

**Business Travel Policy Wording
and Product Disclosure Statement (PDS)**

Contents

Business Travel Policy Wording and Product Disclosure Statement (PDS)	3
About this Product Disclosure Statement.....	3
About the Insurers	3
About Arch Underwriting at Lloyd's (Australia) Pty Ltd.....	3
Summary of Insurance	4
How Benefits Are Provided Under This Insurance.....	5
When Does a COVERED PERSON'S cover under the POLICY Begin and End?.....	6
OUR Agreement with the POLICY HOLDER	6
The Obligation to Comply with the POLICY Terms and Conditions	7
How WE Calculate YOUR Premium.....	7
Renewal Procedure.....	8
Duty of Disclosure	8
General Insurance Code of Practice.....	9
Changes of Terms and Conditions	9
Further Information and Confirmation of Transactions	9
Complaints - Internal and External Complaints Procedure.....	10
Definitions	11
Policy Coverage	17
Limit of Liability	17
Section 1 – Part A – Personal Accident Lump Sum Benefits	17
Section 1 - Part B - Loss of Income Benefits	21
Section 2 - Medical and Additional Expenses	26
Section 3 – Cancellation, Loss of Deposits and Missed Transport Connection	28
Section 4 – Baggage and Personal Belongings & Money	30
Section 5 - Alternative Employee or Return To Assignment	33
Section 6 - Kidnap, Hijack or Detention	34
Section 7 - Rental Vehicle Excess	35
Section 8 – Personal Liability	37
Section 9 - Political, Natural Disaster and Security Evacuation	38
Section 10 - Extra Territorial Workers Compensation Benefits	40
Section 11 - Additional Benefits Under the Policy	41
General Conditions	49
General Exclusions	53
Privacy Statement	54

Business Travel Policy Wording and Product Disclosure Statement (PDS)

Thank you for considering this Business Travel Policy available through Arch Underwriting at Lloyd's (Australia) Pty Ltd ABN: 27 139 250 605 AFSL 426746 (ARCH).

About this Product Disclosure Statement

This Product Disclosure Statement (PDS), which incorporates the policy wording, is an important document that contains details of the **POLICY**. This document is prepared by **ARCH** for and with the assistance and consent of the **INSURERS** who are responsible for it.

This PDS contains important information required under the *Corporations Act 2001 (Cth)*.

It seeks to help **YOU** to:

- decide whether the insurance cover will meet **YOUR** needs; and
- compare it with other products **YOU** may be considering.

YOU should read it carefully before making a decision to purchase an insurance product. **YOU** will also need to read the policy wording for the relevant product **YOU** are considering to ensure **YOU** have a full understanding of the terms and conditions (including the limits and exclusions) of the insurance policy.

Please note that any recommendation or opinion in this document is of a general nature only and does not take into account **YOUR** objectives, financial situation or needs.

The effective date of the PDS is 4 July 2024.

About the Insurers

The **INSURERS** of this product are Certain Underwriters at Lloyd's, of whose definitive numbers and the proportions underwritten by them, will be supplied on application. In consideration of the premium specified in the **SCHEDULE**, the said **UNDERWRITERS** are hereby bound, severally and not jointly, each for their own part and not one for another, their executors and administrators, to insure in accordance with the terms and conditions contained in the policy wording or any endorsement.

About Arch Underwriting at Lloyd's (Australia) Pty Ltd

ARCH is an Australian Financial Services Licensee authorised to deal in and provide general advice on general insurance products. ARCH has been authorised by the **INSURERS** to act on their behalf to deal in and provide general advice and handle and settle claims in relation to this insurance.

ARCH has a binding authority which means it can enter into, vary or cancel this insurance and handle and settle claims without reference to the **INSURERS** provided it acts within the binding authority. When providing these services, ARCH acts for the **INSURERS** and does not act on **YOUR** behalf.

ARCH can be contacted as follows:

*Arch Underwriting at Lloyd's (Australia) Pty Ltd
Level 10, 155 Clarence Street,
Sydney, NSW, 2000*

or by telephone at (02) 8284 8400

Some Words Have Special Meaning

Certain words used in the **POLICY** have special meanings. The "Definitions" section of this document contains such terms. In some cases, certain words may be given a special meaning in a particular section of the **POLICY** when used or in the other documents making up the **POLICY**.

Headings are provided for reference only and do not form part of the **POLICY** for interpretation purposes.

Summary of Insurance

Please note that this is a limited summary only and does not form part of the terms of the insurance. Each cover noted is subject to terms, conditions, exclusions and limitations, endorsements, memoranda and warranties (if any) applying to the **POLICY** as a whole and/or to the relevant **BENEFITS**, which are not listed in the summary.

YOU need to read the **POLICY** to properly understand the cover provided.

Cover is not automatically provided for all **BENEFITS**. You are only covered for the **BENEFITS** that are specified as applicable in the **SCHEDULE**.

Section	BENEFIT
Section 1 - Part A	<ul style="list-style-type: none"> ▪ Personal Accident Lump Sum Benefits. ▪ Lump Sum Benefits if a COVERED PERSON sustains a BODILY INJURY. ▪ Surgical Benefits as a result of BODILY INJURY or SICKNESS. ▪ Benefits for BODILY INJURY resulting in specified FRACTURED bones. ▪ Benefits for BODILY INJURY resulting in loss of TEETH or dental procedures.
Section 1 - Part B	<ul style="list-style-type: none"> ▪ Loss of income benefits. ▪ TEMPORARY TOTAL DISABLEMENT as a result of BODILY INJURY. ▪ TEMPORARY PARTIAL DISABLEMENT as a result of BODILY INJURY. ▪ TEMPORARY TOTAL DISABLEMENT as a result of SICKNESS. ▪ TEMPORARY PARTIAL DISABLEMENT as a result of SICKNESS.
Section 1 - Additional benefits	<p>The following additional benefits are also automatically provided under Section 1.</p> <ul style="list-style-type: none"> ▪ Exposure ▪ Disappearance
Section 2	<ul style="list-style-type: none"> ▪ Medical and Additional Expenses
Section 3	<ul style="list-style-type: none"> ▪ Cancellation, loss of deposits and missed transport connection
Section 4	<ul style="list-style-type: none"> ▪ Baggage and Personal Belongings and Money
Section 5	<ul style="list-style-type: none"> ▪ Alternative Employee or Return to Assignment
Section 6	<ul style="list-style-type: none"> ▪ Kidnap, Hijack or Detention
Section 7	<ul style="list-style-type: none"> ▪ Rental vehicle excess
Section 8	<ul style="list-style-type: none"> ▪ Personal Liability
Section 9	<ul style="list-style-type: none"> ▪ Political and Natural Disaster Evacuation
Section 10	<ul style="list-style-type: none"> ▪ Extra Territorial Workers Compensation Benefits
Section 11 - Additional benefits under the POLICY	<ul style="list-style-type: none"> ▪ Please see Section 11 for further details of the additional benefits which are available under the POLICY. ▪ Additional benefits will only apply if a SUM INSURED is specified against an additional benefit in the SCHEDULE.

This insurance is designed to provide the **COVERED PERSON** or the **COVERED PERSON'S BENEFICIARY** (where applicable) with selected **BENEFITS** in the event of a **COVERED PERSON** sustaining a:

- **BODILY INJURY**; or
- **SICKNESS**; or
- covered, unforeseen event

during the **COVERED PERSON'S OPERATIVE PERIOD OF COVER** and within the **GEOGRAPHIC LIMITS** and this results in a specified **COVERED EVENT**. For cover provided under Section 1, the **COVERED EVENT** must occur within 12 months of the **BODILY INJURY DATE** or the date **SICKNESS** first manifests itself.

Please note that **WE** will not provide cover or pay for a loss which would result in **US** contravening the *Health Insurance Act 1973 (Cth)*, the *Private Health Insurance Act 2007 (Cth)* or the *National Health Act 1953 (Cth)* or any applicable legislation (whether in Australia or otherwise).

WE will provide cover for those Sections and **COVERED EVENTS** of the **POLICY** for which a **SUM INSURED** is specified in the **SCHEDULE** or for those **BENEFITS** contained within the **POLICY** that are automatically covered for the **INSURANCE PERIOD**.

WE will not pay more than the **POLICY AGGREGATE LIMIT OF LIABILITY** for all claims combined under this insurance.

No benefit is payable for and during the **EXCESS PERIOD** or **ELIMINATION PERIOD**.

Please note that this is a limited summary of some aspects of the insurance only and does not form part of the terms of the insurance. The cover noted is subject to terms and conditions (including limits and exclusions) that are not listed in the summary.

How Benefits Are Provided Under This Insurance

The benefit of the cover under this insurance is extended to persons who meet the specified eligibility criteria (see the definition of '**COVERED PERSON**' in the "Definitions" section).

A **COVERED PERSON** has the right to make a claim under this **POLICY** solely by the operation of Section 48 of the *Insurance Contracts Act 1984 (Cth)* even though they are not a party to the **POLICY**.

COVERED PERSONS are not obliged to accept any of the benefits of this insurance, but if they wish to make a claim under the **POLICY** then they will have the same obligations to **US** as the **COVERED PERSONS** would have if they were the **POLICY HOLDER**. **WE** will have the same rights against the **COVERED PERSONS** as **WE** would have against the **POLICY HOLDER**.

COVERED PERSONS have no right to cancel or vary the **POLICY** or its cover - only the **POLICY HOLDER** (as the contracting insured) and **WE** can do this. If **WE** cancel or vary the **POLICY** or its cover, **WE** do not need to obtain a **COVERED PERSON'S** consent to do so.

WE also do not provide any notices in relation to this insurance to **COVERED PERSONS** as they are not a contracting party to the **POLICY**. **WE** only send notices to the **POLICY HOLDER** which is the only party **WE** have contractual obligations to under the **POLICY**.

The insurance cover is subject to the terms and conditions (including limits and exclusions) set out in this **POLICY**.

Therefore, the **COVERED PERSONS** should read this document carefully and keep it in a safe place. **COVERED PERSONS** should seek confirmation from the **POLICY HOLDER** that they are covered under the **POLICY**. Please keep detailed particulars and proof of any loss the **COVERED PERSON** suffers and proof of the **COVERED PERSON'S** eligibility for this insurance.

Neither **WE** nor the **POLICY HOLDER** hold anything on trust for, or for the benefit or on behalf of

COVERED PERSONS under this insurance arrangement. The **POLICY HOLDER** does not:

- act on **OUR** behalf or a **COVERED PERSON** in relation to the insurance;
- have any authorisation to provide any financial product advice, recommendations or opinions about the insurance; and
- receive any remuneration or benefits from **US**.

Any person who may be eligible should consider obtaining advice as to whether the benefits are appropriate or useful for their personal needs from a person who is licensed to give such advice. No advice is provided by **US** or the **POLICY HOLDER** that the benefits are appropriate or useful for any person's needs. Nothing prevents such persons from entering into other arrangements regarding insurance.

At the time of issuing this **POLICY** and during the **INSURANCE PERIOD**, **WE** do not know the identity of a **COVERED PERSON** and their **OPERATIVE PERIOD OF COVER**.

To confirm if covered and the currency of the **POLICY** please contact the **POLICY HOLDER** in writing or by telephone.

When Does a **COVERED PERSON'S** cover under the **POLICY** Begin and End?

A **COVERED PERSON** may only make a claim for benefits for which cover is available in accordance with the **POLICY** terms and conditions, limitations and exclusions.

1. A **COVERED PERSON'S OPERATIVE PERIOD OF COVER** begins at the **EFFECTIVE DATE OF COVER**.
2. A **COVERED PERSON'S OPERATIVE PERIOD OF COVER** ends on the earlier of:
 - (a) the time they cease to be a **COVERED PERSON**;
 - (b) the date and at the time shown on the **SCHEDULE** as the end of the **INSURANCE PERIOD**;
 - (c) the time the **POLICY HOLDER** requests that such **COVERED PERSON** is no longer a **COVERED PERSON**;
 - (d) the date the **POLICY** is cancelled by the **POLICY HOLDER** or **US**; and
 - (e) the 3rd (third) business day after the day on which **WE** advised the **POLICY HOLDER** in writing that the **COVERED PERSON** is no longer covered under the **POLICY**, eligible to access the benefits or such later time as **WE** may specify in the notice.

WE are not obliged to notify a **COVERED PERSON** of termination of the **POLICY**.

OUR Agreement with the **POLICY HOLDER**

Where **WE** agree to enter into a **POLICY** with **YOU** it is a contract of insurance between **US** and **YOU** (see the definition of "YOU" for details of who is covered by this term). The contract is based upon the information **YOU** gave **US** when **YOU** applied for the insurance, and any subsequent information which **YOU** have supplied.

WE will provide cover for **COVERED EVENTS** for which a **SUM INSURED** is specified in the **SCHEDULE** or for those **BENEFITS** contained within the **POLICY** that are automatically provided to the **COVERED PERSONS** for the relevant **INSURANCE PERIOD**.

YOU must pay the premium, including government taxes and charges, for the relevant **INSURANCE PERIOD** and comply with all the **POLICY** terms and conditions.

Where **WE** agree to issue a **POLICY**, the **POLICY** will consist of:

1. This document, which sets out information on the insurance and the standard terms and conditions (including any limits and exclusions) that apply.

WE may need to update this document from time to time if certain changes occur where required and permitted by law. **WE** will issue **YOU** with a new PDS or a Supplementary PDS or other compliant document to update the relevant information except in limited cases.

Where the information is not something that would be materially adverse from the point of view of a reasonable person considering whether to buy this insurance, **WE** may issue **YOU** with notice of this information in other forms or keep an internal record of such changes. **YOU** can get a paper copy free of charge by contacting **US** at:

*Arch Underwriting at Lloyd's (Australia) Pty Ltd
Level 10, 155 Clarence Street,
Sydney, NSW, 2000
Telephone: (02) 8284 8400*

2. **YOUR SCHEDULE** issued by **US**.

The **SCHEDULE** is a separate document **WE** issue when the **POLICY** is entered into, which shows the insurance details relevant to **YOU**. It may include additional terms and conditions (including any limits and exclusions) relevant to **YOU** that amend the standard terms of this document.

WE will provide cover for **COVERED EVENTS** for which a **SUM INSURED** is specified on the **SCHEDULE**, or for those **BENEFITS** contained within the **POLICY** that are automatically provided for **COVERED PERSONS**.

When **YOUR POLICY** is changed or renewed, **WE** will give **YOU** a new **SCHEDULE**.

3. Any other change to the terms of **YOUR POLICY** otherwise advised by **US** in writing (such as an endorsement or Supplementary PDS).

These written changes may vary or modify the above documents.

These are all important documents and should be carefully read together and kept in a safe place for future reference.

When **YOU** enter into the **POLICY**, **YOU** confirm that **YOU** have read or will read the **POLICY** documents provided to **YOU** before the end of the cooling off period.

When Does the **POLICY** Begin and End?

The **POLICY**:

- is entered into with the **POLICY HOLDER** and begins on the date and at the time shown on the **SCHEDULE** as the commencement of the **INSURANCE PERIOD**, subject to payment of applicable premium; and
- continues for the **INSURANCE PERIOD** or until the **POLICY** ends according with the **POLICY** terms or law (whichever occurs first).

Cooling off and Cancellation Rights

YOU can exercise **YOUR** cooling off rights and cancel the **POLICY** by contacting **US** on (02) 8284 8400 or by writing to **US** at Level 10, 155 Clarence Street, Sydney, NSW, 2000 within fourteen (14) days of the date **YOU** purchased the **POLICY** and receive a refund of the premium paid, provided **YOU** have not exercised any right or power under the **POLICY** (e.g., made any claim) and these rights and powers have not ended.

WE may deduct any reasonable administrative and transaction costs incurred by **US** that are reasonably related to the acquisition and termination of the **POLICY** and any government taxes or duties **WE** cannot recover, from **YOUR** refund amount.

After the cooling off period has ended, **YOU** still have cancellation rights, however **WE** may deduct a pro rata proportion of the premium for time on risk, plus any government taxes or duties **WE** cannot recover (refer to "General Conditions" for full details).

The Obligation to Comply with the **POLICY** Terms and Conditions

The **POLICY HOLDER** and the **COVERED PERSONS** are required to comply with the terms and conditions of the **POLICY**. Please remember that if they do not comply with any term or condition, **WE** may (to the extent permitted by law) decline or reduce any claim payment and/or cancel **YOUR POLICY**.

If more than one person is insured under the **POLICY**, a failure or wrongful action by one of those persons may adversely affect the rights of any other person insured under the **POLICY**.

How **WE** Calculate **YOUR** Premium

The amount of **YOUR** premium is determined by taking a number of different matters into account. **YOU** can seek a quote at any time.

It is important for **YOU** to know in particular that the premium varies depending on the information **WE** receive from **YOU** about the risk to be covered by **US**. The higher the risk is (e.g., high claims experience), the higher the premium will be. Based on **OUR** experience and expertise as an insurer, **WE** decide what factors increase **OUR** risk and how they should impact on the premium.

WE calculate **YOUR** premium on the basis of information that **WE** receive from **YOU** when **YOU** apply for insurance.

Some factors impacting premiums include:

- **YOUR** nominated **EVENT LIMIT OF LIABILITY, POLICY AGGREGATE LIMIT OF LIABILITY** and **SUMS INSURED**;
- the nature of **YOUR** business;
- **YOUR** prior claims experience;
- number of **COVERED PERSONS**; and
- the benefits requested by **YOU**.

YOUR premium also includes amounts that take into account **OUR** obligations concerning any relevant compulsory government charges, taxes or levies (e.g., Stamp Duty, GST, Emergency and Fire Services Levy) in relation to **YOUR POLICY**. These amounts will be set out separately in **YOUR SCHEDULE** as part of the total premium payable.

In some cases **WE** are required to pay an estimated amount based on criteria set by the Government. The amount applied by **US** for this in the premium may result in **US** over or under recovering in any particular year but **WE** will not adjust **YOUR** premium because of this. **YOU** can ask **US** for more details if **YOU** wish.

When **YOU** apply for this insurance, **YOU** will be advised by **US** or **YOUR** intermediary of the total premium amount payable, when it needs to be paid and how it can be paid. This amount will be set out in the **SCHEDULE**, which will be sent to **YOU** after the entry into the **POLICY**. If **YOU** fail to pay **WE** may reduce any claim payment by the amount of premium owing and/or cancel the **POLICY**.

Renewal Procedure

Before **YOUR POLICY** expires **WE** will advise **YOU** via **YOUR** intermediary whether **WE** intend to offer renewal and if so on what terms.

This document also applies for any offer of renewal **WE** may make, unless **WE** tell **YOU** otherwise.

It is important that **YOU** check the terms of any renewal offer before renewing to satisfy **YOURSELF** that the details are correct. In particular, check the **POLICY AGGREGATE LIMIT OF LIABILITY, SUM INSURED** amounts and **EXCESS PERIOD(S)** applicable and to ensure the levels of cover are appropriate for **YOU**.

Please note that **YOU** need to comply with the duty of disclosure before each renewal (see below).

