



Travel Insurance Policy



Your policy wording. Keep it in a safe place.

If you are calling us from overseas in the event of an emergency, phone collect through an International Operator, 24 hours a day on **0064 9 985 5000**

Welcome to Tower Insurance.

Thanks for choosing
Tower Insurance to look
after you while you travel.

We want to make insurance simple and easy.

That's why we have removed all the confusing
language and made it easier to see what is (and
isn't) covered under each section.

It's just one thing we do to give you confidence
in your insurance cover.

How your policy works

Your *Travel Insurance* consists of four documents: this policy wording, a schedule of benefits, the **certificate of insurance** and the proposal and declaration form.

Make sure **you** read **your** policy wording, the schedule of benefits and the **certificate of insurance** so that **you** understand the cover **we** are providing and what **your** obligations are.

This policy wording describes the benefits, exclusions and limits of **your** cover and **your** obligations.

The schedule of benefits sets out the limits of **your** cover based on the cover plan **you** have selected.

Your certificate of insurance tells **you** who will be covered by this policy, what dates and destinations the cover is for and whether any special terms and conditions apply.

We agree to cover **you** according to the terms outlined in the documents, as long as **you** have paid the premium.

Please check **we** have got things correct. If there is an error of any sort, if **your** needs are not met or if **you** are in doubt then please contact **us**.

Words with special meaning

In this policy some words have a special meaning. **You** can find out what those words are and what they mean *on page 26*.



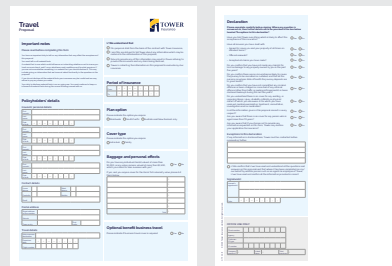
In the policy wording are the benefits, exclusions, responsibilities and limits of your cover.



The certificate of insurance tells you what assets are covered, what level of cover applies and whether any special terms and conditions apply.



The schedule of benefits shows you the limits of cover in each benefit.



The proposal is the form the customer completes when applying for the insurance cover.

Important notes



What you are insured for

You are covered for loss or expenses caused by **unexpected events** during the **period of insurance** that:

1. prevent **you** from commencing your overseas **trip**; or
2. occur while **you** are travelling overseas.

This is an important part of your policy wording. Please read and understand it. If any of this document doesn't make sense, please contact us and we will explain it to you.

There are limits and exclusions to **your** cover that are detailed throughout this policy wording, the schedule of benefits and the **certificate of insurance**.

It is important that **you** read and understand this policy wording. If any part of this document does not make sense, please call us and we will explain it to you.



We cover your entire overseas trip beginning and ending in the country

You need to purchase this policy before **you** leave the **country** and **you** must intend to return to the **country** at the end of your **trip**.

We do not provide cover for a part or portion of any **trip**. **You** must purchase this policy for the full duration of your **trip** unless otherwise agreed by us.

This policy does not cover any domestic travel.



You must have an eligible residency status to use this policy

To be covered by this policy, **you** need to be:

1. a citizen or permanent resident of the **country**; or
2. hold a visa allowing **you** to reside in the **country**.



We provide single trip policies

A single **trip** policy covers **you** for one single **trip** overseas with a maximum duration of 365 days.

Your **certificate of insurance** will show who is covered by this policy, the dates and destinations the cover is for and whether any special terms and conditions apply. When **you** purchase this policy, **you** must make sure it covers all the destinations **you** are travelling to.



Travelling to extreme or high risk countries or regions

We do not provide cover for travel to countries or regions that are deemed to be extreme or high risk destinations. Countries or regions classified as extreme or high risk are published on the following website www.safetravel.govt.nz

We do not cover pre-existing medical conditions

This policy automatically excludes claims for, arising from or relating to **pre-existing medical conditions**.

A **pre-existing medical condition** is any medical condition, **illness**, sickness, disease, physical defect, infirmity, disability or symptom which **you** or any insured person was, or should have been, aware of:

1. is taking or has taken, medication for;
2. is waiting treatment for;
3. has received or has sought, medical advice, consultation, referral, treatment, tests or examinations for;
4. had signs of any medical condition, **illness**, sickness, disease, physical defect, infirmity, disability or symptom,

in the ten years prior to the commencement date of this policy and up until the date **you** leave the **country**.

We also do not cover you if you are:

1. travelling for medical reasons;
2. on a wait list for medical treatment.

Please see [What you are not covered for on page 17](#) for more information.

Changes to your health after your policy is purchased, before your trip starts

Any new condition (diagnosed or not) that develops before **your trip** starts will be a **pre-existing medical condition** under this policy.

If **you** are unable to travel because of this new condition, **you** may be eligible to submit a claim for cancellation of **your trip**. **You** can contact **us** to discuss **your** options.

Pregnancy

We cover reasonable emergency treatment for medical complications relating to pregnancy up to and including the 20th week of pregnancy. This is provided **you** have not had any complications with **your** pregnancy before **you** purchased this policy.

We do not provide any cover beyond the 20th week of pregnancy and **we** do not cover the costs of routine medical treatment or examinations at any stage of pregnancy.

If you want to extend your policy duration

Before you leave the country

You can extend **your period of insurance** prior to departure so long as the total duration of **your trip** does not exceed 365 days. **You** will need to pay additional premium for any extension.

After you leave the country – because of a claimable event

If **you** have a valid claim under this policy and **you** are not able to return to the **country** as planned **we** will extend **your** cover at no charge until **you** are reasonably able to return. This is subject to all other terms, conditions, obligations, exclusions and limits that are set out in this policy wording and the schedule of benefits.

After you leave the country – for other reasons

If **you** are extending **your trip**, **you** can contact **us** to request an extension of cover. If **we** agree to provide this extension, **you** will need to pay an additional premium prior to the commencement of the extension.

 **We exclude cover for some sports and activities**

This policy excludes cover for some sports and activities. These are listed in the [General exclusions on page 17](#).

 **We do not cover your trip if you have other insurance**

This policy does not cover any loss, cost, damage or liability if **you** are covered for that same loss, cost, damage or liability to any extent under a policy with another insurer. **We** will not contribute towards a claim under any other policy with another insurer.



