party:
 - (a) deliberately injuring themselves
 - (b) being under the influence of, or addiction of, intoxicating liquor or a drug, except a drug taken in accordance with the advice of a registered medical practitioner
 - (c) suffering from any mental illness including dementia, depression, anxiety, stress, bipolar, mania, schizophrenia or other nervous disorder
 - (d) suffering from HIV with AIDS related infection or illness.
12. A loss where the reason for the claim is the injury, illness or death of a person who is not a member of your travelling party and is 80 years of age or over at the time the Certificate of Insurance is issued.
13. Any claim where the loss is suffered by a person whose date of birth is after the date the Certificate of Insurance is issued.

General conditions applicable to all sections

1. You must:
 - (a) give us written notice as soon as possible of an event that may result in a claim under this Policy
 - (b) give us your Certificate of Insurance and any other documents, medical certificates, original receipts or information that we reasonably ask for
 - (c) not make any promise or offer of payment, or admit fault to anyone, or become involved in any litigation, in respect of an event that may result in a claim under this Policy, without our consent
 - (d) in the event of a claim caused by a physical, mental or medical condition, obtain evidence from the treating doctor immediately that you are aware of signs or symptoms of the condition.
2. We may, at our expense, take proceedings in your name to recover compensation or enforce an indemnity against someone else in respect of a loss covered by this insurance in accordance with the law. Anything we recover belongs to us.
3. Claims will be paid to you or your personal representative in Australian dollars on the basis of the exchange rate that applied at the time of the event that gave rise to the claim. We will not pay more than your actual loss.
4. Once the Certificate of Insurance has been issued you are not entitled to a refund of any part of the amount payable except as provided for in the section headed 'Cooling off period' on page 40.

5. If we agree to pay a claim under your Policy, this Policy covers GST inclusive costs (up to the relevant Policy limit). However, we will reduce any claim payment by any input tax credit you are, or would be, entitled to for the repair or replacement of insured property or for other things covered by the Policy.
6. You must tell us if you were entitled to claim an input tax credit on the amount payable at the time of making a claim under the Policy. If you do not provide us with this information we may deduct up to 1/11th of the amount otherwise payable in settlement of your claim.
7. You must tell us if your entitlement to an input tax credit disclosed to us:
 - (a) is incorrect
 - (b) changes from what you have told us, when you extend or vary your Policy.

Policy wording

Section 1: Medical expenses incurred outside Australia

(Cover not available on the Australian Travel Plan or within Australia on the International Travel Plan.)

The most we will pay for all claims under this section is the applicable limit set out in the 'Table of benefits' on page 4 or where no limit is listed, the specific amount set out in the relevant section.

Cover	We will pay
Section 1A – Medical expenses	<p>We will pay the usual and customary cost of medical, hospital, ambulance or other medically justified treatment you received outside Australia during the trip if you suffer an injury, or an illness of which the signs or symptoms you first become aware of, during the trip. However, the treatment must be given or prescribed by a registered medical practitioner or paramedic. If treatment is due to a claimable event under this section, the first six visits for treatment by a chiropractor or physiotherapist will be covered, however, for any further treatment you must have our consent.</p> <p>If we pay any medical expenses on your behalf or reimburse you for any medical expenses, then we have the right to:</p> <ul style="list-style-type: none"> • seek reimbursement from you if you receive any payment from any other source for these expenses • take action in your name to recover these payments.
Section 1B – Permanent disability	<p>We will pay if during your trip you suffer an injury and as a result you become permanently disabled within 12 months of sustaining the injury. The amount payable for each person named on the Certificate of Insurance will be limited to the applicable limit in the Single Policy, not exceeding in total the limit of the Doubles Policy.</p>
Section 1C – Cash in hospital (No excess applies)	<p>We will pay you \$75 for each completed 24 hour period that you are confined to hospital outside Australia, as a result of injury or illness occurring during your trip and resulting in a total period of confinement exceeding 48 hours for any one event.</p>
Section 1D – Post hospitalisation accommodation (No excess applies)	<p>If you have been hospitalised overseas for a minimum of 48 hours, we will pay up to \$100 Single Policy or \$200 Doubles Policy per day, up to the applicable limit towards your accommodation after you leave hospital while you are recuperating up to a maximum of 5 days. We will not pay for additional accommodation expenses when a claim is made for cancelled accommodation expenses covering the same period of time.</p>

Section 2: Dental expenses incurred outside Australia

(Cover not available on the Australian Travel Plan or within Australia on the International Travel Plan.)

The most we will pay for all claims under this section is the applicable limit set out in the 'Table of benefits' on page 4 or where no limit is listed, the specific amount set out in the relevant section.

If we pay any dental expenses on your behalf under Section 2 or reimburse you for any dental expenses, then we have the right to:

- seek reimbursement from you if you receive any payment from any other source for these expenses
- take action in your name to recover these payments.

Cover	We will pay
Section 2A – Emergency dental expenses	We will pay the cost of emergency dental treatment you received outside Australia during the trip if you suffer an injury to healthy natural teeth during the trip. This does not cover damage to dentures or dental prostheses (which is covered under point 2, Section 10A). If treatment is due to a claimable event under this section, the first six visits will be covered, however, for any further treatment you must have our consent.
Section 2B – Dental expenses due to sudden and acute pain	We will pay \$2,000 Single Policy or \$4,000 Doubles Policy for dental costs incurred outside Australia, during the trip, which the treating dentist certifies in writing is for the relief of sudden and acute pain.

Section 3: Medical evacuation and repatriation

The most we will pay for all claims under this section is the applicable limit set out in the 'Table of benefits' on page 4.