Duty of Disclosure

Before **YOU** enter into this contract of insurance **YOU** have a duty under the *Insurance Contracts Act 1984 (Cth)*.

The duty applies until (as applicable) **WE** first agree to insure **YOU**, or **WE** agree to the variation, extension, reinstatement or renewal.

Answering our questions

In all cases, if **WE** ask **YOU** questions that are relevant to **OUR** decision to insure **YOU** and on what terms, **YOU** must tell **US** anything that **YOU** know and that a reasonable person in the circumstances would include in answering the questions.

It is important that **YOU** understand **YOU** are answering **OUR** questions in this way for **YOURSELF** and anyone else that **YOU** want to be covered by the contract.

Variations, extensions or reinstatements

For variations, extensions, reinstatements, **YOU** also have a broader duty to tell **US** anything that **YOU** know, or could reasonably be expected to know, may affect **OUR** decision to insure **YOU** and on what terms.

Renewal

WE will tell **YOU** what **YOUR** duty is on renewal before **WE** agree to any renewal.

What **YOU do not need to tell **US****

YOU do not need to tell **US** anything that:

- reduces the risk **WE** insure **YOU** for; or
- is of common knowledge;
- **WE** know or should know as an insurer; or
- **WE** waive **YOUR** duty to tell **US** about.

If **YOU do not tell **US** something**

If **YOU** do not tell **US** anything **YOU** are required to tell **US**, **WE** may cancel the **POLICY** or reduce the amount **WE** will pay **YOU** if **YOU** make a claim, or both. If **YOUR** failure to tell **US** is fraudulent, **WE** may refuse to pay a claim and treat the contract as if it never existed.

General Insurance Code of Practice

The Insurance Council of Australia Limited has developed the General Insurance Code of Practice ("the Code"), which is a voluntary self-regulatory code. The Code aims to raise the standards of practice and service in the insurance industry.

Lloyd's has adopted the Code on terms agreed with the Insurance Council of Australia. For further information on the Code please visit www.codeofpractice.com.au.

The Code Governance Committee (CGC) is an independent body that monitors and enforces insurers' compliance with the Code. For more information on the Code Governance Committee (CGC) go to www.insurancecode.org.au

Changes of Terms and Conditions

From time to time, and where permitted by law, **WE** may change parts of the PDS. **WE** will issue **YOU** with a new PDS or a Supplementary PDS or other compliant document to update the relevant information except in limited cases. Any updates which are not materially adverse to **YOU** from the view of a reasonable person deciding whether to buy this insurance, may be found within our document library at:

<https://insurance.archgroup.com/international/australia/offering/accident-health/>

YOU can obtain a paper copy of any updated information without charge by contacting **US**.

Agency Arrangements and Agent's Remuneration

If **YOUR POLICY** has been issued through **OUR** agent, or a broker who is acting under a binder agreement with **US**, then they are acting as **OUR** agent and not as **YOUR** agent.

If **YOUR POLICY** has been issued by a broker, other than a broker acting under an agency/binder arrangement with **US**, then the broker is acting as **YOUR** agent.

When the **POLICY** has been arranged through an agent or broker, remuneration (such as commission) is payable by **US** to them for arranging the insurance. **YOU** can ask them for more information.

Further Information and Confirmation of Transactions

If **YOU** require further information about this insurance or wish to confirm a transaction, please contact **US**.

Complaints - Internal and External Complaints Procedure

If you have any concerns or wish to make a complaint in relation to this policy, our services or your insurance claim, please let us know and we will attempt to resolve your concerns in accordance with our Internal Dispute Resolution procedure. Please contact:

*The Complaints Manager,
Arch Underwriting at Lloyd's (Australia) Pty Ltd,
Level 10, 155 Clarence Street,
Sydney, NSW, 2000*

*or telephoning US at (02) 8284 8400
or emailing US at complaints@archinsurance.com.au*

We will acknowledge receipt of your complaint and do our utmost to resolve the complaint to your satisfaction within 10 business days.

If we cannot resolve your complaint to your satisfaction, we will escalate your matter to Lloyd's Australia who will determine whether it will be reviewed by their office or the Lloyd's UK Complaints team. Lloyd's contact details are:

*Lloyd's Australia Limited
Email: ldraustralia@lloyds.com
Telephone: (02) 8298 0783
Post: Suite 1603 Level 16, 1 Macquarie Place, Sydney NSW 2000*

A final decision will be provided to you within 30 calendar days of the date on which you first made the complaint unless certain exceptions apply.

You may refer your complaint to the Australian Financial Complaints Authority (AFCA), if your complaint is not resolved to your satisfaction within 30 calendar days of the date on which you first made the complaint or at any time. AFCA can be contacted as follows:

*Telephone: 1800 931 678
Email: info@afca.org.au
Post: GPO Box 3 Melbourne VIC 3001
Website: www.afca.org.au*

Your complaint must be referred to AFCA within 2 years of the final decision, unless AFCA considers special circumstances apply. If your complaint is not eligible for consideration by AFCA, you may be referred to the Financial Ombudsman Service (UK) or you can seek independent legal advice. You can also access any other external dispute resolution or other options that may be available to you.

Definitions

Certain words used in this PDS and when used in the other documents making up the **POLICY** have special meanings that are indicated by bold font and all capital letters. This section defines such terms.

ACCIDENT(AL) means:

- (a) In respect of all Sections except for Section 8 – Personal Liability: a sudden external and identifiable event which happens to the **COVERED PERSON** during their **OPERATIVE PERIOD OF COVER** and during the **JOURNEY** which is unforeseen or unintended by the **COVERED PERSON** that results in a **BODILY INJURY** to the **COVERED PERSON**.
- (b) Solely in respect of Section 8 – Personal Liability: means a sudden, external and identifiable event that happens during the **COVERED PERSON'S OPERATIVE PERIOD OF COVER** and during a **JOURNEY** which is unforeseen or unintended by the **COVERED PERSON**.

ACCIDENTAL DEATH means death occurring as a result of a **BODILY INJURY**.

ACCOMPANYING means travelling with or travelling separately from but with the intention to meet, depart from or continue travelling with another **COVERED PERSON** who is on a **JOURNEY**.

ACT OF TERRORISM means the planning, use, or threat of use of violence against persons or property for the purpose of advancing political, religious or ideological goals.

AIR OR ROAD RAGE INCIDENT means a violent physical act occurring whilst the **COVERED PERSON** is occupying an aircraft as a passenger, or any motor vehicle intended for use on public roadways.

The intentional violent physical act must be committed by a person who is not:

- (a) a **COVERED PERSON**; or
- (b) a **RELATIVE** of the **COVERED PERSON**.

AIR RAGE OR ROAD RAGE EXPENSES means the reasonable costs for any non-refundable expenses incurred by the **POLICY HOLDER** or **COVERED PERSON** in respect of a **COVERED PERSON'S** pre-scheduled travel arrangements, for:

- (a) additional accommodation or transportation to bring the **COVERED PERSON** to their intended destination if the **COVERED PERSON** missed the original departure due to an **AIR OR ROAD RAGE INCIDENT**;
- (b) additional accommodation or transportation to bring the **COVERED PERSON** to their return destination, or to travel from the place where the trip was interrupted to a place where the **COVERED PERSON** can resume the trip, if the trip is disrupted due to an **AIR OR ROAD RAGE INCIDENT**; and
- (c) the unused portion of forfeited travel or accommodation expenses paid in advance if a pre-scheduled trip is cancelled due to an **AIR OR ROAD RAGE INCIDENT**.

BENEFICIARY means the person designated in the **SCHEDULE** to receive the **BENEFIT** under the **POLICY** (or executors or administrators of the **COVERED PERSON** if no **BENEFICIARY** is named in the **SCHEDULE**) in the event of the **ACCIDENTAL DEATH** of the **COVERED PERSON**.

BENEFIT(S) means any benefit stated in the **SCHEDULE** with a corresponding **SUM INSURED** stating what a **COVERED PERSON** is entitled to claim under the **POLICY**.

BENEFIT PERIOD means the maximum period for which a loss of income **BENEFIT** payment may be paid to or for the benefit of a **COVERED PERSON**.

BODILY INJURY means an identifiable physical injury to a **COVERED PERSON** resulting solely and directly from an **ACCIDENT** and independent of any other cause that occurs fortuitously during the **OPERATIVE PERIOD OF COVER** and during the **JOURNEY**. **BODILY INJURY** does not include:

- (a) **SICKNESS** as defined or a condition ordinarily described as being a **SICKNESS**; or
- (b) any consequences of a **BODILY INJURY**, which are ordinarily described as being a disease including but not limited to any congenital condition, heart condition, stroke or any form of cancer.

BODILY INJURY DATE means the earlier of:

- (a) the date the **COVERED PERSON'S DOCTOR** reasonably diagnoses as the most likely date of the **BODILY INJURY**;
- (b) the date **OUR DOCTOR** reasonably diagnoses as the most likely date of the **BODILY INJURY**;
- (c) the date the **COVERED PERSON** first became aware of the **BODILY INJURY** or a reasonable person in the circumstances would have been aware of the **BODILY INJURY**;
- (d) the date the **COVERED PERSON** first received medical treatment for the **BODILY INJURY**; or
- (e) the date the **BODILY INJURY** is first diagnosed by a **DOCTOR**.

CARJACKING means the violent theft or attempted theft of a motor vehicle which is under the care and control of, occupied by, or immediately intended to be occupied by a **COVERED PERSON**.

CIVIL WAR means armed opposition, whether declared or not, between two or more parties belonging to the same country where the opposing parties are of different ethnic, religious or ideological groups. Included in the definition is armed rebellion, revolution, sedition, insurrection, overthrow of an elected government and the consequences of martial law.

COMPLETE FRACTURE means a break in the bone in which the bone is broken completely across and no connection remains between the parts.

COMPUTER SYSTEM means any computer, hardware, software, communications system, electronic device (including, but not limited to, smart phone, laptop, tablet, wearable device), server, cloud or microcontroller including any similar system or any configuration of the aforementioned and including any associated input, output, data storage device, networking equipment or back up facility, owned or operated by the **POLICY HOLDER** or any other party.

COUNTRY OF RESIDENCE means the country in which the **COVERED PERSON** is a citizen or permanent resident, or in which the **COVERED PERSON** is residing on foreign assignment.

COVERED EVENT(S) means the event(s) described in each Table of Events as set out in Sections 1 and 2 and are defined by individual number, or any event described or outlined in the **POLICY** for which a **BENEFIT** is payable under any section of the **POLICY**.

COVERED PERSON means such person or persons who meet the eligibility criteria as set out on the **SCHEDULE** with respect to whom premium has been paid, or agreed to be paid by the **POLICY HOLDER**.

Access to **BENEFITS** under this insurance is provided to **COVERED PERSONS** solely by reason of the statutory operation of section 48 of the *Insurance Contracts Act 1984 (Cth)*. **COVERED PERSONS** are not contracting insured's (e.g., they cannot cancel or vary the **POLICY** - only the **POLICY HOLDER** can do this) and do not enter into any agreement with **US**.

CYBER ACT means an unauthorised, malicious or criminal act or series of related unauthorised, malicious or criminal acts, regardless of time and place, or the threat or hoax thereof involving access to, processing of, use of or operation of any **COMPUTER SYSTEM**.

CYBER INCIDENT means:

- (a) any error or omission or series of related errors or omissions involving access to, processing of, use of or operation of any **COMPUTER SYSTEM**; or
- (b) any unavailability or failures to access, process, use or operate any **COMPUTER SYSTEM**.

DEPENDENT CHILD(REN) means any child of a **COVERED PERSON**:

- (a) under eighteen (18) years of age and dependent on the **COVERED PERSON**; or
- (b) over 18 years of age and under twenty five (25) years of age:
 - (i) who is in full time tertiary education; and
 - (ii) dependent on the **COVERED PERSON**
- (c) of any age, who permanently lives with the **COVERED PERSON** and is physically or mentally incapable of living independently.

DOCTOR means a legally registered medical practitioner currently registered to practice who is not a **COVERED PERSON** or their **RELATIVE**, or an **EMPLOYEE** or director of the **POLICY HOLDER** and is acting within the scope of their registration and pursuant to the laws where the medical practitioner is registered.

DOMESTIC ASSISTANCE means any professional, non-medical and non-nursing assistance required to complete the normal domestic duties usually undertaken by the **COVERED PERSON** including but not limited to, caring and providing for **DEPENDENT CHILDREN**, cleaning, cooking, school pick-ups and drop-offs.

EFFECTIVE DATE OF COVER means the date the **EMPLOYEE** is added to the **POLICY** as a **COVERED PERSON**.

EMPLOYEE means any person in the **POLICY HOLDER'S** service including directors (executive and non-executive), consultants, contractors, sub-contractors and/or self-employed persons undertaking work on the **POLICY HOLDER'S** behalf or any other such person as declared to **US**.

EVENT LIMIT OF LIABILITY means the amount stated in the **SCHEDULE**. The **EVENT LIMIT OF LIABILITY** forms part of and is not in addition to the **POLICY AGGREGATE LIMIT OF LIABILITY**.

EXCESS means the amount stated in the **SCHEDULE** that is payable by the **COVERED PERSON** prior to the **POLICY** paying the **SUM INSURED** for the **BENEFIT** as noted on the **SCHEDULE**.

EXCESS PERIOD is the period expressed as a number of days stated in the **SCHEDULE** during and for which no **BENEFITS** are payable for **TEMPORARY TOTAL DISABLEMENT** or **TEMPORARY PARTIAL DISABLEMENT**. The reference to days means consecutive days.

FOOT means the entire foot below the ankle.

FRACTURE means any crack or break in a bone

FUNERAL EXPENSES mean the actual and reasonable costs incurred for the cremation or burial of the **COVERED PERSON** including any transportation and internment costs. **FUNERAL EXPENSES** include but are not limited to, services performed by an undertaker, the cost of the casket and or any crematorium or graveyard costs incurred. **FUNERAL EXPENSES** do not include any costs associated with the wake, catering costs or discretionary purchases related to the funeral.

GEOGRAPHIC LIMITS means worldwide unless otherwise stated on the **SCHEDULE**.

HAND means the entire hand below the wrist.

HAIRLINE FRACTURE means a mere crack or cracks in the bone.

HOME TUTORIAL SERVICES means any instruction, teaching and/or tutorial services provided by a professionally qualified teacher or tutor who is not a **RELATIVE** nor any person permanently residing with the **COVERED PERSON**.

IDENTITY THEFT means the theft of personal data or documents relating to a **COVERED PERSON'S** identity which results in their fraudulent use to obtain money, goods or services.

INCIDENTAL PRIVATE TRAVEL means travel which is private and taken either side of or during a business trip which is a **JOURNEY**. **INCIDENTAL PRIVATE TRAVEL** must not exceed 70% of the total **JOURNEY** duration unless otherwise agreed by **US**.

INSURANCE PERIOD means the contract period as stated in the **SCHEDULE** which the **POLICY** operates unless ending earlier in accordance with the **POLICY** or law. Each renewal results in a new contract and new **INSURANCE PERIOD**.

INSURERS or **UNDERWRITERS** means the insurers of this **POLICY**, who are certain underwriters at Lloyd's.

JOURNEY means any trip/journey declared to **US** which is undertaken by a **COVERED PERSON** on behalf of the **POLICY HOLDER**, provided that such trip/journey:

- (a) exceeds the **TRAVEL RADIUS**;
- (b) does not exceed 180 days; and
- (c) commences during the **INSURANCE PERIOD**.

A **JOURNEY** is deemed to commence from the time a **COVERED PERSON** leaves their home or normal place of business (whichever is left last) and will continue until arrival back at their home or normal place of business (whichever is reached first). Everyday commuting is not regarded as a **JOURNEY**.

JOURNEY also includes:

- (d) **INCIDENTAL PRIVATE TRAVEL** of all **COVERED PERSONS** who are **EMPLOYEES**; and
- (e) Private travel of the **COVERED PERSONS** who are the **POLICY HOLDER'S** company directors (executive and non-executive), board members, chief financial officer, chief executive officer, chief operating officer, company secretary, and any other member of senior management, provided that such private travel (including trip estimates) has been declared to and agreed by **US**. Private travel is also extended to include cover provided under the **POLICY** for **ACCOMPANYING SPOUSES/PARTNERS** and **DEPENDENT CHILDREN** of such **COVERED PERSONS**.

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

LOSS means loss of, by physical severance, or total and **PERMANENT** loss of the effective use of the part of the body referred to in any of the Tables of Benefits.

MEDICAL MOBILITY EQUIPMENT means any out-of-hospital mobility and movement equipment to assist in patient transportation and recovery approved and certified as necessary by a **DOCTOR** as a direct result of the **BODILY INJURY**, including but not limited to A-frames, crutches, walkers, walking sticks, walking frames, non-motorised wheelchairs, non-motorised scooters, moon boots, knee-brace and neck, arm or leg supports.

NON-SCHEDULED FLIGHT means any flight that is not operating under a regular published flight schedule or timetable.

NON-SCHEDULED FLIGHT LIMIT OF LIABILITY means the amount stated in the **SCHEDULE**. The **NON-SCHEDULED FLIGHT LIMIT OF LIABILITY** forms part of and is not in addition to the **POLICY AGGREGATE LIMIT OF LIABILITY**.

OPERATIVE PERIOD OF COVER means the specified period for which a **COVERED PERSON** is covered under the **POLICY** as explained in the **SCHEDULE**.

For more information on when a **COVERED PERSON'S OPERATIVE PERIOD OF COVER** begins and ends, please refer to the "When does a COVERED PERSON'S cover under the POLICY begin and end?" part of the **POLICY**, located on page 6.

OTHER FRACTURE means any fracture/break of a bone other than a **COMPLETE FRACTURE**, **SIMPLE FRACTURE** or **HAIRLINE FRACTURE**.

OUT-OF-POCKET EXPENSES means unforeseeable costs and expenses which are not insured under this **POLICY** or any other indemnification available to the **COVERED PERSON**, for:

- (a) **MEDICAL MOBILITY EQUIPMENT**;
- (b) local transportation (other than ambulance transportation); and
- (c) replacement of personal effects damaged as a result of the **BODILY INJURY**.

PERMANENT means lasting at least twelve (12) consecutive months from the occurrence, and at the end of that time being beyond hope of improvement.

PERMANENT TOTAL DISABLEMENT means disablement which:

- (a) totally restricts a **COVERED PERSON** from performing his or her usual occupational or employment activities, or any other occupational or employment activities for which the **COVERED PERSON** has the experience, skills, education or training (or if the **COVERED PERSON** is not employed, it means disablement which prevents the **COVERED PERSON** from participating in any and every occupation for the remainder of his or her life.); and
- (b) lasts at least twelve (12) consecutive months from the occurrence; and
- (c) at the end of that time, in **OUR** reasonable opinion, is beyond hope of improvement.

POLICY means **OUR** contract with the **POLICY HOLDER**, consisting of this document, the **SCHEDULE** and any other documents **WE** state form part of the terms and conditions of **OUR** contract with the **POLICY HOLDER** (such as additional endorsements or Supplementary PDS).