Your automatic benefits

Your policy covers **you** for the benefits listed below.

Unless otherwise stated, the most **we** will pay per person is the maximum amount detailed in each benefit and shown in the schedule of benefits.

Section 1

Medical benefits



Medical treatment and evacuation

We will pay or reimburse **you** for the reasonable costs of medical treatment including surgical, hospital and related **medical expenses** for **injury** or **illness** suffered by **you** while you are outside the **country**.

We will:

1. pay the actual and reasonable costs **you** incur; or
2. guarantee payment to a hospital or other medical provider.

In all cases **we** have the option of returning **you** to the **country** if **our emergency assistance team** agrees this is required. If **we** do so, **we** will pay all costs relating to **your** medical evacuation.

Limits

If **you** are hospitalised or if **you** require surgical treatment **you** must contact **our emergency assistance team** as soon as reasonably possible.

You must follow the advice and directions of **our emergency assistance team**.

Our emergency assistance team must authorise any medical evacuation. The decision to evacuate **you** to any other country is theirs alone.

We do not cover any expenses incurred after the date when, in the opinion of **our emergency assistance team**, **you** can be safely repatriated to the **country**, or any other alternative country that **we** agree to.



Emergency dental treatment

We will reimburse **your** costs for emergency dental treatment to sound natural teeth while **you** are overseas:

1. to relieve sudden and acute pain; or
2. required directly because of an **injury**.

Limit

We will pay the necessary and reasonable costs incurred up to the amount shown in the schedule of benefits for the travel plan selected.



Extra travel and accommodation

We will pay **your** necessary and reasonable additional travel, accommodation, and communication expenses overseas if:

1. **our emergency assistance team** confirms **you** are unfit to travel; and
2. **we** have accepted a claim for **medical expenses** under the benefit - *Medical treatment and evacuation on page 7*.



Accompanying person

We will pay the reasonable and necessary travel and accommodation costs, and additional reasonable meal expenses for one person to travel to, or remain with **you**, and travel with **you** back to the **country** provided:

1. **we** have accepted a claim under the benefit - [Medical treatment and evacuation on page 7](#); and
2. **our emergency assistance team** decides an accompanying person is required.

Limits

You must contact **our emergency assistance team** before any expenses are incurred.

Your **injury** or **illness** must be of a severe nature.

We will only pay for scheduled economy flights.



Ongoing medical costs in the country

We will reimburse **your** necessary and reasonable costs for medical treatment in the **country** if:

1. **we** have accepted a claim under the benefit - [Medical treatment and evacuation on page 7](#); and
2. **our emergency assistance team** confirms **you** require ongoing treatment for the **injury** or **illness** suffered overseas.

Limits

We will pay the necessary and reasonable costs incurred up to the amount shown in the schedule of benefits for the travel plan selected.

We will only pay costs incurred within 90 days of **your** return to the **country**.



Funeral expenses

In the event of **your** death during **your trip**, **we** will pay up to the amount shown in the schedule of benefits for the travel plan selected:

1. for **your** cremation or burial (including embalming costs) and funeral expenses in the area where death occurred; or
2. the costs to return **your** remains to the **country** (but not including any subsequent funeral or interment costs in the **country**).



What you are not covered for under Medical benefits

We will not cover any claims or expenses arising directly or indirectly from, related to or associated with:

Continued treatment

Continued treatment or medication, check-ups, maintenance, examinations, preventative treatment (including immunisations) or self-prescribed medicine, other than the cover provided under [Ongoing medical costs in the country on page 8](#).

Dental treatment

Routine dental treatment, normal dental wear and tear, dental health maintenance (or lack of), cosmetic dentistry or any other costs relating to dental treatment other than cover under the benefit - [Emergency dental treatment on page 7](#).

Expenses incurred after 12 months

Any expenses **you** incur more than 12 calendar months from the date of **injury** or in the case of an **illness**, more than 12 calendar months after the date **medical expenses** were first incurred.

Private hospital treatment

Private hospital or medical treatment where publicly funded treatment is available (including treatment available under any reciprocal health agreements that **you** may be eligible to receive).

Non-referred treatment

Physiotherapy, chiropractic treatment or any other treatment where a registered medical practitioner has not referred **you**.

Treatment in the country

Any treatment in the **country** other than cover under the benefit – *Ongoing medical costs in the country on page 8*.

Treatment prior to approval

Hospital or surgical treatment received prior to approval by **us** or **our emergency assistance team**. If prior approval is not reasonably possible, **you** or someone on **your** behalf must contact **us** or **our emergency assistance team** within 48 hours of hospitalisation.

Section 2

Cancellation and interruption benefits



Cancellation or alteration

If **you** have to cancel or alter **your trip** before **you** leave the **country** because of an **unexpected event**, **we** will reimburse **your** costs:

1. If **you** have used frequent flyer points to book **your** travel and **you** have to cancel or alter **your trip** **we** will reimburse the lesser of the:
 - a. reasonable cash equivalent of the frequent flyer points; or
 - b. the fee that the frequent flyer points company charges to reinstate **your** points.

For other costs **we** will reimburse the lesser of:

1. **your** actual travel and accommodation deposits or expenses paid in advance; or
2. the actual and reasonable alteration costs to rearrange **your trip**

Limits

We will either reimburse **your** lost deposits and expenses or reimburse the costs to rearrange **your trip**, **we** will not reimburse both.

We will only pay costs that cannot be otherwise recovered as refunds or contributions from travel, tour operators and accommodation providers.

The maximum amount **we** will pay for this benefit is the amount shown in the schedule of benefits for the travel plan selected.



Travel interruption

If **your trip** is interrupted for more than 36 hours because of an **unexpected event**, **we** will reimburse **your** costs to enable **you** to catch up on **your** original planned **trip**.

We will reimburse either **your**:

1. actual and reasonable additional costs for **scheduled transport**, accommodation, communication and meals; or
2. unused travel and accommodation deposits paid in advance.

Limits

We will either reimburse **your** lost deposits or reimburse the costs to rearrange **your trip**, we will not reimburse both.

