Avant
Travel Cover

Product Disclosure Statement and Policy Wording
QBE Insurance (Australia) Limited

Effective 1 January 2027
QM8287-0127

Avant
By doctors for doctors

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About this booklet

There are two parts to this booklet. The first part is Important Information about this Policy including information about how we'll protect your privacy and how to make a complaint or access our dispute resolution service.

The second part is your Policy Wording which sets out the detailed terms, conditions and exclusions of the Policy.

Because we don't know your own personal circumstances, you should treat any advice in this booklet as purely general in nature. It doesn't consider your objectives, financial situation or needs. You should carefully consider the information provided with regard to your personal circumstances to decide if it's right for you.

This booklet is also a Product Disclosure Statement (PDS). Other documents you receive may comprise the PDS. You'll know when this happens because it'll say so in the document.

The information in this PDS is current at the preparation date however it may change over time.

When we make a change that is materially adverse, either a Supplementary Product Disclosure Statement (SPDS) or a new PDS will be provided at renewal. If we make a change to information in the PDS that is not materially adverse, we may not notify you of the change and may not immediately update the PDS. However, you can contact us for a copy of the change at no charge to you.

This booklet has been prepared by QBE Insurance (Australia) Limited without taking into account your objectives, financial situation or needs. You should consider this PDS content carefully, before you make a decision to register for cover under it.

A copy of the updated information is also available at **avant.org.au/travel**.

For more information or to make a claim

Please take the time to read through this booklet and if you have any questions, need more information or to confirm a non-claim related transaction, please contact:

Avant Mutual
Level 6, Darling Park 3, 201 Sussex Street,
Sydney NSW 2000
Phone **1800 128 268**
Web address **avant.org.au**

Full details of what you must do for us to consider your claim are provided in the 'Claims' section at the end of this booklet. To make a claim under this Policy please contact Avant Mutual at the contact details above.

If you're overseas and in need of emergency assistance, please contact 'Healix International'. You'll find Healix International's telephone number, and information on how to call them from overseas, in the 'Emergency assistance' section.

About QBE Australia

QBE Insurance (Australia) Limited ABN 78 003 191 035 AFSL 239545 (QBE) is a member of the QBE Insurance Group of companies. QBE Insurance Group Limited ABN 28 008 485 014 is the ultimate parent entity and is listed on the Australian Securities Exchange (ASX: QBE). We have been helping Australians protect the things that are important to them since 1886.

QBE in the community

Premiums4Good™

We are committed to giving back to the communities that we operate in. Through Premiums4Good, we invest a portion of customer premiums into impact investments that aim to make positive environmental or social change, alongside a financial return. It's just another way we help in enabling a more resilient future.

About Avant Mutual

Avant Mutual is Avant Mutual Group Limited, ABN 58 123 154 898.

Important information

The information provided in this section includes high level information about the Policy including privacy, our dispute resolution process and other relevant information.

The Policy Wording sets out the detailed terms, conditions and exclusions relating to the Policy.

This Policy may be accompanied by a Master Policy Schedule which sets out any applicable specific terms.

Group policies: about your right to claim

This is a group Policy which the insured has entered into with us for the period of insurance. You may be eligible to claim under it as a third-party beneficiary, provided you met the eligibility criteria specified in the Policy, or under a particular cover, at the time an insured event occurred.

You can't cancel or vary the Policy – only the contracting insured and we can do this. If the Policy is cancelled or varied by us, we don't need to obtain your consent.

We also don't provide you with any notices in relation to this Policy. We only send notices to the insured as it's the only entity we have contractual obligations to.

You're not obliged to accept any of the benefits of this Policy but if you make a claim, you'll be bound by its terms, conditions, limitations and exclusions.

Neither we nor the insured hold the cover(s) or the benefits provided under the Policy on trust or for your benefit or on your behalf. The insured also doesn't:

- act on behalf of us or you in relation to the Policy; or
- receive any remuneration or other benefits from us.

If you're seeking to access the benefit of the Policy, you should consider obtaining advice as to whether it is appropriate for your needs from a person who is licensed to give such advice.

Nothing prevents you from entering into other arrangements regarding insurance.

To confirm if you may have access to the Policy, and its currency, please contact Avant Mutual.

The cost of this policy

Premium is what the Insured pays us for this Policy. It's made up of the amount we've calculated to accept the risk of insurance under this Policy as well as any taxes and government charges.

When calculating your premium, we take a number of factors into account including:

1. the number and age distribution of participating Avant members;
2. the number of Avant employees;
3. the type and amount of cover selected; and
4. previous claims history.

Information relating to premium calculation

The list of factors in 'The cost of this policy' is not exhaustive. We may take other factors into account and add or remove factors. The importance we place on the factors we use to calculate the premium and how the factors combine, all affect calculation of the premium.

Duty to take care not to make a misrepresentation

By law, you must take reasonable care not to make a misrepresentation. A misrepresentation includes a statement that is false, partially false, or that does not fairly reflect the truth. This means, prior to entering into an insurance contract, giving us true, complete and accurate answers to our questions, including where you provide information on someone else's behalf. We use your answers to decide whether to insure you and on what terms. If any of your answers are misleading, incomplete, inaccurate or fraudulent we may reduce or refuse to pay a claim, cancel your policy or treat it as if it never existed. If you don't understand a question, you're unsure how to answer or if anything is unclear, please call us.

If you are renewing your insurance, you need to carefully review the information provided in your renewal documents and check that it is true, complete and accurate. If any of the information is incorrect or has changed, you must let us know before renewal.

Some changes may impact our offer of renewal terms. If you don't understand a question, you're unsure how to answer or if anything is unclear, please call us before you renew your policy. If we do not hear from you and you renew your policy, we will take that to mean that the information provided in your renewal document is true and correct and that nothing has changed. If you do not tell us about anything that has changed, or if you do not take reasonable care not to make a misrepresentation then we may reduce or refuse to pay a claim, cancel your policy or treat it as if it never existed.

The General Insurance Code of Practice

QBE is a signatory to the General Insurance Code of Practice (Code) and is committed to providing high standards of service. The Code covers topics like buying insurance, how claims are handled, what happens if financial hardship occurs, and complaint handling. You can read the Code at **insurancecouncil.com.au**

The Code Governance Committee is an independent body that monitors and enforces insurers' compliance with the Code. For more information about the Code Governance Committee please visit **insurancecode.org.au**

Misuse of our products and family violence

We do not condone the misuse of our products for the purpose of financial abuse or disadvantage, including through family and domestic violence. We are here to provide support to our customers who may be impacted. Further details about our Family and Domestic Violence Customer Support Policy are available at **qbe.com/au**

Cooling-off period

If the insured changes their mind about their Policy and hasn't made a claim, they can cancel it within 21 days of the start or renewal date and we'll give them a full refund. If they cancel their Policy in these circumstances, they will have no cover under the policy.

To cancel their Policy within the cooling-off period, the insured should contact their financial services provider. The insured can also cancel their Policy outside the cooling-off period.

Privacy

We take the security of your personal information seriously.

We will collect personal information directly from you when you deal with us, or sometimes through our agents, other companies in the QBE group or suppliers acting on our behalf.

We will only ever collect the personal information we need in order to provide our services to you, such as issuing and administering our products and services and processing claims.

We will obtain consent before collecting sensitive information, such as health information, unless we are required or permitted by law to collect it without consent.

Sometimes we may store and disclose your personal information overseas. When we do this, we ensure your information is retained in accordance with the *Australian Privacy Act 1988 (Cth)* and local privacy laws.

Our Privacy Policy describes in more detail from whom we collect personal information, as well as where we store it and the ways we could use it. You can find it at **qbe.com/au/about/governance/privacy-policy**
If you would like to access or correct your personal information, please contact us at **complaints@qbe.com** or on 1300 650 503.

Emergency assistance

QBE's travel assistance provider for this policy is Healix International.

As the service provider, Healix International is responsible for coordinating any medical evacuation and repatriation services required, and is ready to respond 24 hours a day, 365 days a year. In the event of an accident, illness or emergency during your trip overseas, please contact our medical and emergency assistance team.

Phone: +61 2 4217 7649

Email: **QBEavant@healix.com**

You will be asked for the following information:

- Your name
- Your member ID
- Your date of birth
- The Insured Name, which is Avant Mutual
- The policy number as per the below table:

Member type	Policy number
You are a practitioner or training doctor member, and your cover ends 31 December	11-AVDITCY-PAD
You are a practitioner or training doctor member, and your cover ends 30 June	11-AVDITFY-PAD
You are an Avant employee	11-AVEMPCY-PAD

- The period of insurance as per your schedule of benefits

You will need to advise the place and telephone number where you can be reached, and give a brief description of your situation and the nature of help required.

If you don't need immediate assistance, and just need to make a claim, download an Avant Travel Insurance claim form at **avant.org.au/travel** and email it to **avantclaims@qbe.com**

For full details on how to make a claim, see the 'Claims' section.

Resolving complaints and disputes

Complaints

We're here to help. If you're unhappy with any of our products or services, or the service or conduct of any of our suppliers, please let us know and we'll do our best to put things right.

Step 1 – Talk to us

Your first step is to get in touch with the team looking after your Policy, direct debit or claim. You'll find their contact details on your policy documents, letters or emails from us.

Please provide our team with as much information as possible so they can try to fix the problem quickly and fairly.

For additional assistance in lodging a complaint, please refer to **qbe.com/au**

Step 2 – Customer relations

If your complaint isn't resolved by the team looking after your Policy, direct debit or claim, you can ask them to refer your complaint on to our Customer Relations team. A Dispute Resolution Specialist will review your complaint independently and provide you with our final decision.

You can also contact the Customer Relations team directly:

Phone: 1300 650 503

Fax: (02) 8227 8594

Email: complaints@qbe.com

Post: GPO Box 219, Parramatta NSW 2124

Step 3 – Still not resolved?

If we're unable to resolve your complaint to your satisfaction within a reasonable time, or you're not happy with our final decision, you can refer your complaint for external dispute resolution by contacting the Australian Financial Complaints Authority (AFCA). We are a member of AFCA and their decisions are binding on us.

Phone: 1800 931 678

Email: info@afca.org.au

Post: GPO Box 3, Melbourne VIC 3001

AFCA will inform you if your complaint falls within its jurisdiction. Time limits apply to most complaints to AFCA. For more information, visit **afca.org.au**

More information

You can find more information about how we deal with complaints on our website at qbe.com/au or you can call us on 133 723 to speak with us or request a copy of our complaints brochure at no charge by us.

Complaints just about privacy

If you're not happy with how we've handled your personal information, call us on 1300 650 503 or email us at complaints@qbe.com. If you're not satisfied with our response, you can contact the Office of the Australian Information Commissioner (OAIC):

Phone: 1300 363 992

Email: enquiries@oaic.gov.au

Post: GPO Box 5288, Sydney NSW 2001

Financial claims scheme

This policy is protected under the Financial Claims Scheme (FCS), which protects certain insureds and claimants in the unlikely event QBE becomes insolvent. You may be entitled to access the FCS if you meet the eligibility criteria. For more information, contact the Australian Prudential Regulation Authority (APRA).

How to contact APRA

Phone: 1300 558 849

Online: **apra.gov.au/financial-claims-scheme-general-insurers**

Policy wording

This Policy is underwritten by QBE Insurance (Australia) Limited ABN 78 003 191 035, AFSL 239545.

Our agreement

This Policy is a legal contract between the insured and us. It's made up of the Policy Wording, Master Policy Schedule and the Certificate of Insurance. The insured pays us premium and you may be able to claim under the Policy, provided you met the eligibility criteria at the time loss or damage occurred.

There are also:

- conditions and exclusions which apply to specific covers or sections of this Policy;
- general exclusions, which apply to all covers and sections of this Policy;
- general conditions, which set out your responsibilities under this Policy;
- claims conditions, which set out your responsibilities when you make a claim; and
- other terms, which apply to how this Policy operates.

Excesses

If you make a claim you must pay any applicable excess(es) to the cover or section you're claiming under.

These excesses may be set out in the Amount payable table. Any applicable excess applies per person, not across a travelling group, even if for the same incident.

