

VisitOz

## Travel Insurance Summary 2015-2016





Dear Intern,

Welcome! We hope you are as excited as we are for your new adventure.

This pamphlet is to introduce you to your travel insurance policy. The health plan you are receiving is underwritten by Inter Hannover, one of the largest and most reputable health insurers in the world. Through this plan, you will be able to access the services of physicians, hospitals, and other health care providers that will provide treatment in the rare occurrence that you need medical care.

Please note that this plan does have some exclusions and does not provide coverage for all types of services (for example: pre-existing conditions, routine wellness visits, immunizations, dental work, and eye care). It is also important for you to note that your plan does not operate automatically. The fact that you have coverage doesn't mean that all medical bills will be taken care of by the insurance company automatically. Nothing can happen until you trigger the process by making a valid claim to the insurance company following the directions in this pamphlet.

You should keep this pamphlet in a safe place in case you need to review it at a later time. This brochure can answer many of your questions so it is important that you read it to best understand your coverage. You can also visit the insurance services website to find more plan information as well as additional materials for your reference at: [www.compassbenefits.com/visitoz](http://www.compassbenefits.com/visitoz)

We hope that you have a successful and healthy experience abroad!

Sincerely,

Compass Benefits Group  
International Insurance Broker

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## Contact Information

### Contact Information – Emergency Assistance Services

Specialty Assist  
Tel: +44 (0)20 7902 7405  
Fax: +44 (0)20 7928 4748  
Email: [operations@specialty-assist.com](mailto:operations@specialty-assist.com)

### Contact Information – Non-Emergency Claims

Gallagher Bassett Services Pty Ltd  
GPO Box 14, Brisbane, Queensland 4001

Tel: +617 3005 1955  
Fax: +617 3005 1899  
Email: [brisclaims@gbtpa.com.au](mailto:brisclaims@gbtpa.com.au)

## Frequently Asked Questions

### ***What is the insurance company that underwrites this plan? Who is the Assistance Provider?***

This plan is underwritten by Inter Hannover. Inter Hannover is one of the leading insurers in the marketplace. Wholly owned by Hannover Re, they specialize in chosen markets such as student, youth exchange, and travel. Claims are administered by Gallagher Bassett and emergency assistance is provided through Specialty Assist. If there is a medical emergency that requires any hospitalization, inpatient treatment of procedure, evacuation or repatriation, Specialty Assist will provide the assistance services. They need to be notified immediately in any emergency situation or in the event of any inpatient treatment or scheduled surgery or procedure.

### ***What is this insurance designed to do?***

This insurance is designed to cover the cost for unexpected or unforeseen illness or injury that interns may experience while overseas. It does NOT cover pre-existing conditions, routine physicals, routine dental, annual exams, or any preventative or cosmetic treatment.

### ***What do I do if I'm sick or injured?***

You are free to visit any doctor or medical facility for an appointment. You can ask local contacts for a referral to a physician or medical provider or you can contact Gallagher Bassett for a referral to a local doctor. If your medical condition is an emergency, please visit the nearest appropriate medical facility. Please note that the typical procedure when visiting a doctor for an office visit is to simply visit the doctor, pay the required fee, and then submit a claim for reimbursement.

### ***Is a direct payment to a medical provider option available?***

Once again, the typical procedure when visiting a doctor for an office visit is to simply visit the doctor, pay the required fee, and then submit a claim for reimbursement. If you would like to request a direct payment option, you may contact Gallagher Bassett to see if this can be arranged. Please understand this cannot be arranged for all office visits. For pre-scheduled surgeries and procedures, direct payment will most often be arranged during the pre-certification process.

### ***Is pre-certification required for medical procedures?***

Pre-certification is not required for general office visits to a medical doctor. Simply visit a doctor, pay the required fee, and submit a claim for reimbursement. Pre-certification is required for the following procedures:

- Inpatient care
- Any surgery or surgical procedure
- Care in an extended care facility
- Home nursing care
- Durable medical equipment and artificial limbs
- CAT scans and MRI

To comply with precertification requirements, you must contact Specialty Assist at the number listed above before the expense is to be incurred and comply with all instructions provided by Specialty Assist. In many

cases for these types of procedures, Specialty Assist will make the necessary arrangements as well as arrange for direct payment to the provider.