POLICY AGGREGATE LIMIT OF LIABILITY means the amount stated in the **SCHEDULE**.

POLICY HOLDER means the company or individual named as the insured on the **SCHEDULE**, with whom **WE** have entered into the contract of insurance. They are the contracting insured.

PRE-EXISTING CONDITION means:

- (a) any injury, **SICKNESS**, illness, disease or condition (including any side-effects or symptoms) of which the **COVERED PERSON** was aware (whether diagnosed or not) or of which a reasonable person in the circumstances could be expected to have been aware, or for which the **COVERED PERSON** has sought treatment in the six (6) months immediately prior to the **COVERED PERSON'S JOURNEY**.
- (b) solely in respect of **SICKNESS**, any condition caused by or arising out of anything referred to in paragraph (a) of this definition above.

PRE-EXISTING CONDITIONS specifically include any congenital or degenerative conditions for which the **COVERED PERSON** has been diagnosed or were aware of or which a reasonable person in the **COVERED PERSON'S** circumstances could be expected to have been aware of prior to the commencement of the **COVERED PERSON'S OPERATIVE PERIOD OF COVER** regardless as to whether the **COVERED PERSON** was at that time, or subsequently, being treated for them.

PROFESSIONAL SPORT means any sport for which a **COVERED PERSON** receives a fee, monetary payment, sponsorship or financial reward as a result of the **COVERED PERSON'S** participation, which accounts for more than fifty percent (50%) of the **COVERED PERSON'S** annual income (including **SALARY**) from all sources.

RELATIVE means the **COVERED PERSON'S SPOUSE** or **PARTNER**, parent, parent-in-law, grandparent, step-parent, child, step-child, grandchild, brother, brother-in-law, sister, sister-in-law, daughter-in-law, son-in-law, fiancé, fiancée, half-brother or half-sister.

SALARY means in the case of an **EMPLOYEE**, their weekly pre-tax income or wage, excluding any commission, bonuses, overtime payments and allowances, averaged over the twelve (12) month period immediately preceding the commencement of the disablement or over any shorter period for which they have been employed.

SERIOUS BODILY INJURY OR SICKNESS means life threatening or serious enough to someone who is not the **COVERED PERSON** which warrants the **COVERED PERSON'S** curtailment or cancellation of their **JOURNEY** and for whom the person the claim is contingent on has not:

- (a) received regular medical treatment prior or medication in the 20 days prior to the **JOURNEY** being booked by the **POLICY HOLDER** or **COVERED PERSON**; or
- (b) required surgery or hospitalisation, or was on a waiting list in the 3 months prior to the **JOURNEY** being booked by the **POLICY HOLDER** or **COVERED PERSON**; or
- (c) been diagnosed with a terminal condition prior to the **JOURNEY** being booked by the **POLICY HOLDER** or the **COVERED PERSON**.

SCHEDULE means the relevant **SCHEDULE WE** issue or subsequently substituted **SCHEDULE**. The **SCHEDULE** forms part of the **POLICY**. A new **SCHEDULE** is issued on each renewal.

SICKNESS means an illness, sickness or disease of the **COVERED PERSON** which occurs during the **COVERED PERSON'S OPERATIVE PERIOD OF COVER** and during the **JOURNEY**. **SICKNESS** does not include a terminal condition of the **COVERED PERSON** diagnosed prior to the commencement date of the **JOURNEY**.

SPECIFIED SICKNESS means:

- (a) Myocardial Infarction (heart attack); or
- (b) Cardiac arrest; or
- (c) Dementia or Alzheimer's disease; or
- (d) Pulmonary embolism; or
- (e) Asthma, tuberculosis, cystic fibrosis, pneumonia or influenza; or
- (f) Stroke; or
- (g) Malaria; or
- (h) Dengue fever; or
- (i) Rabies.

SPOUSE or **PARTNER** means the **COVERED PERSON'S** husband or wife living with the **COVERED PERSON** or any person of either sex living in a de facto marital relationship with the **COVERED PERSON**.

SUM INSURED(S) means an amount stated in the **SCHEDULE** against relevant **COVERED EVENT(S)** or **BENEFITS** offered under the **POLICY**.

TEMPORARY PARTIAL DISABLEMENT means the inability (but not **PERMANENT** inability) of the **COVERED PERSON** to participate in a substantial part of their usual occupation or employment activities, while the **COVERED PERSON** is under the regular care of and acting in accordance with the treatment, instructions or advice of a **DOCTOR**.

TEMPORARY TOTAL DISABLEMENT means disablement (but not **PERMANENT** inability) which totally restricts a **COVERED PERSON** from performing his or her usual occupation or employment activities, or any other occupational or employment activities for which the **COVERED PERSON** has the experience, skills, education or training. The **COVERED PERSON** must be under the regular care of and acting in accordance with the treatment, instructions or advice of a **DOCTOR**.

TOOTH/TEETH means a sound and natural permanent tooth but does not include first or baby teeth, implants, prostheses or other dental restorations.

TRAVEL RADIUS means the distance specified in the **SCHEDULE**.

YOU/YOUR means the **POLICY HOLDER** named in the **SCHEDULE**.

WAR means armed opposition, whether declared or not between two countries.

WE/OUR/US means the **INSURERS** acting through its agent Arch Underwriting at Lloyd's (Australia) Pty Ltd.

Policy Coverage

WE will provide cover for those **COVERED EVENTS** and **BENEFITS** for which a **SUM INSURED** is stated in the **SCHEDULE**, or for those **BENEFITS** contained within the **POLICY** that are automatically provided for **COVERED PERSONS**, for the relevant **INSURANCE PERIOD** and incurred whilst on a **JOURNEY** (unless otherwise specified) and during the **COVERED PERSON'S OPERATIVE PERIOD OF COVER**.

WE will provide cover for **BODILY INJURY** or **SICKNESS** caused by or arising out of a **CYBER ACT** or a **CYBER INCIDENT** subject to the terms, conditions, limitations and exclusions of this **POLICY**.

Limit of Liability

With the exception of Section 2 – Medical and Additional Expenses and Section 8 – Personal Liability, the following limits of liability apply to all other Sections of the **POLICY**:

1. **OUR** maximum liability for each and all **COVERED EVENTS**, claims and/or losses arising out of any one **ACCIDENT** or **SICKNESS** during the **INSURANCE PERIOD** will not exceed the **EVENT LIMIT OF LIABILITY** stated in the **SCHEDULE**.

In the event that any claims made under the **POLICY** exceed the **EVENT LIMIT OF LIABILITY**, **WE** shall proportionally reduce the amount(s) payable to each **COVERED PERSON** with respect to such claim(s).

2. **OUR** maximum liability for each and all **COVERED EVENTS**, claims and/or losses in the aggregate, directly, indirectly, or in any way attributable to an **ACCIDENT** which involves a **NON-SCHEDULED FLIGHT** during the **INSURANCE PERIOD** will not exceed the **NON-SCHEDULED FLIGHT LIMIT OF LIABILITY** stated in the **SCHEDULE**.
3. **OUR** maximum liability for all **COVERED EVENTS**, claims and/or losses in the aggregate under all sections of the **POLICY** during the **INSURANCE PERIOD** will not exceed the **POLICY AGGREGATE LIMIT OF LIABILITY** stated in the **SCHEDULE**.

Section 1 – Part A – Personal Accident Lump Sum Benefits

LUMP SUM BENEFITS

COVERED EVENT 1-26

Subject to the terms, conditions, limits and exclusions of the **POLICY**, in the event a **COVERED PERSON** sustains a **BODILY INJURY** which solely and directly results in any of the following numbered **COVERED EVENTS** outlined in the Table of Benefits 1, **WE** will pay the corresponding percentage outlined in 'Table of Benefits 1', of the **SUM INSURED** for **COVERED EVENTS** 1-26, providing that:

- (a) the **BODILY INJURY** occurs during the **COVERED PERSON'S OPERATIVE PERIOD OF COVER** whilst on a **JOURNEY** and within the **GEOGRAPHIC LIMITS**; and
- (b) the resulting **COVERED EVENT** occurs within 12 months of the **BODILY INJURY DATE**; and
- (c) the **COVERED EVENT** is solely and directly attributable to the **BODILY INJURY** and not any other cause; and
- (d) a **SUM INSURED** is stated against the relevant **COVERED EVENTS** in the **SCHEDULE**.

Table of Benefits 1

COVERED EVENTS	Percentage of SUM INSURED as showing on the SCHEDULE
1 ACCIDENTAL DEATH	100%
2 PERMANENT TOTAL DISABLEMENT	100%
3 PERMANENT paraplegia, quadriplegia, or incurable paralysis of all LIMBS	100%
4 PERMANENT and total LOSS of use of one or both LIMBS	100%
5 PERMANENT and incurable insanity	100%

6	PERMANENT disablement not otherwise provided for in this table*	100%
7	PERMANENT and total LOSS of sight in one or both eyes	100%
8	PERMANENT and total LOSS of the lens of both eyes	100%
9	PERMANENT and total LOSS of the lens of one eye	60%
10	PERMANENT total LOSS of hearing in both ears	100%
11	PERMANENT total LOSS of hearing in one ear	30%
12	PERMANENT disfigurement from third degree burns equal to or greater than 20% of the surface of the entire external body	50%
13	PERMANENT disfigurement from second degree burns equal to or greater than 20% of the surface of the entire external body	25%
14	PERMANENT and total LOSS of use of four fingers and the thumb of either HAND	80%
15	PERMANENT total LOSS of use of four fingers of either HAND	50%
16	PERMANENT total LOSS of use of one thumb (both joints)	40%
17	PERMANENT total LOSS of use of one thumb (one joint)	20%
18	PERMANENT total LOSS of use of one finger all three joints	15%
19	PERMANENT total LOSS of use of one finger two joints	10%
20	PERMANENT total LOSS of use of one finger one joint	5%
21	any FRACTURE of the leg or patella with established non-union	10%
22	Shortening of the leg by at least 5cm	7.5%
23	PERMANENT total LOSS of use of all toes on either FOOT	15%
24	PERMANENT total LOSS of use of toes (per toe) both joints of the great toe	5%
25	PERMANENT total LOSS of use of toes (per toe) – one joint of the great toe	3%
26	PERMANENT total LOSS of use of toes (per toe) – all joints of any toe other than the great toe	1%

*The disablement covered under **COVERED EVENT** 6 must be certified by no less than three **DOCTORS**, one of whom will be the **COVERED PERSON'S DOCTOR** and the remaining two **DOCTORS** to be appointed by **US**. The maximum **BENEFIT** payable is proportional on the agreed percentage reduction in whole bodily function as agreed by all three **DOCTORS**.

SURGICAL BENEFITS AS A RESULT OF BODILY INJURY OR SICKNESS

COVERED EVENTS 27-35

Subject to the terms, conditions, limits and exclusions of the **POLICY**, in the event a **COVERED PERSON** suffers a **BODILY INJURY** or **SICKNESS**, outside their **COUNTRY OF RESIDENCE** and a surgical procedure as outlined in the Table of Benefits 2 or 3 below is carried out, **WE** will pay the corresponding percentage outlined in the Table of Benefits 2 or 3 of the **SUM INSURED** for **COVERED EVENTS** 27-35, provided that:

- the **BODILY INJURY** or **SICKNESS** occurred or first manifested itself whilst on a **JOURNEY** and during the **COVERED PERSON'S OPERATIVE PERIOD OF COVER** and within the **GEOGRAPHIC LIMITS**; and
- the surgery occurs within 12 months of the date of the **BODILY INJURY DATE** or the date **SICKNESS** first manifested itself and the surgery is advised as medically necessary by a **DOCTOR**; and
- the surgery is solely and directly attributable to the **BODILY INJURY** or **SICKNESS** and not a degenerative condition; and
- the surgery is performed outside the **COVERED PERSON'S COUNTRY OF RESIDENCE**; and
- the surgery is undertaken outside of Australia; and
- the **COVERED PERSON** has not specifically travelled outside their **COUNTRY OF RESIDENCE** to have the surgical procedure performed; and
- a **SUM INSURED** is stated against the relevant **COVERED EVENTS** in the **SCHEDULE**.

Table of Benefits 2

COVERED EVENTS

27	Craniotomy	100%
28	COMPLETE FRACTURE or OTHER FRACTURE of LIMB requiring open reduction	50%
29	Amputation of LIMB	50%
30	Dislocation requiring open reduction	25%
31	Any other surgical procedure carried out under a general anaesthetic	5%

Table of Benefits 3

COVERED EVENTS

32	Open heart surgical procedure	100%
33	Abdominal surgery carried out under general anaesthetic	50%
34	Brain surgery	50%
35	Any other surgical procedure carried out under general anaesthetic	5%

BODILY INJURY RESULTING IN FRACTURED BONES

COVERED EVENTS 36-42

Subject to the terms and conditions (including limits and exclusions) of the **POLICY**, in the event a **COVERED PERSON** sustains a **BODILY INJURY** which directly and solely results in any of the following **COVERED EVENTS** in the Table of Benefits 4, **WE** will pay the corresponding percentage outlined in Table of Benefits 4, of the **SUM INSURED** for **COVERED EVENTS** 36-42, providing that:

- the **BODILY INJURY** occurs during the **COVERED PERSON'S OPERATIVE PERIOD OF COVER** whilst on a **JOURNEY** and within the **GEOGRAPHICAL LIMITS**; and
- the resulting **COVERED EVENT** occurs within 12 months of the **BODILY INJURY DATE**; and
- the **COVERED EVENT** is solely and directly attributable to the **BODILY INJURY** and not any other cause; and
- a **SUM INSURED** is stated against the relevant **COVERED EVENTS** in the **SCHEDULE**.

Table of Benefits 4

COVERED EVENTS

36	COMPLETE FRACTURE of Neck, Skull, Spine	100%
37	COMPLETE FRACTURE or OTHER FRACTURE of Hip	75%
38	COMPLETE FRACTURE or OTHER FRACTURE of Jaw, Pelvis, Leg, Ankle or Knee	50%
39	(a) any FRACTURE of Cheekbone or Shoulder; (b) SIMPLE FRACTURE , HAIRLINE FRACTURE or OTHER FRACTURE of Neck, Skull or Spine; or (c) COMPLETE FRACTURE or OTHER FRACTURE of Arm, Elbow, Wrist or Ribs	30%
40	(a) any FRACTURE of Nose or Collar Bone; or (b) SIMPLE FRACTURE or HAIRLINE FRACTURE of Hip, Jaw, Pelvis, Leg, Ankle or Knee	20%
41	SIMPLE FRACTURE of arm, elbow, wrist or ribs	20%
42	any FRACTURE of finger, thumb, FOOT , HAND or toe	7.5%

BODILY INJURY RESULTING IN LOSS OF TEETH OR DENTAL PROCEDURES

COVERED EVENTS 43-44

Subject to the terms and conditions (including limits and exclusions) of the **POLICY**, in the event a **COVERED PERSON** sustains a **BODILY INJURY** which results in any of the **COVERED EVENTS** in Table of Benefits 5 below as a sole and direct result of the **BODILY INJURY**, **WE** will pay the corresponding percentage outlined in Table of Benefits 5, of the **SUM INSURED** stated against the **LUMP SUM BENEFITS COVERED EVENTS 43 and 44**, providing that:

- (a) the **BODILY INJURY** occurs during the **COVERED PERSON'S OPERATIVE PERIOD OF COVER** whilst on a **JOURNEY** and within the **GEOGRAPHICAL LIMITS**; and
- (b) the resulting **COVERED EVENT** occurs within 12 months of the **BODILY INJURY DATE**; and
- (c) the **COVERED EVENT** is solely and directly attributable to the **BODILY INJURY** and not any other cause; and
- (d) a **SUM INSURED** is stated against the relevant **COVERED EVENTS** in the **SCHEDULE**.

Table of Benefits 5

COVERED EVENTS

43	LOSS of TEETH or full capping of TEETH	100%
44	Partial capping of TEETH	50%

Section 1 - Part B - Loss of Income Benefits

TEMPORARY TOTAL DISABLEMENT as a result of BODILY INJURY

COVERED EVENT 45

Subject to the terms and conditions (including limits and exclusions (such as the **EXCESS PERIOD**)) of the **POLICY**, in the event:

- (a) a **COVERED PERSON** sustains a **BODILY INJURY** which is not a **PRE-EXISTING CONDITION** during the **COVERED PERSON'S OPERATIVE PERIOD OF COVER**, whilst on a **JOURNEY** and within the **GEOGRAPHICAL LIMITS**; and
- (b) as a direct and sole result of the **BODILY INJURY**, the **COVERED PERSON** suffers **TEMPORARY TOTAL DISABLEMENT** within 12 months of the **BODILY INJURY DATE** for a continuous period longer than the **EXCESS PERIOD**; and
- (c) a **SUM INSURED** is stated against the **COVERED EVENT** in the **SCHEDULE**,

WE will pay the lesser of:

- (i) the **SUM INSURED** stated in the **SCHEDULE** against this **COVERED EVENT**; and
- (ii) the **SALARY** of the **COVERED PERSON** (if no percentage is stated on the **SCHEDULE**); and
- (iii) the percentage (as stated on the **SCHEDULE**) of the **COVERED PERSON'S SALARY**,

for the period (only after any applicable **EXCESS PERIOD** has been served by the **COVERED PERSON**) which is the shorter of:

- the **BENEFIT PERIOD** as stated in the **SCHEDULE**; or
- the period which **TEMPORARY TOTAL DISABLEMENT** persists as evidenced by a **DOCTOR**.

TEMPORARY PARTIAL DISABLEMENT as a Result of BODILY INJURY

COVERED EVENT 46

Subject to the terms and conditions (including limits and exclusions (such as the **EXCESS PERIOD**)) of the **POLICY**, in the event:

- (a) a **COVERED PERSON** sustains a **BODILY INJURY** which is not a **PRE-EXISTING CONDITION** during the **COVERED PERSON'S OPERATIVE PERIOD OF COVER** whilst on a **JOURNEY** and within the **GEOGRAPHICAL LIMIT**; and
- (b) as a direct result of the **BODILY INJURY**, the **COVERED PERSON** suffers **TEMPORARY PARTIAL DISABLEMENT** within 12 months of the **BODILY INJURY DATE** for a continuous period longer than the **EXCESS PERIOD**; and
- (c) a **SUM INSURED** is stated against the **COVERED EVENT** in the **SCHEDULE**,

WE will pay the lesser of:

- (i) the **SUM INSURED** stated in the **SCHEDULE** against this **COVERED EVENT**, less any amount of current earnings as a result of working in a reduced capacity with any employer; and
- (ii) the **SALARY** of the **COVERED PERSON** (if no percentage is stated in the **SCHEDULE**); and
- (iii) the percentage (as stated in the **SCHEDULE**) of the **COVERED PERSON'S SALARY**,

for the period (but only after any applicable **EXCESS PERIOD** has been served by the **COVERED PERSON**), which is the shorter of:

- the **BENEFIT PERIOD** as stated in the **SCHEDULE**; or
- the period the **TEMPORARY PARTIAL DISABLEMENT** persists as evidenced by a **DOCTOR**.