How much we'll pay

The most we'll pay for a claim is the maximum benefit amount set out in the Amount payable table for the cover or section you're claiming under, less any excess. The amount we pay may be subject to an aggregate limit.

Aggregate limits of liability

This Policy is a group policy where cover is available to other persons or entities that satisfy the definition of an insured person. The maximum amount we will pay for any one event involving more than one insured person (including you) under this Policy is the aggregate limit of liability. If the applicable aggregate limit is not enough to pay all claims in full, then we will reduce yours and each other insured person's benefit proportionately.

The aggregate limit for Sections A, B, C, D, H, I, M and Additional Covers is inclusive of all claims under any and all of those sections arising from the same event.

Sections K and L have aggregate limits that appear within those sections.

This limit applies to Sections A, B, C, D, H, I, M and Additional Covers:	$20,000,000
Overseas medical and associated expenses	Unlimited
Personal liability	$5,000,000
Kidnap and ransom and personal extortion	$1,000,000
Loss of deposits, cancellation and additional expenses	Unlimited
Additional covers: 1. Environmental and natural disaster evacuation	$500,000
Additional covers: 2. Political evacuation We will not pay more than the amount stated below for all claims under Section A arising out of or in connection with:	$500,000
a charter aircraft	*$1,000,000*
a light aircraft	*$1,000,000*
a helicopter	*$1,000,000*

Amount payable table

Section		**Maximum compensation per member policy, subject to sub limits**
Section A:	**Capital benefits** Capital benefit, payable conditions 1-30 7x pre-disability earnings up to a maximum of	$500,000
	Additional benefits applicable to Section A	
	Broken bones benefit	$5,000
	Replacement staff/recruitment costs	$15,000
	Partner retraining benefit	$15,000
	Corporate image protection	$15,000
	Disappearance benefit	$20,000
	Lifestyle modification benefit	$20,000
	Trauma counselling benefit	$10,000
	Dependent child supplement	$15,000
	Independent financial advice	$10,000
Section B:	**Weekly benefit - injury** 85% of weekly earnings up to a maximum of Excluded period of claim: 0 days each and every period of disablement. Benefit period: up to a maximum of 156 weeks.	$3,000
	Additional benefits applicable to Section B	
	Surgical procedures benefit resulting from an injury	$20,000
	Rehabilitation benefit	Unlimited
	Claim escalation benefit	7%
	Chauffeur benefit	$2,500
Section C:	**Weekly benefits - illness** 85% of weekly earnings up to a maximum of Excluded period of claim: 0 days each and every period of disablement. Benefit period: up to a maximum of 156 weeks	$3,000
	Additional benefits applicable to Section C	
	Surgical procedures benefit resulting from an illness	$20,000
	Rehabilitation benefit	Unlimited
	Claim escalation benefit	7%
Section D:	**Injury assistance for non-earners**	
	Home help	$500 per week
	Student assistance expenses	$500 per week
	Parent inconvenience allowance	$1,500
Section E:	This policy does not contain Section E	
Section F:	**Overseas medical and associated expenses**	
	Overseas medical expenses	Unlimited
	Overseas hospital expenses	Unlimited
	Overseas emergency dental expenses	$15,000
	Overseas emergency optical expenses	$15,000
	Associated expenses	As per Compensation table

Section		**Maximum compensation per member policy, subject to sub limits**
Section G:	**Emergency travel assistance**	Included
Section H:	**Baggage and personal effects**	$20,000, subject to applicable sub-limits
	Accidentally damaged, lost or stolen baggage: each article limited to	$10,000
	Accidentally damaged, lost or stolen electronic equipment (but not business electronic equipment) • Maximum for each insured person • Maximum for each article	 $7,500 $3,750
	Accidentally damaged, lost or stolen business property and business electronic equipment, belonging to the insured person or the Insured: • Maximum for each article An excess of $250 applies to each insured's claim for accidentally damaged, lost or stolen electronic equipment.	 $3,000
Section I:	**Money, cards and travel documents** Money	 $2,000
	Cards and travel documents	$5,000
Section J:	**Personal liability**	$5,000,000
Section K:	**Kidnap and ransom and personal extortion**	$1,000,000
Section L:	**Loss of deposits, cancellation and additional expenses** Any loss arising directly or indirectly from: i. Coronavirus disease (COVID-19); ii. Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2); iii. Any mutation of SARS-CoV-2; or iv. Any fear or threat of (i), (ii), or (iii) above.	$60,000, subject to applicable sub-limits $10,000 per single, couple/duo or family
	All other losses: Maximum compensation any Single, Couple/Duo, or Family	$60,000
	Additional expenses	As per Compensation table
Section M:	**Refund of motor vehicle excess following collision, damage or theft**	$5,000
	Additional covers 1. Environmental and natural disaster evacuation cover	 $50,000 any one event
	2. Political evacuation cover	$50,000 any one event
	3. Search and rescue expenses	$20,000 per person
	4. Spousal assistance Death of the insured person's spouse	 $30,000
	5. Additional cover back home Damage to residence Home burglary excess Domestic pet care Childcare/nanny benefit	 $5,000 $1,000 $500 $1,000
	6. Death by specified sickness benefit	$50,000
	7. Repatriation and funeral expenses	$50,000

Words with special meanings

The words and terms used throughout this Policy have the special meanings set out below.

Where other words and terms only have a special meaning in one section of the Policy, we'll describe that special meaning in that section.

Accident

A single, physical and external event which occurs unexpectedly at a specific and identifiable time and place.

Accompanying

Means a spouse or dependent child travelling for the primary purpose of joining an Avant member on a journey, provided such travel:

1. commences no earlier than 72 hours before the beginning of the Avant member's journey, and
2. concludes with the return to that traveller's normal place of residence no later than 72 hours after the completion of the Avant member's journey.

Additional accommodation, meal and travel expenses

Expenses reasonable for necessary accommodation, meals and travel costs, over and above what you and the insured had budgeted for, or could reasonably have expected to pay, had the journey gone ahead as planned.

Amount payable table

The table of benefits listed above.

Article

One item (including its attachments, even if they are not attached) or a set or pair of items, for example earrings, a set of golf clubs, a camera with its accessories.

Avant member

Means a holder of a membership with Avant Mutual Group Limited.

Baggage

Luggage, personal effects or other physical items accompanying you during a journey, which belong to you or for which you are legally responsible during the journey, excluding:

- business property;
- business electronic equipment;
- electronic equipment; and
- keys and locks.

Broken

A complete break of a bone and does not include a fracture not extending through the full thickness of the bone.

Business electronic equipment

Means the types of items described in electronic equipment, but only when the physical item belongs to you or the insured, and it accompanies you during a journey and is ordinarily used for business purposes.

Business property

Physical items belonging to you or the insured which accompany you during a journey, and are ordinarily used for business purposes, including:

- business documents, including papers, plans, specifications and manuscripts;
- business samples, including items intended to be sold or dealt with for trade; and
- business electronic equipment.

Cards and travel documents

Credit cards, bank cards, travellers cheques, passports, visas or other similar documents.

Certificate of insurance

Means the certificate of insurance for this Policy, which is current at the particular time during the period of insurance.

Compensation

The amount or percentage of benefit shown in the compensation tables of this Policy for a payable condition or payable event under each section of this Policy.

Computer system

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, operated or used by the coach, airline, shipping line, cruise line or railway company that you were due to travel on.

Concealed storage compartment

Means a boot, glove box, enclosed centre console, or concealed cargo area of a vehicle in your possession or a vehicle you are travelling in.

Cover start date

The date that your period of cover begins, as stated on your schedule of benefits.

Cyber act

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

a) A cyber act or 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) a cyber act including any partial or total unavailability or failure or series of related partial or total unavailability or failures to access, process, use or operate any computer system.

Dependent child(ren)

Your or your spouse's unmarried child(ren) (including step and legally adopted children) who:

- normally reside with you, and:
  - are under 19 years of age; or
  - are under 25 years of age and a full time student; or
  - are primarily dependent upon you or your spouse for maintenance or support due to reason of diagnosed permanent mental or physical disability.

Electronic equipment

Equipment accompanying you during a journey which operates using batteries or electricity, including but not limited to iPods and other portable music devices,

iPads and other tablet devices, satellite navigation units, laptop computers, mobile phones, cameras and camera equipment, personal digital assistants (PDAs), electronic organisers and other hand held computers.

Electronic equipment does not include business electronic equipment.

Emergency dental

Dental treatment as a result of injury or illness which is non-routine and which in the opinion of a qualified dental practitioner, cannot be reasonably delayed until you return to Australia.

Emergency optical

Optical treatment as a result of injury or illness which is non-routine and which in the opinion of a qualified optical practitioner, cannot be reasonably delayed until you return to Australia.

Emergency medical assistance

Co-ordination of emergency medical treatment and services, including but not limited to:

- arranging for hospitalisation;
- repatriation;
- transfers;
- medical supervision during transportation; and
- burial arrangements

subject to Healix International's prior express consent, which they will not unreasonably withhold.

If it is appropriate in the circumstance, at Healix International's discretion, emergency medical assistance may also include:

- arranging for family or friends to travel to you while you are hospitalised; and/or
- arranging for family or friends to accompany you on your repatriation.

Excess

A sum of money that you are required to contribute to, or which we can deduct from, the amount of a claim for which an excess applies, for an incident under this Policy.

See 'Excesses' section for more information about how the excess works.

Excluded period of claim

The number of days of your disablement for which we won't pay any benefits under this Policy, after you first receive medical treatment by a registered medical practitioner for the injury or illness which resulted in your disablement.

Illness

Any sickness or disease which occurs while on a journey.

Injury

Bodily injury which:

- results from an accident which occurs while you are on a journey during the period of insurance; and
- is not an illness, or a consequence of any sickness or disease.

Injury also includes any condition caused by exposure to the elements as a result of an accident which occurs during a journey.

Insured

Avant Mutual Group Limited, as named on the current Master Policy Schedule as the 'Insured'.

Insured person

If you are an Avant member:

a) for business or leisure travel, an Avant member who holds an Avant Practitioner Indemnity Insurance Policy and either:

   i. is a citizen or a legal permanent resident of Australia, or

   ii. holds a Temporary Skill Shortage Visa (subclass 482), Medical Practitioner visa (subclass 422), Temporary Work (Skilled) visa (subclass 457) or Training Visa (subclass 407), and

b) their spouse and/or dependent child, accompanying the Avant member on a journey.

If you are an Avant employee:

a) for leisure travel, an Avant employee; and

b) their spouse and/or dependent child, accompanying the Avant employee on a journey.

Journey

Any travel that involves an overseas journey or travel within Australia, providing it is not longer than six months, and that within Australia any such travel involves a destination more than 250km away from your normal place of business or normal place of residence.

Your journey commences from the time you leave your normal place of business or normal residence in Australia (whichever is the point of departure for such travel) and continues on a 24-hour basis until:

- the last day of the six month period (180 days); or
- you return to your normal place of business or normal place of residence

whichever first occurs.

Your journey does not include your normal travel between your normal place of residence and normal place of business for the purposes of attending to or returning from work.

A journey includes travel by an accompanying spouse and dependent children.

Keys

Keys for your motor vehicle, business premises and/or place of residence.

Kidnapping

Any event or connected series of events of seizing, detaining or carrying away an insured person by unlawful force for the purpose of demanding ransom.

Loss of use

In connection with a limb, finger or toe means:

- permanent physical severance; or
- permanent and total loss of use, including the loss of ability to perform all domestic and other non-occupational functions.

Master Policy Schedule

The schedule of insurance for this Policy which is current at a particular time during the period of insurance, including any endorsement schedule or any renewal schedule.

Medical expenses

All reasonable costs necessarily incurred outside of Australia for ambulance, hospital, surgical, diagnostic or remedial treatment referred or prescribed by a registered medical practitioner.

Mobile phones

Devices which contain a transmitter allowing voice calls across a cellular network, separate to Wi-Fi.

Money

Cash, including bank notes, coins, postal or money orders.

