



# Product Disclosure Statement

New Zealand

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# Before You Buy

When buying travel insurance there are many different policies available and each policy offers a different level of cover. Travel Insurance Direct (TID) wants to make sure you are informed and choose the right cover for your personal circumstances.

1.0

# Five things you must know about our travel insurance policies:

## 1. How your medical history affects your cover

Medical cover under travel insurance policies is for unexpected **sudden illnesses or serious injuries**.

**Our** travel insurance only includes cover for certain medical conditions, so please consider **your** medical history carefully because **overseas** medical care is expensive.

Medical conditions **you** already have before **you** buy the policy are only covered if **you** meet the criteria for “Automatically Covered Conditions” on page 26 in this Product Disclosure Statement (PDS).

This means **you** will not be covered for any claims where **your** medical history is a contributing factor and is not covered by the policy.

## 2. Where you are going and how often

The cover that is right for **you** will depend on where **you** are travelling, who is travelling and how often. The plans **we** offer are:

- › International: for travel **overseas** for people under age 81
- › Domestic: for travel within New Zealand for people under age 81
- › Annual Multi Trip: a 12-month policy for people under age 76 who travel frequently.

Cover includes both international and **domestic** leisure trips for a maximum 38 days or business trips for a maximum 90 days.

- › All plans are only available for **residents** of New Zealand.

## 3. What's covered and what's not?

**Our** three plans each have different “Policy Benefits” on page 06, but like all travel insurance policies they don't cover everything. Also, certain words have special meanings which can be found in the “Travel Insurance Glossary” on page 40.

- › Each policy section tells **you** what is covered and what **we** will pay.
- › Additional options are available for specified luggage cover and **rental vehicle** excess.
- › Exclusions to Sections (page 06) describe the specific circumstances which are not covered by these sections of the policy.
- › The “General Exclusions: applicable to all sections” on page 21 apply to the entire policy.

Both Section and General Exclusions are linked on the “Policy Benefits” on page 06 and highlighted in shaded boxes throughout the PDS for easy reference.

Please read through this information carefully because it defines the way the policy responds when **you** need to claim.

## 4. When am I covered?

**You** should purchase **your** travel insurance as soon as possible after **you** have begun to book **your trip** because cover for cancellation costs begins from when **you** purchase the policy and **we** email **you** a Certificate of Insurance.

Cover for all other benefits begins on **your** date of departure and ends on **your** date of return as stated under Period of Insurance on **your** Certificate of Insurance or when **you** return to **your home**, whichever happens first.

The policy is only valid once the premium is paid and **we** issue a Certificate of Insurance. Only people named on the Certificate of Insurance are covered by the policy.

Please make sure **you** keep **your** Certificate of Insurance and this PDS safe together with any other documents **we** send **you** as these contain all the information about **your** policy.

A few words about the Annual Multi Trip plan:

- › This policy may be purchased within 30 days before the start of **your** intended period of insurance.
- › Under a **family** policy, **your** adult travel partner listed on **your** Certificate of Insurance may travel independently of **you**.
- › **Dependents** listed on **your** Certificate of Insurance are only covered whilst accompanying **you** and/or **your** insured travel partner.

## 5. About your insurance

TID is an online travel insurance company that has provided cover for more than one million people since 2005. This policy is managed by Cerberus Special Risks and underwritten by certain underwriters at Lloyd's.

The “Important Matters” on page 34 contains all the information on **your** rights and responsibilities and how the providers of this insurance work together to service this policy including:

- › “Applying for cover” on page 35
- › “About your premium” on page 35
- › “Changes to your policy” on page 35
- › “Cooling-off period” on page 35
- › “Policy extensions” on page 35
- › “Duty of disclosure” on page 36
- › “How we handle complaints” on page 36
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- › “About us” on page 38
- › “Fair Insurance Code” on page 39
- › “Jurisdiction and Choice of Law” on page 39
- › “Updating the PDS” on page 39
- › “Date prepared” on page 39

It is **our** responsibility to operate this insurance within the Fair Insurance Code. It is **our** choice to do this in such a way that is dependable, helpful and easy. **Your** policy is based on what **you** tell **us**, and **we** expect **you** to be truthful. If **you** aren't, this has implications.

# Your Policy Benefits

Our policy benefits comparison table helps you quickly identify the benefits, the levels of cover and where to find information about specific exclusions.

2.0

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# Policy Benefits

Benefit What's Covered	International and Annual Multi Trip		Domestic		Exclusions to Sections
	Single	Family	Single	Family	
1. Medical Expenses Incurred Overseas Emergency Dental	Unlimited \$500	Unlimited \$500			See pages 15 and 21
2. Cancellation Costs	Unlimited	Unlimited	\$10,000	\$20,000	
3. Additional Expenses / Medical Evacuation	Unlimited	Unlimited	\$10,000	\$20,000	
4. Loss of Income (sub-limit of \$1,500 per month, <b>single</b> ) (sub-limit of \$3,000 per month, <b>family</b> )	\$10,000	\$20,000			
5. Out of Pocket Expenses (sub-limit of \$50 per day)	\$6,000	\$12,000			
6. Travel Delay (sub-limit of \$200 per 12 hour delay)	\$2,000	\$4,000			
7. Return Airfare	\$6,000	\$12,000			
8. Resumption of Trip	\$3,000	\$6,000			
9. Special Events	\$2,000	\$4,000			
10. Rental Vehicle Excess	\$4,000	\$4,000	\$4,000	\$4,000	
11. Return of Rental Vehicle	\$1,000	\$1,000	\$500	\$500	
12. Domestic Pets	\$500	\$500			
13. Trip Disruption	\$2,000	\$4,000			
14. Hijacking	\$2,000	\$4,000			
15. Withdrawal of Services	\$500	\$500			
16. Snow Skiing Piste Closure	\$500	\$1,000	\$500	\$1,000	
17. Snow Skiing Benefits	\$200	\$400	\$200	\$400	
18. Snow Skiing Equipment Replacement	\$200	\$400	\$200	\$400	
19. Domestic Services	\$500	\$500			
20. Accidental Death	\$25,000	\$50,000	\$10,000	\$20,000	
21. Total Permanent Disability	\$12,500	\$25,000			
22. Luggage and Personal Effects (sub-limits on laptops, tablets, cameras and video cameras up to \$4,000; all other items \$700)	\$12,000	\$24,000	\$4,000	\$8,000	See pages 18, 21
23. Personal Liability	\$2,500,000	\$2,500,000	\$1,000,000	\$1,000,000	See pages 19 and 21
24. Business Travel Business Equipment Hire Business Equipment Recreate Business Documents	<b>Annual Multi Trip only</b> \$5,000 \$1,000 \$1,000				See pages 18, 20 and 21

**Policy excess:** There is a policy excess of \$100 for each event. This excess does not apply to claims under Sections 5-21. If you purchase the excess buy-out option, this excess will not apply.



# What's Covered and What's Not

TID gets to see all the unexpected things that happen to people overseas every single day, so our policy is designed to cover such events, making it helpful, easy and great value.