We will pay

We will pay you if you have to interrupt your trip after it has begun, for necessary medical evacuation or repatriation that you undertake with our consent. Travel expenses for your evacuation or repatriation are only covered if the attending physician advises us in writing that you are unfit to continue the trip. The following conditions apply:

- (a) We will not pay for expenses incurred to resume the trip after you have returned to Australia under the International Travel Plan, or your normal place of residence under the Australian Travel Plan.
 - (b) For repatriation, we will not pay more than the cost of repatriation to Australia under the International Travel Plan, or your normal place of residence under the Australian Travel Plan.
 - (c) Additional travel must be at the fare class that you originally chose, except where we agree otherwise on the basis of a written recommendation by your attending physician.
 - (d) If you do not have a return ticket at the time of the event that causes a claim under this section, we will deduct the cost of an economy class airfare at the carrier's regular published rates for the return journey.
-

Cancellation and additional expenses – events we cover under Section 4

We will cover you for 'Cancellation and additional expenses' (Section 4), in respect of your planned trip, that result directly from one of the following events occurring after the Certificate of Insurance was issued (subject to the exclusions detailed in 'Losses we do not cover under Sections 1, 2, 3, 4, 5, 6, 7, 8 and 9' on page 31):

We will cover

1. You being unable to start or finish the trip because of the death, sudden serious illness or serious injury arising before or during the trip of:
 - a member of your travelling party
 - a relative, business partner or person in the same employ as you, who is a resident in Australia or New Zealand.

The following conditions apply:

- the illness or injury requires hospitalisation or confinement
 - in the case of a business partner or person in the same employ as you, the person's absence made the cancellation or ending of the trip necessary, and you have written confirmation of that fact from a senior partner or director.
2. Cancellation or restriction of pre-paid scheduled public transport services caused by severe weather, natural disaster, riot, strike or civil commotion. You must have done everything reasonable to avoid the expenses. You must also get the carrier's written confirmation of your claim.
 3. Your pre-paid accommodation being destroyed or uninhabitable due to severe weather or natural disaster and no alternative equivalent accommodation is available in the vicinity. You must have done everything reasonable to obtain alternative accommodation. You must also have written confirmation of your claim from an official of the hotel or government body where the incident took place.
 4. A member of the travelling party being required to do jury service or being confined in compulsory quarantine.
 5. You being involved in a motor vehicle, railway, air or marine accident. You must have written confirmation of the accident from an official body in the country where the accident happened.
 6. Loss (excluding Government confiscation) of your passport, travel documents or credit cards.
 7. A member of your travelling party who is a full-time student being required to sit supplementary examinations.
 8. A member of your travelling party being made redundant from full-time usual employment in Australia.

We will cover

9. The cancellation of pre-arranged leave for full-time employees of the police, fire, ambulance or emergency services.
10. Your normal place of residence in Australia being destroyed or rendered insecure due to a natural disaster.
11. The cancellation of a wedding, conference, pre-paid concert, course, tuition or sporting event and the sole purpose of the trip is to attend that wedding, conference, concert, course, tuition or sporting event.
12. A member of your travelling party being affected by any form of insolvency, administration or bankruptcy of their employer.
13. A tour operator or wholesaler cancelling a tour because there are not enough people to begin or complete the tour. Cover is limited to the pre-paid cost of the airline tickets purchased to reach the departure point of the tour.
14. The insolvency or financial default of scheduled service airlines, hotel and resort operators, car and campervan hire companies, cruise lines, railway operators and theme park operators excluding travel agents. Cover is limited to \$10,000 Single Policy and \$20,000 Doubles Policy on the International Travel Plan, and \$5,000 Single Policy and \$10,000 Doubles Policy on Australian Travel Plan.

Section 4: Cancellation and additional expenses

Cover under this section is only provided for an event listed in 'Cancellation and additional expenses – events we cover under Section 4'.

The most we will pay for all claims under this section is the applicable limit set out in the 'Table of benefits' on page 4 or where no limit is listed, the specific amount set out in the relevant section.

Cover	We will pay
Section 4A – Cancellation or holiday deferment costs	We will pay the value of unused pre-paid travel arrangements, less any refunds due to you, if you have to cancel these arrangements, or the reasonable cost of rearranging your trip, provided that this cost is not greater than the cancellation fees or lost deposits which would have been incurred had the trip been cancelled. We will not pay for the value of unused pre-paid transport costs where we have repatriated you a distance equivalent to, or greater than, the total distance remaining on your itinerary at the time of repatriation. Where the total distance of the repatriation is less than the unused travel arrangements, we will calculate your entitlement on a pro-rata basis, taking into account the cost of your original ticket.
Section 4B – Agents cancellation fees	We will pay agent's cancellation fees up to \$1,500 Single Policy or \$3,000 Doubles Policy when full monies have been paid. If only a deposit has been paid at the time of cancellation, we will pay the agent's cancellation fees up to the maximum of the deposit. In any event, we will not pay more than the level of commission and or service fees normally earned by the agent, had the trip not been cancelled.
Section 4C – Loss of reward points	<p>We will pay for frequent flyer or similar flight reward points lost due to the cancellation of your airline ticket. The amount we will pay is calculated as follows:</p> <p>(a) The cost of the equivalent class airline ticket, based on the best available advance purchase airfare at the time of cancellation, less your financial contribution towards the airline ticket.</p> <p>multiplied by</p> <p>(b) The total amount of points lost.</p> <p>divided by</p> <p>(c) The total amount of points redeemed to obtain the airline ticket.</p> <p>We will not provide cover if the loss of such points or their value can be recovered from any other source.</p>

Cover	We will pay
<p>Section 4D – Emergency travel arrangements and accommodation expenses</p>	<p>We will pay you if you have to interrupt your trip after it has begun for necessary additional travel, accommodation and meals that you undertake with our consent. Travel expenses for your return home are only covered if the attending physician advises us in writing that you are unfit to continue the trip. The following conditions apply:</p> <ul style="list-style-type: none"> (a) We will not pay for expenses incurred to resume the trip after you have returned to your normal place of residence in Australia. (b) Additional travel must be at the fare class that you originally chose, except where we agree otherwise on the basis of a written recommendation by your attending physician. (c) If you do not have a return ticket at the time of the event that causes the cancellation, we will deduct the cost of an economy class airfare at the carrier's regular published rates for the return journey. (d) We will not pay for additional transport or accommodation expenses when a claim is made for cancelled transport or accommodation expenses covering the same period of time. (e) We will not pay for accommodation expenses for periods where you have not forfeited pre-paid accommodation arrangements except under Section 1D. (f) We will pay you for necessary additional meals up to a maximum of \$50 Single Policy and \$100 Doubles Policy for each 24 hour period up to \$500 Single Policy and \$1,000 Doubles Policy. (g) You must give us your receipts and written advice from your attending physician that you are unfit to continue the trip.