Motor vehicle

A passenger class hatchback, sedan, van, minivan, station wagon, four-wheel drive or campervan.

Non-scheduled flight

A flight which takes place outside of normal schedules and:

- is the subject of a hiring agreement with a charter airline, either by hiring the entire aircraft or an individual aircraft seat; or
- occurs using an aircraft privately owned by the insured, you or another insured person, or any other entity which does not require the purchase of ticketed seats.

Occurrence

All deaths, bodily injuries or losses of or damage to property,

directly or indirectly related to or arising from:

1. one original cause, source or event; or
2. continuous or repeated exposure to the same general conditions.

Overseas

Outside the territorial borders of Australia.

Other travel assistance

Assistance for non-medical events including:

- providing a message service to you to enable you to keep in touch with family, employees and travel agents;
- organising your evacuation in the event of a political or environmental event which necessitates evacuation;
- pre-departure health information;
- location of Australian embassies and consulates;
- legal referral service;
- assistance in replacing lost or stolen travel documents and passports;
- referral to financial providers to cancel and replace your lost or stolen credit cards and cheques; and/or
- assistance and advice regarding the replacement of lost or stolen luggage.

Payable condition

The condition which is set out in the 'Compensation table' under each section of the Policy and/or the 'Amount payable table'.

Paraplegia

The permanent and total paralysis of both legs and part or whole of the lower half of the body.

Payable event

The event which is set out in the 'Compensation table' under each section of the Policy and/or the 'Amount payable table'.

Period of insurance

The period of cover shown in your schedule of benefits. If you commence a journey during the period of insurance, the period of insurance for you is extended until the journey ends.

Permanent

Continuing for at least 12 consecutive months and which thereafter will, in the opinion of a registered medical practitioner, be unlikely to materially improve.

Permanent physical severance

If it occurs:

- to a hand or foot at or above the wrist or ankle;
- to an arm or leg at or above the elbow or knee; or
- to a toe other than a great toe, at or above the third joint from its extremity.

Permanent total disablement

1. If you are in full-time employment at the time of injury resulting in your disablement, permanent total disablement means in the opinion of a registered medical practitioner:

a) your disability is permanent; and

b) you are entirely and continuously unable to engage in, perform or attend to any occupation(s), business(es) and profession(s) for which you are reasonably qualified by way of training, education or experience.

2. If you are not in full time employment at the time of injury resulting in your disablement, permanent total disablement means disablement as a result of an injury that:

   has entirely and continuously prevented you from engaging in any occupation at all for at least

a) 12 months; and

b) in the opinion of a registered medical practitioner will, in all probability, continue to prevent you from engaging in any occupation at all for the remainder of your life.

The definition of permanent total disablement is subject to restriction 6 under Section A – 'Capital benefit restrictions'.

Personal extortion

To intimidate by a threat or series of threats to kidnap, or cause bodily injury, for the purpose of demanding ransom.

Normal place of business

If different from your normal place of residence, the site(s) at which you currently work, including any hospitals or practice rooms, locum rooms, universities or research facilities.

Normal place of residence

The dwelling where you usually reside.

Pre-disability earnings

1. **If you are self-employed:** your gross weekly income from personal exertion after allowing for costs and expenses incurred in deriving that income averaged over the 12 months prior to disablement or any shorter period that you've been engaged in your occupation.
2. **If you are an employee:** your basic weekly base rate of pay exclusive of overtime payments, bonuses, commission or allowances at the time of disablement.

   If you are an employee who has elected to salary sacrifice income, your basic weekly base rate of pay will be deemed to mean the total cost of employment inclusive of such income salary sacrificed.

Professional sport

An activity which is competitively engaged in, governed by a set of rules or customs, requiring physical exertion and for which you receive a financial reward, payment or remuneration for your efforts and/or achievements.

Professional sport doesn't include you participating in sporting activities on an amateur basis (i.e. financial reward, payment or remuneration is less than 20% of your annual earnings).

Quadriplegia

The permanent and total paralysis of both legs and both arms.

Ransom

Cash and/or marketable goods surrendered by or on behalf of you or the insured in connection with kidnapping, unlawful detention or an extortion event.

Registered medical practitioner

A medical practitioner or healthcare professional who holds a current registration or licence to practise medicine with the respective medical practitioners board, or medical board (or similar) in the country that the medical practitioner is providing medical services in, other than:

- an insured person;
- a relative of an insured person; or
- an employee of the insured or an insured person.

Relative

Your parent, parent-in-law, step-parent, child, step-child, brother, sister, brother-in-law, sister-in-law, daughter-in-law, son-in-law, half-brother, half-sister, fiancée, niece, nephew, uncle, aunt, grandparent or grandchild.

Schedule of benefits

The schedule of benefits issued to you by Avant Mutual at the time of your purchase of cover under this Policy.

Serious injury or serious illness

An injury or illness which results in a person being admitted as a hospital in-patient for a period in excess of 24 hours.

Spouse

Your husband or wife, de-facto or life partner (including same-sex partners), with whom you have continuously cohabited for a period of six months or more at the time of a covered event.

Temporary partial disablement

Disablement that, in the opinion of a registered medical practitioner, prevents you from carrying out a substantial part of all of the normal activities associated with your usual occupation(s), profession(s) or businesses.

Terminal illness

A disease that cannot be cured or adequately treated and that is reasonably expected to result in the death of the patient within 24 months of the commencement date of your journey.

Terminal illness must be confirmed and certified by a registered medical practitioner who is treating the condition and can provide supporting evidence of the condition, possible medical treatment and prognosis, and if required by us, a specialist medical practitioner who is an expert in the condition.

Temporary total disablement

Disablement that, in the opinion of a registered medical practitioner, prevents you from carrying out all of the normal activities associated with your usual occupation(s), profession(s) or businesses.

Time of operation of cover

Cover under this Policy will apply while the insured person is engaged in travel.

Cover will commence from the time the insured person leaves their normal place of business or normal place of residence, whichever is the point of departure for such travel, and continue on a 24-hour basis until they return to their normal place of business or normal place of residence, whichever first occurs. It does not include normal travel between the insured person's normal place of residence and normal place of business, for the purposes of attending to or returning from work.

Travel otherwise means a journey which involves an overseas journey or travel within Australia, provided it is not longer than six months, and that within Australia any such travel involves a destination more than 250km away from the insured person's normal place of business or normal place of residence.

Unattended

- Left with a person you have not previously met; or
- Intentionally or unintentionally left in a public place, in either an open or enclosed space, whereby an item:
  - can be taken without your knowledge; or
  - is at a distance from which you cannot prevent it being taken.

War

War, invasion, acts of foreign enemies, hostilities or war like operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, or instance of military or usurped power.

We, our or us

QBE Insurance (Australia) Limited, ABN 78 003 191 035, AFSL 239 545.

You or your

Any person described in the Master Policy Schedule as an insured person, subject to:

a) the relevant terms of registration and time of operation of cover provided under this Policy; and

b) the valid payment of the insured person's travel insurance fee; and

c) the provision by Avant Mutual Group Limited of the schedule of benefits to the Avant member.

Cover is provided to you as a third-party beneficiary by operation of section 48 of the *Insurance Contracts Act 1984 (Cth)* and on no other basis.

Section A: Capital benefits

What we will pay

We will pay you the amounts set out in the Compensation table: Capital benefits and Compensation table: Broken bones benefit if the payable conditions shown:

- occur during the period of insurance; and
- are a result of injury which occurs while on a journey.

What we will not pay

We will not pay for any claim under this section of the Policy if your claim arises directly or indirectly out of any of the following:

- illness; or
- suicide or attempted suicide.

Restrictions applicable to capital benefits

1. Any payable condition claimed under capital benefits must occur within 12 months of the date of the accident which resulted in injury.
2. Any capital benefit payable will be reduced by any amount of any other capital benefit we have paid or are liable to pay to you in connection with the same accident.
3. If we have paid the disappearance capital benefit we will not pay any other capital benefits under this section.
4. The maximum amount we will pay for any one event involving more than one insured person is the aggregate limit of liability shown in the Amount payable table. If this amount is not enough to pay all claims in full, then we will reduce each insured person's benefit proportionately.
5. The death benefit payable for dependent children is limited to $50,000 unless otherwise stated on the Amount payable table.
6. If we do not agree with the opinion provided by a registered medical practitioner in relation to payable conditions 2 or 3, we will, at our own expense, appoint another registered medical practitioner to examine you. If the registered medical practitioner appointed by us disagrees with the opinion of the first registered medical practitioner with respect to payable conditions 2 or 3, we will, at our expense, arrange for you to be examined by an independent registered medical practitioner, who will be appointed in mutual agreement by you and us. In that case, the compensation amount we pay (if any) for either payable condition 2 or 3 will be based solely on the opinion of the independent registered medical practitioner.

Compensation table: Capital benefits

Payable condition	Compensation as a percentage of the maximum benefit amount for capital benefits shown in the Amount payable table
1. Death	100%
2. Permanent total disablement	100% subject to a maximum of 7 times annual pre-disability earnings
3. Permanent disability not otherwise provided for by payable conditions 4-30	Subject to restriction 6 under 'Capital benefit restrictions', the lesser of: • the percentage as determined by a registered medical practitioner consistent with the compensation provided in this table, or • 75%.
4. Permanent paraplegia	100%
5. Permanent quadriplegia	100%
6. Permanent unsound mind to the extent of legal incapacity	100%
7. Permanent and incurable paralysis of all limbs	100%
8. Permanent total loss of the entire sight in one or both eyes	100%
9. Permanent total loss of hearing in both ears	100%
10. Permanent loss of use of both hands	100%
11. Permanent loss of use of both arms	100%
12. Permanent loss of use of both feet	100%
13. Permanent loss of use of both legs	100%
14. Permanent loss of use of one hand and one foot	100%
15. Permanent loss of use of one hand or one arm	100%
16. Permanent loss of use of one foot or one leg	50%
17. Permanent total loss of the lens of one eye	50%
18. Permanent total loss of the hearing in one ear	50%
19. Permanent loss of the use of four fingers and thumb of either hand	75%
20. Permanent loss of use of four fingers of either hand	40%
21. Permanent loss of use of one thumb, both joints	30%
22. Permanent loss of use of one thumb, one joint	15%
23. Permanent loss of use of a finger, three joints	10%
24. Permanent loss of use of a finger, two joints	8%
25. Permanent loss of use of a finger, one joint	5%
26. Permanent loss of use of all the toes of one foot	15%
27. Permanent loss of use of great toe, both joints	5%
28. Permanent loss of use of great toe, one joint	3%
29. Permanent loss of use of other toe (each toe)	1%
30. Third degree burns and/or resultant disfigurement which covers more than 40% of the entire body	50%

Additional benefits applicable to Section A

Broken bones benefit

If you are on a journey and suffer an injury resulting in a broken bone listed in the compensation table, we will pay you the corresponding amount shown in the Compensation table: Broken bones benefit.

The maximum benefit amount payable for the broken bones benefit is shown in the Amount payable table. This is the maximum amount we will pay you in total for all payable conditions under the broken bones benefit arising from any one accident.

Compensation table: Broken bones benefit

Payable condition – an injury resulting in the following broken bone(s):	Compensation as a percentage of the maximum benefit amount for the broken bones benefit shown in the amounts payable table
1. Neck, skull or spine	100%
2. Hip	75%
3. Jaw, pelvis, leg, ankle or knee	50%
4. Cheekbone or shoulder	30%
5. Arm, elbow or wrist	10%
6. Nose or collarbone	20%
7. Foot or hand	5%

In the case of established non-union with respect to any of the above broken bones payable conditions, we will pay you an additional 5% of the broken bones benefit maximum benefit amount shown in the Amount payable table.

Replacement staff/recruitment costs

If, as a result of your injury, a benefit has been or, will be paid under Section A: Capital benefits payable conditions 1 (death) or 2 (permanent total disablement), we will also pay the reasonable costs incurred by the insured person's employer for recruitment of a replacement employee, up to a maximum of $5,000.

Costs must be incurred within 60 days from the date of the accident which resulted in your injury. The most we will pay for the recruitment of replacement employees for all insured persons injured in relation to any one event is $15,000 in the aggregate.