We will only reimburse expenses incurred within 30 days of the original delay.

The maximum amount **we** will pay for this benefit is the amount shown in the schedule of benefits for the travel plan selected.



Curtailment of travel

If **you** have to cut **your trip** short because of an **unexpected event** **we** will reimburse **your** costs to return to the **country**.

We will reimburse either **your**:

1. actual and reasonable additional costs for **scheduled transport**, accommodation, communication; or
2. unused travel and accommodation deposits paid in advance.

Limits

We will either reimburse **your** lost deposits or **your** additional costs to curtail **your trip**, we will not reimburse both.

The maximum amount **we** will pay under this benefit is the amount shown in the schedule of benefits for the travel plan selected.



Resumption of travel

If **you** have had to cut **your trip** short and return to the **country** because of the unexpected life threatening illness or injury, or death of a **relative** in the **country**, **we** will pay **your** costs to resume **your** original **trip**.

Limits

You are only able to claim this benefit if all of the following apply:

1. **your** original **trip** was longer than 14 days
2. less than 50% of **your** policy duration has been used
3. **you** had purchased a return ticket prior to **your** original departure from the **country**
4. **you** have not claimed under the benefit – [Curtailment of travel on page 10](#).

The maximum amount **we** will pay under this benefit is the amount shown in the schedule of benefits for the travel plan selected.

We will only reimburse the costs of the same travel class as **you** had originally booked.

For example if **you** originally travelled on an economy airfare **we** will only reimburse a new economy airfare.

You must resume **your trip** within 12 months from the date **you** returned to the **country**.

If **you** resume **your** overseas **trip** after **you** have returned to the **country** **you** will need to purchase a new travel insurance policy for the resumed **trip**.



Scheduled transport delay

If the **scheduled transport** **you** have arranged to travel on is delayed for more than 12 hours, **we** will reimburse **your** actual and reasonable additional costs for alternative **scheduled transport**, accommodation and communication.

Limits

We will reimburse **you** up to the amount shown in the schedule of benefits for the travel plan selected.

You cannot claim this benefit if **you** have already made a claim under the benefit – [Missed connection on page 11](#).



Missed connection

If due to an **unexpected event** outside **your** control, **you** miss **your** scheduled transport connection **we** will reimburse **your** actual and reasonable additional costs for alternative **scheduled transport**, accommodation and communication to allow **you** to continue **your** planned **trip**.

Limits

The maximum amount **we** will pay under this benefit is the amount shown in the schedule of benefits for the travel plan selected.

You cannot claim this benefit if **you** have already made a claim under the benefit – [Scheduled transport delay on page 10](#)



Hijacks

If **you** are hijacked while travelling on public transport and as a result incur reasonable additional travel and accommodation costs.

Limit

The maximum amount **we** will pay under this benefit is the amount shown in the schedule of benefits for the travel plan selected.



False arrest

If **you** are wrongfully arrested or wrongfully detained by any legally recognised foreign government or government agency during **your** **trip** **we** will reimburse the reasonable and necessary legal costs that **you** incur.

Limit

The maximum amount **we** will pay under this benefit is the amount shown in the schedule of benefits for the travel plan selected.



What you are not covered for under Cancellation and interruption benefits

We will not cover any claims or expenses arising directly or indirectly from, related to or associated with:

1. Contractual, work or study commitments
contractual, business, work or study obligations or commitments including changes at the request of an employer, other than the cover provided, if selected, under the optional benefit – [Business Travel – Optional Cover on page 16](#).
2. Disinclination to travel
 - a. **you** no longer wish to travel; or
 - b. someone else who **your** **trip** depends on, deciding they no longer want to travel; or
 - c. **your** personal wishes.
3. Failure to check in on time
you or anyone else who **your** travel depends on, failing to check in or arrive at the correct departure time.
4. Financial circumstances
currency fluctuations or the financial circumstances of **you** or anyone else who **your** travel depends on
5. Financial collapse and default
 - a. the financial collapse, default or insolvency of any carrier, travel agent or other service provider.
 - b. the refusal of any carrier, travel agent or service provider to provide the service which **you** have paid for because of the financial collapse of any other carrier, travel or service provider.

6. Incorrect travel documentation
failure to have the correct, current and valid travel documentation such as passports, visas, other entry documentation or travel tickets.
7. Proportionate costs
additional costs or lost deposits that do not represent **your** proportional share or which relate to persons not covered by this policy
8. Carrier or Service operator failure
 - a. the inability, error or negligence of any operator, charter airline, agent or wholesaler to complete travel arrangements.
 - b. a lack of numbers required to commence any tour, conference, accommodation or other travel arrangements.
9. Carrier or Service provider delays
delays caused by service providers or where a service provider is responsible and the costs are recoverable from the carrier or service provider or any other source.
10. Things **you** are aware of
any reason **you** were already aware of before **you** purchased this policy that would cause **you** to make a claim.
11. Unconfirmed bookings
you or anyone else who **your** travel depends, not holding a confirmed seat, booking or reservation including travelling on standby tickets.

Section 3

Personal effects



Personal baggage and effects

If because of an **unexpected event**, **your** personal baggage and effects suffer accidental physical loss or accidental physical damage during **your** overseas **trip we** will either:

1. pay **you** the present day value; or
2. repair the item; or
3. replace the item.

The right to choose whether to reimburse, repair or replace the item rests solely with **us**.

Limits

For unspecified items the maximum amount **we** will pay per item is the amount shown in the schedule of benefits for the travel plan selected.

For specified items the maximum amount **we** will pay is the amount shown in the **certificate of insurance** or the present day value, whichever is the lesser.

A pair or related set of items is considered one item for the purpose of the limits noted above, for example:

1. a camera and its lens (whether this is attached or not);
2. a pair of earrings.



Emergency purchases

If during **your trip**, **your** personal baggage and effects are delayed, misdirected or misplaced by a transport operator, **we** will reimburse **you** for the reasonable costs of purchasing essential items and clothing.

Limits

This benefit does not apply if **your** personal baggage and effects are delayed on **your** return to the **country**.

You must provide a delayed baggage report from the transport operator.