3.0



## Section 1: Medical expenses incurred overseas

**You** only have this cover if **you** choose the International or Annual Multi Trip plan.

1. **We** will pay the **reasonable** cost of emergency medical, hospital, road ambulance or other treatment **you** actually and necessarily receive **overseas** during the **trip** because **you** suffer a **sudden illness or serious injury**. **You** must make an effort to keep **your** medical expenses to a minimum.

However, **we** will only pay for treatment received and/or hospital accommodation during the 12-month period after the **sudden illness** first showed itself or the **serious injury** happened.

The treatment must be given or prescribed by a registered medical practitioner or paramedic.

If **we** determine that **you** should return **home** to New Zealand for treatment and **you** do not agree to do so, then **we** will pay **you** the amount which **we** determine would cover **your** medical expenses and/or related costs had **you** agreed to **our** recommendation. **You** will then be responsible for any on-going or additional costs relating to or **arising** out of the event **you** have claimed for.

2. **We** will also pay the cost of **overseas** emergency dental treatment up to a maximum amount of \$500 per person per **trip** for dental costs incurred which the **overseas** treating dentist certifies in writing is for the relief of sudden and acute pain to sound and natural teeth.
  3. **We** will pay up to \$12,000 in total for **your** burial or cremation **overseas** or for transporting **your** remains to New Zealand.
- › Please note **we** will not pay for any costs incurred in New Zealand.

The maximum amount **we** will pay for all claims combined under this section is shown under “Policy Benefits” on page 06 for the plan **you** have selected.

For what **we** will not pay in this section, please refer to “Exclusions to Sections 1-21” on page 15 and “General Exclusions: applicable to all sections” on page 21.

## Section 2: Cancellation costs

1. **We** will pay the value of the unused arrangements, less any refunds due to **you**, if **you** have to cancel any pre-paid transport or accommodation arrangements due to any unforeseen or unforeseeable circumstances outside of **your** control.
2. **We** will pay the **reasonable** cost of rearranging **your trip** prior to **you** travelling because something unforeseen and outside of **your** control occurs, provided that this cost is not greater than the cancellation fees or lost deposits which would have been incurred had the **trip** been cancelled.
3. **We** will pay the cancellation cost of tuition or course fees up to \$2,000 if the sole purpose of **your trip** is to attend that course and that course is cancelled due to circumstances outside of **your** control.
4. **We** will pay travel agent's cancellation fees up to 10% of the amount paid to the travel agent or \$1,500 on a **single** policy or \$3,000 on a **family** policy, whichever is the lesser, when full monies have been paid or the maximum of the deposit paid at the time of cancellation. **We** will not pay any travel agent's cancellation fees above the level of commission and/or service fees normally earned by the agent had the **trip** not been cancelled.
5. **We** will pay **you** for loss of frequent flyer or similar air travel points **you** used to purchase an airline ticket following cancellation of **your** airline ticket and

**you** cannot recover the lost points from any other source. The cancellation must be due to unforeseen or unforeseeable circumstances outside of **your** control.

**We** calculate the amount **we** pay **you** by multiplying:

- a) the cost of an equivalent class airline ticket based on the quoted retail price at the time the ticket was issued, less **your** financial contribution;
- b) by the total value of points lost divided by the total value of points used to obtain the ticket.

The maximum amount **we** will pay for all claims combined under this section is shown under “Policy Benefits” on page 06 for the plan **you** have selected.

For what **we** will not pay in this section, please refer to “Exclusions to Sections 1-21” on page 15 and “General Exclusions: applicable to all sections” on page 21.

### Section 3: Additional expenses/ medical evacuation

This section only covers **you** for **reasonable** additional travel and accommodation expenses that result directly from one of the following events:

1. **You** being unable to continue the **trip** because of the death, **sudden illness or serious injury** of:
  - a) **You** or a member of **your travelling party**; or
  - b) A **close relative** who is under the age of 85 or business partner or person in the same employ as **you**, who is resident in Australia or New Zealand, provided that the **sudden illness or serious injury** required hospitalisation

or confinement. In the case of a business partner or person in the same employ, the person’s absence made the ending of the **trip** necessary and **you** have written confirmation of that fact from a senior partner or director.

2. The need, because of a **sudden illness or serious injury** resulting in **you** being hospitalised as an in-patient, for a **close relative** or friend to travel to, remain with or escort **you** in place of the attending registered medical practitioner. **You** must have written advice from the attending registered medical practitioner and **our** consent.
3. Cancellation or restriction of scheduled public transport services caused by severe weather, natural disaster, hijacking, riot, strike or civil commotion. The event must have begun after **we** issued the Certificate of Insurance. **You** must have done everything reasonable to avoid the expenses, and **you** must get the **carrier’s** written confirmation of **your** claim.
4. Motor vehicle, railway, air or marine **accident**. **You** must have written confirmation of the **accident** from an official body in the country where the **accident** happened.
5. Loss (excluding Government confiscation) of passports, travel documents or credit cards, but limited to expenses incurred within the country where the loss occurred in having the documents replaced.
6. A member of **your travelling party** who is a full-time student being required to sit supplementary examinations.

**We** will pay **you** if **you** have to interrupt **your trip** after it has begun for **your** necessary additional travel, accommodation, repatriation and meals that **you** undertake with **our** consent. Travel expenses for **your** return **home** or evacuation are only covered if the attending registered medical practitioner advises **us** in

writing that as a result of **sudden illness or serious injury you** are unfit to continue the **trip**.

The following rules apply:

1. **We** will not pay for the cost of resuming the **trip** after **you** have returned to New Zealand (excluding Sections 7 and 8 when applicable).
2. Additional travel must be at the fare class originally chosen, except where **we** agree otherwise based on a written recommendation by **your** attending registered medical practitioner.
3. If **you** do not have a return ticket at the time of the event that causes **you** to return to New Zealand, **we** will deduct the cost of an economy class airfare at the **carrier's** regular published rates for the return trip. **We** will use **your** return ticket if this reduces **our** costs.
4. **We** will not pay for additional transport and accommodation expenses when a claim is made under Section 2 Cancellation costs for cancelled transport and accommodation expenses covering the same period of time.
5. Benefits are payable for a period up to 12 months from the date **your trip** was interrupted.

The maximum amount **we** will pay for all claims combined under this section is shown under "Policy Benefits" on page 06 for the plan **you** have selected.

For what **we** will not pay in this section, please refer to "Exclusions to Sections 1-21" on page 15 and "General Exclusions: applicable to all sections" on page 21.

## Section 4: Loss of income

**You** only have this cover if **you** choose the International or Annual Multi Trip plan.

**We** will pay **you your** average gross income less normal legal deductions for up to six

months, calculated from the return date on the Certificate of Insurance, if, as a result of suffering an **injury** during the **trip, you** become totally unable within 30 days after that **injury** to attend to **your** usual full-time occupation or business when **you** return to New Zealand. However, **we** will not pay in respect of the first 30 days after **you** originally planned to resume **your** work. This benefit is not applicable to **dependents**. The maximum **we** will pay is \$1,500 per month on a **single** policy and \$3,000 per month on a **family** policy.

The maximum amount **we** will pay for all claims combined under this section is shown under "Policy Benefits" on page 06 for the plan **you** have selected.