### **What is not covered under my policy?**

It is important to read your policy carefully to understand the exclusions. The following is a list of some items that are excluded from coverage. For a full list of exclusions, please refer to your insurance policy.

- Pre-existing Conditions
- Routine medical or dental examinations
- Treatment for mental health
- Eyeglasses, contact lenses, hearing aids, hearing implants, eye refraction, visual therapy
- Treatment by a chiropractor
- Self-inflicted injuries

### **Where can I get a Claim Form?**

A copy of the claim form is available by calling the toll-free number listed on your plan brochure, the back of your ID Card, and on your insurance services webpage: [www.compassbenefits.com/visitoz](http://www.compassbenefits.com/visitoz)

### **What information do I need to provide when filing a claim?**

You must mail the following items to your Claim Administrator:

1. Completed Claim Form including insured's name, address, identification number and name of your affiliated organization
2. All itemized medical and hospital bills including procedure and/or diagnosis codes
3. Copies of receipts if the bill has been paid and you are to be reimbursed.

Be sure to keep a copy of all documents for your records.

### **Submit Claims to:**

#### **For Non-Emergency Medical Claims**

Gallagher Bassett Services Pty Ltd  
GPO Box 14, Brisbane, Queensland 4001

Tel: +617 3005 1955

Fax: +617 3005 1899

Email: [brisclaims@gbtpa.com.au](mailto:brisclaims@gbtpa.com.au)

### **How can I check the status of a claim?**

Pending or processed claim information can be obtained by calling claims customer service at the telephone number listed above.

## Benefits Highlights

	Benefit Type	Limit - AUD
	<b>WORLDWIDE COVERAGE OUTSIDE YOUR HOME COUNTRY</b>	<b>MAXIMUM LIMIT \$3,000,000</b>
1	<b>Emergency Assistance</b>	Unlimited
2	<b>Medical and Dental Expenses</b>	
	Overseas Medical Expenses and Hospitalization	100% of customary charges, semi private room
	Pain relieving dental treatment	\$100 of customary charges up to \$3,000 for accidental injury and \$500 for pain relief
	Prescribed Medicines by a doctor or specialist	60 days of prescriptions
	Outpatient treatment by a doctor or specialist	100% of customary charges
	Treatment by physiotherapists and chiropractors as prescribed by an authorized physician	100% of customary charges up to \$1,000
	Acute onset of pre-existing condition	Up to maximum of \$500 per lifetime
3	<b>Emergency Medical Transport, Evacuation, Repatriation and Travel Expenses</b>	
	Medical evacuation or repatriation home (must be pre-approved by us)	100% of the cost of the transport to nearest adequate hospital
	Ambulance transportation	100% of customary charges
	Personal support and accompaniment (flights, accommodation, local transport, meals)	Up to \$5,000 when you are hospitalized for more than 7 days, one round trip economy air fare and hotel expenses for close relative
	Repatriation of remains following Accidental death	Up to \$10,000 toward the cost of preparation and/or up to \$10,000 toward burial costs in home country
4	<b>Personal Accident</b> – Accidental death, loss of sight, loss of limb(s), permanent total disablement	\$20,000
5	<b>Personal Liability</b> - Physical injury and property damage	\$100,000
6	<b>Emergency Bail Bond</b>	\$1,500
7	<b>Catastrophe Coverage</b>	100% of customary costs up to \$1,000
8	<b>Non-medical evacuation</b> (war, terrorism or natural disaster)	100% of cost of transport to nearest point of safety up to \$100,000
9	<b>Personal Security</b>	100% of customary costs up to \$10,000
10	<b>Search and Rescue</b>	100% of customary costs up to \$10,000
12	<b>Checked Baggage, Trip Interruption, and Travel Delay</b>	
	Loss or damage to checked in baggage	Up to \$1,000
	Trip interruption	Up to one economy air fare ticket
	Resumption of trip	Up to one economy air fare ticket
	Travel delay	Up to \$350 (\$70 per day)

### Optional Upgrade Coverage

	Limit - AUD
Pre-trip cancellation	Up to USD \$3,000
Baggage and Personal effects-overall maximum cover ( there is a \$50 excess applicable to this coverage)	\$1,000
Theft of baggage	Up to overall maximum cover
Loss or damage by fire or natural disaster	Up to overall maximum
Delayed baggage	\$300 (\$100 per 24 hrs up to 3 days)
Baggage and personal items	\$250 single article limit
Laptop computers, mobile and handheld electronic devices	\$250 single article limit
Loss or theft of passport, credit cards and travel documents	Up to \$300

Note: Pre-trip cancellation and Loss of Bagagge and Personal Effects upgrades can be purchased separately. To purchase these upgrades, please contact VisitOz directly.