We will reimburse the actual and reasonable costs incurred up to the amount shown in the schedule of benefits for the travel plan selected.



Money, credit card and travel documents

If **your money**, credit cards or travel documents are lost or stolen from **your** person, or stolen from **your** locked accommodation or locked vehicle during **your trip**, **we** will reimburse **you** the actual and reasonable costs of their replacement or the value of the **money**.

Limit

The maximum amount **we** will pay under this benefit is the amount shown in the schedule of benefits for the travel plan selected.



What you are not covered for under Personal effects

We will not cover any claims or expenses arising directly or indirectly from, related to or associated with:

1. Brittle or fragile items
the breakage of glass, brittle or fragile items (except for photographic or video equipment, binoculars, ipods, ipads, notebooks, laptops or similar computer equipment, cell phones, spectacles or contact lenses).
2. Business activities
items used or intended for any business, profession, trade or any other financial activity other than the cover provided, if selected, under the optional benefit - *Business Travel – Optional Cover on page 16*.
3. Electrical or mechanical breakdown
electrical or mechanical equipment breakdown, failure or wearing out.
4. Fraudulent use
the fraudulent use of credit cards, bank cards or mobile phones.
5. Gradual damage
gradual deterioration, depreciation, wear and tear, atmospheric or climatic conditions, corrosion, fungi, rust, rot, mildew, mould, action of sunlight, leakage or any process of cleaning, restoring or repairing.
6. Household effects, motor vehicles, watercraft and aerial devices
 - a. household effects, works of art, motor vehicles, watercraft, aircraft, aerial devices or any of their accessories or associated equipment;
 - b. software or electronic data.
7. Items not carried on **you**
 - a. jewellery, **money** or travel documents not carried on **you** when **you** are travelling on any transportation operated by transport providers (including any public transport such as, but not limited to, taxis, buses, watercraft or railways);
 - b. items an airline transport provider prohibits from being carried on their flights, or items that are prohibited from being transported in checked in luggage.
8. Precious metals, unset stones and securities
bonds, bullion, deeds, gold, negotiable instruments, manuscripts, precious metals precious stones securities of any kind, stamps or vouchers,

9. Sporting equipment
sporting equipment when in use.
10. **Unattended** items
items that **you** or anyone **you** are travelling with leaves:
 - a. in an unlocked vehicle or unlocked premises;
 - b. in **your** accommodation where a safe or locker is available but **you** fail to use it;
 - c. overnight in a vehicle;
 - d. **unattended** in a **public place**.
11. Unaccompanied baggage
unaccompanied baggage or items sent by any courier, freight or postal service.

Section 4

Rental cars



Rental vehicle excess

We will reimburse **you** for any insurance excess **you** are required to pay if the **rental vehicle you** hire is damaged or stolen.

Limits

The maximum amount **we** will pay under this benefit is the amount shown in the schedule of benefits for the travel plan selected.

You must have hired the vehicle from a licenced motor vehicle rental agency.



What you are not covered for under Rental cars

We will not cover any claims or expenses arising directly or indirectly from, related to or associated with:

1. Breaching laws or **your** hire contract
 - a. Breaching the local driving rules or laws, and
 - b. Not complying with the conditions of **your rental vehicle** contract.
2. Off road driving
driving the **rental vehicle** other than on formed or paved roadways or in car parks.
3. Uninsured or unnamed drivers
the **rental vehicle** being driven by a person who is not covered by this policy or who is not a named driver on the **rental vehicle** contract.

Section 5

Personal accident benefits



Accidental death

If **you** suffer an **injury** during **your** overseas **trip** which directly results in **your** death **we** will pay **your** estate a cash benefit.

Limits

We will pay the amount shown in the schedule of benefits for the travel plan selected.

We will not pay this benefit if **we** have already paid a claim under the benefit – *Total permanent disablement on page 15*.

Your estate must provide medical reports and certificates and if requested by us, a post mortem report to prove that your death arose directly because of the injury you sustained during your trip.

We will only pay this benefit for death that occurs after 90 days from the date of the original injury.



Total permanent disablement

If you suffer an injury during your overseas trip, which directly causes total permanent disablement we will pay you a cash benefit.

Limits

We will pay the amount shown in the schedule of benefits for the travel plan selected.

You must have been in regular full time employment when you started your trip.

You must provide medical reports and certificates to prove the injury you sustained during your trip directly caused your total permanent disablement.



What you are not covered for under Personal accident benefits

We will not cover any claims or expenses arising directly or indirectly from, related to or associated with:

1. Age limits
if you are aged under 16 years or over 65 years when the injury first occurred.
2. Loss of income
Any loss of income.

Section 6

Liability protection



Personal liability

We will cover your legal liability for damages, compensation and legal expenses if during your trip you unintentionally cause:

1. bodily injury (including death); or
2. loss of, or damage to property.

Limits

The maximum amount we will pay under this benefit is the amount shown in the schedule of benefits for the travel plan selected.

You must not admit fault or liability to any person without our written consent.



What you are not covered for under Liability protection

We will not cover any liability arising directly or indirectly from, related to or associated with:

1. Aircraft, watercraft or motor vehicles
the ownership or use of aircraft, aerial devices (including those that are remote controlled), motor vehicle or watercraft other than a bicycle, ebike, rowboat, kayak, paddleboard, body board, surfboard, sailboard or model boats.
2. Animals
animals belonging to you or anyone related to you or in your care, custody or control.

3. Business or trade
any work, occupation, trade, business or profession
4. Contractual liability
any contract unless **you** would be liable if that contract or agreement did not exist.
5. Criminal proceedings
legal costs arising from criminal proceedings.
6. Fines and damages
aggravated, punitive or exemplary damages, fines and/or other penalties or reparation orders.
7. Firearms
the use of firearms.
8. **Injury, illness** and death
injury, illness, death to **you, your** employees or anyone related to **you** or who is insured by this policy.
9. Land
the ownership or use of any land or building other than as a temporary residence
10. Wilful or malicious acts.
wilful, malicious or unlawful acts by **you** or by anyone related to **you**
11. **Your** property
property belonging to or under the care or control of **you** or any other person covered by **your** policy, **your** employees or anyone related to **you**.