For what **we** will not pay in this section, please refer to "Exclusions to Sections 1-21" on page 15 and "General Exclusions: applicable to all sections" on page 21.

## Section 5: Out of pocket expenses

**You** only have this cover if **you** choose the International or Annual Multi Trip plan.

**We** will pay **you** \$50 for each day **you** are necessarily confined to hospital **overseas** provided that the period of confinement exceeds 48 consecutive hours because of a **sudden illness or serious injury** that happens or first shows itself during the **trip**.

The maximum amount **we** will pay for all claims combined under this section is shown under "Policy Benefits" on page 06 for the plan **you** have selected.

For what **we** will not pay in this section, please refer to "Exclusions to Sections 1-21" on page 15 and "General Exclusions: applicable to all sections" on page 21.

## Section 6: Travel delay

**You** only have this cover if **you** choose the International or Annual Multi Trip plan.

**We** will pay **you** up to \$2,000 on a **single** policy or \$4,000 on a **family** policy (sub limit of \$200 per 12-hour delay) for the cost of **reasonable** additional meals and accommodation if, for a reason outside **your** control, **your** scheduled transport from New Zealand or **overseas** is delayed for at least 6 hours, for each subsequent 12 hours (or part of that time) of delay.

**You** must give **us your** receipts and written confirmation of the delay from the **carrier**.

The maximum amount **we** will pay for all claims combined under this section is shown under "Policy Benefits" on page 06 for the plan **you** have selected.

For what **we** will not pay in this section, please refer to "Exclusions to Sections 1-21" on page 15 and "General Exclusions: applicable to all sections" on page 21.

## Section 7: Return airfare

**You** only have this cover if **you** choose the International or Annual Multi Trip plan.

**We** will pay **you** towards the cost of **your** original airline ticket (less any refund that is due to **you**) if, because of a **sudden illness** or **serious injury** that happens during **your trip**, the attending registered medical practitioner or **carrier** requires **you** to be brought back to New Zealand with a medical escort. However, **we** will only do so if **we** bring **you** back when either:

- a) There are more than 5 days of the **trip**, or 25% of its length, left to go, whichever is the greater; or

- b) **You** have been confined to hospital **overseas** for more than 25% of the insured part of the **trip**.

The maximum amount **we** will pay for all claims combined under this section is shown under "Policy Benefits" on page 06 for the plan **you** have selected.

For what **we** will not pay in this section, please refer to "Exclusions to Sections 1-21" on page 15 and "General Exclusions: applicable to all sections" on page 21.

## Section 8: Resumption of trip

**You** only have this cover if **you** choose the International or Annual Multi Trip plan and are not making a claim under Section 2 Cancellation costs.

If **you** return to **your home** in New Zealand because, during **your trip**, a **close relative** of **yours** who is under the age of 85 and residing in Australia or New Zealand dies unexpectedly or is hospitalised following a **sudden illness or serious injury**, **we** will reimburse **you** up to \$3,000 on a **single** policy or \$6,000 on a **family** policy towards return airfares to resume **your trip** within 12 months of **your** return to New Zealand, but only if more than 14 days remain in the period of **your trip** on **your** Certificate of Insurance.

The maximum amount **we** will pay for all claims combined under this section is shown under "Policy Benefits" on page 06 for the plan **you** have selected.

For what **we** will not pay in this section, please refer to "Exclusions to Sections 1-21" on page 15 and "General Exclusions: applicable to all sections" on page 21.

## Section 9: Special events

**You** only have this cover if **you** choose the International or Annual Multi Trip plan.

If **your trip** is interrupted by any unforeseeable cause outside of **your** control and **you** are unable to arrive at **your** destination by the time originally scheduled – for the purpose of attending a prearranged wedding, funeral, conference or sporting event which cannot be delayed as a consequence of **your** late arrival – **we** will reimburse **you** for the **reasonable** additional cost of using alternative public transport to arrive at the destination on time.

The maximum amount **we** will pay for all claims combined under this section is shown under “Policy Benefits” on page 06 for the plan **you** have selected.

For what **we** will not pay in this section, please refer to “Exclusions to Sections 1-21” on page 15 and “General Exclusions: applicable to all sections” on page 21.

## Section 10: Rental vehicle excess

**We** will pay **you** for the **rental vehicle** insurance excess if **you** rent a vehicle from a rental company and it is involved in an **accident**, is damaged or is stolen whilst in **your** care. **We** will only pay if **you** have a written rental agreement from a licensed rental company.

The maximum amount **we** will pay for all claims combined under this section is shown under “Policy Benefits” on page 06 for the plan **you** have selected.

For what **we** will not pay in this section, please refer to “Exclusions to Sections 1-21” on page 15 and “General Exclusions: applicable to all sections” on page 21.

## Additional rental vehicle excess option

Where an additional premium has been paid and this option is noted on **your** Certificate of Insurance, the limit on the Certificate of Insurance will apply.

## Section 11: Return of rental vehicle

**We** will pay the cost of returning **your rental vehicle** to the nearest depot if **your** attending registered medical practitioner or dentist certifies in writing that as a result of **your sudden illness or serious injury** **you** are unfit to do so during **your trip**.

The maximum amount **we** will pay for all claims combined under this section is shown under “Policy Benefits” on page 06 for the plan **you** have selected.

For what **we** will not pay in this section, please refer to “Exclusions to Sections 1-21” on page 15 and “General Exclusions: applicable to all sections” on page 21.

## Section 12: Domestic pets

**You** only have this cover if **you** choose the International or Annual Multi Trip plan.

1. **We** will pay **you** up to \$20 for each full 24-hour period for additional kennel or boarding cattery fees for domestic cats and dogs owned by **you** if **you** are delayed beyond **your** original return date due to an event covered by this policy. However, **you** must give **us** a statement confirming the additional fees. **We** will not pay more than the **applicable limit**.
2. **We** will also pay **you** up to \$500 if **your** pet suffers an **injury** during **your trip** and



requires inpatient veterinary treatment. **Your** pet must be in the care of a **close relative**, friend or boarding kennel whilst **you** are on **your trip** and **you** must provide a written report from the treating veterinary surgeon in support of **your** claim.

The maximum amount **we** will pay for all claims combined under this section is shown under “Policy Benefits” on page 06 for the plan **you** have selected.

For what **we** will not pay in this section, please refer to “Exclusions to Sections 1-21” on page 15 and “General Exclusions: applicable to all sections” on page 21.

### Section 13: Trip disruption

**You** only have this cover if **you** choose the International or Annual Multi Trip plan.

**We** will pay **your reasonable** additional transport and accommodation expenses if **your trip** is disrupted due to **your home** in New Zealand being destroyed by a natural disaster or fire.

The maximum amount **we** will pay for all claims combined under this section is shown under “Policy Benefits” on page 06 for the plan **you** have selected.

For what **we** will not pay in this section, please refer to “Exclusions to Sections 1-21” on page 15 and “General Exclusions: applicable to all sections” on page 21.

### Section 14: Hijacking

**You** only have this cover if **you** choose the International or Annual Multi Trip plan.

**We** will pay if **you** want to cancel **your trip** and return **home** after the scheduled transport service on which **you** are travelling

is hijacked. **We** will pay **you your** pre-paid travel and accommodation that **you** do not use, less any refunds due to **you**.