## Coverage Summary

### Medical Expenses

We will pay up to the amount stated in the Benefit table and Certificate of insurance for the charges made by a Hospital which are Usual, Reasonable and Customary and Medically Necessary for:

- Charges made by a Hospital for a semi private room and board including daily room and board and nursing services in Intensive Care Unit, and other necessary services and supplies whilst confined in a Hospital for medical reasons.
- For Surgery at an Outpatient surgical facility, including services and supplies, the use of operating, treatment or recovery room, dressings, sutures, casts or other supplies which are Medically Necessary and administered by or under the supervision of a Physician.
- For charges made by a Physician for professional services, including Surgery and reconstructive Surgery when it is directly related to Surgery which is covered hereunder.
- For artificial limbs, eyes or larynx, breast prosthesis or basic functional artificial limbs, but not the replacement or repair thereof.
- For drugs which require prescription by a Physician for treatment of an covered Injury or Illness, but not for the replacement of lost, stolen, damaged, expired or otherwise compromised drugs, and for a maximum supply of 60 days per prescription.
- For care in a licensed Extended Care Facility upon direct transfer from an acute care Hospital.
- Home Nursing Care in bed by a qualified licensed professional, provided by a Home Health Care Agency upon direct transfer from an acute care Hospital and only in lieu of Medically Necessary Inpatient hospitalization.
- Emergency Local Ambulance transport necessarily incurred in connection with Your Accidental Bodily Injury or Illness.
- Emergency Dental Treatment and Dental Surgery necessary to restore or replace sound natural teeth lost or damaged in an Accident which was covered under this insurance.
- Emergency Dental Treatment necessary to resolve the Acute Onset of Pain.
- Physical Therapy if prescribed by a Physician who is not affiliated with the Physical Therapy practice, necessarily incurred to continue recovery from a covered Injury or Illness.
- Charges for the treatment of an Acute Onset of a Pre-existing Medical Condition up to a maximum payment per policy year of AUD 500

### **Maximum Benefit**

The aggregate amount payable Us for incurred for Medical Expenses for any one Accidental Bodily Injury or Illness will never exceed the amount stated in the Benefits table and Certificate of insurance..

### **Co-Pay Amounts**

In the USA, there is US\$ 250 co-pay for emergency room for Illness if you are not admitted for treatment. This does not apply to any Accident or Injury treatment

**The following activities have been built into the VisitOz plan:** Incidental leisure travel to Australia and South Pacific, trip interruption for immediate family member's passing, and all hazardous sports activities as outlined below:

**Hazardous Sports Policy Wording Definition (Also included in the above):** Bamboo Boat Rafting, Black Water Rafting, Bouldering, Bungee Jumping\*(more than 2 jumps in all during Your Trip), Bungee – Swing, Canyoning, Cave Tubing, Caving, Cycle Touring, Diving, Dog Sleighting, Hang Gliding, Helicopter Flight as Passenger, Hiking 20K under 6000m, Horse Trekking, Ice Climbing, Flying in a Helicopter (as a passenger only) Jet Boating/Shotover Jet, Micro Lighting, Lugging, Mountaineering (with ropes), Off-Road Mountain Biking, Potholing/Caving (as part of a group), Parachuting, Paragliding, Parapenting, Parasailing (behind a boat), Parapenting (behind a motorized vehicle), Polo, River Kayaking, Rock Climbing (with ropes), Sea Kayaking, Sand Boarding, Shark Cage Diving, Skydiving, Show-jumping, Spelunking, Sledging, Swimming under waterfalls, Surfing, or White Water Rafting (grade 4-5), Zip Lining, Zorbing.

## **Emergency Services**

### **Emergency Medical Evacuations**

If You require Emergency Medical Evacuation We will pay up to the amount stated in the Benefit table and Certificate of insurance for Your emergency transportation to the nearest suitable Hospital.