Section 5: Extra travel cover

The most we will pay for all claims under this section is the applicable limit set out in the 'Table of benefits' on page 4 or where no limit is listed, the specific amount set out in the relevant section.

Cover	We will pay
<p>Section 5A – Travel delay (No excess applies)</p>	<p>We will pay you:</p> <p>(a) up to a maximum per day of \$375 Single Policy or \$750 Doubles Policy on the International Travel Plan, \$75 Single Policy or \$150 Doubles Policy on the Australian Travel Plan for the cost of reasonable additional accommodation and \$50 Single Policy and \$100 Doubles Policy for meals, or</p> <p>(b) up to the applicable limit for the reasonable cost of rearranging your travel arrangements, including additional accommodation and travel arrangements to resume your pre-paid arrangements,</p> <p>if your scheduled transport from or within Australia, or overseas, in respect of your planned trip, is delayed for at least six hours, for a reason outside your control and for each subsequent 12 hours (or part of that time) of delay. You must give us your receipts, and written confirmation of the delay from the carrier. The applicable limit is a combined total for additional meals, accommodation and rearrangement costs.</p>
<p>Section 5B – Airfare compensation (Cover available to the International Travel Plan only) (No excess applies)</p>	<p>We will pay you the cost of your original air ticket (less any refund that is due to you) up to a maximum of \$6,000 Single Policy or \$12,000 Doubles Policy if, because of an injury occurring during the trip, after your departure from Australia, the carrier requires you to be brought back to Australia with a medical escort. However, we will only do so if either:</p> <ul style="list-style-type: none"> • there are more than five days of the trip, or 25% of its length remaining, whichever is the greater • you have been confined to hospital overseas for more than 25% of the trip.
<p>Section 5C – Resumption of trip (Cover available to the International Travel Plan only) (No excess applies)</p>	<p>If you have to return to Australia with more than 25% of your trip remaining because of the hospitalisation or death of a relative during the trip as a direct result of sudden serious illness or serious injury, we will pay you for the transport costs paid to resume your original trip, so you can use any travel, accommodation or tours that were paid for before the departure date on the Certificate of Insurance. We will not pay more than the cancellation costs that would have been incurred on those pre-paid arrangements had you not resumed your journey. This benefit is in place of, and not in addition to, any benefit payable under Section 4A.</p> <p>We will extend this Policy to cover the remainder of your trip where a claim is accepted by us under this Section. In no other circumstances will the resumption of your trip be covered under this Policy unless you have obtained our consent.</p>

Cover	We will pay
<p>Section 5D – Missed connection – special events (No excess applies)</p>	<p>If your trip is interrupted by any unforeseen circumstances outside of your control and you are unable to arrive at your destination by the time originally scheduled for the purpose of attending a wedding, funeral, conference, 25th or 50th wedding anniversary or sporting event which cannot be delayed as a consequence of your late arrival, we will pay for the reasonable additional cost of using alternative public transport to arrive at the destination on time.</p>
<p>Section 5E – Internet use and telephone calls (Cover available to the International Travel Plan only) (No excess applies)</p>	<p>We will pay for your necessary internet use or telephone calls from overseas to Australia where they arise directly out of a claimable event covered by any section of this Policy. Your first point of contact for assistance is OMEGA – refer to the OMEGA page for contact information (pages 2 and 3).</p>
<p>Section 5F – Withdrawal of services (No excess applies)</p>	<p>We will pay up to \$50 for each completed 24 hour period up to a maximum of \$500 Single Policy and \$1,000 Doubles Policy for the International Travel Plan, \$250 Single Policy and \$500 Doubles Policy on the Australian Travel Plan, if all electrical and water facilities in your room, or waiter service at meals, or kitchen services where no food is served, or all chambermaid services, are withdrawn due to unforeseeable circumstances at the pre-paid accommodation that you are staying at during your trip. These services must be withdrawn for 48 hours continuously and you must have written confirmation of your claim from the accommodation manager.</p>
<p>Section 5G – Hijacking (Cover available to the International Travel Plan only) (No excess applies)</p>	<p>If you want to cancel your trip and return to your normal place of residence in Australia after the scheduled transport service on which you are travelling is hijacked during your trip, we will pay you for your pre-paid travel arrangements that you do not use, less any refunds due to you.</p>

Cover	We will pay
Section 5H – Non medical attendant	We will pay for an economy class airfare and necessary accommodation for a relative or friend to travel to, remain with or escort you, in place of a medical attendant, if you are hospitalised as an in-patient as a result of suffering an injury or an illness, the symptoms of which you first became aware during the trip. However, you must have written advice from the attending physician and you must also have our consent. International Travel Plan provides unlimited cover however the maximum amount we will pay is \$10,000 Single Policy or \$20,000 Doubles Policy for the Australian Travel Plan.
Section 5I – Emergency travel and accommodation expenses – relative (Cover available to the International Travel Plan only)	We will pay for an economy class airfare and necessary accommodation for a relative to travel directly to you if you are hospitalised as a direct result of a critical injury or sudden critical illness during your trip provided that you have a written recommendation from your treating doctor and our consent.

Section 6: Rental vehicle expenses

The most we will pay for all claims under this section is the applicable limit set out in the 'Table of benefits' on page 4 or where no limit is listed, the specific amount set out in the relevant section. No excess applies.

Cover	We will pay
Section 6A – Rental vehicle insurance excess	We will pay you for the rental vehicle insurance excess, or the cost of repairing the vehicle, whichever is lower, if you rent a vehicle from a rental company and it is involved in an accident and you are the driver, or it is stolen during the trip. You must provide a copy of the repair account and/or quote. This cover is not in place of rental vehicle insurance and only provides cover for the excess component up to the applicable limit.
Section 6B – Return of rental vehicle	We will pay towards the cost of returning your rental vehicle to the nearest depot, including airport concession charges, if due to a claimable event covered by any section of this Policy you are unable to do so during your trip.