The maximum amount **we** will pay for all claims combined under this section is shown under “Policy Benefits” on page 06 for the plan **you** have selected.

For what **we** will not pay in this section, please refer to “Exclusions to Sections 1-21” on page 15 and “General Exclusions: applicable to all sections” on page 21.

### Section 15: Withdrawal of services

**You** only have this cover if **you** choose the International or Annual Multi Trip plan.

**We** will pay **you** \$50 per day when any of the following services are unforeseeably withdrawn for 48 hours continuously during **your trip** at the pre-paid accommodation where **you** are staying:

1. All water and electrical facilities in **your** room;
2. Waiter service at meals;
3. Kitchen services so that no food is served;
4. All chambermaid services.

**You** must produce a written report from the accommodation manager where **you** are staying in support of **your** claim.

The maximum amount **we** will pay for all claims combined under this section is shown under “Policy Benefits” on page 06 for the plan **you** have selected.

For what **we** will not pay in this section, please refer to “Exclusions to Sections 1-21” on page 15 and “General Exclusions: applicable to all sections” on page 21.

## Section 16: Snow skiing piste closure

**We** will pay **you** \$100 on a **single** policy or \$200 on a **family** policy for each day that the skiing facilities at the resort **you** have pre-booked before **your trip** commenced and that **you** are staying in is totally closed due to adverse snow conditions.

**You** must obtain a detailed written report from the resort management in support of **your** claim.

The maximum amount **we** will pay for all claims combined under this section is shown under “Policy Benefits” on page 06 for the plan **you** have selected.

For what **we** will not pay in this section, please refer to “Exclusions to Sections 1-21” on page 15 and “General Exclusions: applicable to all sections” on page 21.

## Section 17: Snow skiing benefits

**We** will pay **you** the proportional amounts of irrecoverable prepaid charges **you** have paid (or contracted to pay before the **trip** commenced) for ski equipment hire, lift passes and ski-school costs if, during **your trip**, **you** are prevented from skiing for more than 24 hours following **your sudden illness or serious injury** sustained during **your trip**.

**You** must obtain a medical certificate from a registered medical practitioner in support of **your** claim for **your sudden illness or serious injury**.

The maximum amount **we** will pay for all claims combined under this section is shown under “Policy Benefits” on page 06 for the plan **you** have selected.

For what **we** will not pay in this section, please refer to “Exclusions to Sections 1-21”

on page 15 and “General Exclusions: applicable to all sections” on page 21.

## Section 18: Snow skiing equipment replacement

1. **We** will pay **you** for the hire of alternative ski equipment following **accidental** loss, theft or breakage of ski equipment and for which a claim has been accepted by **us**.
2. **We** will also pay if **you** are temporarily deprived of **your** ski equipment for a period of more than 24 hours from the scheduled time of arrival at the snow destination due to delay or misdirection of **your** ski equipment.

The maximum amount **we** will pay for all claims combined under this section is shown under “Policy Benefits” on page 06 for the plan **you** have selected.

For what **we** will not pay in this section, please refer to “Exclusions to Sections 1-21” on page 15 and “General Exclusions: applicable to all sections” on page 21.

## Section 19: Domestic services

**You** only have this cover if **you** choose the International or Annual Multi Trip plan.

**We** will pay **you** for any **reasonable** domestic services provided by a registered domestic service business, up to a maximum of \$500, if **you** have been repatriated to New Zealand by **us** and **your sudden illness or serious injury** restricts **your** ability to perform domestic duties. These **reasonable** domestic services and costs must be approved by **us**.

The maximum amount **we** will pay for all claims combined under this section is shown under “Policy Benefits” on page 06 for the plan **you** have selected.



For what **we** will not pay in this section, please refer to “Exclusions to Sections 1-21” on page 15 and “General Exclusions: applicable to all sections” on page 21.

## Section 20: Accidental death

1. **We** will pay **your** estate the **applicable limit** if **you** die within twelve (12) months as the direct result of an **injury** that happens to **you** during **your trip**. However, there is no cover for **your dependents**. Under a **family** policy, **we** will only pay the **single** policy limit for any one person.
2. **We** will also pay **your** estate the **applicable limit** if **you** are presumed dead and **your** body is not found within 12 months after the conveyance **you** were travelling in disappears, sinks, is wrecked or crashes.

The maximum amount **we** will pay for all claims combined under this section is shown under “Policy Benefits” on page 06 for the plan **you** have selected.

For what **we** will not pay in this section, please refer to “Exclusions to Sections 1-21” on page 15 and “General Exclusions: applicable to all sections” on page 21.

## Section 21: Total permanent disability

**You** only have this cover if **you** choose the International or Annual Multi Trip plan.

**We** will pay **you** up to the **applicable limit** if, during **your trip**, **you** suffer an **injury** resulting in **your** permanent total loss of sight in one or both eyes or the permanent total loss of use of one or more limbs within one year of the date of the **accident**. **We** will pay **you** the **single** amount shown for the plan

purchased. The maximum limit in respect of **dependents** is \$10,000 for each child.

The maximum amount **we** will pay for all claims combined under this section is shown under “Policy Benefits” on page 06 for the plan **you** have selected.

For what **we** will not pay in this section, please refer to “Exclusions to Sections 1-21” on page 15 and “General Exclusions: applicable to all sections” on page 21.

## Exclusions to Sections 1-21

**We** will not pay a claim that **arises** because of any of the following:

1. **You** have received medical care under a reciprocal national health scheme. Reciprocal Health Agreements are currently in place with the United Kingdom and Australia.
2. **You** received private hospital or medical treatment where public funded services or care is available in New Zealand or under any Reciprocal Health Agreement between the Government of New Zealand and the Government of any other country.
3. Medical and/or dental costs incurred in New Zealand.
4. **You** travel even though **you** know **you** are unfit to travel; travel against medical advice; travel to obtain medical treatment; or **you** arrange to travel when **you** know of circumstances that could lead to the **trip** being disrupted or cancelled.
5. **You** have been instructed by **your** registered medical practitioner that **you** are unfit to travel and **you** fail to promptly cancel **your** pre-booked travel. **You** will be responsible for