Partner retraining benefit

If, as a result of your injury, a benefit is paid under Section A: Capital benefits payable conditions 1 (death) or 2 (permanent total disablement), we will also pay up to $15,000 for actual costs incurred for the training or retraining of your spouse:

- for the purposes of obtaining employment in an occupation within your education, training and experience; or
- to improve their employment prospects; or
- to enable them to improve the quality of care they can provide to you if you have suffered permanent total disablement.

The partner retraining benefit will only be payable provided that:

- your spouse is aged under 65 years at the commencement of the training or retraining; and
- the training or retraining is provided by a recognised institution with qualified skills to provide such training; and
- the costs are incurred within 24 months of the date of your injury.

Corporate image protection

If, as a result of your injury, a benefit has been or, will be paid under Section A: Capital benefits payable conditions 1 (death) or 2 (permanent total disablement), we will also pay the insured person's employer the actual additional costs incurred with our prior written agreement:

- to engage external image or public relations consultants; and
- to release information through the media;

up to a maximum of $15,000. The most we will pay for corporate image protection for all insured persons injured in relation to any one event is $15,000 in the aggregate.

The corporate image protection benefit will only be payable provided that costs incurred are:

- additional to the insured person's employer's normal business expenses; and
- directly associated with your injury; and
- for the explicit purpose of protecting and/or positively promoting the insured person's employer's business and image as a result of your injury.

Disappearance benefit

If you are travelling on a conveyance, and

- your means of transportation disappears, sinks or is wrecked; and
- your body has not been found within 12 months or a coroner's or police report has been issued confirming the presumption that you have died as a result of injury;

we will presume that you have died as a result of an injury and we will pay the death benefit to your estate or legal representative, unless we have reason to suspect that you may not have perished.

If we have paid the disappearance benefit we will not pay any other capital benefits under this Policy.

If you are later found to be alive then you, or your estate or legal representative, must refund the amount we have paid.

Lifestyle modification benefit

If you are paid a capital benefit under any of payable conditions 2, 4, 5 or 7 of the Compensation table: Capital benefits, we will also pay for the costs necessarily incurred by you:

- in modifying your motor vehicle; or
- in modifying your home; or
- in relocating to a suitable home.

We will pay up to a maximum of $20,000.

Trauma counselling benefit

If a registered medical practitioner recommends that you require trauma counselling due to:

- your injury resulting in a benefit being payable under Section A: Capital benefits; or
- your accompanying spouse, dependent child or travelling companion suffering death while you are on a journey; or
- you being a victim of or eyewitness to a violent criminal act or act of terrorism;

we will pay you $500.

The most we will pay for all insured persons requiring trauma counselling in relation to any one event is $10,000 in the aggregate.

Dependent child supplement

If, as a result of your injury, a benefit is paid under Section A: Capital benefits payable condition 1 (death), we will pay your estate $7,500 for each of your surviving dependent children, up to a maximum of $15,000 in total for your family.

Independent financial advice

If, as a result of your injury, a benefit is paid under Section A: Capital benefits, payable conditions 1–15, we will, at the request of either you or your estate, pay an additional amount up to a maximum of $10,000, in total, for costs incurred for independent financial advice.

Such advice must be provided by a qualified financial advisor who is not you or your relative, and who is authorised to provide such advice by the Australian Securities and Investments Commission.

Section B: Weekly benefits – injury

What we will pay

We will pay you for your lost earnings, up to the amounts as set out in the Compensation table: Weekly benefits – injury if the payable conditions shown:

- occur during the period of insurance; and
- are a result of injury which occurs while on a journey.

What we will not pay

We will not pay for any claim under this section of the Policy if the claim arises directly or indirectly out of any of the following:

- when a journey is undertaken against medical advice; or
- illness.

Restrictions applicable to weekly benefits – injury

- Any payable condition claimed must occur within 12 months of the date of injury.
- Successive periods of disablement resulting from the same injury, and which are not separated by a return to active full-time employment for six months or more will be considered as one period of disablement.
- Weekly benefits will be paid after the excluded period of claim has elapsed.
- We will continue to pay weekly benefits while you suffer temporary total disablement or temporary partial disablement up to a maximum of 156 weeks, unless stated otherwise in the Amount payable table.
- The weekly benefit we pay will be the applicable percentage of your pre-disability earnings shown in the Amount payable table, up to the maximum amount stated in the Compensation table, and will be reduced by any amounts:
  - you receive or are entitled to receive for sick leave; and
  - you receive or are entitled to receive from any statutory workers' compensation or transport accident scheme; and
  - you receive or are entitled to receive for disability from any other insurance; and
  - you derive, or are able to derive, as earnings from any occupation within your education, training and experience.

Compensation table: Weekly benefits – injury

Payable condition – an injury resulting in:	Compensation
1. Temporary total disablement	The applicable percentage of pre-disability earnings, up to the maximum weekly benefit limit, as shown in the Amount payable table
2. Temporary partial disablement	The applicable percentage of pre-disability earnings, up to 40% of the maximum weekly benefit limit, as shown in the Amount payable table

Additional benefits applicable to Section B

Surgical procedures benefit – resulting from an injury

We will pay you the amounts set out in the Compensation table: Surgical procedures benefit (injury) if you undergo a surgical procedure which is one of the payable conditions shown and:

- the surgical procedure is required due to an injury resulting in your entitlement to claim for weekly benefits under this section of the Policy; and
- both the injury and the surgical procedure occur during the same journey outside of Australia; and
- the payable condition claimed under the surgical procedures benefit occurs within three months of the date of injury.

Compensation table: Surgical procedures benefit (injury)

Payable condition – an injury resulting in the following surgical procedure:	Compensation as a percentage of the surgical procedures benefit maximum benefit amount
1. Craniotomy	100%
2. Open heart surgery	100%
3. Amputation of limb	100%
4. Fracture of limb requiring open reduction	50%
5. Dislocation requiring open reduction	50%
6. Any other surgical procedure carried out under a general anaesthetic	10%

The surgical procedures benefit maximum benefit amount is $20,000. This is the maximum amount we will pay you in total for all payable conditions under the surgical procedures benefit arising from any one accident.

Rehabilitation benefit

If we pay you a weekly benefit under this section of the Policy, we will also pay for the costs incurred in relation to the same injury for your participation in a return to work program, provided that:

- the program is delivered by a licensed provider;
- your treating registered medical practitioner confirms that your participation in the program is warranted as a direct result of your injury; and
- we agree in advance that the program and its costs are reasonable.

Claim escalation benefit

If we pay you a weekly benefit under this section of the Policy for a continuous benefit period of more than 52 weeks, we will increase the weekly benefit amount payable to you after that period of 52 weeks, and again for any subsequent period of 52 continuous weeks, by the lesser of:

- 7%; or
- the increase in the Consumer Price Index (in Australia) compared with the previous year.

Chauffeur benefit

If we pay you a weekly benefit under this section of the Policy, we will also pay for expenses incurred for a chauffeur or taxi service to transport you between your normal place of residence and:

a) the location of medical consultations you are required to attend; and

b) your normal place of business, if you are fit to return to work but your registered medical practitioner certifies that you are unable to drive a motor vehicle or travel on public transport;

up to a maximum of $2,500 for all chauffeur or taxi services in relation to any one injury.

Section C: Weekly benefits – illness

What we will pay

We will pay you for your lost earnings, up to the amounts as set out in the Compensation table: Weekly benefits – illness if the payable conditions shown:

- occur during the period of insurance; and
- are a result of illness which manifests while you are on a journey.

What we will not pay

We will not pay for any claim under this section of the Policy if the claim arises directly or indirectly out of any of the following:

- when a journey is undertaken against medical advice;
- a terminal illness diagnosed prior to the commencement date of the journey;
- injury;
- childbirth or pregnancy; or
- any medical condition for which you have required medication, or any treatment or advice from a registered medical practitioner, chiropractor, physiotherapist, naturopath, psychologist or psychiatrist in the six months before you commenced your journey.

Restrictions applicable to weekly benefits – illness

- Any payable condition claimed must occur within 12 months of the date the illness manifested during your journey.
- Successive periods of temporary total disablement resulting from the same illness, and which are not separated by a return to active full-time employment for six months or more will be considered as one period of disablement.
- Weekly benefits will be paid after the excluded period of claim has elapsed.
- We will continue to pay weekly benefits while you suffer temporary total disablement or temporary partial disablement up to a maximum of 156 weeks, unless stated otherwise in the Amount payable table.
- The weekly benefit we pay will be the applicable percentage of your pre-disability earnings shown in the Amount payable table, up to the maximum amount stated in the Compensation table, and will be reduced by any amounts:
  - you receive or are entitled to receive for sick leave; and
  - you receive or are entitled to receive via any statutory workers' compensation or transport accident scheme; and
  - you receive or are entitled to receive for disability from any other insurance; and
  - you derive, or are able to derive, as earnings from any occupation within your education, training and experience.

Compensation table: Weekly benefits – illness

Payable condition – an illness resulting in:	Compensation
1. Temporary total disablement	The applicable percentage of pre-disability earnings, up to the maximum weekly benefit limit, as shown in the Amount payable table
2. Temporary partial disablement	The applicable percentage of pre-disability earnings, up to 40% of the maximum weekly benefit limit, as shown in the Amount payable table

Additional benefits applicable to Section C

Surgical procedures benefit – resulting from an illness

We will pay you the amounts set out in the Compensation table: Surgical procedures benefit (illness) if you undergo a surgical procedure which is one of the payable conditions shown and:

- the surgical procedure is required due to an illness resulting in your entitlement to claim for weekly benefits under this section of the Policy; and
- both your illness and the surgical procedure occur during the same journey outside of Australia; and
- the payable condition claimed under the surgical procedures benefit occurs within three months of the date of illness.

Compensation table: Surgical procedures benefit (illness)

Payable condition – an illness resulting in the following surgical procedure:	Compensation as a percentage of the surgical procedures benefit maximum benefit amount
1. Craniotomy	100%
2. Open heart surgery	100%
3. Amputation of limb	100%
4. Abdominal surgery carried out under general anaesthetic	50%
5. Any other surgical procedure carried out under a general anaesthetic	10%

The surgical procedures benefit maximum benefit amount is $20,000. This is the maximum amount we will pay you in total for all payable conditions under the surgical procedures benefit arising from any illness.

Rehabilitation benefit

If we pay you a weekly benefit under this section of the Policy, we will also pay for the costs incurred in relation to the same illness for your participation in a return to work program, provided that:

- the program is delivered by a licensed provider; and
- your treating registered medical practitioner confirms that your participation in the program is warranted as a direct result of your illness; and
- we agree in advance that the program and its costs are reasonable.

Claim escalation benefit

If we pay you a weekly benefit under this section of the Policy for a continuous benefit period of more than 52 weeks, we will increase the weekly benefit amount payable to you after that period of 52 weeks, and again for any subsequent period of 52 continuous weeks, by the lesser of:

- 7%; or
- the increase in the Consumer Price Index (in Australia) compared with the previous year.

Section D: Injury assistance for non-earners

The cover under this section will only apply if you are not in receipt of pre-disability earnings at the time of the accident resulting in your injury.

What we will pay

We will pay you the amounts as set out in the Compensation table: Injury assistance for non-earners if you have no pre-disability earnings and the payable conditions shown:

- occur during the period of insurance; and
- are a result of injury which occurs while you are on a journey.

What we will not pay

We will not pay for any claim under this section of the Policy if your claim arises directly or indirectly out of any of the following:

- when a journey is undertaken against medical advice; or
- illness; or
- childbirth or pregnancy.

Conditions applicable to injury assistance for non-earners

- Any payable event claimed must occur within 12 months of the date of injury.
- If a payable event recurs as a result of the same injury, all instances will be considered as one payable event.
- Compensation will be paid only after an excluded period of claim of seven days has elapsed from the time of your injury.