### **Repatriation of Remains or Burial**

We will pay up to the amount stated in the Benefit table and Certificate of insurance for the Repatriation of Your Remains, following Your death including costs of preparation of the remains necessary for transportation. Or for the cost of preparing Your remains for cremation or burial and a burial plot in the Host Country where Your death occurred.

### **Emergency Reunion**

We will pay up to the amount stated in the Benefit table and Certificate of insurance for the following Emergency Reunion expenses, following a covered Emergency Medical Evacuation:

1. The cost of an economy round-trip air or ground transportation ticket for one of Your Close Relatives to visit You if You are hospitalized for more than 7 days or are to be hospitalized following Emergency Medical Evacuation; and
2. Reasonable expenses for lodging and meals for that Close Relative to remain whilst You are hospitalized for a period not to exceed 15 days.
3. The cost of any additional Hotel charges You incur following discharge but during any convalescence period with the Close Relative prior to Your return to Your Home Country for a period not exceeding 15 days.

Exclusions for Medical Expenses, Emergency Medical Evacuation, Repatriation of Remains or Burial or Emergency Reunion.

We will not be liable for any expense arising directly or indirectly from:

- a. Charges resulting directly or indirectly from any Pre-existing Medical Condition,
- b. Pregnancy other than Complications of Pregnancy.
- c. Treatment for or related to any congenital condition or Mental Health Disorders, as defined herein.
- d. Surgeries, treatments, services or supplies which are Investigational, Experimental or for Research purposes.

- e. Weight modification or surgical treatment of obesity, including wiring of the teeth and all forms of intestinal bypass Surgery, modifications of the physical body in order to improve Your psychological, mental or emotional well-being such as sex-change Surgery, Surgeries, treatments, services or supplies for cosmetic or aesthetic reasons, except for reconstructive Surgery when such Surgery is directly related to and follows a Surgery which was covered hereunder.
- f. Treatment for HIV+, AIDS or ARC, Venereal disease, including all sexually transmitted diseases and conditions or procedure that either promotes or prevents conception or procedure that either promotes, enhances or corrects impotency or sexual dysfunction.
- g. Dental Treatment, except for Emergency Dental Treatment necessary to replace sound natural teeth lost or damaged in an Accident covered hereunder or for the Emergency relief of Acute Onset of Pain.
- h. Eyeglasses, contact lenses, hearing aids, hearing implants, eye refraction, visual therapy, and any examination or fitting related to these devices, and all vision and hearing tests and examinations for Eye surgery, such as radial keratotomy, when the primary purpose is to correct near-sightedness, farsightedness or astigmatism, Immunizations and Routine Physical Exams.
- i. Any services or supplies performed or provided by a Close Relative of Yours or any other family member of Yours or any person who ordinarily resides with You or any medications commonly available without prescription. .

**Accident death, Loss of Sight, Loss of Limb or Permanent Total Disablement**

We will pay up to the amount shown in the Benefit table and Certificate of insurance to You, Your executors or Your administrators as a result of an Accident which results in Your Accidental Boldly You suffer in one or more of the following

- Your Accidental death
- Loss of Sight (in one or both of Your eyes)
- Loss of Limb
- Your Permanent Total Disablement

**Payment of Benefit**

We will not pay under more than one of the benefits listed above in conjunction with the same Accident.

**Exclusions:**

We will not be liable for any claim directly or indirectly from;

1. Accidental Bodily Injury results from You suffering from Illness, sickness or disease that is not directly resulting from Accidental Bodily Injury.
2. Your Accidental Bodily Injury is effected directly or in-directly by any degenerative medical condition.

**Travel / Non-Medical Benefits**

**Disappearance**

If You have been missing for a period of 180 consecutive days and there is sufficient evidence to support the conclusion that Your death has been caused by Accidental Bodily Injury, You will be presumed to have died and the amount stated in the Benefit table will be paid to Your executors or Your administrators. However they will repay any benefit if You are subsequently found to have been alive or are found alive.

**Trip Interruption**

We will pay up to the amount shown in the Benefit table and Certificate of insurance following proof for the cost of an economy one-way air or ground transportation ticket for You to return to Your Home Country as the direct and necessary result of Your Accidental Bodily Injury or Illness or the death or Accidental Bodily Injury or Illness or death of Your Partner, Dependents or Close Relative or the destruction of your Principle Residence by fire or storm following departure from Your Home Country.