Should the **COVERED PERSON** be able to work in a reduced capacity with any employer, yet elect not to do so, the maximum **BENEFIT** payable for this **COVERED EVENT** will be 25% of the **SUM INSURED** as showing on the **SCHEDULE**.

TEMPORARY TOTAL DISABLEMENT as a Result of SICKNESS

COVERED EVENT 47

Subject to the terms and conditions (including limits and exclusions (such as the **EXCESS PERIOD**)) of the **POLICY**, in the event:

- (a) a **COVERED PERSON** suffers **SICKNESS** which is not a **PRE-EXISTING CONDITION** during the **COVERED PERSON'S OPERATIVE PERIOD OF COVER** and whilst on a **JOURNEY** within the **GEOGRAPHICAL LIMIT**; and
- (b) as a sole and direct result of the **SICKNESS**, the **COVERED PERSON** suffers **TEMPORARY TOTAL DISABLEMENT** within 12 months of the date the **SICKNESS** first manifested itself for the continuous period that is longer than the **EXCESS PERIOD**; and
- (c) a **SUM INSURED** is stated against the **COVERED EVENT** in the **SCHEDULE**,

WE will pay the lesser of:

- (i) the **SUM INSURED** stated in the **SCHEDULE** against this **COVERED EVENT**; and
- (ii) the **SALARY** of the **COVERED PERSON** (if no percentage is stated in the **SCHEDULE**); and
- (iii) the percentage (as stated in the **SCHEDULE**) of the **COVERED PERSON'S SALARY**,

for the period (but only after any applicable **EXCESS PERIOD** has been served by the **COVERED PERSON**) which is the shorter of:

- the **BENEFIT PERIOD** as stated in the **SCHEDULE**; or
- the period the **TEMPORARY TOTAL DISABLEMENT** persists as evidenced by a **DOCTOR**.

TEMPORARY PARTIAL DISABLEMENT as a Result of SICKNESS

COVERED EVENT 48

Subject to the terms and conditions (including limits and exclusions (such as the **EXCESS PERIOD**)) of the **POLICY**, in the event:

- (a) a **COVERED PERSON** suffers a **SICKNESS** which is not a **PRE-EXISTING CONDITION** during the **COVERED PERSON'S OPERATIVE PERIOD OF COVER** whilst on a **JOURNEY** within the **GEOGRAPHIC LIMIT**; and
- (b) as a sole and direct result of the **SICKNESS**, the **COVERED PERSON** suffers **TEMPORARY PARTIAL DISABLEMENT** within 12 months of the date the **SICKNESS** first manifested itself for a continuous period that is longer than the **EXCESS PERIOD**; and
- (c) a **SUM INSURED** is stated against the **COVERED EVENT** in the **SCHEDULE**,

WE will pay the lesser of:

- (i) the **SUM INSURED** stated in the **SCHEDULE** against this **COVERED EVENT** less any amount of current earnings as a result of working in a reduced capacity with any employer; and
- (ii) the **SALARY** of the **COVERED PERSON** (if no percentage is stated in the **SCHEDULE**); and
- (iii) the percentage (as stated in the **SCHEDULE**) of the **COVERED PERSON'S SALARY**,

for the period (only after any applicable **EXCESS PERIOD** has been served by the **COVERED PERSON**) which is the shorter of:

- the **BENEFIT PERIOD** as stated in the **SCHEDULE**; or
- the period as the **COVERED PERSON'S TEMPORARY PARTIAL DISABLEMENT** persists as evidenced by a **DOCTOR**.

Should the **COVERED PERSON** be able to work in reduced capacity with any employer, yet elect not to do so the maximum **BENEFIT** payable for this **COVERED EVENT** will be 25% of the **SUM INSURED** as showing on the **SCHEDULE**.

Escalation of Claim Benefit

Should a **COVERED PERSON** be paid **BENEFITS** under the **POLICY** for **COVERED EVENTS** 45, 46, 47 or 48 for a period longer than 12 continuous months, and again for any subsequent period longer than 12 months, during which a **BENEFIT** is paid, the **BENEFIT** will be increased by 5% compounded per annum.

Advance Payment

Should a **COVERED PERSON** have a valid claim under the **POLICY** for **COVERED EVENTS** 45 or 47, **WE** will pay twelve (12) weeks **BENEFIT** in advance provided that a **DOCTOR** provides written confirmation that the period of **TEMPORARY TOTAL DISABLEMENT** will last for a minimum duration of twenty-six (26) weeks. The 12 weeks for which the **BENEFITS** are advanced count as part of the maximum **BENEFIT PERIOD** and **BENEFITS** for this period will not be paid again. We will resume further payments only after the 12-week advance **BENEFIT** period has expired.

Additional Benefits Under Section 1

Subject to terms and conditions (including limits and exclusions) of the **POLICY**, **WE** will also provide the following additional **BENEFITS** under Section 1.

Exposure

Subject to the terms and conditions (including limits and exclusions) of the **POLICY**, if as a result of an **ACCIDENT** a **COVERED PERSON** is exposed to the elements, and as a direct result of such exposure the **COVERED PERSON** suffers from any of the **COVERED EVENTS** 1-26, within 12 months of the date of the **ACCIDENT**, it will be deemed that the **COVERED PERSON** sustained a **BODILY INJURY** on the date of the **ACCIDENT** and **WE** will pay the corresponding **BENEFIT** for the relevant **COVERED EVENT**.

Disappearance

Subject to the terms and conditions (including limits and exclusions) of the **POLICY**, if during the **COVERED PERSON'S OPERATIVE PERIOD OF COVER** and whilst on a **JOURNEY**, a **COVERED PERSON** disappears as the result of an **ACCIDENT** of any means, and the **COVERED PERSON'S** body or existence has not been found or verified within 12 months of the **ACCIDENT** date, it will be deemed that the **COVERED PERSON** has died as a result of the **ACCIDENT** at the time of their disappearance.

This **BENEFIT** will only be paid if a **SUM INSURED** is stated in the **SCHEDULE** against **COVERED EVENT 1 - ACCIDENTAL DEATH**. **WE** will only pay this **BENEFIT** provided that, any person or persons to whom such sum is paid provide a signed undertaking that any **BENEFIT** payable by **US** for the disappearance will be repaid to **US** should it be found that the **COVERED PERSON** is found to be living or did not die as a result of the **ACCIDENT**.

Conditions Applicable to Section 1

In addition to the 'General Conditions', the following conditions apply to Section 1:

1. **WE** will not be liable under Section 1 for more than one **BODILY INJURY** for a **COVERED PERSON**, where the **COVERED PERSON** has already had a successful claim under the **POLICY** for any one of **COVERED EVENTS** 2-26.
2. **BENEFITS** will not be payable for more than one of the **COVERED EVENTS** 1-26 arising out of the same **BODILY INJURY**. In that event, the highest **BENEFIT** applicable will be payable.
3. Where:
 - (a) **COVERED EVENTS** 1-26 have a **SUM INSURED** which is linked to the **SALARY** (as a multiple of the **COVERED PERSON'S SALARY**); and
 - (b) the **COVERED PERSON** is not in receipt of a **SALARY**, the maximum **SUM INSURED** payable to the **COVERED PERSON**, in the event of a valid claim for **COVERED EVENTS** 1-26, will be 50% of the **SUM INSURED** as stated in the **SCHEDULE**.

4. No loss of income **BENEFITS** will be payable for **COVERED EVENTS** 45, 46, 47 or 48 for greater than the Maximum **BENEFIT PERIOD** specified in the **SCHEDULE**, in total in respect of any one **BODILY INJURY** or **SICKNESS**.
5. A **COVERED PERSON** must seek and follow any medical advice prescribed by a **DOCTOR** as soon as reasonably practicable after a **BODILY INJURY** or manifestation of a **SICKNESS**.
6. No **BENEFITS** are payable for more than one (1) of the **COVERED EVENTS**, 45, 46, 47, and 48 that occur for or during the same time period. In that event, the highest **BENEFIT** applicable will be payable.
7. **BENEFITS** will not be payable for more than one of the **COVERED EVENTS** described in Section 1 in respect of any one **BODILY INJURY** or **SICKNESS** for:
 - (a) Table of Benefits 2 for **COVERED EVENTS** 27 to 31 inclusive; or
 - (b) Table of Benefits 3 for **COVERED EVENTS** 32 to 35 inclusive; or
 - (c) Table of Benefits 4 for **COVERED EVENTS** 36 to 42 inclusive.
9. **WE** will pay one-fifth (1/5th) of the loss of income **BENEFITS** under Section 1 - Part B for each day of disablement where disablement lasts for less than a week after expiry of the **EXCESS PERIOD** for **COVERED EVENTS** 46 and 48.
10. The loss of income **BENEFITS** payable for **COVERED EVENTS** 45, 46, 47 or 48 will be reduced by the amount of any other benefit in relation to the loss of income for the same period the **COVERED PERSON** is entitled to receive under any statutory workers' compensation or transport accident compensation scheme or legislation or any insurance policy specifically covering the same risk. This means that the **BENEFIT** payable under the **POLICY** will be the amount by which the **BENEFIT** payable under the **POLICY** exceeds the other benefits to which the **COVERED PERSON** is entitled. If the **COVERED PERSON** receives the above payments from other parties after the claim with **US** is finalised, the **COVERED PERSON** must repay to **US** the amount which the **COVERED PERSON** was paid from **US** in excess of what the **COVERED PERSON** was entitled under the **POLICY**.
11. If:
 - (a) as a result of a **BODILY INJURY** or **SICKNESS**, there is a valid claim and **BENEFITS** become payable under Section 1 - Part B; and
 - (b) during the **COVERED PERSON'S OPERATIVE PERIOD OF COVER**, the **COVERED PERSON** suffers a recurrence of **COVERED EVENTS** 45, 46, 47 or 48 from the same **BODILY INJURY** or **SICKNESS**, the new period of disablement will be deemed to be a continuation of the prior period unless, between such periods, the **COVERED PERSON** has held full time work for at least six (6) consecutive months, in which case the new period of disablement will be deemed to have resulted from a new **BODILY INJURY** or **SICKNESS** and a new **EXCESS PERIOD** shall apply. The cover is subject to other terms and conditions, limitations and exclusions of the **POLICY**. For example, the covered disablement must occur within 12 months of the original **BODILY INJURY DATE** or the date the **SICKNESS** first manifested itself.
12. All loss of income **BENEFITS** under Section 1 - Part B will be paid monthly in arrears, except where the twelve (12) weeks Advance Payment additional benefit of this **POLICY** applies.

Additional Exclusion Applicable to Section 1

In addition to the 'General Exclusions', the following exclusion will apply to Section 1:

1. There is no cover under Section 1 of the **POLICY** for any claim and/or **BENEFIT** in any way arising out of, resulting from, consequent upon or contributed to by any **PRE-EXISTING CONDITION**, unless otherwise agreed in writing by **US**.

Age Limitations Applicable to Section 1

1. In respect to each **COVERED PERSON** aged seventy-five (75) years to seventy-nine (79) years of age at the time of the **ACCIDENT, BODILY INJURY** or **SICKNESS**, the following conditions apply:
 - (a) **COVERED EVENTS 1- 26:** the maximum **SUM INSURED** shall be limited to \$500,000 or the **SUM INSURED** on the **SCHEDULE**, whichever is the lesser; and
 - (b) no **BENEFITS** are payable for **COVERED EVENTS, 45, 46, 47 and 48;**
2. In respect to each **COVERED PERSON** aged eighty (80) years to eighty-nine (89) years of age at the time of the **ACCIDENT, BODILY INJURY** or **SICKNESS**, the following conditions apply:
 - (a) **COVERED EVENTS 1-26:** the maximum **SUM INSURED** will be limited to \$250,000 or the **SUM INSURED** on the **SCHEDULE**, whichever is the lesser; and
 - (b) no **BENEFITS** are payable for **COVERED EVENTS 45, 46, 47 and 48.**
3. In respect to each **COVERED PERSON** aged ninety (90) years of age or over at the time of the **ACCIDENT, BODILY INJURY** or **SICKNESS** the following conditions apply:
 - (a) **COVERED EVENTS 1-26:** the maximum **SUM INSURED** will be limited to \$25,000 or the **SUM INSURED** on the **SCHEDULE**, whichever is the lesser; and
 - (b) No **BENEFITS** are payable for **COVERED EVENTS 45, 46, 47 and 48;**
4. In respect to each **COVERED PERSON** aged under eighteen (18) years of age at the time of the **BODILY INJURY**, the following conditions will apply:
 - (a) **COVERED EVENT 1:** the maximum **SUM INSURED** will be limited to \$50,000 or the **SUM INSURED** on the **SCHEDULE**, whichever is the lesser; and
 - (b) **COVERED EVENTS 2-26:** the maximum **SUM INSURED** will be limited to \$250,000 or the **SUM INSURED** on the **SCHEDULE**, whichever is the lesser.

Section 2 - Medical and Additional Expenses

Subject to the terms and conditions, limitations and exclusions of the **POLICY**, if during the **COVERED PERSON'S OPERATIVE PERIOD OF COVER** and whilst on a **JOURNEY**, a **COVERED PERSON** suffers a **BODILY INJURY** or **SICKNESS** requiring medical treatment, **WE** will pay all reasonable and actual **MEDICAL AND ADDITIONAL EXPENSES** incurred outside the **COVERED PERSON'S COUNTRY OF RESIDENCE**, provided that a **SUM INSURED** is specified against Section 2 on the **SCHEDULE**.

WE will also pay the expenses incurred for any medical evacuation or repatriation of the **COVERED PERSON** to another location to receive specialist care or treatment unavailable at their location, provided that the evacuation or repatriation:

- (a) is deemed to be medically necessary by the **COVERED PERSON'S** treating **DOCTOR**; and
- (b) is agreed by Arch Assist or any such provider of assistance services engaged as the service provider to the **POLICY**.

Additional Definitions Applicable to Section 2

In addition to the 'Definitions' the following definitions apply to Section:

MEDICAL AND ADDITIONAL EXPENSES means:

- (a) all reasonable and actual costs necessarily incurred outside the **COVERED PERSON'S COUNTRY OF RESIDENCE** for hospital, surgical, diagnostic or other treatment provided or prescribed by a **DOCTOR** and includes any additional expenses or forfeited travel, hotel or out of pocket expenses reasonably incurred as result of the **BODILY INJURY** or **SICKNESS**; and
- (b) reasonable expenses incurred by any person deemed by the treating **DOCTOR** to be required to escort or stay with the **COVERED PERSON** as a result of their **BODILY INJURY** or **SICKNESS**;
- (c) the **SUM INSURED** specified in the **SCHEDULE**, per day for each day the **COVERED PERSON** is confined to bed in a hospital, subject to the maximum **BENEFIT PERIOD** as specified in the **SCHEDULE**; and
- (d) any ongoing accommodation and reasonable expenses incurred as a result of detainment or confinement which are not recoverable, or to the extent that they are not recoverable, from another source, as a result of quarantine by the local authorities as a result of suspected contagious infection or **SICKNESS** or resulting travel ban substantiated by Arch or any such provider of assistance services engaged as the service provider to the **POLICY**, for a maximum period of six months.

Where **WE** are permitted to do so by law, **WE** will also pay ongoing medical expenses (for a maximum period of twenty-four (24) months from the date of **BODILY INJURY** or **SICKNESS**) incurred after the **COVERED PERSON'S** return to their **COUNTRY OF RESIDENCE**, provided they are directly attributable to the **BODILY INJURY** or **SICKNESS** which first occurred or manifested itself on the **JOURNEY** and for which a **BENEFIT** was paid outside of the **COUNTRY OF RESIDENCE** under this Section 2.

If a **COVERED PERSON** returns to a **COUNTRY OF RESIDENCE** other than Australia, **WE** will pay ongoing medical expenses to a maximum benefit amount of \$50,000. Any ongoing medical expenses must first be claimed against any applicable personal health insurance policy and /or government or state sponsored fund, plan or medical benefit scheme.

International Bank Transaction Fees

International Bank transaction fees are covered up to a maximum of \$150 per claim.

Additional Exclusions Applicable to Section 2

In addition to the 'General Exclusions', the following exclusions apply to Section 2:

WE will not pay any expenses which:

1. are incurred for any medication or ongoing treatment for any **PRE-EXISTING CONDITION** or any other condition which commenced prior to the beginning of a **JOURNEY**, or for which it was known to the **COVERED PERSON** that they would require ongoing treatment, medication or ongoing medical consultations during the **JOURNEY**;
2. are incurred by the **COVERED PERSON** who commences a **JOURNEY** when:
 - (a) travelling against the advice of a **DOCTOR**; or
 - (b) the **COVERED PERSON** is knowingly unfit to travel; or
 - (c) the purpose of the **JOURNEY** is to seek treatment for a **PRE-EXISTING CONDITION**;
3. are incurred after:
 - (a) not following the advice of:
 - (i) the government of the **COVERED PERSON'S COUNTRY OF RESIDENCE** (including but not limited to "do not travel" advice) where the **COVERED PERSON** was, or ought reasonably to have been aware of the government advice before commencing the **JOURNEY**, in circumstances where such information could reasonably have been obtained; or
 - (ii) Arch Assist or any assistance company providing assistance services to the **POLICY**;
 - (b) a period of fourteen (14) days or more, if a **COVERED PERSON** has remained in a country or region, after being advised to leave by the government of the **COVERED PERSON'S COUNTRY OF RESIDENCE**, unless the **COVERED PERSON** is unable to leave due to circumstances beyond their control.
4. are recoverable by any other source, to the extent that they are recoverable;
5. are incurred after the period of twenty-four (24) months from the **BODILY INJURY DATE** or the date the **SICKNESS** first manifested itself; or
6. are incurred for any routine medical, optical or dental treatment or consultation. Dental treatment is for emergency only and must be certified as necessary by a **DOCTOR** or dentist.

Section 3 – Cancellation, Loss of Deposits and Missed Transport Connection

Subject to the terms, conditions, limitations and exclusions of the **POLICY**, **WE** will provide the following **BENEFITS** under this Section:

3.1 Cancellation and Curtailment

If whilst on **JOURNEY** a **COVERED PERSON** necessarily incurs additional or forfeited **TRAVEL EXPENSES** as a result of:

- (a) the unexpected death, **BODILY INJURY** or **SICKNESS** of the **COVERED PERSON**, a member of the **COVERED PERSON'S** travelling party, or a **SERIOUS BODILY INJURY OR SICKNESS** of a **RELATIVE** or business partner of the **COVERED PERSON**; or
- (b) any other unforeseeable circumstances (not otherwise excluded by the **POLICY**) outside the control and knowledge of the **COVERED PERSON** which would reasonably require the **COVERED PERSON** to cancel or curtail their **JOURNEY**,

WE will pay up to the **SUM INSURED** stated in the **SCHEDULE** for these costs to the extent that they are not recoverable from any other source. Provided that the unforeseeable event or unexpected death, **BODILY INJURY** or **SICKNESS**, **SERIOUS BODILY INJURY OR SICKNESS** or any other unforeseeable circumstances occurred after the **COVERED PERSON'S EFFECTIVE DATE OF COVER** under the **POLICY** and whilst on a **JOURNEY**.