Compensation table: Injury assistance for non-earners

Payable condition	Compensation – what we will pay
1. A registered medical practitioner certifies that you are temporarily unable to attend to your usual household duties and functions	Home help – non-medical expenses incurred for home help or child minding provided by a recognised agency while you remain unable to attend to your usual household duties and functions, up to $500 per week for a maximum of 26 weeks, unless otherwise shown on the Amount payable table
2. A registered medical practitioner certifies that you are temporarily unable to attend your normal place of education	Student assistance – expenses incurred for home tutorials by a qualified tutor while you remain unable to attend your normal place of education, up to $500 per week for a maximum of 26 weeks, unless otherwise shown on the Amount payable table
3. You are hospitalised for a period in excess of seven days as a result of injury, and you are a dependent child under 18 years of age who is a full-time student	Parent inconvenience allowance – $25 per day paid to one of your parents or guardians, for each day you remain hospitalised, up to a maximum of $1,500

Section E

This Policy does not contain Section E.

Section F: Overseas medical and associated expenses

What we will pay

We will pay the amounts as set out in the Compensation table: Overseas medical and the Compensation table: Associated expenses if your medical expenses and associated expenses:

- are a result of injury or illness which occurs while you are on an overseas journey; and
- are incurred within 24 months of the date of injury or illness; and
- are first incurred on an overseas journey during the period of insurance.

What we will not pay

We will not pay for any claim under this section of the Policy if the claim arises directly or indirectly out of any of the following:

- when a journey is undertaken against medical advice; or
- when a journey is undertaken for the purpose of obtaining medical treatment, unless agreed in advance by us; or
- a terminal illness diagnosed prior to the commencement date of the journey; or
- expenses incurred within Australia unless:
  - (a) you were first treated for the same injury or illness by a registered medical practitioner while you were overseas; or
  - (b) the expenses do not incur a partial or total Medicare rebate; or
- expenses for optical or dental treatment, except as provided for under the payable events for emergency dental expenses or emergency optical expenses; or
- ongoing treatment or medication for an injury, illness or condition which occurred before your journey, which a registered medical practitioner advised you to continue during your journey.

Restrictions applicable to overseas medical and associated expenses

- Any payable expense must be incurred within 24 months of the date of injury or illness.
- We will reduce our payment by any amounts recoverable by you or the insured from any other source such as Workers' Compensation or another statutory scheme or private health insurance.
- In the event you suffer an injury or illness while on a journey outside of Australia, on return to Australia, we will reimburse medical expenses incurred within Australia, up to the limits shown in payable event 2 of the Compensation table: Associated expenses, if we are permitted to do so by law in that country.

Compensation table: Overseas medical

Payable condition	Compensation – what we will pay
1. You incur medical and/or hospital expenses	Up to the medical and hospital expenses maximum benefit amount shown in your Amount payable table
2. You incur emergency dental expenses	Up to a maximum amount of $15,000, any one injury or illness
3. You incur emergency optical expenses	Up to a maximum amount of $15,000, any one injury or illness

Section F (continued)

Compensation table: Associated expenses

Payable condition	Compensation – what we will pay
1. Hospitalisation You are hospitalised outside of Australia for at least 24 hours.	$300 per day for each day of hospitalisation, up to a maximum of $6,000 in total
2. Ongoing medical expenses Ongoing medical expenses when you return to Australia.	Unlimited if you return to Australia. No compensation will be payable if you return to another country at the conclusion of your journey
3. Accompanying person for repatriation Your attending registered medical practitioner and our assistance provider deem it necessary for you to have assistance or an accompanying person on your return flight home.	Up to an amount not exceeding $20,000 unless otherwise stated in the Amount payable table for: 1. one adult return economy class airfare for a non-medical escort who was not a member of your travelling party; or 2. the necessary cost of changes of original tickets for a member of your travelling party. If an upgrade of tickets is required, we will not pay for any upgrade above business class; or 3. one medical escort.
4. Necessary medical upgrade If your attending registered medical practitioner deems it medically necessary for your return plane ticket to be upgraded.	The difference between your return plane ticket and the upgraded ticket. We will not pay for any upgrade above business class

Section G: Emergency travel assistance

What we will do

We will provide emergency medical assistance if you suffer an injury or illness which occurs while on a journey outside of Australia during the period of insurance.

Healix International may advance any amounts necessary to settle medical bills which are covered under any section of this Policy.

Healix International will also provide other travel assistance as defined.

What we will not do

We will not provide emergency medical assistance, or pay for any claim under this section of the Policy, if:

- Healix International has not given its prior express consent; or
- it is in relation to a journey undertaken against medical advice; or
- it is in relation to a journey undertaken for the purpose of obtaining medical treatment; or
- it is in relation to a terminal illness diagnosed prior to the commencement date of the journey; or
- it is in relation to a journey within Australia.

Conditions applicable to emergency travel assistance

- In case of an emergency while overseas and before undertaking any personal action, you must contact Healix International, and:
  - state your name, Avant member ID, date of birth and the policy number of this policy; and
  - state the place and telephone number where you can be reached; and
  - give a brief description of the problem encountered and nature of help required.
- You agree to the release of information in order for Healix International to ascertain your condition. Where you are not in a position to comply, because of the condition, consent may be given by a person acting on your behalf.
- Any decision concerning medical transfer and/or repatriation (such as date, means, medical equipment) will be jointly taken by both your attending registered medical practitioner and Healix International's medical team.
- In the event of a claim for transportation costs, you must give Healix International the unused portion of your original ticket or the counter value of the said portion. In any case of injury or illness requiring hospitalisation, transfer or repatriation, you or any person acting on your behalf must inform Healix International as soon as possible. Failure to do so may entitle us to invoice you the supplementary cost to be borne by us which would not have been incurred if we had been notified of the injury or illness earlier.
- In a life-threatening situation, you should try to arrange for immediate emergency help first through local sources and then by contacting Healix International as soon as possible.
- You must provide us with all documents and carry out all necessary formalities to enable us to recover payments from relevant sources, if applicable.
- Should we or Healix International be required to advance payment of medical expenses, you must recover all entitled reimbursements for such expenses which are or would be payable in Australia under the *Private Health Insurance Act 2007 (Cth)*, or any registered health fund and pay all amounts received from these sources to us as soon as possible after you return to Australia.
- Neither we nor Healix International will be responsible for delays or impediment to the provision of assistance and services as a result of strike, war, invasion, act of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, insurrection, terrorism or military or usurped power, riot and civil commotion, radioactivity or any other event of force majeure.
- Payment of claims is limited to the applicable sum insured in the corresponding section of this Policy. If no cover applies under a particular section of the Policy, we will not be liable for any costs associated with the corresponding emergency medical assistance or other travel assistance described in this section.

Section H: Baggage and personal effects

What we will pay

If during the period of insurance your baggage, business property, electronic equipment, business electronic equipment or keys are damaged, lost or stolen while you are on a journey, we will pay the amounts as set out in the Compensation table: Baggage and personal effects.

The maximum amount we will pay under this section is shown in the Amount payable table.

What we will not pay

We will not pay for any claim under this section of the Policy if the claim arises directly or indirectly out of any of the following:

- baggage, business property, electronic equipment or business electronic equipment, that is left unattended; or
- baggage, business property, electronic equipment or business electronic equipment, that is being transported independently by you; or
- baggage that is delayed, misdirected or misplaced by any carrier on your return leg to your normal place of residence; or
- sporting equipment while it is being used; or
- damage to or loss of furniture; or
- damage to or loss of money; or
- damage to or loss of precious unset or uncut gemstones; or
- normal wear and tear; or
- items stolen or lost unless reported to Police or other authority and a written statement obtained as soon as practicable; or
- mechanical or electrical failure of any mechanical, electronic equipment or business electronic equipment, except as a result of accidental damage during your journey; or
- a cyber act or cyber incident.

Conditions applicable to all claims under Section H: Baggage and personal effects

The condition set out below applies to any claim made under this section of the Policy.

- Upon payment of any claim the salvage is our property. We may sell the items or materials and keep the proceeds.

Conditions applicable to electronic equipment

While you are on any aircraft, aerial device, waterborne vessel or craft all your electronic equipment and business electronic equipment must accompany you as personal cabin luggage. However, if you are prohibited from carrying the electronic equipment or business electronic equipment as personal cabin luggage, the electronic equipment and business electronic equipment must be securely packed and locked within your checked in luggage.

Compensation table: Baggage and personal effects

Payable condition	Compensation – what we will pay
1. Your baggage is delayed, misdirected or misplaced by any carrier for more than eight hours	Reimbursement for the reasonable cost of purchasing emergency replacement clothing and toiletries (supported by receipts for the replacement items), up to a maximum of $3,000. There is no cover under this payable condition if your travel destination is your normal place of residence.
2. Your baggage is accidentally damaged, lost or stolen	Depending on the circumstances of the payable event, we will, at our option (which we will exercise reasonably) pay you the lesser of: • the reasonable cost of repair or replacement of the baggage item(s); or • cash payment to the value of the baggage item(s), up to the maximum amount shown for baggage in the Amount payable table, and subject to any sub-limits or excess amounts as specified. In determining the compensation, we will take into account an allowance for age, wear and tear according to the depreciation table below.
3. Your property or the insured's business property is accidentally damaged, lost or stolen	The reasonable cost of replacing the business property and business electronic equipment, including the cost of delivery of replacements, up to the maximum amount shown under baggage and personal effects in the Amount payable table, and subject to the sub-limits or excess amounts as specified.
4. Your electronic equipment is accidentally damaged, lost or stolen	Depending on the circumstances of the payable event, we will, at our option (which we will exercise reasonably) pay you the lesser of: • the reasonable cost of repair or replacement of the electronic equipment; or • cash payment to the value of the electronic equipment, up to the maximum amount shown for electronic equipment in the Amount payable table, and subject to any sub-limits or excess amounts as specified. In determining the compensation, we will take into account an allowance for age, wear and tear according to the depreciation table below. Electronic equipment does not include business electronic equipment.
5. Your keys are accidentally damaged, lost or stolen	The costs incurred to replace these keys and/or their locks, up to a maximum of $2,000.
6. Your mobile phone is used without your consent after being lost or stolen	The amount you or the insured must pay for use of your mobile phone without your consent, up to a maximum of $1,500. This benefit includes use without your consent of a mobile phone that is business electronic equipment.

Depreciation table

The nominated annual depreciation rate will apply to each year of age up to a maximum of 80% of the original purchase price of an item.

Annual depreciation rate	Item
1. 10%	Camping, sporting and leisure equipment (not leisure clothing), and musical instruments.
2. 15%	Clothing, footwear, personal effects, baggage, prescription glasses, sunglasses, costume jewellery and books.
3. 20%	Personal and/or laptop computers, communication or photographic equipment, electronic equipment, iPods, mobile phones, CDs and DVDs.
4. 50%	Toiletries including skin care, makeup, perfume, medication

Items not listed above will also be subject to reasonable depreciation at average market rates for that item.

Section I: Money, cards and travel documents

What we will pay

If your money or cards and travel documents are lost or stolen while you are on a journey, we will pay the amounts as set out in the Compensation table: Money, cards and travel documents and the Compensation table: Unauthorised use of personal information.

We will also provide cover for your money from the time you collect it from a financial institution or 72 hours prior to the commencement of the journey, whichever occurs last, and then for a further 72 hours after the completion of your journey or until the money is deposited at a financial institution, whichever occurs first.

What we will not pay

We will not pay for any claim under this section of the Policy if the claim arises directly or indirectly out of any of the following:

- loss of money which was not carried by you on your person at the time it was lost or stolen; or
- loss of cards and travel documents from suitcases that have been left in accommodation rooms or transported as checked baggage or forwarded as unaccompanied baggage; or
- loss of cards and travel documents that have been left unattended in any motor vehicle during daylight hours, unless they were stored in a concealed storage compartment of a locked motor vehicle, out of plain sight and forced entry was gained; or
- loss of cards and travel documents that have been left unattended in any motor vehicle overnight even if they were in a concealed storage compartment; or
- stolen money or cards and travel documents which are not
  - reported to police, and for which a written statement is not obtained, as soon as practicable or
  - reported to the Australian Passport Office, or if you are outside of Australia the nearest Australian embassy or consulate;
- confiscation of money or cards and travel documents by customs or officials; or
- devaluation in currency.