**Emergency Bail Bond**

We will make the arrangement of a Bail Bond up to the amount stated in the Benefit table and Certificate of insurance

if You have has been arrested following a car Accident.

For benefits to be payable under this section:

We will only arrange the financial guarantee if payment has been secured through Your credit card or personal assets, but no benefit will be made for payment due to any shortage of funds, error or omission, currency fluctuation or loss of value or any exclusion included under general exclusions.

### **Personal Liability**

We will indemnify You up to the amount stated in the Benefits table and Certificate of insurance for any one occurrence or a series of occurrences arising directly or indirectly from one source or original cause if You become legally liable to pay damages for accidentally injuring someone or causing accidental loss or damage to someone else's property. Included within these limits are:

1. All costs and expenses recoverable by a claimant from You.
2. All costs and expenses incurred with Our written consent.
3. Solicitors' fees for representation at any coroner's inquest or fatal accident enquiry or in any Court of Summary Jurisdiction; except that in respect of occurrences happening in or claims or legal proceedings brought or originating in the United States of America and Canada or any other territory within the jurisdiction of either such country.

Costs and expenses described in 1, 2, and 3 above are deemed to be included in the Limit of Indemnity stated.

For benefits to be payable under this section:

1. You must not make any admission, offer, promise, or indemnity without Our consent. We shall be entitled to take over and conduct in the members name the defence or settlement of any claim or to prosecute in their name for their own benefit any claim for indemnity or damages or otherwise and shall have full discretion in the conduct of any proceedings and in the settlement of any claim and You shall give all information and assistance as We may require. Every letter, claim, writ, summons and process shall be forwarded to us on receipt. Written notice shall be given to Us immediately You shall have notice of any prosecution or inquest in connection with any circumstances that may give rise to liability under this Section.
2. We may at any time pay You in connection with any claim or series of claims the Limit of Indemnity stated in this section (after deduction of any sum(s) already paid as compensation) or any lesser amount for which such claim(s) can be settled and upon such payment being made. We shall relinquish the conduct and control of and be under no further liability in connection with such claim(s) except for the payment of costs and expenses recoverable or incurred prior to the date of such payment.

The following exclusions apply to Personal Liability:

We shall not be liable for any expense arising directly or indirectly from:

1. For liability in respect of Accidental Bodily Injury to any person who is;
  - 1.1. Under a contract of service or apprenticeship with the Insured when such injury arises out of and in the course of their employment..
  - 1.2. A member of Your family.
  - 1.3. Also insured under this Policy.
2. For liability in respect of loss or damage to property belonging to or held in trust by You or in Your custody or control other than temporary accommodation occupied by You.
3. For liability in respect of Accidental Bodily Injury, loss or damage caused directly or indirectly in connection with the ownership, possession or use by You of:
  - 3.1. Mechanically propelled vehicles (other than golf buggies used on golf courses and not on public roads).
  - 3.2. Aircraft, hovercraft, watercraft, (other than non-mechanically powered watercraft less than 30 feet in length used on inland waters).
  - 3.3. Firearms (other than sporting guns).
4. For liability in respect of Accidental Bodily Injury loss or damage arising directly or indirectly in connection with:

- 4.1 Your ownership, possession or occupation of land or buildings, immobile property or caravans other than temporary accommodation occupied by You.
- 4.2 Any willful or malicious act.
- 4.3 The carrying on of any trade, business or profession.
- 4.4 The supply of goods or services.
- 4.5 Insanity, the use of any alcohol, drugs (except as medically prescribed) or drug addiction.
5. Any liability assumed by You under any contract or agreement unless such liability would have attached in the absence of such contract or agreement.
6. The cost of punitive or exemplary damages.