3.2 Loss of Deposits

If during the **OPERATIVE PERIOD OF COVER** and prior to a **JOURNEY** commencing, the **COVERED PERSON** necessarily incurs additional or forfeited **TRAVEL EXPENSES** as a result of:

- (a) the unexpected death, **BODILY INJURY** or **SICKNESS** of the **COVERED PERSON**, a member of the **COVERED PERSON'S** travelling party, or a **SERIOUS BODILY INJURY OR SICKNESS** of a **RELATIVE** or business partner of the **COVERED PERSON**; or
- (b) any other unforeseeable circumstances (not otherwise excluded by the **POLICY**) outside the control and knowledge of the **COVERED PERSON** which would reasonably require the **COVERED PERSON** to cancel or postpone their **JOURNEY**,

WE will pay up to the **SUM INSURED** stated in the **SCHEDULE** for these costs to the extent that they are not recoverable from any other source. Provided that the unforeseeable event or unexpected death, **BODILY INJURY** or **SICKNESS**, **SERIOUS BODILY INJURY OR SICKNESS** or any other unforeseeable circumstances occurred after the **COVERED PERSON'S EFFECTIVE DATE OF COVER** under the **POLICY**.

3.3 Reward Points

If **TRAVEL EXPENSES** have been incurred using **REWARD POINTS** and these points are not recoverable, **WE** will pay the **COVERED PERSON** the retail price for those **TRAVEL EXPENSES** at the time of issuance, not exceeding the **SUM INSURED** as stated in the **SCHEDULE** or sub limited within the **POLICY**.

3.4 Missed Transport Connection

If whilst on a **JOURNEY**, the **COVERED PERSON**:

- (a) misses a transport connection due to any unforeseen circumstances outside the control of the **POLICY HOLDER** or **COVERED PERSON**; and
- (b) is unable to arrive at an officially documented and scheduled meeting or conference which cannot be delayed because of their late arrival,

WE will pay the reasonable extra expenses actually and necessarily incurred net of any costs recoverable from any source, to enable the **COVERED PERSON** to use alternative scheduled public transport services to arrive at their scheduled meeting or conference on time up to the amount stated in the **SCHEDULE**.

Additional Definitions Applicable to Section 3

In addition to the 'Definitions', the following definitions apply to Section 3:

- (a) **TRAVEL EXPENSES** means any amount of pre-paid travel and accommodation costs, or costs the **COVERED PERSON** is liable to pay by way of contract, for the supply of transportation, accommodation, organised tour, conference facility and or catering packages which are unable to be used by the **COVERED PERSON** or **POLICY HOLDER** to the extent that they are not recoverable from any other source.

TRAVEL EXPENSES include any additional costs required to amend or alter any travel where any new or pre-paid costs or costs liable to pay by way of contract have been incurred by the **COVERED PERSON** or **POLICY HOLDER**.

- (b) **REWARD POINTS** means frequent flyer or similar air travel reward points.

Additional Exclusions Applicable to Section 3

In addition to the 'General Exclusions, the following exclusions apply to Section 3:

WE shall not pay any expenses which are attributable to:

1. carrier caused delays where the cost of the expenses are recoverable from the carrier;
2. any change of plans or disinclination to travel on the part of the **COVERED PERSON** or of any other person;
3. the inability of any tour operator or wholesaler to complete arrangements for any **JOURNEY** or tour due to a deficiency of persons to make up required numbers to commence the **JOURNEY** or tour;
4. the financial default of any party to whom the **COVERED PERSON** or **POLICY HOLDER** has paid an amount or is liable to pay an amount by contract for any expenses and **TRAVEL EXPENSES**;
5. any business, financial, or contractual obligations of the **POLICY HOLDER** or the **COVERED PERSON**, or any other person, sports team or club or association;
6. cancellation, curtailment or diversions of scheduled services, including by way of industrial action, if there had been warning prior to the date the **JOURNEY** was booked that such events were foreseeable to occur; or
7. a **COVERED PERSON** not following the advice of:
 - (a) the government of the **COVERED PERSON'S COUNTRY OF RESIDENCE** (including but not limited to "do not travel" advice); where the **COVERED PERSON** was, or ought reasonably to have been aware of the government advice before commencing the **JOURNEY**, in circumstances where such information could reasonably have been obtained; or
 - (b) Arch Assist or any assistance company providing assistance services to the **POLICY**;
8. a **COVERED PERSON** having remained in a country or region for a period exceeding fourteen (14) days after being advised to leave by the government of the **COVERED PERSON'S COUNTRY OF RESIDENCE**, unless the **COVERED PERSON** is unable to leave due to circumstances beyond their control; or
9. a **COVERED PERSON** planning or undertaking a **JOURNEY**:
 - (a) against the advice of a **DOCTOR**; or
 - (b) whilst the **COVERED PERSON** is knowingly unfit to travel; or
 - (c) where the purpose of the **JOURNEY** is to seek treatment for a **PRE-EXISTING CONDITION**;

Section 4 – Baggage and Personal Belongings & Money

Subject to the terms, conditions, limits and exclusions of the **POLICY**, **WE** will provide following **BENEFITS** under this Section:

4.1 Loss or Damage

If whilst on a **JOURNEY** the **COVERED PERSON** suffers a loss or damage to **BAGGAGE AND PERSONAL BELONGINGS**, or theft, loss or fraudulent use of **MONEY**, **WE** will pay up to the **SUMS INSURED** specified in the **SCHEDULE**.

4.2 Delayed Baggage and Personal Belongings

If whilst on a **JOURNEY** the **COVERED PERSON'S BAGGAGE AND PERSONAL BELONGINGS** are delayed, misdirected or temporarily mislaid through no fault of their own for a period of longer than eight (8) consecutive hours **WE** will reimburse any actual and reasonable expenses incurred by the **COVERED PERSON** for essential replacement clothing and toiletries up to the **SUM INSURED** specified in the **SCHEDULE**.

4.3 Identity Theft as a Result of Stolen or Lost Personal Documents

If whilst on a **JOURNEY**, a **COVERED PERSON** discovers they have been the victim of **IDENTITY THEFT**, **WE** will pay the **COVERED PERSON** a **BENEFIT** up to the **SUM INSURED** specified in the **SCHEDULE** for reasonable and actual expenses incurred in resolving the **IDENTITY THEFT** or reversing any punitive measures or pecuniary damages that the **COVERED PERSON** may have incurred or experienced as a direct result of the **IDENTITY THEFT**.

Additional Definitions Applying to Section 4

In addition to the 'General Conditions', the following exclusions apply to Section 4:

1. **BAGGAGE AND PERSONAL BELONGINGS** means baggage and other personal items (excluding household furniture or anything that would ordinarily be covered under a marine transit policy) that accompany the **COVERED PERSON** on their **JOURNEY**.
 - (a) **BAGGAGE AND PERSONAL BELONGINGS** includes but is not limited to tickets, suitcases, clothing, toiletries, **PERSONAL ELECTRICAL ITEMS**, travel documents and the like.
 - (b) The maximum **SUM INSURED** for any **ONE ITEM** is limited to the percentage (%) of the total **SUM INSURED** stated in the **SCHEDULE**.
 - (c) For the purposes of this definition, **ONE ITEM** means any one item (including its attached or unattached accessories) or set or pair of items such as earrings, cufflinks or golf clubs.
2. **PERSONAL ELECTRICAL ITEMS** means any item that uses electrical power in any part of its function or their accessories whether attached or not. This includes, but is not limited to, laptops, mobile phones, tablet computers, cameras and their attachable lenses. For the purposes of this definition it does not include electric toothbrushes or electric shavers or personal grooming devices that would normally be part of checked in baggage.
3. **MONEY** means money, traveller's cheques, credit cards and other forms of personal means commonly accepted to provide payment for goods and services, or exchange at registered business premises for such services or goods or redeem for money orders.

Additional Conditions Applicable to Section 4

In addition to the 'General Conditions' the following conditions apply to Section 4:

1. The **COVERED PERSON** must take every reasonable precaution to ensure the safety and supervision of **BAGGAGE AND PERSONAL BELONGINGS** and **MONEY**.
2. Any **BENEFIT** payable for loss or damage to **BAGGAGE AND PERSONAL BELONGINGS** will be reduced by any **BENEFIT** already paid under '4.2 DELAYED BAGGAGE AND PERSONAL BELONGINGS'.
3. In the event, that any **BENEFIT** is paid for loss or damage to any property, **WE** have the right to request and keep such property items in the event of replacement.
4. In respect of property which is fifteen (15) years old or more, **WE** have the right to replace with like for like property or have the property in question repaired, but not with property better or more expensive than that which was damaged, lost or stolen.
5. Where the lost property also has a subscription to a service provider, **WE** will only pay the cost of the actual device or property and not the cost of the service, service cancellation or reconnection costs or any associated costs.

Additional Exclusions Applicable to Section 4

In addition to the 'General Exclusions', the following exclusions apply to Section 4:

WE shall not pay any benefit for any loss or damage or expense in respect of:

1. a theft not reported to the police or the transport carrier so that a written report is not available at the time of the claim;
2. a confiscation where such confiscation is by customs or another lawful authority where the **POLICY HOLDER** or **COVERED PERSON'S** use and or possession of such items is unlawful;
3. any item that is shipped under a freight agreement or sent by postal or courier services;
4. vehicles and/or their keys or portable GPS devices;
5. goods intended for sale or trade;
6. any loss to software or electronic data caused by:
 - (a) mechanical or electrical failure;
 - (b) the financial collapse and loss of subsequent application support of the software provider;
 - (c) any process of cleaning, restoring, repairing or alteration;
 - (d) any data breach by a third party;
 - (e) activity of moth, vermin, rodents, wear and tear, atmospheric or climatic conditions or gradual deterioration;
 - (f) any scratching or breaking of brittle or fragile items due to negligence of the **POLICY HOLDER** or **COVERED PERSON**,
7. any **PERSONAL ELECTRICAL ITEM**:
 - (a) left unattended or out of the **COVERED PERSON'S** view, unless locked securely in a building, safe, or securely locked out of sight in a motor vehicle, unless the **COVERED PERSON**, due to an emergency, has no option but to leave their **PERSONAL ELECTRICAL ITEM** unattended.
 - (b) whilst on any conveyance unless carried on board as cabin baggage and within close proximity to the **COVERED PERSON**, unless the **COVERED PERSON** has, without prior warning, been advised that they must place such belongings in the hold at the time of check in or at the gate at time of boarding for the carrier – and can be substantiated with a luggage receipt.

8. any **MONEY** loss:
 - (a) arising out of devaluation of currency or shortages due to errors in monetary transactions; or
 - (b) of cheques, bank notes, travellers cheques, postal and money orders and the like unless as soon as reasonably practical the loss is reported to the relevant issuer after the loss or theft of such **MONEY**.
9. any **IDENTITY THEFT** loss:
 - (a) where the **COVERED PERSON** has not reported the incidence of **IDENTITY THEFT** to the police or relevant authority for formal lodgement and acknowledgement and cannot provide a copy of the police or official report;
 - (b) which occurs outside the **INSURANCE PERIOD** or outside the **OPERATIVE PERIOD OF COVER**;
 - (c) for costs or expenses in connection with the claim not agreed by **US**;
 - (d) for authorised transactions or purchases by the **COVERED PERSON** that are disputed for any reason;
 - (e) for any item purchased by fraudulent use of the **COVERED PERSON'S** identity; or
 - (f) for any liability based on the actions or purchases or leases or hiring by the fraudulent use of the **COVERED PERSON'S** identity, where civil or criminal action has or is being taken against the **COVERED PERSON**.
10. any sporting equipment or bicycles whilst in use.

Section 5 - Alternative Employee or Return To Assignment

Subject to the terms, conditions, limits and exclusions of the **POLICY**, if whilst on a **JOURNEY**, a **COVERED PERSON** is:

- (a) unable to continue their **JOURNEY** due to the **COVERED PERSON'S ACCIDENTAL DEATH**; or
- (b) unable to continue their **JOURNEY** and returns to their **COUNTRY OF RESIDENCE** due to the **COVERED PERSON'S BODILY INJURY** or **SICKNESS**; and
- (c) such **ACCIDENTAL DEATH, BODILY INJURY** or **SICKNESS**:
 - (i) is a coverable claim under the **POLICY**; and
 - (ii) results in the **COVERED PERSON** unable to complete their assignment or leaves unfinished business; and
 - (iii) requires a new **JOURNEY** to complete their assignment or unfinished business; and
 - (iv) for which there is no existing budget allocated (for example routine regular scheduled travel),

WE will pay for:

1. return flights and reasonable travel expenses for an alternative **EMPLOYEE** to complete the work originally to be undertaken on the **JOURNEY**; or
2. the **COVERED PERSON** to recommence a **JOURNEY** to complete the trip for business purposes left unfinished due to the original **JOURNEY** curtailment.

Additional Condition Applicable to Section 5

In addition to the 'General Conditions', the following condition will apply to Section 5:

1. **WE** will pay a maximum **BENEFIT** for return flights for an alternative **EMPLOYEE** or for resumption of the trip by the **COVERED PERSON** to the equivalent fare class of the original **JOURNEY**, but no more than a business class fare.

Additional Exclusions Applicable to Section 5

In addition to the 'General Exclusions', the following exclusions apply to Section 5:

WE shall not pay expenses:

1. where the **COVERED PERSON** undertakes a **JOURNEY**:
 - (a) against the advice of a **DOCTOR**; or
 - (b) whilst the **COVERED PERSON** is knowingly unfit to travel; or
 - (c) the purpose of the **JOURNEY** is to seek treatment for a **PRE-EXISTING CONDITION**;
2. where a **COVERED PERSON** has not followed the advice of the government of the **COVERED PERSON'S COUNTRY OF RESIDENCE** (including but not limited to "do not travel" advice) where the **COVERED PERSON** was, or ought reasonably to have been aware of the government advice before commencing the **JOURNEY**, in circumstances where such information could reasonably have been obtained;
3. which the **POLICY HOLDER** or **COVERED PERSON** has already paid or budgeted for before the curtailment of the original **JOURNEY**.

Section 6 - Kidnap, Hijack or Detention

Subject to the terms, conditions, limitations and exclusions of the **POLICY**, if a **COVERED PERSON** is **KIDNAPPED**, **HIJACKED**, **DETAINED**, or is a victim of an **EXTORTION** threat during the **OPERATIVE PERIOD OF COVER**, **WE** will reimburse the **POLICY HOLDER** for the **POLICY HOLDER'S ACTUAL COSTS** incurred, not exceeding the **SUMS INSURED** specified in the **SCHEDULE** for this benefit, for any one **KIDNAP**, **DETAINMENT**, **HIJACK**, or **EXTORTION** threat in any one **INSURANCE PERIOD**.

Additional Definitions Applicable to Section 6

In addition to the 'Definitions', the following definitions apply to Section 6:

1. **ACTUAL COSTS** means:
 - (a) reasonable and necessary fees and expenses incurred as a result of engaging any third party specialist provider authorised by **US** or **OUR** assistance partner as a result of any **KIDNAP**, **HIJACK** or **DETAINMENT** or **EXTORTION**; and
 - (b) any other direct expenses which are necessary and reasonable for the purpose of investigating, negotiating or paying a ransom or release fee to effect the recovery of the **COVERED PERSON** but not including any fees, costs or damages incurred as a result of any legal proceedings against the **POLICY HOLDER** or another **COVERED PERSON** arising out of the **KIDNAP**, **HIJACK**, **DETAINMENT** or **EXTORTION**.
2. **DETAINMENT** means the holding of a **COVERED PERSON** against their will and under duress by any party without legal justification and can include governments, political factions and militias.
3. **EXTORTION** means threat of physical harm including **KIDNAP**, **DETAINMENT** or **HIJACK** for a demand of ransom.
4. **HIJACK** means **DETAINMENT** and **KIDNAP** by force by any party which occurs to a conveyance altering the original travel plan and the **COVERED PERSON** is held under duress.
5. **KIDNAP** means the abduction and removal of the **COVERED PERSON** against their will for the purposes of false imprisonment without legal authority and for the purposes of financial or political gain.

Additional Conditions Applicable to Section 6

In addition to the 'General Conditions', the following conditions apply to Section 6:

1. The **POLICY HOLDER** must not advertise, display or otherwise promote that the **POLICY HOLDER** has the cover provided under the **POLICY**.
2. In the event of a **KIDNAP**, **DETAINMENT**, **HIJACK** or **EXTORTION** attempt the **POLICY HOLDER** must take all reasonable steps to notify **US** immediately and determine positively that the **COVERED PERSON** has in fact fallen victim to **KIDNAP**, **DETAINMENT** or **HIJACK** or has received an **EXTORTION** threat.
3. No **BENEFIT** shall be payable by **US** unless ransom monies have been paid first by the **POLICY HOLDER**.
4. Any monies paid by the **POLICY HOLDER** must have their serial numbers recorded.
5. The **POLICY HOLDER** must take all reasonable steps to notify the appropriate law enforcement agency of any **KIDNAP**, **DETAINMENT**, **HIJACK** or **EXTORTION**, and the **POLICY HOLDER** must comply with any recommendations of such agency and the assistance provider attached to this **POLICY**.
6. **OUR** maximum liability under this Section for all **KIDNAP**, **DETAINMENT**, **HIJACK** or **EXTORTION** events in the aggregate for any one **INSURANCE PERIOD** will not exceed the "Aggregate Limit of Liability (Section 6)" specified in the **SCHEDULE**, which forms part of and is not in addition to the **POLICY AGGREGATE LIMIT OF LIABILITY**.

Additional Exclusions Applicable to Section 6

In addition to the 'General Exclusions', the following exclusions apply to Section 6:

WE will not pay any **BENEFIT** for any reimbursement of any monies where:

1. the **POLICY HOLDER** or **COVERED PERSON** has had this type of insurance declined or cancelled in the past, or had this type of insurance cover issued with special conditions;
2. a **KIDNAPPING**, or attempted **KIDNAPPING** or **EXTORTION** attempt has occurred in the past;
3. a **COVERED PERSON** has not followed the advice of:
 - (a) the government of the **COVERED PERSON'S COUNTRY OF RESIDENCE** (including but not limited to "do not travel" advice) where the **COVERED PERSON** was, or ought reasonably to have been aware of the government advice before commencing the **JOURNEY**, in circumstances where such information could reasonably have been obtained; or
 - (b) Arch Assist or any assistance company providing assistance services to the **POLICY**;
4. a **KIDNAPPING**, or attempted **KIDNAPPING** or **EXTORTION** attempt occurs fourteen (14) or more days after a **COVERED PERSON** was advised to leave by the government of the **COVERED PERSON'S COUNTRY OF RESIDENCE**, unless the **COVERED PERSON** is unable to leave due to circumstances beyond their control; or
5. such monies exceed the **SUM INSURED** as stated in the **SCHEDULE**.