Compensation table: Money, cards and travel documents

Payable event	Compensation – what we will pay
1. Your money is lost or stolen	Reimbursement of your lost or stolen money, up to the money limit shown in your Amount payable table
2. Your cards and travel documents are damaged, lost or stolen	The reasonable cost of replacing the cards and travel documents, and any amounts you have to pay resulting from their illegal use, up to a maximum of $5,000 unless otherwise stated in the Amount payable table

Additional cover applicable to Section I

Unauthorised use of personal information

What we will pay

If unauthorised use of your personal information occurs as a direct result of your cards and travel documents being lost or stolen while you are on a journey during the period of insurance, we will reimburse you in accordance with the Compensation table: Unauthorised use of personal information.

What we will not pay

We will not pay for any claim under unauthorised use of personal information which arises directly or indirectly out of any of the following:

- requests for credit reports before a claim is accepted, or lost income if you are self-employed; or
- partial or whole lost workdays for which you are paid by your employer; or
- expenses incurred more than 12 months from the time the loss or theft of cards and travel documents was reported.

Conditions applicable to Unauthorised use of personal information

- Any false charge or withdrawal from an unauthorised account must be substantiated by the financial institution.
- We will be permitted to review your financial records.
- You must cooperate with us and help us to pursue any legal rights, and attend any hearings or trials as required.
- Reimbursement for lost income will apply for either whole or partial unpaid workdays, provided the unpaid days occur within 12 months of the unauthorised use of your personal information.
- In the event of a claim for unauthorised use of personal information you must:
  - file a police report within 48 hours; and
  - notify the relevant financial institution(s) or creditor(s) within 24 hours; and
  - provide authorisation for us to obtain records and other information such as credit reports within 30 days of the original claim; and
  - take reasonable steps to prevent additional losses.

Compensation table: Unauthorised use of personal information

Payable condition	Compensation – what we will pay
1. You incur legal or court expenses for: a) defending any suit brought against you by a creditor or collection agency, or someone acting on their behalf, as a result of the unauthorised use of your personal information; or b) removing any civil or criminal judgment wrongfully entered against you as a result of such unauthorised use of your personal information; or c) challenging the accuracy or completeness of any information in your credit report, provided this information is inaccurate and falsely provided to the credit agency or financial institution.	Reimbursement of incurred legal or court expenses, up to a maximum of $5,000
2. You lose income as a result of being unable to attend to your occupation, in order to correct your financial records, due to unauthorised use of your personal information.	Reimbursement of your lost income, up to a maximum of $1,000
3. You become legally liable to pay a creditor, as a result of credit accounts or bank accounts being opened in your name without your authorisation.	Reimbursement of the amounts you are liable to pay a creditor, up to a maximum of $5,000
4. You incur expenses for: a) the cost of re-filing applications for credit accounts or banking accounts that are rejected solely because the lender received incorrect information; or b) the cost of obtaining legal copies of documents, long distance telephone calls or certified mail, reasonably incurred to correct your financial and credit records that have been altered; or c) the cost of contesting the accuracy or completeness of any information contained in your credit history as a result of unauthorised use of your personal information; or d) the cost of a maximum of four credit reports from a recognised credit reporting entity, after a claim is accepted under this section.	Reimbursement of incurred expenses, up to a maximum of $5,000

The maximum amount we will pay you for unauthorised use of personal information is:

- $5,000 in total for all payable events related to any one instance of your cards and travel documents being lost or stolen; and
- $10,000 in total for all payable events related to the loss or theft of cards and travel documents in any one period of insurance.

The maximum amount we will pay for unauthorised use of personal information for all insured persons covered by this Policy is $50,000 in total for all payable events related to the loss or theft of cards and travel documents in any one period of insurance.

Section J: Personal liability

What we will pay

If, while you are on a journey, there is an occurrence which results in a claim against you for damages, we will pay in accordance with the Compensation table: Personal liability.

What we will not pay

We will not pay for any claim under this section of the Policy if the claim arises directly or indirectly out of any of the following:

- bodily injury in the course of your employment; or
- bodily injury to you or any member of your family; or
- loss of or damage to property belonging to you or in your control; or
- loss of or damage to property belonging to any member of your family; or
- loss of or damage to property or bodily injury arising out of your business or trade, or out of professional advice given by you; or
- loss of or damage to property or bodily injury arising out of ownership, use or possession of any mechanically propelled vehicle, aircraft (including remotely piloted aircraft), waterborne craft; or
- aggravated, exemplary or punitive damages or any fine or penalty; or
- conditions:
  - i. Coronavirus disease (COVID-19);
  - ii. Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2);
  - iii. any mutation of SARS-CoV-2; or
  - iv. any fear or threat of (i), (ii) or (iii) above.

Compensation table: Personal liability

Payable condition	Compensation – what we will pay
1. You become legally liable to pay damages as a result of death or bodily injury to any person(s). 2. You become legally liable to pay damages as a result of loss of or damage to property. 3. You become legally liable to pay third-party legal costs as a consequence of payable events 1 and/or 2. 4. You incur legal costs, which we approve in advance (approval of which will not be unreasonably withheld) in defending yourself against claims in relation to payable events 1 or 2.	The sum of: • the damages you are legally liable to pay; and • the third-party legal costs for which you are legally liable; and • your legal costs up to the personal liability maximum benefit amount shown in the Amount payable table

The maximum benefit amount payable for personal liability is set out in the Amount payable table. This is the maximum amount we will pay you in total for all payable events related to or arising from any one occurrence.

Additional cover applicable to Section J

Court attendance

If you are required to attend court in relation to a claim which is payable under Section J, we will pay you $200 for each day of court attendance, up to a maximum of $2,000.

Section K: Kidnap and ransom and personal extortion

What we will pay

If you are the subject of kidnapping or a personal extortion threat while on a journey, we will pay the amounts as set out in the Compensation table: Kidnap and ransom and personal extortion.

The maximum amount we will pay under this section is shown in the Amount payable table.

The most we will pay with respect to kidnapping or personal extortion occurring in any country located in Central or South America for any one event involving one or more insured persons is the lesser of:

- $250,000; or
- the aggregate limit for Section K: Kidnap and ransom and personal extortion stated in the Amount payable table. The aggregate limit for this Policy is set out in the Amount payable table.

What we will not pay

We will not pay for any claim under this section of the Policy if the claim arises directly or indirectly out of any of the following:

- any event in a country in which the United Nations armed forces are present and active; or
- any kidnapping, personal extortion or ransom demand of which you are the subject if you have had this type of insurance declined in the past for reasons specific to your personal circumstances; or
- any kidnapping, personal extortion or ransom demand of which you are the subject if you have had this type of insurance cancelled or issued with special conditions in the past for reasons specific to your personal circumstances; or
- any kidnapping, personal extortion or ransom demand of which you are the subject if you have been the victim or subject of a kidnapping, attempted kidnapping or personal extortion in the past.

Conditions applicable to kidnap and ransom and personal extortion

- The most we will pay with respect to kidnapping or personal extortion occurring in any country located in Central or South America is $250,000 in the aggregate for any one event involving one or more insured persons.
- You and the insured must make every reasonable effort to notify the local law enforcement agency of the demand for ransom prior to the payment of the ransom monies and to comply with their recommendations and instructions.
- If you have been involved in a fraudulent kidnapping or personal extortion, you must reimburse us all money paid by us for that loss.
- We will not act as an intermediary or negotiator for you nor will we offer advice to you or the insured on dealing with any kidnapping or personal extortion.
- You and the insured must take all precautions to protect the confidentiality of this cover.

Compensation table: Kidnap and ransom and personal extortion

Payable event	Compensation – what we will pay
1. You and/or other insured persons are the subject(s) of kidnapping or personal extortion	• Payment or reimbursement of the ransom, less any amounts ultimately recovered • Reasonable expenses incurred following receipt of a ransom demand
2. Rehabilitation expenses incurred as a direct result of your kidnapping or subjection to a personal extortion	Reimbursement of expenses incurred as recommended by your treating registered medical practitioner, to assist with your health and well-being, up to a maximum amount of $5,000

Section L: Loss of deposits, cancellation and additional expenses

When your cover starts

Your cover under this section of the Policy begins from:

- your cover start date; or
- the date you first booked your journey

whichever date is the later.

What we will pay

If during the period of insurance you or the insured incur:

- loss of travel or accommodation deposits paid in advance of your proposed journey; or
- additional accommodation, meal and travel expenses

following the necessary cancellation, alteration or disruption of your journey due to a payable event which was unforeseen and unforeseeable at the time of booking, we will pay the amounts as set out in the Compensation table: Loss of deposits, Compensation table: Cancellation and disruption expenses and Compensation table: Additional expenses, up to the respective maximum amount shown in the Amount payable table.

In the event of a claim arising from:

i. Coronavirus disease (COVID-19);

ii. Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2);

iii. Any mutation of SARS-CoV-2; or

iv. Any fear or threat of (i), (ii), or (iii) above.

The maximum we will pay per single, couple/duo or family is $10,000.

What we will not pay

We will not pay for any claim under this section of the Policy if the claim arises directly or indirectly out of any of the following:

- the decision to change or alter travel plans for any reason other than the events listed in the compensation tables; or
- travel and/or accommodation bookings made after a World Health Organisation warning, issued and/or reported in the mass media, which recommends against travelling to the intended destinations; or
- travel and/or accommodation bookings made after an Australian Government Travel Advisory is issued which recommends against travel to all or parts of the intended destination with a 'Do not travel' advice level (reference: Department of Foreign Affairs and Trade – website: **smartraveller.gov.au**); or
- travel and/or accommodation bookings made after public warning(s) or mass media reports are issued with respect to the event giving rise to a claim; or
- cancellation, disruption or alteration of a journey due to any circumstance which was foreseen, or could reasonably have been expected to be foreseen, by you or the insured prior to your travel and/or accommodation bookings being made; or
- the death of a person due to a terminal illness which was diagnosed prior to the journey; or
- the intentional self-injury or suicide or attempt at suicide of any person other than your spouse or relative, who is not an insured person under this Policy; or
- when a journey is undertaken against medical advice; or
- the failure of any travel agent, tour operator, accommodation provider, airline or other carrier, car rental agency, or any other travel or tourism services provider to provide services or accommodation due to their insolvency, bankruptcy, provisional liquidation, financial collapse, appointment of receivers or any other form of insolvency administration of any person, company or organisation they deal with; or
- the illness, injury or death of an animal or pet; or
- cancellation, disruption or alteration of a journey due to international border closure(s); or
- additional accommodation, meal and travelling expenses arising from:

  i. Coronavirus disease (COVID-19);

  ii. Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2);

  iii. Any mutation of SARS-CoV-2; or

  iv. Any fear or threat of (i), (ii), or (iii) above.

  This exclusion does not apply in relation to additional accommodation, meal and travelling expenses arising directly from you or your travelling companion being diagnosed with any of (i), (ii) or (iii); or
- a cyber act or cyber incident.

Conditions applicable to loss of deposits, cancellation and additional expenses

If an air ticket purchased using frequent flyer or similar customer loyalty points is subsequently cancelled due to a payable event described below in the Compensation table: Loss of deposits, Compensation table: Cancellation and disruption expenses and/or Compensation table: Additional expenses, we will reimburse you for the forfeited frequent flyer or similar customer loyalty points, up to the amount stated in the compensation table, as follows:

- If the points cannot be claimed or reimbursed by the airline or relevant provider, we will pay you the lesser of:
  - the cost of the equivalent class air ticket on the quoted retail price at the time the ticket was issued; or
  - the cost of a replacement air ticket to alter your journey.
- If the airline or relevant provider refunds a portion of the value of your forfeited points, we will pay you the lesser of:
  - the cost of the equivalent class air ticket based on the quoted retail price or booking at the time the ticket was issued, less the value of the portion of your refunded points; or
  - the cost of a replacement air ticket to alter your journey, less the value of the portion of your refunded points.