### **Lost checked in Luggage**

We will pay You the amount stated in the Benefit table and Certificate of insurance if You are temporarily deprived of Your Luggage for at least 12 hours by the loss or miss-direction of You Luggage by an International Airline Carrier subject to:

For benefits to be payable under this section:

- a. The Lost Checked Luggage must have been checked by You in accordance with routine luggage checking procedures, for transportation on board a regularly scheduled commercial airline or cruise line, upon which You are a fare-paying passenger; and
- b. You must file a formal claim for lost luggage with the transportation provider, and follow all instructions and take all measures as directed by the transportation provider to locate and retrieve the Lost Checked Luggage; and
- c. You must provide Us with copies of all documentation of the claim filed with the transportation provider, and a written statement from the transportation provider confirming that the luggage was checked and after careful search, the luggage remains missing; and
- d. Any expense will only be paid by US 10 days after the items have been lost

### **Catastrophe cover**

We will pay up to the amount stated in the Benefits table and Certificate of insurance if You are forced to move from Your pre-booked accommodation as a result of fire, lightning, explosion, earthquake, avalanche, storm, tempest, tsunami, hurricane, flood, medical epidemic or local government directive which is confirmed in writing by local or national authority for irrecoverable travel or accommodation costs necessarily incurred for You to continue with the trip or, if the trip cannot be continued, for Your return to Your Home Country.

The following exclusions are applicable to catastrophe cover:

We will not pay any expense arising directly or indirectly from:

1. Any costs incurred following Your decision not to remain in Your booked accommodation when official directives from local or national authorities state that it is acceptable to do so.
2. Any costs or expenses payable by or recoverable from the tour operator, airline, hotel or other provider of services.

### **Search and Rescue**

We will pay up to the amount stated in the Benefits table and Certificate of insurance for all reasonable and necessary costs incurred by the authorities in searching for You and bringing You to a place of safety You are either (1) reported missing and it is known or reported that You may have sustained Accidental Bodily Injury or suffered illness, or (2) the weather conditions are such that to in order to prevent Accidental Bodily Injury or the suffering of illness the police or rescue authorities instigate a search and rescue for You.

For benefits to be payable under this section:

1. You must comply at all times with local safety advice and must comply with all recommendations and restrictions prevalent at the time.
2. You must agree that your chargeable proportion of any search and rescue operation will only be paid by US.

3. You must agree that expenses will only be covered up to the point where You are recovered by search and rescue team or up to the time the authorities advise that continuing the search is no longer viable.
4. You must obtain a written report from the search and rescue authority and provided it to Us before an expense can be paid.

The following exclusions are applicable to search and rescue:

We will not pay any expense arising directly or indirectly from:

1. Any circumstances where You knowingly endangering Your life.
2. Any activities where Your experience or skill levels falls below those reasonable required to participate in such activities.

### **Emergency Security expenses**

We will pay up to the amount stated in the Benefits table and Certificate of insurance if You require emergency evacuation to Your Home Country or the nearest place of safety as a result of an Insured Event as shown hereunder.

Insured Event

1. Your Appropriate Authority issues travel advices for the Host Country You are staying in, recommending that certain categories of person which includes You should leave that country or region.  
- or -
2. The recognised Government in Your Host Country :
  - a) Declares a state of emergency necessitating immediate evacuation or
  - b) Formally recommends or instructs that You should leave that country or region for safety or
  - c) Expels You or declares You "persona non grata".
3. Natural Disaster within Your Host Country which has a direct impact on Your safety.
4. The Political or military events in the Host Country puts Your life imminent threat to their safety.
5. You are Kidnaped or having a missing persons report filed with the local/international authorities.
6. Following a verified physical attack or threat of physical attack on You.

For benefits to be payable under this section:

1. You must contact Our Crises Management Company immediately You are aware of any situation that may give rise to an Insured Event or as soon as reasonably possible thereafter. If the Crises Management Company is not contacted immediately Our liability to pay any subsequent claim under this section will cease.
2. You must provide the Crises Management Company with all assistance and information requested in a timely manner.
3. You must follow the advice of The Crises Management Company at all times.
4. If You are entitled to any refund on unused tickets or returnable deposits or advanced payments We are entitled to deduct these from the value of any claim
5. You must be able to reasonably prove that there is a threat to Your safety.
6. You must be able to prove that, In the event of physical attack or threat of physical attack, such attack or threat occurred.

The following exclusions are applicable to emergency security expenses;

We will not pay any expense arising directly or indirectly from:

- a. Your failure to reasonably prove that there is any threat to You.
- b. Your taking part in any political activity or operations of any security or armed forces unless declared to and

agreed by Us.

- c. Your failure to maintain and possess duly authorised and issued required immigration, work, residence or similar visas or permits or other relevant documentation required in Your Host Country.
- d. Any evacuation expenses or costs incurred more than 30 days after the Insured Event.
- e. Any expense attributable in whole or in part to debt insolvency, commercial failure, the repossession of any property by any title holder or lien holder, or any other financial cause.
- f. Any Losses incurred by You or claim costs that have been unnecessarily increased by Your failure to follow the advice of Our Crises Management Company.