- any extra cost (including cancellation charges) incurred from **you** failure to promptly cancel the prearranged travel.
6. A terminal illness suffered by **you**, a member of **your travelling party** or of a **close relative** or business partner or person in the same employ as **you**, who is resident in Australia or New Zealand, if a metastatic or terminal prognosis was made before the Certificate of Insurance was issued.
  7. Pregnancy or related complications after 26 weeks gestation or for childbirth at any time. Expectant mothers should consider whether they travel under this policy, as no cover is provided for childbirth or the health of a newborn child, irrespective of the stage of pregnancy at which the child is born.
  8. Dental treatment involving the use of precious metals or for cosmetic dentistry.
  9. A tour operator or wholesaler is unable to complete arrangements for a tour because there are not the required number of people to begin or complete a tour or trip. This does not apply in relation to pre-paid travel arrangements bought separately to reach the departure point for the tour or other travel arrangements.
  10. A loss that **arises** directly or indirectly from an act or threat of terrorism. This exclusion only applies to the following policy sections: Section 2 Cancellation costs page 08, Section 6 Travel delay page 11, and Section 9 Special events page 12.
  11. Delays, rescheduling or cancellation of scheduled transport services caused by the **carrier** or related to the **carrier**, including maintenance, repairs, rescheduling, service faults or industrial action other than a strike or corporate takeover. This exclusion does not apply to Section 6 Travel delay page 11, Section 9 Special events page 12, and Section 11 Return of rental vehicle page 12.
  12. Financial, business, professional or contractual arrangements. This exclusion does not apply to claims under Section 2 Cancellation costs where:
    - a) **you** or a member of **your travelling party** are made redundant from full-time permanent employment in New Zealand, provided **you** or they were not aware that the redundancy was to occur before **you** purchased this policy; or
    - b) where **you** are a full-time permanent employee and **your** pre-arranged leave is cancelled by **your** employer.
  13. Which **arises** from a lack of due care and responsibility on **your** part by neglecting to observe appropriate preventative measures for the travel region as outlined by the World Health Organisation, including relevant vaccinations, malaria prophylaxis and hygiene measures. Please see who.int for further information.
  14. **You** or a member of **your travelling party** changes plans or decides not to continue with the **trip**.
  15. **You** operate a **rental vehicle** in violation of the rental agreement.
  16. **You** use the **rental vehicle** to transport items other than luggage.
  17. Any kennel or cattery fees incurred outside New Zealand or as a result of quarantine regulations.
  18. **You** engage in bobsleighbing, snow rafting, para-penting, heli-skiing, ski acrobatics, ski joreing, any form of power assisted skiing or use of mechanised snow-mobiles except as provided by the recognised piste authorities for transport to and from areas designed for recreational skiing. This exclusion only applies to Sections 16-18.

19. In resorts that do not have skiing facilities over 1,000 metres above sea level. This exclusion only applies to Sections 16-18.
  20. That **arise** outside the period 15th December to 31st March in Northern Hemisphere resorts and 15th June to 30th September in Southern Hemisphere resorts. This exclusion only applies to Sections 16-18.
  21. The financial collapse of any transport, tour or accommodation provider.
- You** must check “General Exclusions: applicable to all sections” on page 21 for other reasons why **we** will not pay.

## Section 22: Luggage and personal effects

**You** must take all reasonable precautions to safeguard **your luggage and personal effects**. If **you** leave **your luggage and personal effects unsupervised** in a **public place**, **we** will not pay **your** claim. For an explanation of what **we** mean by “**luggage and personal effects**”, “**unsupervised**” and “**public place**”, see page 41 of the Glossary.

It is important that **you** report all losses to the police if theft is suspected or **you** lose something. However, all losses that occur aboard public transport or whilst **you** are a guest of an accommodation provider should also be reported to a responsible officer of the transport or accommodation provider where the loss occurred. Please obtain a written report from whomever **you** reported **your** loss to. All losses must be reported within 24 hours of discovery.

The limits in total for a camera, video camera or personal computer and for any other item are set out in Policy Benefits. A pair or related set of items is considered

one individual item. Examples of individual items include, but are not limited to:

- a) a camera, lenses (attached or not), tripod and accessories; or
- b) a matching pair of earrings.

The maximum amount **we** will pay for any one item (item limit) is:

- a) \$700 under all plans; and
- b) \$4,000 where the item is a laptop, tablet, camera or video camera; and
- c) For the Annual Multi Trip plan only, a policy limit of \$5,000 applies in respect of all business equipment.

However, if **we** are to pay a claim, **you** must:

- a) keep receipts for goods **you** buy separate from the goods themselves;
- b) keep any relevant ticket and luggage check and other documentaion and give them to **us**;
- c) provide evidence of the value and **your** ownership of the goods;
- d) if an airline loses or damages **your** accompanying luggage, report it in writing to the airline within three days; and
- e) get written confirmation that **you** made the report, and give it to **us** with details of any settlement that they make in relation to the loss or damage.

**We** are entitled to choose between repairing or replacing the property or paying **you** its value in cash after allowing for wear, tear and depreciation. Any payment, however, will not exceed the original cost of the item.

**We** will pay **you** for each of the following:

1. **Accidental** loss, theft or damage to **your luggage and personal effects**, including things **you** buy during the **trip**, whilst they are accompanying **you**.

2. Theft of cash up to \$250 provided a police report is obtained confirming the theft has occurred.
3. Loss of dentures or dental prostheses up to \$800.
4. Essential clothing and toiletry items bought because **your** luggage is temporarily lost or delayed (not permanently lost) by the **carrier** for more than 12 hours, up to \$250 on a **single** policy or \$500 on a **family** policy. This does not apply on the leg of **your trip** that brings **you** to **your home** in New Zealand. **We** will not pay more than \$500 **single** or \$1,000 **family** if the delay is more than 72 hours. **You** must give **us** the relevant receipts and written confirmation of **your** claim, including the length of the delay from the appropriate authority. No excess applies to this benefit.
5. Financial loss **you** suffer because of loss, theft or fraudulent use of **your** travel documents, travellers cheques, passport or credit cards after they have been **accidentally** lost or have been stolen. **We** will not pay more than \$2,000. **You** must comply with any conditions of the issuing body.
6. The **reasonable** additional costs incurred **overseas** in obtaining a replacement passport or travel documents following the **accidental** loss, theft or damage of **your** passport whilst outside New Zealand, up to \$2,000. No excess applies to this benefit.
7. In the event that a claimable loss, theft or damage to **your luggage and personal effects** occurs, **we** will allow **you** one automatic reinstatement of the sum insured for the plan selected.

The maximum amount **we** will pay for all claims combined under this section is shown under “Policy Benefits” on page 06 for the plan **you** have selected.

The “Exclusions to Section 22” on page 18 and the “General Exclusions: applicable to all sections” on page 21 apply

regardless of any additional cover for specified items purchased (see below).

## Additional cover for specified Items

Additional cover is available for **luggage and personal effects** by specifying individual items and paying an additional premium when **you** buy **your** policy. Cover is available up to the cost price of the item, to a maximum \$4,000 per item, provided the combined total for all specified items does not exceed \$10,000.

The most **we** will pay is limited to the item value stated on **your** Certificate of Insurance or the cost of the item, whichever is lower.

The “Exclusions to Section 22” on page 18 and the “General Exclusions: applicable to all sections” on page 21 apply regardless of any additional cover for specified items purchased.

## Exclusions to Section 22

**We** will not pay for a claim that **arises** from any of the following:

1. Loss or theft or damage to watercraft of any type (excluding surfboards).
2. Damage to sporting equipment (including surfboards) while in use, except snow skiing equipment.
3. Breakage or damage to snow skiing equipment over three years old.
4. Damage to snow skiing equipment due to normal wear and tear, including dents and scratches.
5. Loss, theft or damage of luggage not reported to the transport provider, police, hotel or appropriate authority within 24 hours of **you** becoming



aware of the loss and where no written report is obtained.

**You** must check “General Exclusions: applicable to all sections” on page 21 for other reasons why **we** will not pay.