Section 7

Business Travel – Optional Cover



Business property

If **you** have selected this optional cover and paid the additional premium **we** will extend **your** policy cover while **you** are travelling on business, trade or for professional purposes.

If because of an **unexpected event**, **your business property** is damaged, lost or stolen during **your trip** **we** will either:

1. pay **you** the **present day value**; or
2. repair the item; or
3. replace the item.

The right to choose whether to reimburse, repair or replace the item rests solely with **us**.

Limit

The maximum amount **we** will pay is the amount shown in the schedule of benefits.



Alternative staff member

We will pay for an alternative staff member to travel overseas by economy airfare and complete **your** original business or professional assignment within 3 months of **your** early return to the **country** due to **your injury** or serious **illness**.

General exclusions

(applies to all sections)

What you are not covered for

You are not covered for loss, damage, cost, or liability arising directly or indirectly from, related to or associated with:

1. Alcohol and addiction
 - a. the influence of alcohol or drugs (other than a drug administered or prescribed by a registered medical practitioner, taken as prescribed).
 - b. alcohol or substance addiction,
2. Asbestos or asbestosis
Involving asbestos or any materials containing asbestos in whatever form or quantity, or asbestosis,
3. Criminal or illegal acts
any criminal, illegal, wilful or reckless act or omission by **you**, or any disregard for or failure to comply with any provision or notice or order under any legislation.
4. Diseases and terminal conditions
terminal conditions, acquired immune deficiency syndrome (AIDS), human immunodeficiency virus (HIV) or sexually transmitted diseases.
5. Exceptional danger
deliberate exposure to exceptional danger unless in an attempt to save a human life.
6. 'Extreme risk' and 'high risk' locations
any travel to, from or through countries or regions classified as Extreme Risk or High Risk by the New Zealand Ministry of Foreign Affairs and Trade at the time **you** booked **your** travel and/or when **you** purchased this insurance. This information is published on their website www.safetravel.govt.nz
7. Government and other authorities intervention
 - a. any government or other authorities prohibition, restriction or regulation except where a government agency grounds an aircraft;
 - b. confiscation, detention, requisition or destruction by customs or other authorities.
8. Ineligible residency status
any person who does not have an eligible residency status for the **country** this policy was issued in, as explained under – *You must have an eligible residency status to use this policy on page 4.*
9. Immigration and Visas
any breach of prohibition or regulation of any government relating to immigration or travel, or failure to obtain the appropriate passport or visa or other requisite entry documentation.
10. Mental illness
depression, anxiety, stress, eating disorders, nervous disorders, phobias, self-inflicted **injury** or **illness**, suicide or attempted suicide or any other mental **illness**.
11. Nuclear and radiation risks
nuclear weapons material or ionising radiation or contamination by radioactivity from any nuclear waste or from the combustion of nuclear fuel, including any self-sustaining process of nuclear fission or fusion.

12. Epidemics/Pandemics

Any communicable disease or viral or bacterial agent that is declared to be an outbreak by the World Health Organisation or Government or ruling body of a country that the outbreak has occurred in.

13. Pre-existing medical conditions

your pre-existing medical conditions or those of anyone else on whom **your trip** depends.

14. Pregnancy and childbirth

pregnancy, voluntary abortion, childbirth or postnatal medical care except for unexpected emergency treatment or medical complications relating to pregnancy up to and including the 20th week of pregnancy. This is provided **you** have not had any complications with **your** pregnancy before **you** purchased the policy.

15. Things **you** are aware of

any **illness**, sickness, disease, **injury**, physical infirmity, disability, medical condition or symptom that **you** were already aware of before **you** purchased this policy or departed on **your** overseas **trip**, that would cause **you** to make a claim under this policy.

16. Travelling for medical reasons or against medical advice

travelling for the purpose of obtaining medical treatment, examination or investigation or travelling against medical advice.

17. Resulting losses

consequential loss, loss of enjoyment or loss of income other than the cover provided for [Total permanent disablement on page 15](#).

18. Sports and activities

- a. abseiling;
- b. air travel unless **you** are a ticketed passenger on a regular airline or established charter service;
- c. base jumping;
- d. bungee jumping;
- e. contact sports which allow for direct physical contact within the rules of the sport;
- f. extreme versions of any sport;
- g. occurring at high altitude or remote areas without telecommunication services or medical services or facilities, except as part of an organised tour;
- h. hunting;
- i. kitesurfing;
- j. microlite flying;
- k. motorcycling or riding a moped (whether as a driver or passenger) where
 - a. the engine capacity is more than 200cc,
 - b. **you** do not have a valid licence for the country **you** are driving in,
 - c. **you** are not wearing a motorcycle helmet,
- l. mountaineering which requires support ropes;
- m. motor sports;
- n. ocean yachting more than 12 nautical miles from the mainland except as a fare paying passenger on a licensed cruise ship;
- o. outdoor rock climbing;
- p. parachuting, paragliding, parasailing, hang gliding, tow gliding, white water rafting, black water rafting, white water kayaking or land yachting unless **you** are participating in these activities with a licenced operator;
- q. **professional sport**;
- r. pot holing;

- s. rodeo activities;
- t. skiing or snowboarding off-piste, outside of designated commercial ski areas or in areas that have been closed;
- u. sky diving;
- v. training, competing or racing (other than on foot);
- w. underwater activities involving the use of artificial breathing apparatus unless an internationally recognised diving qualification is held.

19. Terrorism

loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, contributed to by, resulting from, or arising out of or in connection with any **act of terrorism** regardless of any other cause or event contributing concurrently or in any other sequence to the loss.

20. Waiting for treatment

any medical condition, **illness**, sickness, disease, physical defect, disability or symptom which **you** are on a wait list or scheduled for treatment, examination or investigation for.

21. War

Loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any of the following regardless of any other cause or event contributing concurrently or in any other sequence to the loss:

war, invasion, acts of foreign enemy or enemies, hostilities or warlike operations (whether war be declared or not), civil war, mutiny, civil commotion assuming the proportions of or amounting to a popular rising, military rising, insurrection, rebellion, military or usurped power, or any act of any person or persons acting on behalf of or in connection with any organisation the objects of which are to include the overthrowing or influencing of any de jure or de facto government by terrorism or by any violent means.