Section 7: Death expenses

The most we will pay for all claims under this section is the applicable limit set out in the 'Table of benefits' on page 4 or where no limit is listed, the specific amount set out in the relevant section. No excess applies.

Cover	We will pay
Section 7A – Accidental death	We will pay your Estate, if you are 18 years of age or over and during your trip you suffer an injury which results in your death within 12 months of the injury being sustained. If you select a Doubles Policy, the amount payable for each person named on the Certificate of Insurance will be limited to the applicable limit in the Single Policy, not exceeding in total the limit of the Doubles Policy selected. Cover for any accompanying dependant child or children is limited to a total amount of \$1,000.
Section 7B – Repatriation of remains to or within Australia or funeral expenses overseas	We will pay for your burial or cremation overseas, or the transporting of your remains to Australia on the International Travel Plan if you die during the trip. We will pay for your burial or cremation within Australia, or the transporting of your remains within Australia on the Australian Travel Plan, if you die during the trip.
Section 7C – Funeral expenses within Australia (Cover only available on the International Travel Plan only)	We will pay for funeral expenses incurred within Australia if during your trip you suffer an injury which results in your death. The amount payable for each person will be limited to the sub-limit per person listed in the 'Table of benefits' on page 4, not exceeding in total the applicable limit on the Policy selected.

Section 8: Sports and entertainment package

The most we will pay for all claims under this section is the applicable limit set out in the 'Table of benefits' on page 4 or where no limit is listed, the specific amount set out in the relevant section. No excess applies.

Cover	We will pay
Section 8A – Golf green fees and ski lift passes	We will pay you a maximum of \$300 Single Policy and \$600 Doubles Policy for non-refundable pre-paid golf green fees or ski lift passes, golf or ski equipment hire or tuition fees that cannot be used due to your injury or illness sustained during your trip.
Section 8B – Ski run closure	<p>If you are prevented from skiing at a pre-booked ski resort for more than 24 continuous hours during your trip, because insufficient snow or too much snow causes a total closure of the lift system, we will pay you a daily benefit of \$100 Single Policy and \$200 Doubles Policy, up to a maximum of \$500 Single Policy or \$1,000 Doubles Policy.</p> <p>However:</p> <ul style="list-style-type: none"> (a) we will not pay for claims in respect of ski resorts that do not have skiing facilities at least 1,000 metres above sea level (b) we will not pay for claims that arise due to insufficient snow in Northern Hemisphere ski resorts outside the period 15 December to 31 March, or, in Southern Hemisphere ski resorts outside the period 1 July to 30 September.
Section 8C – Hiring replacement snow ski, golf and surf equipment	If your snow skiing, golf or surf equipment is lost, delayed or damaged during the trip, we will pay you the necessary cost of hiring replacement equipment up to \$200 Single Policy and \$400 Doubles Policy. Any claim made must be supported by receipts.
Section 8D – Pre-paid theme park and event tickets	We will pay up to \$500 Single Policy and \$1,000 Doubles Policy towards the cost of any pre-paid theme park or event tickets less any refunds due to you, if you have to cancel these arrangements due to your injury or serious illness which occurs during your trip.

Section 9: Benefits back home

The most we will pay for all claims under this section is the applicable limit set out in the 'Table of benefits' on page 4 or where no limit is listed, the specific amount set out in the relevant section. No excess applies.

Cover	We will pay
Section 9A – Home and contents insurance excess	We will pay you up to \$200 for the home and contents insurance excess if your normal place of residence in Australia is damaged or burgled during your trip and you make a claim against your home and contents insurance. You must provide a copy of your Police Report or insurance claim or both.
Section 9B – Loss of income (Cover available on the International Travel Plan only)	We will pay you up to \$2,000 per month per person for your monthly net of income tax wage if due to an injury you suffer during your trip, you are unable to attend your usual work in Australia. We will not pay you in respect of the first 30 days after you originally planned to resume your work in Australia. This benefit is only payable if your disability occurs within 30 days of the injury. Cover is limited to a period of six months from the first day in respect of which compensation is paid. Cover is limited to a maximum of \$12,000 Single Policy or \$24,000 Doubles Policy.
Section 9C – Home services	We will pay you for necessary home services provided by a registered home services business, up to a maximum of \$750 if you have been repatriated to Australia on the International Travel Plan, or within Australia on the Australian Travel Plan by us during your trip and your injury or illness restricts your ability to perform these duties. You must have our consent.
Section 9D – Domestic pets (Cover available on the International Travel Plan only)	We will pay you up to \$15 for each full 24 hour period, up to a maximum of \$500, for additional kennel or cattery boarding fees for domestic cats and dogs owned by you if you are delayed beyond your original return date due to an event covered by this Policy. You must give us a statement confirming the additional fees.
Section 9E – Child care costs (Cover available on the International Travel Plan only)	We will pay you up to \$75 for each full 24 hour period, up to a maximum of \$750, for the additional cost of child care provided by a registered or appropriately qualified child care worker for a child or children who are related to you, financially dependant, under the age of 18 years at the time the Certificate of Insurance is issued and who are in your full-time care, if you are delayed beyond your original return date due to an event covered by this Policy. You must give us a statement from the registered or appropriately qualified child care worker confirming the additional fees.