## Section 23: Personal liability

**We** will pay **you** amounts for which **you** are legally liable, up to the maximum benefit, because **your** negligence during **your trip** causes:

1. **Injury** to a person who is not a member of **your** family or **travelling party**; or
2. Loss or damage to property that is not owned by **you** or a member of **your** family or **travelling party** or is not in **your** or their custody or control.

**We** will also reimburse **your reasonable** legal costs and legal expenses for settling or defending the claim made against

## Exclusions to Section 23

**We** will not pay for liability:

1. **Arising** out of **your** trade, business or profession;
2. For injury to an employee **arising** out of, or in the course of, their employment by **you**;
3. **Arising** out of an unlawful, wilful or malicious act by **you**;
4. **Arising** out of **your** ownership, possession or use (including as a passenger) of a mechanically propelled vehicle or any aircraft or watercraft;
5. **Arising** out of **you** passing on an illness or disease to another person.

**You** must check “General Exclusions: applicable to all sections” on page 21 for other reasons why **we** will not pay.

**you. We** decide whether the costs were **reasonable. You** must not accept any liability without **our** prior approval.

The maximum amount **we** will pay for all claims combined under this section is shown under “Policy Benefits” on page 06 for the plan **you** have selected.

## Section 24: Business travel

**You** only have this cover if **you** choose the Annual Multi Trip plan.

1. **We** will pay **you** for **accidental** loss, theft or damage of business equipment (consisting of computer equipment, communication devices, other business-related equipment and business documents) up to \$5,000. **We** are entitled to choose between repairing or replacing the business equipment or paying **you** its value in cash after allowing for wear, tear and depreciation. Any payment however will not exceed the original cost of the item.
2. **We** will also pay **you** for the hire of alternative business equipment following **accidental** loss, theft or damage of business equipment or for its misdirection or delay in transit for more than 24 hours and where a claim has been accepted by **us**. The most **we** will pay is \$250 for each complete day up to a maximum of \$1,000.
3. **We** will also pay for the re-creation during **your trip** of business documents, business plans and business presentations if they are lost, stolen or **accidentally** damaged. The most **we** will pay is \$1,000.

## Exclusions to Section 24

**We** will not pay for loss, theft or damage to:

1. Business equipment (consisting of computer equipment, communication devices, other business-related equipment and business documents), unless **you** have selected the Annual Multi Trip plan.

**You** must check “Exclusions to Section 22” on page 18 and “General Exclusions: applicable to all sections” on page 21 for other reasons why **we** will not pay.

# General Exclusions:

applicable to all sections

It's important to be aware that all travel insurance has 'exclusions' - things you won't be covered for. Please make sure you understand the section exclusions and the general exclusions. If you are unsure, please call us on 0800 843 843.

# 4.0



## We will not pay for any claim arising from or relating to the following:

1. A loss which is recoverable by compensation under any workers compensation act or transport accident laws or by any Government sponsored fund, plan, medical benefit scheme or any other similar legislation required to be effected by or under a law.
2. A loss **arising** from 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** or the **insolvency** of any person, company or organisation they deal with.
3. Consequential loss of any nature including loss of enjoyment.
4. A loss resulting from a criminal, unlawful or dishonest act by **you** or by a person with whom **you** are in collusion or if **you** have not been honest and frank with all answers, statements and submissions made in connection with **your** insurance application or claim.
5. A loss that **arises** from any act of war – whether war is declared or not – or from any rebellion, revolution, insurrection or taking of power by the military.
6. A loss that **arises** from a nuclear reaction or contamination from nuclear weapons or radioactivity.
7. A loss that **arises** from biological and/or chemical material(s), substance(s), compound(s) or the like used directly or indirectly for the purpose to harm or to destroy human life and/or create public fear.
8. **Your** claim **arises** from errors or omissions in any booking arrangements or failure to obtain relevant visa, passport or travel documents.
9. A loss that **arises** because **you** did not follow advice in the mass media of a government or other official body's warning:
  - a) against travel to a particular country or parts of a country; or
  - b) of a strike, riot, bad weather, civil commotion or contagious disease; or
  - c) of a likely or actual **epidemic** or **pandemic**; or
  - d) of a threat of an **epidemic** or **pandemic** that requires the closure of a country's borders; or
  - e) of an **epidemic** or **pandemic** that results in **you** being quarantined and **you** did not take the appropriate action to avoid or minimise any potential claim under **your** policy including delay of travel referred to in the warning.
10. A loss that **arises** from parachuting, sky diving, hang gliding, parapenting or travel in an air supported device other than as a passenger in a licensed passenger aircraft operated by an airline or charter company. This does not apply to hot air ballooning or parasailing.
11. Ongoing payments under "Section 1: Medical expenses incurred overseas" on page 08, if **we** decide on the advice of a doctor appointed by **us** that **you** are capable of being repatriated to New Zealand.

12. A loss, theft or damage to:
- a) cash, bank or currency notes, cheques or negotiable instruments (excluding Section 22 theft of cash);
  - b) **unsupervised luggage and personal effects**;
  - c) property that **you** leave **unsupervised** in a **public place** or that happens because **you** do not take reasonable care to protect it;
  - d) **luggage and personal effects**, but only to the extent that **you** are entitled to compensation from the **carrier** responsible for the loss, theft or damage;
  - e) a video camera, mobile telephone, photographic equipment, personal computer or jewellery left **unsupervised** by **you** in a motor vehicle;
  - f) a video camera, mobile telephone, photographic equipment, personal computer or jewellery checked in to be held and transported in the cargo hold of any **carrier** (including any loss from the point of check-in until receipt of the said goods);
  - g) items taken from an **unsupervised** motor vehicle, unless taken from a locked boot or locked concealed luggage compartment of a station wagon, hatchback, van or motor home between sunrise and sunset local time and there is evidence of damage or forced entry which is confirmed by a police report; or
  - h) **luggage and personal effects** which are fragile or brittle or an electronic component which is broken or scratched, unless either:
    - i. it is the lens of spectacles, binoculars or photographic or video equipment; or
    - ii. the breakage or scratch was caused by a crash involving a vehicle in which **you** were travelling.
13. Loss, theft or damage which is not reported to, and a written report is not obtained within 24 hours of discovery from, the police or the appropriate authority such as, but not limited to, the airline, accommodation manager, transport provider, airport authority, tour operator or guide. In the case of an airline, a property irregularity report will be required.
14. **Your** claim **arises** from “Pre-existing Medical Conditions” on page 25 except as specified under the heading “Automatically covered conditions” on page 26.
15. **Your** claim **arises** out of pregnancy, childbirth or related complications after 26 weeks gestation. In any event, **we** will not cover any expenses directly or indirectly associated with childbirth or the subsequent care of a new born child, regardless of gestation.
16. Loss, wear and tear or depreciation of property or damage caused by the action of insects, vermin, mildew, rust or corrosion.
17. A loss **arising** from any mechanical or electrical breakdown or malfunction.
18. Loss, **arising** from **your**, any of **your travelling party’s** or a **close relative’s** intentional exposure to a needless risk or not taking reasonable care, except in an attempt to save human life.
19. Delay, detention, seizure or confiscation by Customs or other officials.