Section 7 - Rental Vehicle Excess

Subject to terms and conditions, limits and exclusions of the **POLICY**, **WE** will provide the following coverage under Section 7:

7.1 Rental Vehicle Excess and Administrative Expenses

If, during the **OPERATIVE PERIOD OF COVER** and whilst on a **JOURNEY**, a **COVERED PERSON** becomes liable under a contract between:

- (a) the **COVERED PERSON** and a rental vehicle company; or
- (b) the **POLICY HOLDER** and a rental vehicle company,

to pay a rental vehicle excess payment and any associated administrative expenses due to damage of a rental vehicle that has been hired from the rental vehicle company, **WE** will reimburse the **COVERED PERSON** or the **POLICY HOLDER** up to a maximum **SUM INSURED** as stated in the **SCHEDULE**.

7.2 Return of Rental Vehicle

If, during the **OPERATIVE PERIOD OF COVER** and whilst on a **JOURNEY**, a **COVERED PERSON** becomes liable under a contract between:

- (a) the **COVERED PERSON** and a rental vehicle company; or
- (b) the **POLICY HOLDER** and a rental vehicle company,

for charges associated with the return of a rental vehicle as a result of a covered accident under the terms of the rental vehicle arrangement, **WE** will pay an additional **BENEFIT** up to the **SUM INSURED** specified in the **SCHEDULE**.

7.3 Private Vehicle Excess

If, during the **OPERATIVE PERIOD OF COVER**, and whilst on a **JOURNEY**:

- (a) a **COVERED PERSON** uses their personal motor vehicle for the purposes of carrying out any work or duties on behalf of the **POLICY HOLDER**; and
- (b) is involved in a collision for which they become legally liable, or their motor vehicle is stolen or damaged as the result of a **CARJACKING**,

WE will, subject to the **SUM INSURED** specified in the **SCHEDULE**, reimburse an amount up to and including the relevant excess, or claim amount below the excess, that would have been payable under the **COVERED PERSON'S** comprehensive motor vehicle insurance policy, which is not legally recoverable from any other source.

Additional Conditions Applicable to Section 7

In addition to the 'General Conditions', the following conditions apply to Section 7:

1. A rental agreement must have been signed between the **POLICY HOLDER OR COVERED PERSON** and the rental vehicle company.
2. The rental company must be an entity whose business is to rent rental vehicles.
3. Any compulsory or discretionary insurance under the rental agreement must be purchased by the **COVERED PERSON OR POLICY HOLDER** with the exception of the excess buyout (for which this SECTION 7 provides cover).
4. The excess required by the rental vehicle company must be verified as having been paid to the rental vehicle company.

Additional Exclusions Applicable to Section 7

In addition to the 'General Exclusions', the following exclusions apply to Section 7:

WE will not reimburse any monies for:

1. Commercial vehicles, fleet vehicles, camper vans or vehicles over twenty (20) years of age unless otherwise agreed to in writing by **US**; or
2. any loss:
 - (a) caused by excluded operation under the rental agreement or illegal operation of the rental vehicle under local laws; or
 - (b) which is excluded under or results from a breach of the terms of the rental agreement.

Section 8 – Personal Liability

Subject to terms and conditions (including limits and exclusions) of the **POLICY**, if as a result of an **ACCIDENT** occurring during the **OPERATIVE PERIOD OF COVER** and whilst a **COVERED PERSON** is on a **JOURNEY**, a **COVERED PERSON** becomes legally liable to pay damages and/or incurs legal defence expenses in respect of any claim(s) for:

- (a) the death, bodily injury to or sickness of another person; or
- (b) loss of or damage to the property of another person,

WE will pay for any damages awarded against, and/or legal defence expenses incurred by the **COVERED PERSON** with **OUR** written consent (not to be unreasonably withheld or delayed), up to the **SUM INSURED** specified in the **SCHEDULE**.

For the purposes of this Section, all events or series of events arising out of one original cause or event shall be deemed to be one event.

Additional Conditions Applicable to Section 8:

In addition to the 'General Conditions', the following conditions apply to Section 8:

1. a **COVERED PERSON** must not make any admission, offer, promise, payment or indemnity, or, incur any legal defence expenses without **OUR** written consent (not to be unreasonably withheld or delayed), which can be obtained by contacting **US**;
2. **WE** are entitled to take over and conduct the defence or settlement of any claim that is covered under Section 8, on the **COVERED PERSON'S** behalf;
3. **WE** will handle any proceedings covered under Section 8 in a reasonable manner and in co-operation with both the **POLICY HOLDER** and the relevant **COVERED PERSON** who is the subject of the claim;
4. Once the **SUM INSURED** specified in the **SCHEDULE** has been exhausted in the payment for any claim or series of claims arising out of any one **ACCIDENT**, **WE** will have no further liability in connection with such claim(s).
5. If **OUR** written consent is required for any expenses to be covered under Section 8, and the **COVERED PERSON** has not first made contact and obtained **OUR** consent prior to incurring such expenses (where reasonably practicable to do so), **WE** may be entitled to reduce **OUR** liability under Section 8 to the extent that **OUR** rights have been prejudiced, which means that **WE** may decline to cover some or all of the expenses incurred.

Additional Exclusions Applicable to Section 8

In addition to the 'General Exclusions', the following Exclusions apply to Section 8:

WE will not pay any expenses which result from:

1. any death, bodily injury, sickness or damage to property owned by or in the control of:
 - (a) the **POLICY HOLDER**, **COVERED PERSON** or the **COVERED PERSON'S RELATIVE**; or
 - (b) any **EMPLOYEE** of the **POLICY HOLDER** where the loss is attributable to their employment with the **POLICY HOLDER** or **COVERED PERSON**.
2. Trade, employment, voluntary work, work experience or professional activities of the **COVERED PERSON** or **POLICY HOLDER**;
3. the ownership, possession or use of mechanically propelled vehicles, aircraft, aerial devices, watercraft of any kind, but excluding golf buggies, and wheelchairs;
4. the ownership, possession or use of firearms;
5. exemplary, punitive or aggravated damages;
6. molestation or any criminal act.

Section 9 - Political, Natural Disaster and Security Evacuation

Subject to terms and conditions (including limits and exclusions) of the **POLICY**, if whilst on a **JOURNEY** outside their **COUNTRY OF RESIDENCE**:

1. a **COVERED PERSON'S** safety is threatened and it is unsafe for the **COVERED PERSON** to remain in the country or region, due to:
 - (a) insurrection, **WAR**, rebellion, **CIVIL WAR** or political instability; or
 - (b) a major natural disaster, or
 - (c) there is an eminent real threat to human life posed by an individual or state, or regime as confirmed by the Security Assistance provider.
2. the Australian Government through the Department of Foreign Affairs and Trade (DFAT) issues a Travel Warning recommending that certain categories or persons (which include the **COVERED PERSON**) should leave that country; or
3. it is advised or requested by officials of that country for the **COVERED PERSON** to leave a foreign country; or
4. the **COVERED PERSON** is expelled or declared persona non grata from that country; or
5. there is wholesale seizure, confiscation or expropriation of the **COVERED PERSON'S** property, plant, or equipment in that country,

WE will pay:

- (i) the reasonable costs incurred for the **COVERED PERSON'S** return to his or her **COUNTRY OF RESIDENCE** or the nearest place of safety up to the **SUM INSURED** specified in the **SCHEDULE**;
- (ii) the **COVERED PERSON'S** reasonable accommodation costs if the **COVERED PERSON** is unable to return to his or her **COUNTRY OF RESIDENCE**, subject to the **SUM INSURED** and **BENEFIT PERIOD** specified in the **SCHEDULE**; and/or
- (iii) for and provide arrangements necessary for security evacuation up to the maximum **SUM INSURED** stated in the **SCHEDULE**, after the decision to evacuate is made.

Additional Conditions Applicable to Section 9

In addition to the 'General Conditions', the following conditions apply to Section 9:

1. The situation must be unforeseen and outside the control of the **COVERED PERSON** and the expenses must be authorised by Arch or the assistance provider attached to the **POLICY** for the provision of assistance services.
2. The maximum amount **WE** will pay for all claims made under this Section in the aggregate is specified in the **SCHEDULE** as "Aggregate Limit of Liability (Section 9)", which forms part of and is not in addition to the **POLICY AGGREGATE LIMIT OF LIABILITY**.

Arrangement of Security Evacuation Assistance

The services provided under this section for Security Assistance shall be provided solely to travellers and expatriates and shall not be provided to the nationals in their own country.

In the event of an Emergency Security Situation, **OUR** Security Assistance Provider will use reasonable commercial efforts to arrange for the evacuation of **COVERED PERSONS** to the nearest safe and acceptable location.

Evacuation decisions will be made by **OUR** Security Assistance Provider, in consultation with interested governments, security analysts, the Client and/or Authorised Person. **OUR** Security Assistance Provider will use all reasonable commercial efforts to use transport provided by scheduled airlines.

However, **OUR** Security Assistance Provider may, in its sole discretion, utilise other available resources to accomplish the evacuation including private aircraft, ground and/ or sea transportation, in which event the point of departure may vary.

In the event that evacuation becomes impractical due to hostile or dangerous conditions, **OUR** Security Assistance Provider will use resources at its disposal to maintain contact with **COVERED PERSONS** until evacuation becomes practical or the Emergency Security Situation has ended.

The commencement and duration of such arrangement will be determined by **US** in consultation with the **POLICY HOLDER**, based on the nature of the emergency and other circumstances.

Additional Exclusions Applicable to Section 9

In addition to the 'General Exclusions', the following exclusions apply to Section 9:

WE will not pay any **BENEFITS** or provide any coverage under this Section:

1. other than emergency expenses for conveyance or accommodation;
2. if the **POLICY HOLDER** or the **COVERED PERSON** violates the laws or regulations of the country from which he or she is to be evacuated;
3. if the **POLICY HOLDER** or the **COVERED PERSON** fails to maintain immigration, work, residence or similar visas, permits or other similar authorisations;
4. due to debt, insolvency, commercial failure, the repossession of any property by a titleholder or any other financial cause;
5. if the **POLICY HOLDER** or the **COVERED PERSON** breaches any contractual obligations or bond to or fail to comply with any conditions in a licence, permit, visa or any similar authorisation;
6. the **COVERED PERSON** being evacuated from their **COUNTRY OF RESIDENCE**;
7. if the events that necessitated the **COVERED PERSON'S** evacuation were in existence or had already occurred before the **COVERED PERSON** entered the country; or
8. if the **COVERED PERSON** does not follow the advice or recommendations of:
 - (a) the government of the **COVERED PERSON'S COUNTRY OF RESIDENCE** (including but not limited to "do not travel" advice) where the **COVERED PERSON** was, or ought reasonably to have been aware of the government advice before commencing the **JOURNEY**, in circumstances where such information could reasonably have been obtained; and/or
 - (b) **OUR** Assistance Provider.
9. If the **COVERED PERSON** has remained in a country or region for a period exceeding fourteen (14) days after being advised to leave by the government of the **COVERED PERSON'S COUNTRY OF RESIDENCE**, unless the **COVERED PERSON** is unable to leave due to circumstances beyond their control.

Section 10 - Extra Territorial Workers Compensation Benefits

Subject to terms and conditions (including limits and exclusions) of the **POLICY**, if during the **INSURANCE PERIOD** and whilst on a **JOURNEY** which is authorised business for the **POLICY HOLDER**, a **COVERED PERSON** suffers or is involved in an event which results in the **POLICY HOLDER** being liable for:

- (a) any compensation benefits payable under applicable Workers' Compensation legislation which provides for payment of compensation to injured workers or their dependents for death, personal injury or occupational disease arising out of or in the course of employment;
- (b) damages at law (but not where entitlement arises solely under any statute) arising out of the death, injury or occupational disease suffered by the **COVERED PERSON** as a result of an **ACCIDENT** or occurrence happening during the **INSURANCE PERIOD**;

WE will indemnify the **POLICY HOLDER** for that liability provided that:

- (i) there is an amount stated for this **BENEFIT** in the **SCHEDULE**;
- (ii) the **COVERED PERSON** is the **POLICY HOLDER'S EMPLOYEE** or is deemed by any applicable Workers' Compensation legislation to be a worker employed by the **POLICY HOLDER**, and who is employed or engaged within Australia whose employment or engagement is to be performed substantially within Australia;
- (iii) the **POLICY HOLDER** has a valid and current Workers' Compensation insurance policy covering the **COVERED PERSON** as the **POLICY HOLDER'S EMPLOYEE** as required by the law of any Australian State or Territory; and
- (iv) the **COVERED PERSON** is working on a temporary basis (not exceeding 6 months) outside the State or Territory in which his or her usual place of employment or employment base is located.

Conditions Applicable to Section 10

In addition to the 'General Conditions', the following conditions apply to Section 10:

1. The **POLICY HOLDER** must make available to **US** all required information and documentation in respect to a claim for any **COVERED PERSON**, including medical reports, claim forms and any other documentation, which comes into the **POLICY HOLDER'S** possession that **WE** request, including that of the **POLICY HOLDER'S** Workers' Compensation insurer or other insurers as **WE** may reasonably require.
2. The maximum amount **WE** shall pay in respect of all claims arising during the **INSURANCE PERIOD** shall not exceed the **SUM INSURED** as stated against Section 10 in the **SCHEDULE**.
3. In the case of a claim for compensation benefits the amount payable will be reduced by the amount the **POLICY HOLDER** or **COVERED PERSON** is entitled to receive under any Workers' Compensation insurance policy or any statutory workers' compensation scheme (or which they would have been entitled to receive, had such policy been properly effected).
4. In the case of a claim for common law damages, the amount payable to the **POLICY HOLDER** will be reduced by the amount the **POLICY HOLDER** or **COVERED PERSON** is entitled to receive under any Workers' Compensation insurance policy or any other liability policy providing indemnity in respect of such claim (or which they would have been entitled to receive, had such policy been properly effected).
 - (a) The maximum **SUM INSURED** as stated in the **SCHEDULE** against section 10 shall apply as follows:
 - (b) "Weekly Benefit - **SUM INSURED**" is the limit of weekly compensation for each **COVERED PERSON**;
 - (c) **SUM INSURED** is the total limit of liability in respect of all compensation damages, costs and expenses arising out of any one claim; and
 - (d) "Aggregate Limit of Liability (Section 10)" is the maximum amount payable in the aggregate for all compensation, damages, costs and expenses in any one **INSURANCE PERIOD** for all **COVERED PERSONS**.

ADDITIONAL EXCLUSION APPLYING TO SECTION 10

In addition to the 'General Exclusions', there is no cover under this Section 10 with respect to any exemplary, punitive or aggravated damages.

Section 11 - Additional Benefits Under the Policy

The following Additional Benefits will only apply if a **SUM INSURED** is specified against an Additional Benefit in the **SCHEDULE**. Coverage under Section 11 is subject to the terms, conditions and exclusions of this **POLICY**.

Any amounts payable under Section 11 form part of and are not in addition to the **EVENT LIMIT OF LIABILITY**.

11.1 Accidental HIV Infection BENEFIT

If, during the **OPERATIVE PERIOD OF COVER**, a **COVERED PERSON** is infected with Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS) through **BODILY INJURY** or assault by a third party which is suffered whilst the **COVERED PERSON** is on a **JOURNEY**, **WE** will pay the **SUM INSURED** specified in the **SCHEDULE**, provided that:

- (a) the **COVERED PERSON** must seek medical treatment as soon as reasonably practicable after the **BODILY INJURY** or assault and a claim must be made within 180 days from the date of positive diagnosis of contracting HIV or AIDS;
- (b) the **COVERED PERSON** must be alive 30 days after the confirmed infection of HIV/AIDS for this **BENEFIT** to be payable; and
- (c) this **BENEFIT** is not payable for infection through sexual transmission, drug use, any illegal act or blood transfusion.

11.2 Accommodation and Transport Expenses BENEFIT

If during the **OPERATIVE PERIOD OF COVER** and whilst on a **JOURNEY**, a **COVERED PERSON** sustains a **BODILY INJURY** and is admitted as an in-patient of a hospital, which is more than 100 kilometres from the **COVERED PERSON'S** normal place of residence, **WE** will pay the actual and reasonable transport and/or accommodation expenses incurred by their **SPOUSE** or **PARTNER** and/or **DEPENDENT CHILDREN** to travel to or remain with the **COVERED PERSON** up to the **SUM INSURED** specified in the **SCHEDULE**.

11.3 Air or Road Rage BENEFIT

If, during the **OPERATIVE PERIOD OF COVER** and whilst on a **JOURNEY**, a **COVERED PERSON** is the victim of an **AIR OR ROAD RAGE INCIDENT**, **WE** will reimburse the **POLICY HOLDER** or the **COVERED PERSON** for associated **AIR RAGE OR ROAD RAGE EXPENSES**, up to the **SUM INSURED** specified in the **SCHEDULE**.

WE shall not pay any **BENEFIT** for any loss, damage or expense in respect of an **AIR OR ROAD RAGE INCIDENT** if:

- (a) the incident is not reported to the police or the transport carrier so that a written report is not available at the time of a claim; and
- (b) the costs are recoverable from another source.

11.4 Carjacking Assault BENEFIT

If during **OPERATIVE PERIOD OF COVER** and whilst on a **JOURNEY**, a **COVERED PERSON** sustains a **BODILY INJURY** directly resulting from a **CARJACKING**, **WE** will pay the **SUM INSURED** specified in the **SCHEDULE**.

11.5 Chauffeur BENEFIT

In the event a **COVERED PERSON** suffers a **BODILY INJURY** or **SICKNESS** which results in a valid claim for any **BENEFIT(S)** paid under **COVERED EVENTS** 45, 46, 47 or 48, **WE** will pay a weekly **BENEFIT** for reasonable transportation costs incurred for the hire of a taxi, car service, or suitable mode of conveyance to transport the **COVERED PERSON** from their home to their normal place of employment, subject to the **SUM INSURED** and **BENEFIT PERIOD** specified in the **SCHEDULE**, provided that:

- (a) this **BENEFIT** is not payable to a **RELATIVE** or anyone living with the **COVERED PERSON**; and
- (b) the requirement for a chauffeur must be evidenced by a **DOCTOR** for this **BENEFIT** to be payable.

11.6 Childcare BENEFIT

If during the **OPERATIVE PERIOD OF COVER** and whilst on a **JOURNEY**, a **COVERED PERSON** sustains a **BODILY INJURY** for which a **BENEFIT** is paid under **COVERED EVENTS 2-8 or 10**, **WE** will pay for the actual and reasonable expenses necessarily incurred by a **COVERED PERSON** for the services of a registered childcare provider, subject the **SUM INSURED** specified in the **SCHEDULE**.

This **BENEFIT** does not include any childcare expenses that would have ordinarily been incurred by the **COVERED PERSON** in the absence of the **BODILY INJURY** referred to above.