Compensation table: Loss of deposits

Payable condition	Compensation – what we will pay
1. Prior to the commencement of your journey, that journey is necessarily cancelled or altered as a result of: a) your unexpected death, or your unexpected injury or illness which a registered medical practitioner or dentist has certified will prevent you from commencing the journey as planned; or b) the unexpected death or unexpected serious injury or serious illness of your spouse, dependent child, relative, travelling companion, business partner or co-director; or c) your residence or business suffering major theft or unexpected damage; or d) any other reasonably unforeseeable circumstances outside of your and the insured's control, not otherwise excluded under the Policy.	The lesser of: • the reimbursement of cancellation fees, lost deposits and the non-refundable unused portion of travel on prepaid tickets and bookings, that cannot be recovered from any other source; or • the reasonable and necessary costs incurred to alter your journey, or to resume the original journey. Cover for resumption of your journey applies only if: 1. your journey was for at least 23 days; 2. less than 50% of your journey had elapsed when your relative suffered a serious injury, illness or death; 3. you resume your journey before the original return date; 4. you have not claimed the same costs under another section of this Policy; and 5. the injury or illness was not due to a pre-existing condition known at the commencement of your journey. We may choose to reimburse you or the insured directly or pay the provider direct up to the maximum benefit amount shown in the Amount payable table.

Compensation table: Cancellation and disruption expenses

Payable condition	Compensation – what we will pay
Events occurring to you or your travelling party: 1. While you are on a journey, that journey is necessarily cancelled, disrupted or altered as a result of: a) your unexpected death, or your unexpected injury or illness which, prior to the cancellation, disruption or alteration of the journey, has been certified by a registered medical practitioner or dentist (and where required, in consultation with the emergency assistance provider) as preventing you from continuing the journey as planned; or b) the unexpected death or unexpected serious injury or serious illness of your accompanying spouse, accompanying dependent child, or travelling companion, which a registered medical practitioner has certified will prevent the continuation of the journey as planned.	The cost of: • the reimbursement of cancellation fees, lost deposits and the non-refundable unused portion of travel on prepaid tickets and bookings, that cannot be recovered from any other source; and • any reasonable and necessarily incurred additional accommodation, meal and travel expenses, excluding costs covered under Section F: Overseas medical and associated expenses, Compensation table: Associated Expenses, payable conditions 3 and 4. up to the maximum amount shown in the Amount payable table. We may choose to reimburse you or the insured directly or pay the provider direct up to the maximum benefit amount shown in the Amount payable table.
2. While you are on a journey, that journey is necessarily cancelled, disrupted or altered as a result of: a) the unexpected death or unexpected serious injury or serious illness of your spouse, child or relative, who are not accompanying you on your journey; or b) the unexpected death or unexpected serious injury or serious illness of your business partner or co-director; or c) your residence or business suffering major theft or unexpected damage; or d) any other unforeseen and unforeseeable circumstances outside of your and the insured's control, not otherwise excluded under the Policy.	The cost of: • the reimbursement of cancellation fees, lost deposits and the non-refundable unused portion of travel on prepaid tickets and bookings, that cannot be recovered from any other source; and • any reasonable and necessarily incurred additional accommodation, meal and travel expenses. up to the maximum amount shown in the Amount payable table. We may choose to reimburse you or the insured directly or pay the provider direct up to the maximum benefit amount shown in the Amount payable table.

Compensation table: Additional expenses

Payable condition	Compensation – what we will pay
1. While you are on a journey you: a) die; or b) suffer temporary or total disablement due to injury or illness for more than five consecutive days; and, as a result, a substitute employee is required to travel to complete the business objectives of your original journey.	Reimbursement of additional accommodation, meal and travel expenses incurred by the insured for the substitute employee, up to an amount not exceeding $20,000.
2. Your journey is delayed or interrupted for a period in excess of 12 hours due to the hijacking of the licensed aircraft, vessel or public transportation vehicle on which you are travelling.	$1,000 for each day the hijacking continues, up to a maximum of $30,000.
3. You are falsely arrested or wrongfully detained overseas by any government or foreign power.	Legal costs incurred, up to an amount not exceeding $50,000. Counselling costs incurred, up to an amount not exceeding $5,000.
4. You miss your flight due to overbooking by the carrier, and no alternative transport is available within eight hours of the departure time.	Reimbursement of additional accommodation, meal and travel expenses incurred up to an amount of $400 per day, up to a maximum of $5,000.
5. You are hospitalised within Australia for more than 24 hours, at a hospital more than 200 kilometres distance from your normal place of residence and normal place of business.	Reimbursement for the cost of one person's return airfare and accommodation to travel to the location of your hospitalisation, up to a maximum of $2,000. Airfare costs are limited to economy class domestic airfares, unless none are available.

Section M: Refund of motor vehicle excess following collision, damage or theft

What we will pay

If, while on a journey, you:

- hire a rental motor vehicle; or
- use your own private motor vehicle for a business purpose

and, as a result of the motor vehicle being damaged, stolen or involved in a collision, you are liable for refund or payment of an excess amount under the terms of the rental motor vehicle hiring agreement, or your motor vehicle insurance policy, we will pay you the amounts as set out in the Compensation table: Refund of motor vehicle excess following collision, damage or theft.

The maximum amount we will pay under this section is shown in the Amount payable table.

What we will not pay

We will not pay for any claim under this section of the Policy if the claim arises directly or indirectly out of any of the following:

- loss of or damage to property arising out of ownership, use or possession of any mechanically propelled vehicle (not including motor vehicle), aircraft (including remotely piloted aircraft), or waterborne craft; or
- you do not hold a valid driving licence for the country in which you are operating the motor vehicle; or
- you use the motor vehicle illegally; or
- you cause loss or damage to a rental motor vehicle as a result of a breach of the provisions of the hiring agreement; or
- the rental motor vehicle is not rented from a licensed rental agency; or
- theft of or damage to your own private motor vehicle, unless it occurs while the vehicle is being used for a business purpose during a journey.

Compensation table: Refund of motor vehicle excess following collision, damage or theft

Payable event	Compensation – what we will pay
1. You are involved in a collision while in control of a rented motor vehicle or your own private vehicle (the latter when used for a business purpose)	The amount of excess that you paid or are liable to pay, up to the maximum benefit amount shown in the Amount payable table
2. Your rented or own private motor vehicle (the latter when used for a business purpose) is stolen or damaged	The amount of excess that you paid or are liable to pay, up to the maximum benefit amount shown in the Amount payable table

Additional cover

The following additional covers will automatically apply, unless stated otherwise on the Amount payable table.

If you or, where specified, the insured, suffer or incur the relevant loss, liability or damage defined within the cover, during the period of insurance and while you are on a journey, we will pay up to the applicable limit stated for that cover, subject to the terms, conditions, exclusions and aggregate limits of liability of the Policy.

1. Environmental and natural disaster evacuation

This cover applies only if:

- you are on a journey outside of Australia; and
- a natural disaster or environmental emergency situation has occurred in that country; and
- it is agreed, in consultation with the insured and any relevant government(s), that you are at high risk if exposure to adverse local conditions continues.

What we will pay

If the adverse conditions resulting from the natural disaster or environmental emergency will continue for less than 30 days we will pay for arrangements necessary for:

- your evacuation to the nearest possible safe location outside the impacted area; and
- your return to the location from which you were evacuated, via scheduled commercial airline or equivalent, once the adverse conditions caused by the natural disaster or environmental emergency have sufficiently improved.

If the adverse conditions will continue for more than 30 days, or they ultimately do following your initial evacuation to a safe location, we will pay for arrangements necessary for your evacuation to Australia.

What we will not pay

We will not pay any claim under this section of the Policy:

- until reasonable local measures to protect your health and safety have been exhausted; or
- if the claim arises directly or indirectly out of any of the following:
  - evacuation assistance or travel arrangements made without prior notification to Healix International;
  - accommodation and living expenses you incur following evacuation.

Maximum limits

The maximum amount we will pay in total under this cover for any one claim or series of claims involving one or more insured persons, and arising from any one event, is $500,000 in the aggregate, subject to the applicable per insured person benefit amount stated in the Amount payable table.

2. Political evacuation

This cover applies only if you are on a journey in a country outside of Australia, and

- officials of the country in which you are travelling recommend that certain categories of persons, which includes you, should leave that country; or
- you are expelled or declared persona non grata; or
- there is wholesale seizure, confiscation or expropriation of your property, plant or equipment.

What we will pay

We will pay:

- the cost of your return to Australia or the nearest place of safety, up to the cost of an equivalent class airfare; and
- your reasonable accommodation costs up to a maximum of $500 per day for 14 days if you are unable to return to Australia.

What we will not pay

We will not pay any claim under this section of the Policy if the claim arises directly or indirectly out of any of the following:

- evacuation assistance or travel arrangements made without prior notification to Healix International; or
- you violating the laws or regulations of the country you are in; or
- the failure to produce or maintain immigration, work, residence or similar visas, permits or other documentation; or
- debt, insolvency, commercial failure, repossession of property by a titleholder or any other financial cause; or
- the failure to honour any contractual obligation or bond or to obey any conditions in a licence; or
- an event occurring in a country of which you are a national; or
- natural or environmental disasters; or
- nuclear fuel or waste.

Maximum limits

The maximum amount we will pay in total under this cover for any one claim or series of claims involving one or more insured persons, and arising from any one event, is $500,000 in the aggregate, subject to the applicable per insured person benefit amount stated in the Amount payable table.

3. Search and rescue expenses

If, while you are on a journey, you are reported as missing and a recognised rescue provider or police authorities must launch a search and rescue operation because:

- it is known or suspected that you have suffered a life-threatening injury or illness; or
- weather or safety conditions make it necessary in order to prevent you from suffering a serious injury or illness;

we will pay the insured person up to $20,000 in respect of the necessary and reasonable costs incurred by a recognised rescue provider or police authority in searching for and retrieving you. The maximum amount we will pay in total for all search and rescue expenses incurred for all insured persons in any one period of insurance is $100,000.

Conditions

- At all times, you are required to comply with local safety advice and adhere to recommendations in force during your journey.
- You must not knowingly endanger your own life or that of any other insured person. You must not engage in any activity that requires a level of experience or skill that is beyond your ability.
- We must be informed as soon as reasonably possible of any emergency that may potentially give rise to a claim.
- We will only pay for the portion of expenses that relate to you or other insured persons covered under the Policy.
- Cover for costs incurred ceases at the time when:
  - you are recovered and returned to a place of safety by the search and rescue provider or police authorities; or
  - the search and rescue provider or police authorities advise that continuing the search is no longer viable.
- There is no cover under this section for any person to continue the search and rescue operation after the search and rescue provider or police authorities have decided to cease the search.
- In the event of a claim we will require a written statement from the applicable search and rescue provider or police authorities in order to assess the validity of the claim.
- We will not pay for any costs incurred under this benefit which are payable under another section or benefit of the Policy.

4. Spousal assistance

What we will pay

We will pay the amounts set out below if your spouse dies:

- during the period of insurance; and
- as a result of an injury; and
- while you are on a journey.

What we will not pay

We will not pay any benefits under this cover if:

- your spouse's death occurs while they are accompanying you on a journey; or
- your spouse's death is as a result of an illness; or
- your spouse's death is either a direct or indirect result of suicide or attempted suicide.

Maximum limits

The maximum amount we will pay is $30,000 as a result of the death of your spouse.

5. Additional cover back home

If you incur additional expenses as a result of an event specified below in paragraphs (a) to (d), we will reimburse these additional expenses incurred, up to the limits shown below:

a) Damage to residence
In the event your normal place of residence sustains damage while you are on a journey, which renders it unsafe to live in, we will reimburse additional accommodation, meal and travelling expenses incurred up to an amount of $400 per day, to a maximum of $5,000.

b) Home burglary excess
In the event your usual place of residence is burgled while you are on a journey, we will reimburse the excess under your home contents policy, up to a maximum of $1,000.

c) Domestic pet care
In the event you are delayed beyond your journey's original return date due to an event covered by this Policy, we will reimburse additional costs incurred, up to $50 per day and a maximum of $500 for care of your pet(s) in a commercial kennel or cattery.

d) Childcare/nanny benefit
If you are delayed beyond your journey's original return date due to an event covered by this Policy, and you incur additional childcare costs for your dependent child(ren) as a direct result of that delay, we will reimburse you for the additional cost of registered childcare for your dependent child(ren), up to $200 per day for each 24 hour period you are delayed, up to a maximum of $1,000 in total.