Losses we don't cover under Sections 1, 2, 3, 4, 5, 6, 7, 8 and 9

We will not pay a claim that arises directly or indirectly because of any of the following:

1. A member of the travelling party:
 - (a) takes part in a riot or civil commotion
 - (b) acts maliciously
 - (c) races (except on foot); mountaineers or rock climbs using support ropes participates in basejumping or running with the bulls; or takes part in a professional sporting activity
 - (d) rides a motorcycle in excess of 100cc (except as a pillion passenger) without a licence that is valid in your country of residence.
2. You travel even though you know you are unfit to travel. You travel against medical advice. You travel when you know you will have to consult a medical practitioner.
3. You arrange to travel when you know of circumstances that could lead to the trip being disrupted or cancelled.
4. Death, illness or injury caused or exacerbated by, traceable to, related to, or consequential upon an existing medical condition. This exclusion will not apply if you or members of the travelling party have told us about the existing medical condition, cover has been granted by us in writing and you have paid us any additional amount we asked for.
5. Death, illness or injury caused or exacerbated by, or consequential upon any condition which has been the subject of a medical investigation within the period of 12 months prior to the issue of the Certificate of Insurance, in respect of which no diagnosis has been made.
6. Replacing medication in use at the time the trip began or maintaining a course of treatment you were on at the time.
7. The birth of a child, whatever the proximate cause is. (Unless otherwise excluded by this Policy and provided a Travellers Medical Appraisal Form has been submitted and approved by us, we will cover pregnancy related illnesses of the mother, but not any expenses associated with or consequent upon the birth of a child.)
8. You fail to take reasonable precautions to avoid a financial loss after a public warning of a strike, riot, civil commotion or natural disaster.
9. A member of the travelling party decides to change or not to continue with the trip.
10. You operate a rental vehicle in violation of the rental agreement.
11. Any kennel or cattery fees incurred outside Australia or as a result of quarantine regulations.
12. Any child care costs incurred outside Australia.

13. You incur medical, dental, ambulance and ancillary expenses within Australia.
14. The insolvency or financial default of a travel agent, scheduled serviced airlines, hotel and resort operators, car and campervan hire companies, cruise lines, railway operators and theme park operators to the extent that your loss is covered by a scheme or fund (not a contract of insurance), or would be but for this insurance.
15. The insolvency, bankruptcy, provisional liquidation, financial collapse, appointment of receivers or any other form of insolvency administration of any person, company, organisation involved in your travel arrangements at the time the Certificate of Insurance was issued.

Section 10: Luggage

The most we will pay for all claims under this section is the applicable limit set out in the 'Table of benefits' on page 4 or where no limit is listed, with the specific amount set out in the relevant section.

Cover	We will pay
<p>Section 10A – Luggage and personal effects</p>	<p>We will pay you for each of the following:</p> <ol style="list-style-type: none"> 1. Accidental loss of, theft of, or damage to, your luggage or personal effects, including things you buy during the trip, whilst they are accompanying you during your trip. The way we will pay the claim will depend on the type of cover you have chosen. We will, after allowing for wear, tear, and depreciation, choose between repairing or replacing the property, or paying you its value in cash. Sub-limits apply to each item of luggage and personal effects, to personal computers, videos and cameras, and for watches and jewellery. A pair or related set of items – for example, a camera, lenses (attached or not), tripod and accessories, or a chain and pendant – are only one item for this purpose. 2. Loss of, or damage to, dentures or dental prostheses during your trip, up to \$800. 3. Automatic reinstatement – In the event that a claimable loss of, theft of, or damage to your luggage and personal effects is incurred, we will allow you one automatic reinstatement of the sum insured. <ol style="list-style-type: none"> 1. Please note, we will only accept liability if you: <ol style="list-style-type: none"> (a) within 24 hours of becoming aware of the loss, notify the police or the responsible officer in the aircraft, vessel, train, or motor coach you are travelling in, or in the hotel in which you are staying and give us their written report of the incident when you make the claim (b) keep receipts for goods you buy separate from the goods themselves

Cover	We will pay
Section 10A – Luggage and personal effects (continued)	<ul style="list-style-type: none"> (c) keep any relevant ticket and luggage check and give them to us (d) provide evidence of the value and your ownership of the goods (e) where a carrier loses or damages your accompanying luggage, report it in writing to the carrier within three days and send to us written confirmation of the report along with details of any settlement that they make in relation to the loss or damage.
Section 10B – Emergency luggage (No excess applies)	We will pay towards the cost of purchasing essential articles such as clothing, toiletries and personal requisites if your total accompanied luggage is delayed, misdirected or temporarily misplaced by the carrier for a period in excess of 12 hours during your trip. If after 72 hours your delayed luggage is still missing, the limits under this extension are doubled. If your luggage is not recovered, the amount paid by us for its loss will be reduced by the total of any amounts paid for under this section. You must give us the relevant receipts and written confirmation of your claim from the appropriate authority. This benefit does not apply on the leg of your trip that brings you to your normal place of residence in Australia.
Section 10C – Cash (Cover available on the International Travel Plan only) (No excess applies)	We will pay for the loss of money that was either carried on your person at the time of loss or secured in a locked safe, provided that you reported the loss to the police within 12 hours of becoming aware of the loss and obtained a written Police Report.
Section 10D – Replacement passports and travel documents	We will pay for the cost of reissuing or replacing your travel documents, travellers cheques, passport, or credit cards, after they have been accidentally lost or have been stolen during your trip. You must comply with any conditions of the issuing body.

Losses we do not cover under Section 10

We will not pay for any of the following:

1. Loss of, theft of, or damage to:
 - (a) cash (excluding the International Travel Plan), bank or currency notes, cheques or negotiable instruments
 - (b) watercraft of any type (excluding surfboards)
 - (c) fragile or brittle items (e.g. glass or china), except loss or damage caused by fire, or by accident to the transport carrying them
 - (d) damage to computer screens at any time
 - (e) unaccompanied luggage or personal effects
 - (f) property that you leave unattended or that occurs because you do not take reasonable care to protect it
 - (g) luggage or personal effects for which you are entitled to compensation from the carrier
 - (h) personal computer, communication, photographic, electronic equipment, jewellery, or watches left unattended by you in a motor vehicle for any length of time, even if in the boot of the motor vehicle
 - (i) luggage or personal effects left unattended by you overnight in a motor vehicle for any length of time
 - (j) personal computer, communication, photographic, electronic equipment, jewellery, or watches checked in as luggage.
2. Wear and tear or depreciation of property, or damage by the action of insects or vermin, mildew, rust or corrosion.
3. Mechanical or electrical breakdown, or malfunction repair costs.

Section 11: Personal liability

The most we will pay for all claims under this section is the applicable limit set out in the 'Table of benefits' on page 4.