22. Work and manual activities

- a. military, naval, air service operations, heavy manual work, hazardous work;
- b. **your** trade, profession or business activities or any form of employment, including volunteer work, whether for profit or not, other than the cover, if selected, under the option benefit - [Business Travel – Optional Cover on page 16](#).



What your obligations are

Here is a list of what all persons covered by this policy must do.

1. **You** must be honest and fair with **us**. All **your** statements made in relation to this policy and in any claim must be honest, correct and complete. If they are not, **we** have no liability under this policy or for any claim.
2. **You** must provide **us** with all relevant information. This means **you** must tell **us** everything **you** know, or could reasonably be expected to know, that may influence **our** decision to insure **you** or the terms on which **we** insure **you**, even if **we** have not asked question that relate to such information in **your** knowledge.
3. **You** must contact **us** and tell **us** if **your** health changes after **you** purchase this policy. This applies to every person covered by this policy. **We** are not obliged to cover this change in health.
4. **You** must tell **us** if any circumstances change or may change while **we** are insuring **you**. This applies when **you** purchase this policy, before **you** travel and after **your** travel has begun.

Examples of a change in circumstances or any other information may include:

- a. **your** health changing,
- b. **you** being hospitalised or requiring surgical treatment while **you** are travelling,

c. an event that may cause **you** to cancel or alter **your trip**.

These examples are a guide only. If **you** are in any doubt, tell **us** even if **we** have not asked questions that relate to it.

If **your** circumstances change **we** may change the terms on which **we** insure **you**, the amount of premium, or cancel **your** policy by giving **you** at least seven days' notice.

5. **You** must not make a claim that is fraudulent in any way or make any false, misleading or incorrect statements in connection with any claim.
6. All persons covered by this policy must:
 - a. take reasonable care to keep personal baggage and effects including **money** and travel documents safe and secure and not leave these **unattended**,
 - b. not cause or facilitate loss or damage or incur liability by any unreasonable, reckless or wilful act or omission.

Otherwise **we** may decline **your** claim and/or recover any payment already made.

7. **You** must have purchased a policy that covers all the destinations **you** are travelling to during **your trip**. If **you** travel to destinations that are not covered by **your** policy **we** may decline **your** claim if it occurs in such destinations.
8. All persons to be covered by this policy must be named on the **certificate of insurance**. **We** will have no liability for any claims for persons whose names are not names on the **certificate of insurance**.
9. **You** must provide all assistance, information and co-operation that **we** reasonably require.
10. **You** must pay **your** premiums in full for cover to start under this policy. This includes any additional premium for extensions to cover otherwise these will not be covered by this policy.
11. If **you** do not comply with all of these obligations and the obligations under *What your obligations are at claim time on page 21*, **we** can decline any claim (and recover any claims payments already made). **We** can also cancel or avoid this policy.

If **we** cancel **your** policy **we** will give **you** seven days' notice sent to **your** last known postal address and/or email it to **your** email address on **our** records. If **we** do this, **we** will refund **your** unused premium.

If **we** avoid **your** policy, it will be treated as if it had never been taken out. If **we** ask, **you** will have to refund any claims payments **we** have paid to **you**. If **we** do this, **we** will notify **you** of this decision by writing to **your** last known postal address or by emailing it to **you** at **your** email address on **our** records. **We** will refund **your** entire premium paid less any claims payments already paid.



How to make a claim

It is important that **you** tell **us** as soon as **you** become aware of any circumstances which may result in a claim.

If **you** are overseas and require assistance please call **us** on 64 9 985 5000. **You** are able to reverse charge this number. For more information on this service refer to [Our emergency assistance service on page 23](#).

If **you** are in the **country** call **us** at the number shown on the **certificate of insurance**.

What your obligations are at claim time

Events leading to a claim can be stressful. **Your** personal health and safety is paramount, so make sure **you** and anyone else involved are safe from harm and if necessary, call the emergency services.

Here is a list of what persons covered by this policy must do at claim time.

Before you lodge your claim

You must:

1. Tell **us** as soon as possible:
 - a. if **you** are hospitalised or if **you** require surgical treatment
 - b. if it is likely that **you** will make a claim,
 - c. if **you** or anyone else who may have cover under this policy is charged with any offence which resulted in loss of property or caused bodily injury to someone else,
 - d. about any claim made against **you** by another person, with full particulars and all legal documents served on **you**.
2. Report any loss or theft to the Police (or applicable local government authority) within 24 hours of discovering the loss. **You** must obtain a report from them and provide the report to **us**.
3. Report any losses to any transport or service providers immediately if the damage, theft or loss occurred while in their care or custody. **You** must lodge a claim with them first and obtain a report from them.
4. Obtain a written confirmation from any air transport provider for the reason and length of any delay and that no alternative flight was available at that time.
5. Immediately contact the issuing authority and take any cancellation measures for lost or stolen travel documents.
6. Take all actions within **your** power to recover **your** items.
7. Take all reasonable steps to prevent further loss or liability.
8. If **we** ask you to complete a claim form, return that claim form to **us** within 30 days.

Once you've lodged your claim

You must:

1. If **you** have suffered an **injury** or **illness**, follow the advice and directions of **our emergency assistance team** and advice of any registered medical practitioner(s) who **you** have consulted or are being treated by.
2. If any **injury** or **illness** occurs in the USA and **you** require medical treatment or hospitalisation **you** must contact **our emergency assistance team** straight away on 64 9 985 5000 before receiving services. They will direct **you** to the nearest preferred medical provider in **your** area.
3. Let **us** inspect any damaged items if **we** ask and deal with any salvage reasonably; no property may be abandoned to **us**.