6. Death by specified sickness benefit

If you are on a journey outside of Australia and, within four weeks of the commencement of the journey, you die solely and directly as a result of one of the following specified sicknesses:

- ischaemic heart disease including but not limited to myocardial infarction (heart attack), sudden cardiac death or cardiac failure;
- stroke either caused by infarction from interruption of blood supply to the brain, stroke from a bleed, or stroke from an embolic event with a clot travelling to the brain;
- cancer including blood related cancers such as lymphoma or leukaemia; or
- lower respiratory disease including but not limited to acute bronchitis, influenza, pneumonia and pulmonary embolism,

and that specified sickness first became apparent after the commencement of your journey, we will pay $50,000 to your estate or personal legal representative, provided that:

- you are under 65 years of age at the time you die; and
- the period of insurance does not exceed 12 months; and
- the specified sickness and/or death was not directly or indirectly caused by any general exclusion, or any medical condition for which you required medication, treatment or advice prior to the commencement of your journey.

7. Repatriation and funeral expenses

If you die while you are on a domestic or international journey as a result of either injury or illness, we will reimburse the reasonable expenses incurred for:

- returning your remains and personal effects to your usual place of residence; and
- your funeral and burial or cremation;

up to a maximum amount of $50,000.

General exclusions

These general exclusions apply to all sections of this Policy.

We will not pay for any claim under any section of the Policy if the claim arises directly or indirectly out of or in relation to any of the following:

1. War, invasion, acts of foreign enemies, hostilities (whether declared or not), civil war, rebellion, revolution, or insurrection of military or usurped power.
2. Radioactive contamination, whether arising directly or indirectly including the use, existence or escape of any nuclear fuel, nuclear material, or nuclear waste or action of nuclear fission or fusion.
3. Any loss, destruction, damage, death, injury, illness, liability, cost or expense of any nature directly or indirectly caused by, contributed to by, resulting from or arising out of or in connection with any action taken in controlling, preventing, suppressing, retaliating against, or responding to or in any way relating to general exclusions 1 or 2 above.
4. Intentional self-injury or suicide or any attempt at suicide, except under Section L (Loss of deposits, cancellation and additional expenses) in which case this exclusion does not apply to your spouse or relative, who is not an insured person under this Policy.
5. Flying or other aerial activity, unless travelling as a passenger in a properly licensed aircraft.
6. You committing or attempting to commit a criminal or illegal act.
7. You taking illegal drugs or drugs which are not prescribed for you by a registered medical practitioner.
8. Participating in or training for any professional sport.
9. Expenses recoverable by you from any other source such as workers' compensation or any other statutory scheme or Medicare or private health insurance.
10. Any expenses or costs which we are prohibited by law from paying within Australia or the country in which a claim occurs.
11. Participating or training for the following activities:

a) Hunting or shooting (including clay pigeon shooting)

b) playing polo

c) Any form of racing, speed performance or endurance tests except participating in the following:

   i. running; or

   ii. swimming; or

   iii. cycling.

where the duration of the event does not exceed 24 hours

d) mountaineering or rock-climbing using support ropes

e) free climbing at or above a height of 10 metres

f) outdoor abseiling at or above a height of 10 metres unless it is part of a professionally organised guided tour

g) trekking requiring climbing equipment and/or ascending above 5,500 metres from sea level

h) base or bungee jumping

i) running with bulls

j) caving, cave diving or potholing;

k) travelling in a private sail vessel more than 20 nautical miles from the nearest coastline

l) scuba diving unless you:

   i. hold the appropriate open water diving licence for the depth you were diving at (to a maximum of 30 metres);

   ii. were diving under licensed instruction; and

   iii. were diving at a depth less than 18 metres

m) free diving below depths of 20 metres

n) surfing charters

o) white water rafting (grades 4 and above)

p) riding a motorcycle or moped:

   i. in excess of 250 cc; or

   ii. without a motorcycle licence that is valid in Australia; or

   iii. where you are not wearing a helmet.

q) scooter riding where you are not wearing a helmet;

r) quad biking unless:
   i. you are wearing a helmet;
   ii. safety measures and protection devices have been installed; and
   iii. it is part of a professionally organised guided tour.
s) horse jumping, steeple chasing or cross country
t) canyoning
u) cliff diving
v) The following skiing activities:
   i. heliskiing
   ii. backcountry or off-piste skiing
   iii. ski jumping
   iv. ski racing
   v. ski stunting
w) any form of:
   i. parachuting
   ii. paraskiing
   iii. paragliding
   iv. parascending

Health insurance exclusion

We won't pay any benefits under any section of this Policy which:

- are considered to be 'health insurance business' as defined in the *Private Health Insurance Act 2007* (Cth) and its regulations; or
- we're prevented from paying under any law in any jurisdiction, including under the *National Health Act 1953* (Cth) or the *Health Insurance Act 1973* (Cth).

Sanctions limitation and exclusion

We will not be liable to provide any cover, pay any claim or provide any benefit under this Policy, to the extent that to do so may expose us to any sanction, prohibition, or restriction under United Nations resolutions or any applicable trade or economic sanctions, laws or regulations of any country.

Laws impacting cover

We will not be liable to provide any cover, pay any claim or provide any benefit under this Policy, to the extent that it is unlawful for us to do so.

General conditions

There are conditions set out in this General conditions section, in the Claims section and under each particular cover and section. If any of these conditions aren't met, we may refuse a claim, reduce the amount we pay or in some circumstances we may cancel your Policy. When making a claim, you must have met and then continue to comply with the conditions of your Policy. Any person covered by your Policy, or claiming under it, must also comply with these conditions.

If you, or someone covered under your Policy, don't meet these conditions or make a fraudulent claim we may:

- refuse to pay your claim or reduce what we pay for your claim;
- cancel the Policy.

Assistance and co-operation

You must provide reasonable assistance to us, including:

- being truthful and frank at all times;
- telling us as soon as possible if you've been contacted by someone about an incident, such as another insurer or a third-party's lawyer;
- attending one or more interviews about the claim if we ask you to;
- appearing in court and giving evidence if needed;
- responding to our requests as soon as possible.

At all times you must refrain from behaving in a way that's improper, hostile or threatening towards us, our representatives or third parties involved in an incident.

If you don't cooperate in any of these ways, it may delay your claim, or we may reduce or refuse to pay your claim. Alternatively, we may not offer to renew your policy when it expires.

Reasonable actions and precautions

You must take reasonable care to prevent damage, injury or loss.

At all times you must:

- prevent damage to property insured, as well as to others and their property;
- minimise the cost of any claim under your Policy.

There is no cover under any section of your Policy for any claim, loss, cost, damage, injury, death or legal liability, to the extent that it is caused by or arises from you not complying with all laws relating to the safety of a person or damage to property.

Preventing our right of recovery

If you've agreed with or told someone who caused you loss, damage or liability covered by your Policy that you won't hold them responsible then, to the extent we've been prejudiced by this act, we won't cover you for that loss, damage or liability.

Claims

This section describes what you must do at the time loss or damage occurs which is likely to give rise to a claim or when you make a claim, as well as the conditions that apply when you make a claim.

What you must do after an incident

1. If you're overseas and need emergency assistance, please contact Healix International. You'll find Healix International's overseas telephone number in the 'Emergency assistance' section.
2. If you don't need emergency assistance, and just need to make a claim, download an Avant Travel Insurance claim form at **avant.org.au/travel** and email it to **avantclaims@qbe.com**
3. If anything happens that is likely to give rise to a claim you must:
   a) follow medical advice from a registered medical practitioner as soon as possible after sustaining injury or illness.
   b) obtain, complete and send us the Avant Travel Insurance claim form as soon as possible.
   c) undergo any medical examination by a registered medical practitioner appointed by us if we require it.
   d) at your expense, provide us with any information about the claim we ask for, including:
      i. reports from police, transport provider, hotel or other authority;
      ii. reports or certificates from a registered medical practitioner;
      iii. accounts and receipts;
      iv. valuations and proof of ownership;
      v. letters and notices you receive or become aware of from anyone else about your claim.
4. If you have a question about a potential claim or existing claim, call QBE's claims team on **(02) 9375 4874** (8:30am – 5:30pm, Mon-Fri, Sydney time).
5. You must give us written notice as soon as possible of every claim, writ, summons or proceedings, including any prosecution or inquest, and all relevant information in regard to matters which may give rise to liability under the Policy.
6. As soon as an event that can justify a claim occurs, you must make reasonable endeavours to minimise the loss, damage or liability.
7. We have the sole right to make admissions of liability, and you must not make any such admissions. We may refuse to indemnify or cover you if you admit fault, make any offer of payment or defend a claim in court without our consent.

Payment of benefits

Some benefits under this Policy are payable to you (or to your legal personal representative). You may instruct us to make a payment to someone other than you. Other benefits are payable to the insured.

Contribution and other insurance

When making a claim, you must notify us of any other insurance that you are aware will or may, whether in whole or in part, cover any loss insured under this Policy.

If at the time of any loss, damage or liability there's any other insurance (whether issued to you or to any other person) which covers the same loss, damage or liability you must provide us with any reasonable assistance we require to make a claim for contribution from any other insurer(s).

Excluded period of claim

Some sections of this Policy are subject to an excluded period of claim. The excluded period of claim set out in the Amount payable table is the number of days for which we won't pay any benefits under this Policy after you first receive medical treatment for the injury or illness you're claiming for.

Providing proof or evidence

You must be able to demonstrate that you've suffered a loss covered by your Policy for your claim to be accepted. We may ask you for this evidence if you make a claim under your Policy.

So your claim can be assessed quickly, make sure you keep the following:

- documents which substantiate your earnings;
- any medical certificates that relate to your claim; and
- receipts or invoices for items you seek to be reimbursed for.

Subrogation, recovery action and uninsured loss

We may at any time, at our expense and in your name, use all legal means available to you of securing reimbursement for loss or damage arising under your Policy. In the event we do so, you agree to give all reasonable assistance for that purpose.

If you've suffered a loss that wasn't covered by your Policy as a result of the incident, we may offer to attempt to recover this. You may also specifically ask us to recover this for you. You'll need to give us documents supporting your loss. Before we include any uninsured loss in the recovery action we'll also ask you to agree to the basis on which we'll handle your recovery action. You may need to contribute to legal costs in some circumstances.

Taxation implications

If you're a business you must tell us if you're registered, or are required to be registered, for GST. When you do this, we need you to give us:

- your ABN; and
- the percentage of any input tax credit (ITC) you will claim, or will be entitled to claim, on your premium.

When we pay a claim, your GST status will determine the amount we pay you. Your claim settlement amount will be adjusted to allow for any ITC entitlement.

Unless we say otherwise, all amounts in your Policy are inclusive of GST. There may be other taxation implications affecting you, depending upon your own circumstances. We recommend you seek professional advice.

Other terms

These other terms apply to how your Policy operates.

Currency

The values and limits shown in this Policy are in Australian dollars (AUD). If expenses are incurred in another currency, then the rate of currency exchange used to calculate

the amount of compensation to Australian dollars will be the rate at the date the payable condition or payable event occurred.

Jurisdiction

This Policy will be governed and construed in accordance with the laws of Australia. You agree to submit to the exclusive jurisdiction of the courts of Australia.

References to legislation

Legislation referenced in this Policy includes subsequent legislation. Any term used in this Policy and defined by reference to legislation will have the meaning given in any replacement definition or definition with materially the same object or purpose in subsequent legislation.

'Subsequent legislation' means:

- an act or regulation as amended, replaced or re-enacted;
- where an act or regulation has been repealed, the current equivalent act or regulation (Commonwealth, State or Territory) with materially the same object or purpose whether in whole or in part.

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Avant Mutual Group Limited ABN 58 123 154 898
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Avant
By doctors for doctors