11.7 Coma BENEFIT

If, during the **OPERATIVE PERIOD OF COVER** and whilst on a **JOURNEY**:

- (a) a **COVERED PERSON** sustains a **BODILY INJURY** within the **GEOGRAPHIC LIMITS**; and
- (b) the **BODILY INJURY** directly causes or results in the **COVERED PERSON** being in a state of continuous unconsciousness; and
- (c) the **COVERED PERSON** or their legal representative provide **US** with a **DOCTOR'S** certificate that verifies that the direct cause of the continuous unconsciousness was the **BODILY INJURY**,

WE will pay a weekly **BENEFIT** subject to the **SUM INSURED** and **BENEFIT PERIOD** specified in the **SCHEDULE**.

Where a **COVERED PERSON** is in a coma for less than seven (7) days, a daily rate of one-seventh (1/7th) of the specified **SUM INSURED** will be paid.

11.8 Corporate Image Protection BENEFIT

If, during the **INSURANCE PERIOD**, a **COVERED PERSON** sustains a **BODILY INJURY** during their **OPERATIVE PERIOD OF COVER** which results in **ACCIDENTAL DEATH** or **PERMANENT TOTAL DISABLEMENT**, **WE** will pay the **POLICY HOLDER** the actual and reasonable expenses necessarily incurred for the services of image/public relations consultants for the purpose of protecting the **POLICY HOLDER'S** corporate image.

The maximum amount **WE** will pay under this **BENEFIT** per **INSURANCE PERIOD**, is the **SUM INSURED** specified in the **SCHEDULE**.

11.9 Data Connection BENEFIT

If, during the **OPERATIVE PERIOD OF COVER** and whilst on a **JOURNEY**, a **COVERED PERSON** suffers theft of, damage to or loss of their mobile phone and subsequently incurs expenses to replace any network plan, software & applications installation and connection or settings configuration, which is not otherwise excluded in this Additional Benefit, **WE** will pay reasonable expenses up to the **SUM INSURED** specified in the **SCHEDULE** and subject to the below conditions and exclusions:

- (a) The **COVERED PERSON** must substantiate their loss and provide receipts of purchase of articles claimed;
- (b) The **COVERED PERSON** must take all reasonable precautions for the safety and supervision of their mobile phone;
- (c) The **COVERED PERSON** must report any loss, theft, damage or deprivation of their mobile phone to either the police, transport carrier or other local authorities as soon as reasonably practicable so a written report is available at the time of making any claim; and
- (d) The **COVERED PERSON** must report any loss or theft of a mobile phone to the service provider to have the device blocked using the IMEI (International Mobile Equipment Identity) number and provide a confirmation from the service provider when submitting a claim.

Notwithstanding the above, no cover is provided under this Additional Benefit for:

1. damage caused by wear and tear, deterioration, atmospheric or climatic conditions, mechanical or electrical breakdown, product defect, malfunction or failure, insects, rodents or vermin or by any process of cleaning, repairing, restoring or alteration;

2. damage caused by scratching or breaking of fragile or brittle articles if it as a result of negligence of the **POLICY HOLDER** and/or the **COVERED PERSON**;
3. theft not reported within three (3) consecutive days of detection to the police or responsible officer of any aircraft, vehicle or vessel on which the **COVERED PERSON** is travelling. All such reports must be verified by a written statement from that authority;
4. any damage to or loss of any item as a result of theft or attempted theft which occurs:
 - (i) whilst any items are unattended, unless securely locked inside a building (e.g. hotel, apartment, etc.) or securely locked and completely out of sight inside an aircraft, vehicle or vessel (where no reasonable alternative secure storage is available); or
 - (ii) whilst left unattended in a public place.
5. loss, damage, misplacement or theft of any items whilst placed in the storage hold of any aircraft, vehicle or vessel, unless the operator of the aircraft, vehicle or vessel prohibits the **COVERED PERSON** from carrying the item as 'carry-on' baggage, in which case such items must be reasonably and adequately packaged to protect and prevent theft or damage;
6. No cover is provided for loss as a result of confiscation by quarantine, customs regulations or by order of any government or public authority or losses due to devaluation of currency;
7. No cover is provided for loss, damage, misplacement or theft of any items placed in checked baggage where the carriers' conditions of carriage stipulate those items should not be placed in checked baggage; and
8. No cover is provided for damage to or loss of any item which is recoverable by the **POLICY HOLDER** (subject to Section 45 of the *Insurance Contracts Act 1984 (Cth)*) or by the **COVERED PERSON** from any other source to the extent to which they are so recoverable (e.g. airline tour operators or other domestic or travel insurance policies).

11.10 Death By Specified Sickness BENEFIT

If during the **OPERATIVE PERIOD OF COVER**, whilst on a **JOURNEY** and within the first thirty-one (31) days of travel, a **COVERED PERSON** dies as a result of a **SPECIFIED SICKNESS** which is not a **PRE-EXISTING CONDITION**, **WE** will pay the **SUM INSURED** specified in the **SCHEDULE**.

WE will not pay any **BENEFIT** for a **SPECIFIED SICKNESS**:

- (a) for any **COVERED PERSON** aged seventy-five (75) years or over;
- (b) if the **COVERED PERSON** does not follow the advice or recommendations of the government of the **COVERED PERSON'S COUNTRY OF RESIDENCE** (including but not limited to "do not travel" advice) where the **COVERED PERSON** was, or ought reasonably to have been aware of the government advice before commencing the **JOURNEY**, in circumstances where such information could reasonably have been obtained; or
- (c) if the death occurs after a **COVERED PERSON** has remained in a country or region for a period exceeding fourteen (14) days after being advised to leave by the government of the **COVERED PERSON'S COUNTRY OF RESIDENCE**, unless the **COVERED PERSON** is unable to leave due to circumstances beyond their control.

11.11 Dependent Child Assistance BENEFIT

In the event:

- (a) there is a valid claim for **COVERED EVENT 1 – ACCIDENTAL DEATH** under this **POLICY**; or
- (b) a **COVERED PERSON**, whilst receiving **BENEFITS** under "Section 2 – Loss of Income Benefits", dies from the **BODILY INJURY** or **SICKNESS** which led to the claim; and
- (c) the **COVERED PERSON** leaves behind **DEPENDENT CHILDREN**,

WE will pay a **BENEFIT** per **DEPENDENT CHILD** to the estate or representative of the deceased **COVERED PERSON**, for the benefit of the **DEPENDENT CHILD(REN)**, subject to the **SUM(S) INSURED** specified in the **SCHEDULE**.

11.12 Domestic Assistance Expenses BENEFIT

In the event:

- (a) a **COVERED PERSON** suffers a **BODILY INJURY** or **SICKNESS** which results in a valid claim for any **BENEFIT(S)** payable under Sections 1 or 2 of this **POLICY**; and
- (b) as a direct result of such **BODILY INJURY** or **SICKNESS**, the **COVERED PERSON** requires **DOMESTIC ASSISTANCE** as certified by his or her treating **DOCTOR**,

WE will pay 80% of all actual and reasonable expenses for the services of a recognised and licensed provider of **DOMESTIC ASSISTANCE** as applicable to the **COVERED PERSON**, subject to the **SUM INSURED**, **BENEFIT PERIOD** and **EXCESS PERIOD** specified in the **SCHEDULE**.

11.13 Education Fund BENEFIT

If during the **OPERATIVE PERIOD OF COVER**, and whilst on a **JOURNEY**, a **COVERED PERSON** suffers a **BODILY INJURY** resulting in **ACCIDENTAL DEATH**, WE will reimburse any subsequently incurred school or university fees in respect of the **COVERED PERSON'S DEPENDENT CHILD(REN)**, subject to the **SUM(S) INSURED** specified in the **SCHEDULE**.

11.14 Executor Emergency Cash Advance BENEFIT

If during the **OPERATIVE PERIOD OF COVER** and whilst on a **JOURNEY**, a **COVERED PERSON** suffers an **ACCIDENTAL DEATH**, upon the executor of the **COVERED PERSON'S** estate's request, WE will advance to the **POLICY HOLDER** or the executor of the **COVERED PERSON'S** estate, the **SUM INSURED** specified in the **SCHEDULE** whilst the administration of the **COVERED PERSON'S** estate is being arranged.

The advance will be deducted from any subsequent benefit paid for **COVERED EVENT 1**.

11.15 Funeral Expenses BENEFIT

If during the **OPERATIVE PERIOD OF COVER** and whilst on a **JOURNEY**, a **COVERED PERSON** dies as a result of an **ACCIDENTAL DEATH**, WE will pay:

- (a) the reasonable and actual costs incurred in the transportation of the deceased **COVERED PERSON** back to their **COUNTRY OF RESIDENCE**; and
- (b) the **FUNERAL EXPENSES** of the **COVERED PERSON**.

subject to the **SUM INSURED** specified in the **SCHEDULE**.

11.16 Home Burglary Excess BENEFIT

If, during the **OPERATIVE PERIOD OF COVER** and whilst on a **JOURNEY**, a **COVERED PERSON'S** usual place of residence is burgled, WE will reimburse the **COVERED PERSON** up to the **SUM INSURED** specified in the **SCHEDULE** for the amount they are liable to pay as an excess under their existing home and contents policy for that residence.

11.17 Independent Financial Advice BENEFIT

In the event that a **COVERED PERSON** has a valid claim for **COVERED EVENTS 1-8** or **10**, WE will at the request of the **COVERED PERSON**, their estate, or representative pay an additional **BENEFIT** for independent financial advice provided by a licensed financial advisor, who is:

- (a) not a **RELATIVE**; and
- (b) authorised and regulated by the Australian Securities and Investments Commission to provide such financial advice.

Coverage under this Additional Benefit is solely for advice in relation to the **BENEFIT** payable under this **POLICY** for **COVERED EVENTS 1-8** or **10**.

The maximum amount payable per under this additional **BENEFIT** is the **SUM INSURED** specified in the **SCHEDULE**.

11.18 Keys and Locks **BENEFIT**

If, during the **OPERATIVE PERIOD OF COVER** and whilst on a **JOURNEY**, a **COVERED PERSON** loses any identification documents and keys at the same time, **WE** will reimburse the **COVERED PERSON** for the actual costs incurred for the replacement of keys and locks to their home and/or motor vehicle up to the **SUM INSURED** specified in the **SCHEDULE**.

11.19 Lost Earnings **BENEFIT**

If, during the **OPERATIVE PERIOD OF COVER** and whilst on a **JOURNEY**, a **COVERED PERSON** is the victim of **IDENTITY THEFT**, and provided prior consent has been given by **US**, **WE** will pay for **SALARY** lost by the **COVERED PERSON** as a result of time off work to complete fraud affidavits, meet with law enforcement agencies, credit agencies, merchants or lawyers as a direct response to the **IDENTITY THEFT**, subject to the **SUMS INSURED** specified in the **SCHEDULE**.

11.20 Orphaned **BENEFIT**

If during the **OPERATIVE PERIOD OF COVER** and whilst on a **JOURNEY**:

- (a) Both a **COVERED PERSON** and their **ACCOMPANYING SPOUSE/PARTNER** suffer **ACCIDENTAL DEATH** as a result of the same **ACCIDENT**; and
- (b) they are survived by any **DEPENDENT CHILD(REN)**,

WE will pay a **BENEFIT** per **DEPENDENT CHILD**, in addition to '11.11 **DEPENDENT CHILD ASSISTANCE BENEFIT**', to the estate or representative of the deceased **COVERED PERSON** subject to the **SUM(S) INSURED** specified in the **SCHEDULE**.

11.21 Out-of-Pocket Expenses **BENEFIT**

Where a **COVERED PERSON** is entitled to claim a **BENEFIT** for either of **COVERED EVENTS 45** or **46**, **WE** will pay the actual and reasonable **OUT-OF-POCKET EXPENSES** incurred by the **COVERED PERSON** as a direct result of their disablement, subject to the **SUM INSURED** and **BENEFIT PERIOD** specified in the **SCHEDULE**.

11.22 Overbooked Flight **BENEFIT**

If whilst on a **JOURNEY**:

- (a) a **COVERED PERSON** is offloaded or advised that their pre-booked and confirmed air travel has been overbooked; and
- (b) they cannot board and no alternate transport is made available to them within 8 hours of the scheduled departure time; and
- (c) no alternative arrangements or compensation is available to the **COVERED PERSON** from either the air carrier or any other source,

WE will reimburse the **POLICY HOLDER** or **COVERED PERSONS** for any amounts paid/lost in respect of such air travel, up to the **SUM INSURED** specified in the **SCHEDULE**.

11.23 Partner or Spouse Retraining **BENEFIT**

In the event:

- (a) there is a valid claim under either **COVERED EVENTS 1–3**; and
- (b) the **COVERED PERSON** has **DEPENDENT CHILDREN**,

WE will, subject to the **SUM INSURED** specified in the **SCHEDULE**, pay an additional **BENEFIT** to the **SPOUSE** or **PARTNER** of the **COVERED PERSON** for actual expenses incurred in the course of retraining for the purposes of:

- (i) finding gainful employment;

- (ii) to enable them to provide care for the **DEPENDENT CHILD**; or
- (iii) to improve the **SPOUSE** or **PARTNER'S** prospects of employment.

Training must be provided by a recognised institution qualified to provide such training, and all expenses must be incurred within twenty-four (24) months of the **COVERED PERSON'S** relevant **BODILY INJURY DATE**.

11.24 Pet Boarding Expenses BENEFIT

If, during the **OPERATIVE PERIOD OF COVER**, a **COVERED PERSON'S JOURNEY** is unexpectedly extended due to any unforeseen circumstances outside the control of the **POLICY HOLDER** or the **COVERED PERSON**, which results in their planned **JOURNEY** conclusion being delayed by more than twenty-four (24) hours, **WE** will reimburse the **POLICY HOLDER** or the **COVERED PERSON** for the reasonable, additional pet boarding costs incurred as a result of their delayed return, up to the **SUM INSURED** specified in the **SCHEDULE**.

11.25 Premature Birth or Miscarriage BENEFIT

If, during the **OPERATIVE PERIOD OF COVER** and whilst on a **JOURNEY**, a **COVERED PERSON** sustains a **BODILY INJURY** within the **GEOGRAPHIC LIMITS** which directly results in premature childbirth (prior to thirty-two (32) weeks gestation) or miscarriage, **WE** will pay the **SUM INSURED** specified in the **SCHEDULE**.

11.26 Reconstructive or Cosmetic Surgery BENEFIT

If during the **OPERATIVE PERIOD OF COVER** and whilst on a **JOURNEY**, a **COVERED PERSON** sustains a **BODILY INJURY** which results in:

- (a) a valid claim in respect of **COVERED EVENTS 2-26**; and
- (b) the requirement for reconstructive or cosmetic surgery, certified as medically necessary by a **DOCTOR**,

WE will pay an additional 10% of the **BENEFIT** amount payable under **COVERED EVENTS 2-26** in respect of that **BODILY INJURY**, up to the **SUM INSURED** specified in the **SCHEDULE**.

This **BENEFIT** is payable only once in respect of any one (1) **ACCIDENT**, and will be reduced by any amount payable under **COVERED EVENTS 27-31** in respect of the same **ACCIDENT**.

11.27 Repatriation of Belongings BENEFIT

If during the **OPERATIVE PERIOD OF COVER** and whilst on a **JOURNEY**:

- (a) a **COVERED PERSON** sustains a **BODILY INJURY** or **SICKNESS** for which they are hospitalised for a period of more than twenty-four (24) hours; or
- (b) a **COVERED PERSON** is evacuated or repatriated to their **COUNTRY OF RESIDENCE** and, as a result, they are separated from their belongings,

WE will, subject to the **SUM INSURED** specified in the **SCHEDULE**, reimburse the **COVERED PERSON** for any reasonable expenses necessarily incurred in repatriating their luggage, business property, electronic devices, money and/or travel documents to them, or to their usual residence or place of work.

11.28 Replacement Staff/Recruitment Costs BENEFIT

If during the **INSURANCE PERIOD** and whilst on a **JOURNEY**, a **COVERED PERSON** sustains a **BODILY INJURY**, which **WE** assess is likely to result in a valid claim under the **POLICY** for either:

- (a) **COVERED EVENT 1 - ACCIDENTAL DEATH**; or
- (b) **COVERED EVENT 2 - PERMANENT TOTAL DISABLEMENT**,

WE will pay the actual, reasonable costs incurred by the **POLICY HOLDER** in the recruitment of any employee(s) as a direct replacement for the **COVERED PERSON**, provided that:

- (i) Such costs must be incurred within sixty (60) days of the **BODILY INJURY** and be necessary for the continuation of the **POLICY HOLDER'S** business;
- (ii) The maximum amount payable under this additional **BENEFIT** per **COVERED PERSON**, is the **SUM INSURED** specified in the **SCHEDULE**; and
- (iii) the **POLICY HOLDER** provides to **US** a signed undertaking that any amount paid under this additional **BENEFIT** will be repaid to **US**, if it is later found that a valid claim did not or will not eventuate.

11.29 Retraining and Rehabilitation BENEFIT

If, during the **OPERATIVE PERIOD OF COVER** and whilst on a **JOURNEY**:

- (a) a **COVERED PERSON** sustains a **BODILY INJURY** resulting in a valid claim under the **POLICY** for either:
 - (i) **COVERED EVENT 45 - TEMPORARY TOTAL DISABLEMENT** as a result of **BODILY INJURY**; or
 - (ii) **COVERED EVENT 46 - TEMPORARY PARTIAL DISABLEMENT** as a Result of **BODILY INJURY**and
- (b) as a direct result of (a) above, the **COVERED PERSON** incurs expenses for training, rehabilitation or vocational guidance which has been certified by a **DOCTOR** as medically necessary,

WE will reimburse the **COVERED PERSON** for any reasonable expenses referred to in (b) above, up to the **SUM INSURED** specified in the **SCHEDULE**.

11.30 Search and Rescue Expenses BENEFIT

If, during the **OPERATIVE PERIOD OF COVER** and whilst on a **JOURNEY**:

- (a) a **COVERED PERSON** is reported missing and has been missing for a period of more than seventy-two (72) consecutive hours; and
 - (i) it is believed or known that the **COVERED PERSON** may have sustained a **BODILY INJURY** or a **SICKNESS**; or
 - (ii) extreme weather conditions or a major natural disaster (including but not limited to flood, earthquake, volcanic eruption, cyclone, typhoon or tornado) make it necessary to commence a search and rescue operation to prevent the **COVERED PERSON** from sustaining a **BODILY INJURY** or a **SICKNESS**,and
- (b) the **POLICY HOLDER** incurs expenses for local emergency services or a recognised rescue service provider to commence a search and rescue operation for the missing **COVERED PERSON**,

WE will, up to the **SUM INSURED** specified in the **SCHEDULE**, pay or reimburse the **POLICY HOLDER** for any reasonable search and rescue expenses necessarily incurred.

11.31 Student Tutorial BENEFIT

If during the **OPERATIVE PERIOD OF COVER** and whilst on a **JOURNEY**:

- (a) a **COVERED PERSON** sustains a **BODILY INJURY**; and
- (b) at the **BODILY INJURY DATE**, the **COVERED PERSON** is a registered full-time student; and
- (c) a **DOCTOR** certifies that as a direct result of the **BODILY INJURY**, the **COVERED PERSON** is unable to attend or participate in scheduled classes,

WE will pay the actual and reasonable costs incurred for **HOME TUTORIAL SERVICES**, subject to the **SUM INSURED** and **BENEFIT PERIOD** specified in the **SCHEDULE**.