We will pay

We will pay you for your legal liability to pay damages or compensation because your negligence during the trip causes injury to a person who is not a member of your family or travelling party, or loss or damage to property that is not owned by you or a member of your family or travelling party, or is not in your or their custody or control. Provided our consent is obtained we will also pay your legal costs in relation to that liability. The applicable limit is a combined total for your liability and your costs.

Losses we do not cover under Section 11

We will not pay for a liability:

- (a) arising out of your trade, business or profession
- (b) for injury to an employee arising out of, or in the course of, their employment by you
- (c) arising out of an unlawful, wilful or malicious act by you
- (d) arising out of your ownership, possession or use (including as a passenger) of a mechanically propelled vehicle, or any aircraft or watercraft
- (e) arising out of you passing on an illness or disease to another person.

Section 12: Legal expenses

(Cover available on the International Travel Plan only)

The most we will pay for any claim under this section is the applicable limit set out in the 'Table of benefits' on page 4.

We will pay

We will pay you for legal costs and expenses incurred in pursuit of compensation and/or damages arising from, or out of, personal injury, or your death occurring during the trip, provided that all such legal costs and expenses are incurred with our express consent in writing and that we have complete control over the selection and appointment of your lawyers and the conduct of the proceedings.

Losses we do not cover under Section 12

We will not pay for:

- (a) any claims against a travel agent, tour operator, accommodation provider or carrier involved in the arrangement or provision of your travel or accommodation
- (b) any legal expenses incurred without our written consent
- (c) any claims reported in excess of 180 days after the commencement of the incident giving rise to such a claim
- (d) any claim in which we consider that no benefit would be achieved in pursuing such claim
- (e) any claim against any insurance company.

The cost of this insurance

What you have to pay

When calculating the cost of your Policy, we take a range of factors into account, including:

- the length of your trip
- the travel plan selected
- whether it is a Single or Doubles Policy
- any additional amounts determined by us to cover an existing medical condition (including pregnancy).

The amount payable by you for the travel plan selected and cover for approved Existing Medical Condition, will be shown on your Certificate of Insurance, including compulsory government charges (including Stamp Duty and GST where applicable).

This Policy is only valid when you pay the amount payable and ING issues a Certificate of Insurance to you.

Taxation implications – Goods and services tax

Australian travel insurance includes a GST component.

International travel insurance is GST exempt, including the cancellation cover and any domestic flights required to connect with your international flights.

You must tell us if you were entitled to claim an input tax credit on the amount payable at the time of making a claim under the Policy. If you do not provide us with this information we may deduct up to 1/11th of the amount otherwise payable in settlement of your claim. In any event, if you suffer a loss and replace the lost item or are provided with goods or services in respect of the loss after you return to your normal place of residence within Australia, we will only reimburse you the amount of your loss in accordance with this Policy, less any entitlement you have to an input tax credit on the amount.

Matters you need to know about

Amendment of travel details

If you wish to change your personal details or travel dates after your Certificate of Insurance has been issued, please contact ING on 132 062. We will either amend the Policy over the telephone or in certain circumstances we may ask you to complete and submit to us a Policy Amendment Form which needs to be assessed and approved prior to any amendment to your Policy. Also refer to the section headed 'When does the cover begin and end?', paragraph 4 in the Policy wording on page 14.

Confirming transactions

A Certificate of Insurance will be issued once you have completed your application and paid the appropriate amount. If you want to confirm a transaction, for example whether the Certificate of Insurance has been issued, please contact ING on 132 062.

Cancellation

By you

You may only cancel this Policy during the 21 day cooling off period. See the cooling off period section on page 40 for further details.

By us

We can cancel your insurance in any way permitted by law, including if you have:

- failed to comply with your duty of disclosure
- made a misrepresentation to us before the Policy was entered into
- failed to comply with a provision of a Policy, including failure to pay the amount payable
- made a fraudulent claim under this Policy or any other current Policy
- failed to notify us of a specific act or omission as required by the Policy.

If we cancel your Policy, we will do so by giving you written notice. We will deduct from the amount payable, an amount to cover the shortened period for which you have been insured by us and refund to you what is left.

Updating this PDS

We will update the information in this PDS when necessary. A paper copy of any updated information is available to you at no cost by calling us. We will issue you with a new PDS or a Supplementary PDS, where the update is to correct a misleading or deceptive statement or an omission, which is materially adverse from the point of view of a reasonable person deciding whether to obtain this insurance.

Claims

How to make a claim

You can notify us of a claim 24 hours a day, 7 days a week from overseas or when you return home to Australia.

In order for us to assess your claim we will need you to provide original supporting documentation and may require you to complete and return a claim form. Your claims officer will provide you with details when you notify us of your claim.

Upon request, original supporting documentation and completed claim forms should be sent to:

Address: Travel Claims
ING Australia
PO Box 12090
Melbourne VIC 8006

Phone: 132 062

Email: travel.claims@qbe.com

A claim may be refused

We may refuse to pay or reduce the amount we pay under a claim if you do not comply with the Policy conditions, if you do not comply with your Duty of Disclosure or make a misrepresentation, or if you make a fraudulent claim.

Claims service standard

Our claims service standard is to settle your claims within 10 working days upon the receipt of a completed claim form and all necessary supporting information. If more information is required, we will contact you within 10 working days.

Customer complaints

How to resolve a complaint or dispute

Call us

If you have a complaint, the first thing you should do is speak to ING's Insurance Centre on 132 062, weekdays from 8am to 8pm (Sydney time). If ING's Insurance Centre is unable to resolve the matter for you, you can speak to a manager or your claims officer during business hours, weekdays from 8.30am to 6pm (Sydney time). If you are not satisfied with the decision, you can seek a review.

If your complaint relates specifically to a claim, you should speak with the claims officer managing your claim.

Seek a review

If the matter is not resolved after speaking with a manager, your complaint will be referred to an internal dispute resolution team who will conduct a review of your dispute. We will advise you of the results of your review within 15 working days of your request. If you are still not satisfied with the decision, you can seek an external review.