20. The cost of medication in use at the time the **trip** began or for maintaining a course of treatment **you** were on prior to the **trip**.
21. Loss, theft or damage to anything shipped as freight or under a Bill of Lading.
22. If **your** claim **arises** directly or indirectly from a sexually transmitted disease.
23. If **your** claim **arises** from or is any way related to depression, anxiety, stress, mental or nervous conditions.
24. If **you, your close relative** or a member of the **your travelling party**:
  - a) commits suicide, attempts to commit suicide or deliberately injures himself or herself;
  - b) is under the influence of, or is addicted to, intoxicating liquor or a drug, except a drug taken in accordance with the advice of a registered medical practitioner;
  - c) takes part in a riot or civil commotion;
  - d) acts maliciously;
  - e) races (except on foot); mountaineers or rock climbs using support ropes; or takes part in any professional sporting activity;
  - f) rides a motor cycle (except as a pillion passenger) without a licence that is valid in the relevant country; or
  - g) dives underwater using an artificial breathing apparatus, unless an open water diving licence is held or when diving under licenced instruction.
25. For any costs or expenses incurred outside the period of the **trip**.
26. Events for which the provision of cover or a liability to pay a benefit would expose **us** and/or **our** reinsurer(s) to any sanction, prohibition or restriction under United Nations resolutions or any sanctions, laws or regulations of the European Union, United Kingdom or the United States of America.

# Pre-existing Medical Conditions

Medical cover under travel insurance policies is for when you become ill or injured unexpectedly. Medical conditions you already have before you buy the policy are only covered if you meet the following criteria.

5.0

## What is a pre-existing medical condition?

This policy does not automatically provide cover for all of **your pre-existing medical conditions**. The term **pre-existing medical condition** has a special meaning, defined as:

- a) An ongoing medical or dental condition of which **you** are aware, or related complication **you** have or the symptoms of which **you** are aware; OR
- b) A medical or dental condition that is currently being, or has been, investigated or treated by a health professional (including dentist or chiropractor) at any time in the past, prior to policy purchase; OR
- c) Any condition for which **you** take prescribed medicine; OR
- d) Any condition for which **you** have had surgery; OR
- e) Any condition for which **you** see a medical specialist; OR
- f) Pregnancy.

**NOTE:** This definition applies to **you, your travelling party, a close relative** or any other person.

## Automatically covered conditions

The following 43 **pre-existing medical conditions** are automatically covered with no additional premium. **You** are automatically covered if **your pre-existing medical condition** is described below, provided that **you**:

- › do not have any other **pre-existing medical condition**; and
- › have not been hospitalised (including day surgery or emergency department attendance) in the past 24 months.

1. **Acne**
2. **Allergies** limited to Rhinitis, Chronic Sinusitis, Eczema, Food Intolerance, Hayfever
3. **Asthma** providing that **you** are less than 60 years of age at the time of policy purchase and/or have no other lung disease
4. **Bell's Palsy**
5. **Benign Positional Vertigo**
6. **Bunions**
7. **Carpal Tunnel Syndrome**
8. **Cataracts**
9. **Coeliac Disease**
10. **Congenital Blindness**
11. **Congenital Deafness**
12. **Diabetes Mellitus** (Types I and II) – providing **you** were diagnosed over 12 months ago, have no eye, kidney, nerve or vascular complications and do not also suffer from a known cardiovascular disease, ie hypertension, hyperlipidaemia or hypercholesterolaemia (and are under 50 years of age at the date of policy purchase for Type I)
13. **Dry Eye Syndrome**
14. **Epilepsy** provided there has been no change to **your** medication regime in the past 12 months
15. **Folate Deficiency**
16. **Gastric Reflux**
17. **Glaucoma**
18. **Goitre**
19. **Graves' Disease**
20. **Hiatus Hernia**
21. **High Cholesterol (Hypercholesterolaemia)** provided **you** do not also suffer from a known cardiovascular disease and/or diabetes
22. **High Blood Lipids (Hyperlipidaemia)** provided **you** do not also suffer from a known cardiovascular disease and/or diabetes
23. **High Blood Pressure (Hypertension)** provided **you** do not also suffer

from a known cardiovascular disease and/or diabetes

24. **Hypothyroidism, including Hashimoto's Disease**
25. **Impaired Glucose Tolerance**
26. **Incontinence**
27. **Insulin Resistance**
28. **Iron Deficiency Anaemia**
29. **Macular Degeneration**
30. **Meniere's Disease**
31. **Migraine**
32. **Nocturnal Cramps**
33. **Osteopaenia**
34. **Osteoporosis**
35. **Pernicious Anaemia**
36. **Plantar Fasciitis**
37. **Pregnancy:** for a single, uncomplicated pregnancy, where **your trip** ends on or before 26 weeks gestation, which does not **arise** from services or treatment associated with an assisted reproductive program, including but not limited to in vitro fertilisation.
38. **Raynaud's Disease**
39. **Sleep Apnoea**
40. **Solar Keratosis**
41. **Trigeminal Neuralgia**
42. **Trigger Finger**
43. **Vitamin B12 Deficiency**

## Pre-existing medical conditions not listed above

**You** are not covered under this policy for any **pre-existing medical conditions** other than those listed above. This means that **you** are not covered at all for any claim **you** make which **arises** from, relates to or is attributable to a **pre-existing medical condition** suffered by:

- › **You** or a member of **your travelling party** except as specified under the heading "Pre-existing Medical Conditions" above;
- › Any **close relative**, unless that **close relative** is under the age of 85 and is hospitalised or dies in Australia or New Zealand after the policy is issued and at the time of policy issue **you** were unaware of the likelihood of such hospitalisation or death. The most **we** will pay in respect of all claims under all sections of the policy in these circumstances is \$2,000 for a **single** policy and \$4,000 for a **family** policy;
- › Any other person.

# Help and Emergencies

Emergency assistance is  
just a phone call away:

**+61 2 9234 3123** or  
**+61 2 8256 1523**

6.0



## Emergency assistance

**Our** emergency assistance service is there to help with medical emergencies, locate the nearest medical facilities, arrange **your** medical repatriation **home**, guide **you** to a local consulate or embassy, keep **you** in touch with **your** family or just give some general help when **you** need it.

**24 hours, 7 days.**

**Phone: +61 2 9234 3123**

**or +61 2 8256 1523**

**SMS: +61 418 406 188**

**Other contacts available on  
the TID Website**

**[travelinsurancedirect.co.nz  
/emergency](http://travelinsurancedirect.co.nz/emergency)**

TID's Tripwise app also gives **you** important safety and destination information to assist **you** while **you** are on the road. It includes information on what documents **you** will need to get when **you** are in certain situations and how to avoid common traveller mishaps.

### **If you need to go to hospital, are in an accident, require medical evacuation or repatriation**

In an emergency situation, time is critical, so **you** or a member of **your travelling party** must contact **our** emergency assistance service (contact details above) as soon as it is practical following an **accident** or **you** becoming ill or **you** being hospitalised. They will need to assess **your** condition, so they will contact the hospital **you** are in to obtain necessary medical reports, and they may need to contact **your** GP at **home**.

Where **you** have not notified **our** emergency assistance service, **we** will not pay for any expenses, evacuation or airfares that have not been approved or arranged by **us**.