11.32 Terrorism Injury BENEFIT

If, during the **OPERATIVE PERIOD OF COVER** and whilst on a **JOURNEY**:

- (a) a **COVERED PERSON** sustains a **BODILY INJURY** within the **GEOGRAPHIC LIMITS**;
- (b) the **BODILY INJURY** gives rise to a valid claim under **COVERED EVENTS 1-8** or **10** of the **POLICY**; and
- (c) the **BODILY INJURY** directly results from an **ACT OF TERRORISM**;

WE will pay the **SUM INSURED** specified in the **SCHEDULE**.

11.33 Towing Expenses BENEFIT

If, during the **OPERATIVE PERIOD OF COVER** and whilst on a **JOURNEY**:

- (a) the **COVERED PERSON'S** rental vehicle or personal motor vehicle, whilst being used for business purposes, is involved in a collision or is damaged rendering it undriveable; or
- (b) the **COVERED PERSON** is certified by a **DOCTOR** as unfit to drive because of a **BODILY INJURY** or **SICKNESS** suffered;

WE will reimburse the **POLICY HOLDER** or the **COVERED PERSON** for towing fees not covered under the rental vehicle agreement, or the **COVERED PERSON'S** comprehensive motor vehicle insurance **POLICY**, or roadside assistance, up to the **SUM INSURED** specified in the **SCHEDULE**.

11.34 Trauma BENEFIT

If during the **OPERATIVE PERIOD OF COVER** and whilst on a **JOURNEY**, a **COVERED PERSON** suffers physiological trauma as the result of being a victim of a violent crime or witnesses a violent crime such as a sexual assault, rape, murder, violent robbery or act of terrorism **WE** will reimburse the **POLICY HOLDER** or the **COVERED PERSON** for the cost of counselling provided by a registered psychologist or psychiatrist (who is not a **COVERED PERSON** or a **RELATIVE** of a **COVERED PERSON**) up to a the **SUM INSURED** specified in the **SCHEDULE**.

11.35 Unexpired Membership BENEFIT

In the event a **COVERED PERSON** suffers a **BODILY INJURY** which results in a valid claim for:

- (a) any of **COVERED EVENTS 2-10**; or
- (b) **COVERED EVENT 45** for which the relevant **TEMPORARY TOTAL DISABLEMENT** is certified by a **DOCTOR** to last longer than twenty-six (26) weeks,

WE will reimburse the **COVERED PERSON** the pro-rata amount of the membership fees of any association, organisation or recreational activity, paid in advance for the current period, for which the **COVERED PERSON** will not be able to participate in or gain any benefit from.

The maximum amount payable under this **BENEFIT** for all memberships per **COVERED PERSON**, is the **SUM INSURED** specified in the **SCHEDULE**.

General Conditions

The following conditions apply to all Sections of the **POLICY**.

1. Age Limitations

Age limitations apply to this **POLICY**, as follows:

- (a) No cover is provided for **COVERED PERSONS** who are not aged between the minimum and maximum age limits of the **POLICY** at the time of an **ACCIDENT, BODILY INJURY** or **COVERED EVENT**;
- (b) The minimum and maximum age limits are specified in the **SCHEDULE**; and
- (c) Where applicable, specific age limits may also apply to certain Sections or **BENEFITS**. Please refer to each Section or **BENEFIT** for further details.

2. Alteration To Risk

If the **POLICY HOLDER** becomes aware of any changes to the facts or circumstances which existed at the beginning of the **INSURANCE PERIOD** that may change the nature of the risk, for example:

- (a) a change to the nature of the **POLICY HOLDER'S** business;
- (b) changes in previously declared travel patterns;
- (c) commencing the use of **NON-SCHEDULED FLIGHTS**; and
- (d) changes to any other circumstances which, to the knowledge of the **POLICY HOLDER**, could increase the risk of a claim being made under this **POLICY**,

then the **POLICY HOLDER** must notify **US** in writing as soon as is reasonably practicable.

If **WE** agree to the change, **WE** will do so in writing and the **POLICY HOLDER** may be required to pay **US** an additional premium.

3. Cancellation Rights

(a) By the **POLICY HOLDER**

The **POLICY** may be terminated by the **POLICY HOLDER** at any time at the **POLICY HOLDER'S** request by giving written notice to **US**, in which case **WE** will retain a portion of the premium for the time that the **POLICY** has been in force (and taxes and duties **WE** cannot recover) provided no claim has been made under the **POLICY**.

However, if a claim has been made under the **POLICY**:

- (i) **WE** will not refund the balance of the premium; or
- (ii) **WE** may deduct from any claim payment any premium already refunded to the **POLICY HOLDER** or recover any premium refunded.

The cancellation will take effect from the later of the date of the **POLICY HOLDER'S** written notice or at 4.01pm local time at the address of the **POLICY HOLDER** on the date **WE** receive the **POLICY HOLDER'S** written cancellation.

(b) By **US**

WE may cancel the **POLICY** in any way permitted by section 60 of the *Insurance Contracts Act 1984 (Cth)*, including if the **POLICY HOLDER** or a **COVERED PERSON** (where relevant) has:

- (i) failed to comply with its duty of disclosure;
- (ii) made a misrepresentation to **US** before the **POLICY** was entered into;
- (iii) failed to comply with a provision of the **POLICY**, including failure to pay an insurance contribution;

- (iv) made a fraudulent claim under the **POLICY** or any other **POLICY**; or
- (v) failed to notify **US** of a specific act or omission as required by the **POLICY**.

The cancellation will be effective from 4pm local time at the address of the **POLICY HOLDER** on the date specified in that written notice.

If **WE** cancel the **POLICY**, **WE** will do so by giving the **POLICY HOLDER** written notice. **WE** will deduct from the insurance contribution an amount to cover the shortened period for which insurance applied (and administrative and transaction costs and taxes and duties **WE** cannot recover) and refund the balance to the **POLICY HOLDER** provided no claim has been made under the **POLICY**.

4. Claim Notification Procedure

- (a) As soon as the **POLICY HOLDER** or a **COVERED PERSON** becomes aware of anything happening which may result in a claim under this **POLICY**, the **POLICY HOLDER** and/or a **COVERED PERSON** must notify **US** as soon as possible, explaining about the potential claim.
- (b) In the event of a claim arising under this **POLICY**, please contact **US**.
- (c) As soon as is reasonably practicable after an **ACCIDENT, BODILY INJURY** or **SICKNESS** (or any further time which **WE** may allow in writing) the **POLICY HOLDER** and/or **COVERED PERSON** must deliver to **US** a written claim containing as detailed an account as is reasonably practicable of the circumstances, **ACCIDENT, BODILY INJURY** or **SICKNESS**. If **WE** request a Statutory Declaration, the **POLICY HOLDER** and/or the **COVERED PERSON** must provide same.
- (d) **WE** may require medical certification from a **COVERED PERSON'S DOCTOR** to assist us in the assessment of a claim. Upon request, the **COVERED PERSON** must provide **US** with such medical certification, at their own cost.
- (e) **WE** may also require the **COVERED PERSON** to undergo medical examinations, vocation and/or rehabilitation assessments. However, if any of these are required, **WE** will meet the costs of such examinations and/or assessments.

5. Construction and Interpretation

Unless the contrary intention appears in the **POLICY**:

- (a) words importing a gender include any other gender;
- (b) words in the singular include the plural and words in the plural include the singular; and
- (c) any references to legislation include any amendments to, regulations under, and re-enactments or consolidations of such legislation and any subsequent, replacement or similarly comparable legislation.

6. Cooperation and Other Information

Upon reasonable request, the **COVERED PERSON** and/or **POLICY HOLDER** must provide **US** with any information and assistance **WE** may reasonably require and provide such evidence to support the **COVERED PERSON'S** entitlement to a **BENEFIT**.

This evidence may include, but is not limited to the following:

- (a) written authorities allowing **US** to access medical, financial or other relevant information, which may include personal and sensitive information; and
- (b) evidence of the **COVERED PERSON'S** income, earnings or periodic payments the **COVERED PERSON** received from other sources. **WE** may require verification of this information by way of a financial audit; and

- (c) details of any other insurance covering the same, or similar, condition for which the **COVERED PERSON** is making the claim.

7. Currency and Payments

WE will pay all claims in Australian dollars unless **WE** otherwise agree. **WE** will pay the **POLICY HOLDER'S** insurance broker (or other authorised representative) unless **WE** are directed to pay someone else.

8. Disputes (Service of Suit and Jurisdiction)

The **INSURERS** accepting this **POLICY** agree that:

- (a) if a dispute arises under this **POLICY**, this **POLICY** will be subject to Australian law and practice and the **INSURERS** will submit to the jurisdiction of any competent Court in the Commonwealth of Australia;

- (b) any summons notice or process to be served upon the **INSURERS** may be served upon:

*Lloyd's Underwriters' General Representative in Australia
Suite 1603, Level 16,
1 Macquarie Place
Sydney NSW 2000*

who has authority to accept service on the **INSURERS'** behalf;

- (c) if a suit is instituted against any of the **UNDERWRITERS**, all **UNDERWRITERS** participating in this **POLICY** will abide by the final decision of such Court or any competent Appellate Court.

In the event of a claim arising under this **POLICY**, immediate notice should be given to **US**.

9. Duty of Utmost Good Faith

When making a claim, the **POLICY HOLDER** and **COVERED PERSONS** are under a duty to act with utmost good faith. **WE** owe the same duty in assessing the claim. The **POLICY HOLDER** and **COVERED PERSONS** must therefore cooperate with **US** and comply with **OUR** reasonable requests in assessing the claim.

10. Fraud

Any fraud, mis-statement or concealment by the **POLICY HOLDER** or a **COVERED PERSON** in relation to any matter affecting this insurance or in connection with the making of any claim under it will give **US** the rights provided for in the *Insurance Contracts Act 1984 (Cth)*, including where appropriate the right to reduce or refuse payment of any claim.

11. Governing Law

This **POLICY**, including its construction, application and validity, will be governed by the laws of the State or Territory of the Commonwealth of Australia in which this **POLICY** is issued.

12. Instalment Premium Payments

The premium may be payable by instalment if agreed to by **US**. If the **POLICY HOLDER** fails to make payment in the specified manner and the payment is 14 days overdue **WE** may refuse to pay any claim that first arises after the instalment became so overdue.

This condition applies as each and every insurance contribution becomes due and cannot be disregarded because **WE** may have previously accepted an instalment after 14 days.

WE may cancel the **POLICY** upon giving notice to the **POLICY HOLDER** if an insurance contribution is not received within 30 days of being due.

13. Subrogation

- (a) **WE** have the right to recover from any person against whom the **COVERED PERSON** may be able to claim any money paid by **US**.
- (b) Any amount(s) recovered will be applied first to reducing the amount by which the **COVERED PERSON'S** loss exceeds the payment made by **US**. Any balance remaining after the **COVERED PERSON** has been fully compensated for the **COVERED PERSON'S** loss, up to the amount **WE** have paid to the **COVERED PERSON** to settle the **COVERED PERSON'S** claim (including **OUR** legal fees for recovery), will be retained by **US**.
- (c) **WE** may take over and conduct, in the **COVERED PERSON'S** name, the defence or settlement of any claim and **WE** will conduct any proceedings in connection with the claim.
- (d) In relation to any claim under the **POLICY**, the **POLICY HOLDER** and/or the **COVERED PERSON** must not admit fault and must not offer or promise to pay any money or become involved in litigation without **OUR** approval.

14. Sanction Limitation Clause

WE shall not be deemed to provide cover and **WE** shall not be liable to pay any claim or provide any benefit under the **POLICY** to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose **US** to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of Australia, New Zealand, the European Union, United Kingdom or United States of America.

15. Tax Implications

Depending upon **YOUR** entitlement to claim Input Tax Credits under the **POLICY**, **WE** may reduce the payment of a claim by the amount of any Input Tax Credit.

A claim paid in respect of loss of income **BENEFITS**, for example under Section 2 in the **POLICY**, is subject to personal income tax and it is the **COVERED PERSON'S** responsibility to declare such **BENEFIT** when completing his or her usual tax return.

A **COVERED PERSON** should consult his or her tax accountant in relation to any questions about his or her particular circumstances.

General Exclusions

There is no cover under the **POLICY** for any claim and/or **BENEFIT** in any way arising out of, resulting from, consequent upon or contributed to by:

1. Aircraft

any air travel undertaken by a **COVERED PERSON**, except as a passenger in any registered and licensed aircraft that carries passengers, unless otherwise agreed in writing by **US**.

2. Contravention of Health Legislation

Notwithstanding anything to the contrary in the **POLICY**, **WE** will also not pay any **BENEFIT** or provide cover if the provision of payment, **BENEFIT** or cover would result in **US** contravening the *Health Insurance Act 1973 (Cth)*, the *Private Health Insurance Act 2007 (Cth)* or the *National Health Act 1953 (Cth)* or any applicable legislation (whether in Australia or not).

3. Criminal or Illegal Acts

any criminal or illegal act committed by a **COVERED PERSON**.

4. Driving Under the Influence of Alcohol or Drugs

a **COVERED PERSON** driving or operating any vehicle or vessel whilst under the influence of alcohol equal to or above the prescribed legal limit or whilst under the effects of psychoactive, psycho pharmaceutical or psychotropic drug or substance.

5. Fitness To Travel

any **JOURNEY** undertaken by a **COVERED PERSON**:

- (a) against the advice of a **DOCTOR**;
- (b) for the purpose of the **COVERED PERSON** to seek medical treatment or attention for a **PRE-EXISTING CONDITION**;
- (c) after the **COVERED PERSON** is diagnosed by a **DOCTOR** as suffering a terminal condition; or
- (d) in contravention of any airline rules or policies with respect to health requirements and/or fitness to travel.

6. Intentional Acts

a **COVERED PERSON'S** intentional, deliberate, self-inflicted acts or acts caused by a **COVERED PERSON**, including suicide or attempted suicide, whether sane, insane or under any mental distress.

7. Nuclear

nuclear reaction, nuclear radiation or radioactive contamination.

8. Professional Sport

a **COVERED PERSON** participating, training or taking part in **PROFESSIONAL SPORTS** of any kind, unless otherwise agreed in writing by **US**.

9. Pre-Existing Conditions

any **PRE-EXISTING CONDITION** in respect of any person aged ninety (90) years and above.

10. War

WAR, invasion or **CIVIL WAR**, except to the extent covered under Section 9 - Political, Natural Disaster and Security Evacuation.

Privacy Statement

Unless the context otherwise provides, in this section:

- “WE”, “OUR” or “US” means the **INSURERS** and ARCH; and
- “YOU”, “YOUR” or “YOURS” means the **POLICY HOLDER** and **COVERED PERSONS**.

What is personal information?

Personal information is essentially any information or any opinion about an identified individual, or an individual who is reasonably identifiable. See the Privacy Act 1988 as amended by the Privacy Amendment (Notifiable Data Breaches) Act 2017 for full details of what constitutes personal information.

This privacy notice details how WE collect, disclose and handle personal information.

Why WE collect YOUR personal information

WE collect personal information (including sensitive information) so WE can:

- identify **YOU** and conduct necessary checks;
- determine what services or products **WE** can provide to **YOU** e.g. offer **OUR** insurance products;
- issue, manage and administer services and products provided to **YOU** or others, including claims investigation, handling and settlement; and
- improve **OUR** services and products, e.g., training and development of **OUR** representatives, product and service research, and data analysis and business strategy development.

What happens if YOU don't give US YOUR personal information?

If **YOU** choose not to provide **US** with the information **WE** have requested, **WE** may not be able to provide **YOU** with **OUR** services or products or properly manage and administer services and products provided to **YOU** or others.

How WE collect YOUR personal information

Collection can take place through websites (from data input directly or through cookies and other web analytic tools), email, by telephone or in writing.

WE collect it directly from **YOU** unless **YOU** have consented to collection from someone other than **YOU**, it is unreasonable or impracticable for **US** to do so or the law permits **US** to.

If **YOU** provide **US** with personal information about another person **YOU** must only do so with their consent and **YOU** agree to make them aware of this privacy notice.

Who WE disclose YOUR personal information to

We share **YOUR** personal information with third parties for the collection purposes noted above.

The third parties include: **OUR** related companies and **OUR** representatives who provide services for **US**, other insurers and reinsurers; **OUR** claim management partner(s); **YOUR** agents; **OUR** legal, accounting and other professional advisers; data warehouses and consultants; investigators, loss assessors and adjusters; other parties **WE** may be able to claim or recover against; anyone **WE** appoint to review and handle complaints or disputes; and any other parties where permitted or required by law.

WE may need to disclose information to persons that are located overseas and who will most likely be located in the United Kingdom. Who they are may change from time to time. **YOU** can contact **US** for details or refer to **OUR** Privacy Policy available at **OUR** website. In some cases, **WE** may not be able to take reasonable steps to ensure they do not breach the *Privacy Act 1988 (Cth)* and they may not be subject to the same level of protection or obligations that are offered by the *Privacy Act*.

By proceeding to acquire **OUR** services and products **YOU** agree that **YOU** cannot seek redress under the Privacy Act or against **US** (to the extent permitted by law) and may not be able to seek redress overseas.

Accuracy of and access to YOUR personal information

WE will take reasonable steps to ensure that the personal information **YOU** provide is accurate, complete and up to date, whenever it is used, collected or disclosed. **YOU** are entitled to access **YOUR** personal information if **YOU** wish and request correction if required. **WE** may request reasonable costs from **YOU** to cover the expenses **WE** incur retrieving this information.

Notifiable Data Breach

If **WE** identify a breach or suspected breach of **YOUR** personal information **WE** will make an assessment expeditiously and within 30 days to determine if a breach has occurred that is likely to cause **YOU** serious harm, known as an “eligible data breach”.

If an eligible data breach is identified **WE** will notify **YOU** and the Australian Information Commissioner of the breach as soon as practicable. **WE** will also provide **YOU** with recommendations of the steps **YOU** should take in response to the breach. When making contact with **YOU**, **WE** will use the usual method of communication. If **WE** cannot contact **YOU**, **WE** will place a notice on **OUR** website.

More information, access, correction or complaints

For more information about **OUR** privacy practices including how **WE** collect, use or disclose information, how to access or seek correction to **YOUR** information or how to complain in relation to a breach of the Australian Privacy Principles and how such a complaint will be handled, please refer to **OUR** Privacy Policy.

It is available at **OUR** website www.archinsurance.com.au or by contacting **US** on (02) 8284 8400 EST 9 a.m.-5 p.m., Monday-Friday.

YOUR Choices

By providing **US** with personal information, **YOU** and any person **YOU** provide personal information for, consent to this use and these disclosures unless **YOU** tell **US** otherwise.

If **YOU** wish to withdraw **YOUR** consent, including for things such as receiving information on products and offers by **US** or persons **WE** have an association with please contact **US**.