Seek an external review

If you are dissatisfied with our decision or the way we handled your complaint, you can seek an external review of the decision. The dispute resolution area will provide you with information about the options available to you, such as referring you to the external dispute resolution scheme administered by the Financial Ombudsman Service, who can be contacted at:

Address: GPO Box 3
Melbourne Victoria 3001

Phone: 1300 780 808

Email: info@fos.org.au

Website: www.fos.org.au

For further information about the complaint or dispute resolution procedures, please contact us on 132 062, weekdays from 8am to 8pm (Sydney time).

Our commitment to you

The General Insurance Code of Practice

We support the General Insurance Code of Practice. The Code aims to:

- promote more informed relations between insurers and their customers
- improve consumer confidence in the general insurance industry
- provide better mechanisms for the resolution of complaints and disputes between insurers and their customers
- commit insurers and the professionals they rely upon to higher standards of customer service.

You can get a copy of the Code from the Insurance Council of Australia website, www.insurancecouncil.com.au

Cooling off period

If, having purchased the Policy, you want to return it, you can do so within 21 days of receiving the Certificate of Insurance and obtain a full refund, provided no right or power has been exercised under it by you (e.g. no claim has been made) and your trip has not commenced. A refund of the amount payable will be made within 15 days of you cancelling your Policy. The cooling off period does not apply to Policy or trip extensions.

Privacy

ING

For a copy of ING's Privacy Policy, please refer to www.ing.com.au

QBE

The Privacy Act 1988 contains National Privacy Principles which require us to tell you to provide us with certain personal information. We are committed to safeguarding this information in accordance with the Privacy Act 1988. We need to collect, use and disclose your personal information in order to consider your application, to provide the cover you have chosen and to handle any claims. You can choose not to give us some or all of your personal information, but this may affect our ability to provide you with cover.

We, or our authorised agent(s), may disclose your personal information:

- to any person authorised by you
- to a mail house (for the purpose of printing and/or delivery of your mail or processing mail you have sent us)

- to an organisation who provides you with banking facilities (for the purpose of confirming the reasons for payment made by you to us)
- to an insurance agent who is arranging your insurance (for the purpose of confirming your personal and insurance details)
- to another person named as a co-insured on your Policy (for the purpose of confirming if full disclosure has been made to us)
- to another insurer (to assess insurance risks or to assist with an investigation) or re-insurer who may be located overseas (for the purpose of seeking recovery from them)
- to a records management company (for the purpose of recording or storing our records which may contain your personal information)
- to an external dispute resolution organisation (for the purpose of resolving a dispute between you and us, or between ourselves and a third party)
- to a market research company (for the purposes of conducting marketing research on our behalf)
- to our related entities so that they can also offer you products and services.

In addition to the above, in the event of a claim we or our authorised agent(s) may disclose your personal information:

- to a repairer or supplier (for the purpose of repairing or replacing your insured items)
- to an assessor or investigator (for the purpose of assessing your claim)
- to a lawyer or a recovery agent (for the purpose of defending an action by a third party against you or for recovering our costs including your excess or seeking a legal opinion regarding the acceptance of a claim)
- to an insurance reference bureau (for the purpose of recording any claims you make on your Policy)
- to a witness to a claim (for the purpose of obtaining a witness statement)
- to another party in a claim (for the purpose of obtaining a statement from them or seeking recovery from them or to defend an action by a third party).

Personal information may also be obtained about you from the above people or organisations. In addition we will:

- give you an opportunity to obtain access to your personal information and when necessary, correct any errors to this information. Generally we will do this without restriction or charge
- provide our dispute resolution procedures to you in respect of any complaint you may have regarding your personal information.

For further information about QBE's Privacy Policy or access to your personal information, please contact:

Address: The Compliance Manager
QBE Insurance (Australia) Limited
GPO Box 82
Sydney NSW 2001
Phone: 02 9375 4656
Fax: 02 8275 9022
Email: compliance.manager@qbe.com

Updating our PDS

We may update the information contained in this PDS when necessary. A paper copy of any updated information is available to you at no cost by calling us. We will issue you with a new PDS or a Supplementary PDS where the update is to rectify a misleading or deceptive statement or an omission, which is materially adverse from the point of view of a reasonable person.

Your responsibilities to us

Your duty of disclosure

Before you enter into a contract of insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to disclose those matters to the insurer before you extend or vary a contract of insurance. Your duty however does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer
- that is of common knowledge
- that your insurer knows or, in the ordinary course of his/her business, ought to know
- as to which compliance with your duty is waived by the insurer.

What you must tell us

In addition to the duty set out above, you will be asked certain questions when applying for a Policy. When answering these questions, you must be honest and you have a duty under the law to tell us anything:

- known to you
- which a reasonable person in the circumstances would include in answer to any question.

We will use your answers to help us decide whether to insure you and anyone else under this Policy, and on what terms.

Who needs to tell us

It is important that you understand you are answering the questions in this way on behalf of yourself and anyone else that you want to be covered by the Policy.

If you do not tell us

If you do not answer our questions in this way, we may reduce or refuse to pay a claim, or cancel the Policy. If you answer our questions fraudulently, we may refuse to pay a claim and treat the Policy as never being in place.

Variation or extension

When your Policy is varied or extended you must comply with the duty as set out above.

If you do not comply

If you fail to comply with your duty of disclosure, we may be entitled to reduce our liability under the Policy in respect of a claim, or we may cancel the Policy. If your non-disclosure is fraudulent, we also have the option of avoiding the contract from its beginning.

Other conditions when you are insured with us

In addition to your duty of disclosure, there are other conditions that you must meet when you are insured with us. It is important to advise us of any changes in the details of the information you have given us, otherwise your insurance may be affected.

You must advise us if:

- any people who are insured under the Policy have:
 - been convicted or been found guilty of any criminal offence
 - made a claim that is false under this Policy or another insurance Policy
- there are any changes in circumstances during the period of insurance.

If you tell us about any of these things, we may charge an additional premium, change the cover of your Policy, or cancel your Policy as allowed by law.