4. Provide proof of ownership or purchase for any items **you** claim:
 - a. for specified items **you** will be required to provide a current valuation (dated within the last 12 months) or the original receipt if the item was purchased within the last 12 months,
 - b. for items purchased during **your trip**,
 - c. for all other items including **money**, proof of ownership will be required (e.g. receipts, bank statements, credit card vouchers, warranties, guarantees, photos, videos).
5. Whenever practical, not incur any expense without **our** prior approval.
6. Let **us** complete all necessary documents and authorities for any claims under this policy as **your** authorised agent.
7. Comply with all **our** requests about **your** claim including providing full co-operation, information and assistance.
8. Provide, at **your**, or **your** estate's expense, all necessary documents that **we** require including death certificates, post mortem report or reports from **your** registered medical practitioner, the police, **your** travel agent or any other authority **we** request.
9. Provide the necessary authorisation for any documents **you** provide to **us** on behalf of someone else.
10. Not discuss a claim made on **you** by another person with them; instead, refer them to **us**.
11. Let **us** instruct a lawyer of **our** choice to conduct **your** defence. Follow the recommendations of that solicitor about the conduct or continuation of **your** defence.
12. Let **us** talk with that solicitor when necessary about the details of the case and the conduct or continuation of **your** defence.

After we've accepted your claim

You must:

1. Cooperate fully in any action **we** take to recover money from other parties involved in **your** claim.
2. Let **us** take over for **our** own benefit and settle any legal right of recovery **you** may have.
3. Tell **us** if any person is ordered to make reparation to **you** for any loss or cost that was part of the claim. Reimburse **us** for that payment as soon as **you** receive any reparation.
4. Tell **us** if any lost or stolen items which were part of the claim are found or recovered. Hand them over to **us** or, at **our** option, refund any money paid by **us** if **we** request it.

Otherwise **we** may decline **your** claim and/or recover any payment already made.

How we will look after your claim

When you contact **us** to make a claim **we** will:

1. process **your** claim as soon as **we** have sufficient information to do so;
2. explain how the claims process works;
3. explain what **we** need to go ahead with **your** claim;
4. if required, arrange for a medical advisor, assessor, investigator or other specialist to look after **your** claim;
5. keep **you** updated on **your** claim's progress;
6. give **you** information on how **we** will settle **your** claim;
7. if **we** decline **your** claim, **we** will clearly explain why.

What excesses you may need to pay

The **excess** is the amount of any claim that **you** are responsible for. The **excess** applies to each separate event resulting in a claim.

Where loss has occurred on multiple occasions an **excess** will apply to each occasion.

Unless the benefit being claimed on states it is **excess** free, **you** will need to pay **your excess**. **Your excess** and any additional **excesses** that may apply are detailed on **your certificate of insurance** and in this policy wording.

How we will settle your claim

We will settle **your** claim for loss or expenses following the process set out below.

We will pay up to a maximum of the limit stated in the schedule of benefits.

We will settle **your** claim when **you** return to the **country** except for overseas medical claims where at **our** option **we** will settle while **you** are overseas. **We** may also settle other urgent claims made under other sections of the policy while **you** are overseas.

In all cases:

1. **we** have the option to make payment, guarantee payment, reimburse **you** for costs, or repair or replace items. **We** specify this in the wording of the relevant benefit **you** are claiming.
2. if **you** do not hold a return ticket to the **country** at the time of an **unexpected event**, **we** will deduct from any claim under [Section 2 on page 9](#), an amount equal to **your** original carrier's one-way economy fare on the date **you** return to the **country** for the route used for **your** return.

We are not bound to pay or reimburse:

1. costs that are not actually incurred;
2. more than the maximum amounts shown in this policy wording, the schedule of benefits and/or in the **certificate of insurance**;
3. travel or accommodation costs that are not of the same nature or class **you** originally purchased;
4. lost deposits if **we** have paid costs to rearrange **your trip**;
5. costs that are recoverable from other sources.

Our emergency assistance service

In the event of an emergency overseas **you** can call **our emergency assistance team** 24 hours a day from anywhere in the world on 64 9 985 5000.

You can also reverse charge this number by calling the international operator in the location **you** are in and ask to be connected to the number above.

Our emergency assistance team are highly skilled doctors and medical professionals who are available by phone any time of the day or night for advice and assistance for travellers outside of the **country**.

Some of the services provided are:

- access to a registered medical practitioner for emergency assistance and advice;
- emergency transportation to the nearest suitable hospital;
- emergency evacuation back to the **country**, if necessary;
- if possible **your** close relatives in the **country** will be advised of **your** medical condition and be kept informed of the situation;
- payment guarantees to hospitals and insurance verification;
- second opinions on surgery;
- case management if hospitalised including cost containment and control;
- urgent message service and emergency travel planning.

Cancelling this policy

Provided **you** have not made a claim, **you** can cancel this policy by notifying **us** either by telephone, email or in writing. **We** will refund 80% of **your** unused premium if **you** have not commenced **your** overseas trip.

We may cancel or avoid this policy in accordance with the express rights of cancellation and/or avoidance set out in the headings:

1. *What your obligations are on page 19,*
2. *What your obligations are at claim time on page 21,*
3. *Making changes to this policy on page 24.*

If **you** make a claim that is false or fraudulent in any way, or make any false statement to **us**, **we** may retrospectively avoid **your** policy. **We** may also avoid any other policies **you** have with **us** or cancel them immediately from the date of the fraudulent act. If **we** do this, **we** will refund **your** unused premium.

Making changes to this policy

You can have this policy altered as long as **we** agree by email or in writing to that alteration before it takes effect.

We can alter the terms or cancel this policy by giving **you** at least seven days' notice sent to **your** postal address or by emailing to **your** last known email address on **our** records in any of the following circumstances:

1. to reflect any material changes to relevant law,
2. to increase the level of existing cover, or add additional cover,
3. if **we** are no longer able to secure reinsurance protection for perils covered by this policy.

If **you** do not agree to the alterations to the terms of **your** policy, **you** can cancel it (effective from the date of the proposed alteration). **You** can do this by notifying **us** by telephone, email or in writing, before the effective date of the proposed alterations. If **you** cancel on this basis, **we** will refund all **your** unused premium.

Policy jurisdiction

The laws of the **country** shall apply to this insurance. The Courts of the **country** have exclusive jurisdiction over legal proceedings in relation to this insurance.

Currency and taxes apply

All sums insured and policy limits are expressed in the currency of the **country** and include all applicable taxes.