### **Travel Delay**

We will pay up to the amount stated in the Benefits table and Certificate of insurance if the aircraft, coach, ship or train on which You are booked to travel on Your outward or return trip is delayed due to strike, industrial action, adverse weather conditions, traffic flow congestion or mechanical breakdown for at least 24 hours. For benefits to be payable under this section You must provide original written details from the airline, shipping company, coach or train operators of the length of and reason for the delay or, in respect of mechanical breakdown, a garage or motoring organization report confirming the date, cause and time of the breakdown .

The following exclusions are applicable to travel delay:

We will not pay any expense arising directly or indirectly from:

- a. Your failure to check in for departure before the schedules departure time and in accordance with their itinerary.
- b. Your departure or arrival was delayed as a result of strike or industrial action that was public knowledge when the travel arrangements were booked.
- c. Your failure to obtain written confirmation from the carriers or their handling agents of the number of hours delay and the reason for such delay
- d. Your failure to accept alternative equivalent means of transport within the period of delay where this is offered on reasonable terms in lieu of the original mode of conveyance.
- e. Any delay where compensation is recoverable from the airline or other carrier

### **Exclusions and Conditions**

The following exclusion apply to all sections

We will not pay any expenses resulting indirectly or directly from:

- a. Your claim is due to a consequential loss of any kind.
- b. Your claim is for additional expense(s) or fee(s) arising from errors or omissions in your booking arrangements or your failure to obtain relevant visa or passport documents.
- c. Your claim occurring because you act illegally or break any government prohibition, travel warning or regulation including visa requirements.
- d. Your claim occurring if You fail to be in compliance with all conditions and provisions of this insurance
- e. Your claim occurring from being in control of a motor cycle without a current motorcycle license or You are a passenger travelling on a motorcycle that is in the control of a person that does not hold a current motorcycle license valid for the country you are travelling in.
- f. Your claim arising because You did not follow advice of Your Home Country government or Appropriate Authorities or other official body's warning against travel to a particular country or parts of a country
- g. Your claim arises from any act of war, whether war is declared or not, or from any rebellion, revolution, insurrection or taking of power by the military, any nuclear reaction or contamination from nuclear weapons or radioactivity, biological and or chemical materials, substances, compounds or the like used directly or indirectly for the purpose to harm or to destroy human life and or create public fear or as a result of your service in the military, naval or air service of any country or Acts of Terrorism (other than for Personal Accident, Medical Expenses, Emergency

Medical Evacuation, Repatriations , Repatriation of Remains and Burial, Emergency Reunion, Trip Interruption and Cancellation of trip where You have no Direct or indirect involvement in the Act of Terrorism).

- h. Any participation in professional sports or Athletics or any Contact Sports/Martial Arts.
- i. Any participation in Amateur Athletics; but this exclusion does not apply to non-competitive, interscholastic, recreational or intramural activities.
- j. Your claim arising because you dive underwater using an artificial breathing apparatus, unless you are PADI or NAUI certified or hold an open water diving license issued in the USA or you were diving under licensed instruction.
- k. Your participation in hunting, racing (other than on foot), engage in Open Water Sailing, black or white water rafting, kayaking, water skiing playing polo, show jumping or eventing, go mountaineering or rock/cliff climbing using ropes or climbing equipment (other than for hiking), canyoning, caving or potholing or from You parachuting, paragliding, sky-diving or hang gliding, bungee jumping, You taking part in any Winter Sports, spelunking or parasailing.
- l. Your being under the influence of or due wholly or partly to the effects of intoxicating liquor drugs, narcotic agents or Substance Abuse, other than for drugs taken in accordance with treatment prescribed and directed by a Physician but not for the treatment of drug, narcotic agents or Substance Abuse.
  - m. Your Claim arises as a result of or in connection with intentionally self-inflicted Injury or Illness, suicide or attempted suicide.
- n. Your claim occurring out of you flying other than as a passenger in a licensed passenger carrying aircraft or charter company.
- o. You have attained the age of 65.
- p. Your claim arising from your engaging in any form of Physical Manual Work as defined herein.