In addition, you must also:

- be honest in any statement you make in connection with your Policy
- pay your premium
- take reasonable precautions to avoid a claim being made
- obey all laws and make sure anyone acting on your behalf obeys all laws
- comply with the conditions of this Policy
- not make a fraudulent claim under this Policy or any other Policy.

Conditions you must comply with when making a claim

Where allowed by law, we have a right to recover from any person, the amount of any monies payable to you under the Policy and we have sole discretion in the way we handle these matters. We will only pay a claim where you have complied with the following conditions:

- You have to be honest and you must give us any information or assistance we require to investigate and process your claim.
- You must not admit liability or responsibility for a claim.
- You must take reasonable precautions to prevent and mitigate any further loss, damage or liability arising.

Sanctions

You agree we may delay, block or refuse to process any transaction without incurring any liability if we suspect that:

- the transaction may breach any law in Australia or any other country
- the transaction may directly or indirectly involve the proceeds of, or be applied for the purposes of, unlawful conduct.

Glossary

Amount payable: The total amount payable for the insurance, in accordance with the rates available by obtaining a quote plus any additional charges imposed by us and stamp duty and GST if applicable. If you wish to obtain details of stamp duty and taxes, please call 132 062.

Applicable limit(s): The sum insured specified in the 'Table of benefits' or Policy wording for the travel plan selected as shown on the Certificate of Insurance.

Carrier(s): The scheduled airline, vessel, train, or motor coach transport in which you are to travel to or from your intended destination.

Certificate of Insurance: Your Certificate of Insurance is a document outlining the details of your insurance cover. Alternatively, your Certificate of Insurance may also be called a Schedule.

Dependent child or children: Children who are related to you who are under 21 years of age at the time the Certificate of Insurance is to be issued and who are financially dependant.

Doubles: You and your travel partner named in the Certificate of Insurance and accompanying dependent child or children.

Existing medical condition(s):

- a. any chronic or ongoing (whether chronic or otherwise) medical or dental condition, illness or disease of which you were aware or should reasonably have been aware, and which is medically documented or under investigation prior to the issue of the Certificate of Insurance
- b. any physical, mental illness or medical condition (including pregnancy), defect, illness or disease of which you were aware or should reasonably have been aware, and for which treatment, medication, preventative medication, advice, preventative advice or investigation has been received or prescribed by a medical or dental adviser in the 60 days prior to the issue of the Certificate of Insurance.

Note:

- Where any condition is the subject of an investigation, that condition falls within this definition, regardless of whether or not a diagnosis of the condition has been made.
- This definition applies to you, your travelling party, your relatives, your business colleague, or any other person you have a relationship with whose state of health could impact your travel plans.

Injury: A bodily injury that is caused solely and directly by external and visible means as a result of an accident and which does not result from an illness or disease.

Mental illness: A condition characterised by the presence of symptoms such as delusions, hallucinations, disorder of thought form, disturbance of mood, or sustained or repeated irrational behaviour, which impairs, either temporarily or permanently, the mental functioning of a person.

Period of Insurance: The period of cover specified in the Certificate of Insurance.

Permanently disabled: You have totally lost either, all of the sight in one or both eyes, or the use of a hand or foot at or above the wrist or ankle and the loss is for at least 12 months and, in our opinion after consultation with an appropriate medical specialist, will continue indefinitely.

Personal computer: Laptops, personal digital assistants including a blackberry and other hand-held wireless devices and notebooks.

Policy: The contract between you and us which provides you with insurance cover in exchange for a premium. Your Policy is made up of these two documents:

- this Product Disclosure Statement (PDS) and Policy document and any Supplementary PDS
- your current Schedule (Certificate of Insurance).

Professional sporting activity: An activity for which you receive financial reward, or benefits from participating in that sporting activity, regardless of whether or not you are a professional sports person.

Relative(s): Limited to a relative of yours, or of a member of the travelling party, who is resident in Australia or New Zealand. It means a spouse, defacto partner, parent, parent-in-law, daughter, son, daughter-in-law, son-in-law, brother, sister, brother-in-law, sister-in-law, grandchild, grandparent, step-parent, step-children, fiance or fiancée, or guardian.

Rental vehicle: Any car, campervan, motorcycle or boat you rent from a licenced rental vehicle company and have a signed contract with that company.

Residents of Australia: Someone who currently resides in Australia and is eligible for an Australian Medicare Card.

Schedule: Your current Schedule is a document outlining the details of your insurance cover. Alternatively, your Schedule may also be called a Certificate of Insurance.

Single: A single person travelling alone or accompanied by a dependent child or children.

Travelling party: You and any travelling companion who has made arrangements to accompany you for at least 50% of the trip.

Trip(s): The period of travel stated in the Certificate of Insurance. The period begins on the date of departure, as stated in the Certificate of Insurance, from your normal place of residence in Australia and ends when you return to your normal place of residence in Australia, or when the period of the trip set out in the Certificate of Insurance ends, whichever happens first. The period of travel cannot be altered without our consent.

Unattended: Leaving your luggage either with a person you have not previously met, in a public place where it can be taken without your knowledge, or at a distance from which you cannot prevent it from being taken.

We, our, us: Refers to QBE Insurance (Australia) Limited (ABN 78 003 191 035, AFSL 239545) for 50% Co-insurance Share and ING General Insurance Limited (ABN 56 072 892 365, AFSL 288160) for 50% Co-insurance Share.

You, your, yours, yourself: The person or people named in the Certificate of Insurance and their accompanying dependent child or children.

This information in this document is current as at the date of preparation. Information about ING's products and services and any up-to-date information is available by calling 132 062 or visiting www.ing.com.au

Customer Services

Phone 132 062

Email insurance@ing.com.au

Postal address

Customer Services

ING Australia

GPO Box 4028

Sydney NSW 2001

Website www.ing.com.au/insurance

Co-insurers and Underwriters:

ING General Insurance Pty Limited

ABN 56 072 892 365

AFSL 288160

347 Kent Street Sydney

Phone: 132 062

QBE Insurance (Australia) Limited

ABN 78 003 191 035

AFSL 239545

82 Pitt Street Sydney

Phone: 133 723

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