How we will communicate with you

We will communicate with **you** to **your** postal address provided to **us** when **you** applied for this insurance or **your** last notified email address. **You** must provide **us** with a valid email address that is checked on a regular basis. **You** must tell **us** if **you** change **your** email address.

If you have a concern

We always strive to give the best possible service. So, if you're not happy with something – anything – please let **us** know. **We** will endeavour to get it sorted for **you** quickly and fairly. Often a quick conversation with **us** can help straighten things out. But, every now and then there'll be an issue that can't be easily resolved. If that's the case, **we** will guide **you** through **our** complaints procedure process.

Glossary

Act of terrorism

Any act, including but not limited to the use of force or violence and/or threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s) de jure or de facto, which from its nature or context is done for, or in connection with, political, religious, ideological, ethnic or similar purposes or reasons, including the intention to influence any government and/or to put the public, or any section of the public, in fear. Act of terrorism shall also include any act that is verified or recognised by the relevant government(s) de jure or de facto as an act of terrorism.

Business property

Includes trade samples, plans, business papers, specifications, manuscripts, stationery, electronic owned or leased by **your** business and carried by **you** as part of **your** accompanying baggage.

Certificate of insurance

The certificate of insurance that **we** issue to **you** providing confirmation of **your** travel insurance policy and the **period of insurance**. This includes any subsequent endorsement certificates that **we** issue to **you**.

Country

The country in which this policy was issued in, as shown in the **certificate of insurance**.

Emergency assistance team

The organisation arranged by **us** to provide emergency assistance services.

Excess(es)

The amount of any claim which **you** must pay and is shown in the **certificate of insurance** and/or in this policy wording. Excess(es) applies to each separate event giving rise to a claim.

Illness

Any sign, symptom, sickness, condition or disease (whether diagnosed or not).

Injury

Any external or internal bodily injury caused solely and directly by violent, accidental, external and visible means.

Medical expenses

The reasonable expenses necessarily incurred by **you** overseas in relation to medical advice and treatment by a legally qualified medical practitioner. It also includes any other actual, necessary and reasonably associated expenses. It excludes dental treatment.

Money

Cash, travellers cheques, money orders, petrol coupons or travel vouchers for accommodation or tours

Period of insurance

The period commencing on the start date of insurance and ceasing on the return date of insurance as shown on **your certificate of insurance**.

Professional sport

Any sport or activity where financial payment is received from any source.

Pre-existing medical condition

Any medical condition, **illness**, sickness, disease, **injury**, physical defect, disability infirmity or symptom where **you** are, or the person the condition relates to:

1. was aware of,
2. taking medication for,
3. was waiting for treatment for (including on a wait list),

4. has received or sought medical advice, consultation, referral, treatment, tests or examinations for,
5. was or has had signs or symptoms for that would cause a reasonable person in the circumstance too seek diagnosis or medical treatment.

Public place

Any area where the public has access (whether authorised or not) including but not limited to, the foyers and grounds of any accommodation, restaurants, shopping mall, theatres, bars, night clubs, shops, markets, public toilets, beaches, airports, railway stations, bus terminals, taxi stands, and wharves.

Relative

Your spouse or de facto partner, children, parents, grandparents, sister or brother.

Rental vehicle

A motor vehicle or motor home designed to carry no more than eight people including the driver or a moped or motorcycle with a maximum engine capacity of 200cc.

Scheduled transport

Regular, scheduled transport for fare paying passengers by air, rail, sea or road transport and operated by an established and licensed passenger carrying service operator, tour operator or public transport service.

Total permanent disablement

Your total and permanent inability to engage in, perform or attend to **your** usual business or occupation or any other business or occupation following rehabilitation or retaining, which results in **you** suffering a loss of income,

Trip

The overseas travel outside the territorial limits of the **country** undertaken during the **period of insurance**.

Unattended

Not on **your** person or under **your** control at the time of the damage, loss or theft or left in a place where it can be taken without **your** knowledge including left:

1. on a beach or beside a pool while you swim
2. in a place where **you** cannot reasonably prevent the item from being unlawfully taken.

Unexpected event

A cause or event that happens during the **period of insurance** that

1. was sudden, unforeseeable or unintended; and
2. was outside **your** control; and
3. could not reasonably have been anticipated or avoided.

We, us, our

The company issuing this policy as shown on the **certificate of insurance**, as the underwriter of this policy.

You

The insured person(s) named on the **certificate of insurance** who are not more than 70 years of age.

Travel Schedule of Benefits - Papua New Guinea

Section	Policy Benefits	Plan					
		Worldwide		*South Pacific		Australia & NZ only	
		Individual	Family	Individual	Family	Individual	Family
Section 1	Medical Treatment & Evacuation	K1,200,000	K2,400,000	K200,000	K400,000	K100,000	K200,000
	Dental Treatment	K2,000					
	Funeral Expenses	K20,000					
	Ongoing Expenses	K2,000					
Section 2	Cancellation & Alteration— all benefits other than as listed separately below	K10,000	K20,000	K5,000	K10,000	K3,000	K6,000
	Resumption of Travel	K5,000					
	Hijacks	K10,000	K20,000	K5,000	K10,000	K1,500	K3,000
	False Arrest	K5,000					
Section 3	Personal Baggage	K10,000	K20,000	K6,000	K12,000	K3,000	K6,000
	- Item Limits	K2,000 per item, or K3,000 for recording devices					
	Emergency Purchases	K500 (after 12 hours) - additional K500 after 72 hours					
	Money and Documents	K2,000	K4,000	K1,500	K3,000	K1,000	K2,000
Section 4	Rental Vehicle Excess	K5,000					
Section 5	Accidental Death & Permanent Disablement	K50,000 individual plan, K100,000 family plan					
Section 6	Personal Liability	K4,000,000					
Section 7	Business Property	K10,000					

*South Pacific Means: Australia, Norfolk Island, Papua New Guinea, Fiji, Solomon Island, Nauru, Kiribati, Vanuatu, New Caledonia, New Zealand, Tonga, the Samoas, Niue, Tahiti and other island countries bounded by these countries.