Subject to medical advice, **you** must follow the instructions of **our** emergency assistance team as to where **you** can be treated to ensure **you** receive quality medical care. **We** also have the option of returning **you** to New Zealand or evacuating **you** to another country if the cost of **your overseas** medical expenses could exceed the cost of returning **you** to New Zealand.

### **If you have a medical condition but are not hospitalised**

Where the costs are likely to be under NZD \$2,000 and **you** do not require repatriation to New Zealand due to **your** medical or dental condition, **you** do not need to contact **our** emergency assistance service straight away. **You** can pay the costs yourself, but keep all receipts and obtain any medical reports to submit with **your** claim online while **you** are away or when **you** return.

### **Stolen, lost or damaged passport**

**Our** emergency assistance service can help **you** find a local consulate if **your** passport is lost or stolen as well as let **you** know what **you** need to provide **us** when **you** make a claim.

# How to Make a Claim

Here at TID we really hope you have a great holiday or trip. But if unfortunately the unexpected has occurred and you need to make a claim, this is what you will need to know.

7.0

**You** must give **us** notice of **your** claim as soon as possible by completing the claim form and posting it to **us**. If the claim form is not fully completed by **you**, **we** cannot process **your** claim. Where **we** suffer prejudice because of an incomplete claim form resulting in delay, **we** can reduce **your** claim by the amount that prejudice.

**You** must give **us** any information **we** reasonably ask for to support **your** claim at **your** expense such as, but not limited to, police reports, valuations, medical reports, original receipts and proof of ownership. If required, **we** may ask **you** to provide **us** with translations into English of such documents to enable **us** to carry out **our** assessment of **your** claim.

**You** must co-operate with **us** at all times in relation to the provision of supporting evidence and such other information as **we** may reasonably require:

- a) For medical, hospital or dental claims, contact **our** emergency assistance service as soon as possible.
- b) For damage or permanent loss of **your luggage and personal effects**, report it immediately to the police and obtain a copy of the full written report.
- c) For damage or loss of **your luggage and personal effects** caused by the airline or any other operator or accommodation provider, report the damage or loss to an appropriate official and obtain a copy of the full written report, in addition to any offer of settlement that they may make.
- d) Submit full details of any claim in writing within 30 days of **your** return.

## Claims and enquiries

If **you** are admitted to hospital or **you** anticipate **you** will incur medical costs, **you**

must immediately contact **our** emergency assistance service on **+61 2 9234 3123**.

For information about **our** worldwide 24-hour emergency assistance service, see page 29.

### Claim forms are available by:



Calling TID on:  
**0800 843 843**

**OR**



Downloading a form at:  
**tid.co.nz**

For claims purposes, evidence of purchase, ownership, value of the property insured and the amount of any loss must be kept.

Please complete the claim form in full (answering all questions) to allow **your** claim to be processed. **You** must attach to the claim form all supporting ORIGINAL documents, reports, receipts, valuations, other proof of ownership and value, any amount of any loss and any other information relevant to **your** claim and send it to the address below.

## In the event of a claim, immediate notice should be given to:



**TID Claims**  
PO Box A975  
Sydney South NSW 1235  
Australia



**Phone:** 0800 843 843



**Email:** [claims@tid.co.nz](mailto:claims@tid.co.nz)

## Claims conditions

In the event of a claim **you** must:

- a) contact **our** emergency assistance service on **+61 2 9234 3123** as soon as **you** are admitted

to hospital or **you** anticipate **your** medical expenses are likely to exceed NZ\$2,000;

- b) collect a written medical report/summary from **your** treating doctor which clearly explains the medical condition, the diagnosis provided, medical tests requested and treatment given;
- c) give **us** written notice as soon as possible of an event that may result in a claim;
- d) if requested by **us**, give **us** any information **we** ask for to support **your** claim and in such form as advised by **us** including police reports, valuations, medical reports/certificates, original receipts or proof of ownership;
- e) give **us your** Certificate of Insurance and any information that **we** reasonably ask for;
- f) not make any promise or offer of payment or admit fault to anyone or become involved in any litigation, without **our** consent;
- g) take all reasonable steps to prevent or minimise a claim.

## Claims processing

**Your** claim will be processed within ten business days of **us** receiving a completed claim form and all necessary documentation. If **we** need additional information, a written request will be sent to **you** within ten business days.

## Claims are payable in New Zealand dollars

**We** will pay all claims in New Zealand dollars. **We** will pay **you** unless **you** tell **us** to pay someone else. The rate of currency exchange that will apply is the rate at the time **you** incurred the expense.

## You must not admit fault or liability

In relation to any claim under this policy, **you** must not admit that **you** are at fault and **you** must not offer or promise to pay any money, or become involved in litigation, without **our** approval.

## Depreciation

Depreciation will be applied to claims for **luggage and personal effects** at such rates as reasonably determined by **us**.

## You must help us recover any money we have paid

If **we** have a claim against someone in relation to the money **we** have to pay under this policy, **you** must do everything **you** can to help **us** recover that money in any legal proceedings.

## If you can claim from anyone else, we will only make up the difference

If **you** can make a claim against someone other than under an insurance policy in relation to a loss or expense covered under this policy and they do not pay **you** the full amount of **your** claim, **we** will make up the difference. **You** must claim from them first.

## Other insurance

If any loss, damage or liability covered under this policy is covered by another insurance policy, **you** must give **us** details. If **you** make a claim under one insurance policy and **you** are paid the full amount of **your** claim, **you** cannot make a claim under the other

policy. If **you** make a claim under another insurance policy and **you** are not paid the full amount of **your** claim, **we** will make up the difference. **We** may seek contribution from **your** other Insurer. **You** must give **us** any information **we** reasonably ask for to help **us** make a claim from **your** other Insurer.

## Subrogation

**We** may, at **our** discretion, undertake in **your** name and on **your** behalf control and settlement of proceedings for **our** own benefit to recover compensation or secure indemnity from any party in respect of anything covered by this policy. **You** are to assist and permit to be done all acts and things as required by **us** for the purpose of recovering compensation or securing indemnity from other parties to which **we** may become entitled or subrogated, upon **us** paying **your** claim under this policy regardless of whether **we** have yet paid **your** claim and whether or not the amount **we** pay **you** is less than full compensation for **your** loss. These rights exist regardless of whether **your** claim is paid under a non-indemnity or an indemnity clause of this policy.

## Recovery

**We** will apply any money **we** recover from someone else under a right of subrogation in the following order:

1. To **us**, **our** administration and legal costs **arising** from the recovery.
2. To **us**, an amount equal to the amount that **we** paid to **you** under the policy.
3. To **you**, **your** uninsured loss (less **your** excess).
4. To **you**, **your** excess.

Once **we** pay **your** total loss, **we** will keep all money left over. If **we** have paid **your**

total loss and **you** receive a payment from someone else for that loss or damage, **you** must pay **us** the amount of that payment up to the amount of the claim **we** paid **you**.

If **we** pay **you** for lost or damaged property and **you** later recover the property or it is replaced by a third party, **you** must pay **us** the amount of the claim **we** paid **you**.

## Business travellers – how GST affects your claim

If **you** are entitled to claim an input tax credit in respect of a cost for which a claim is made or would be entitled to an input tax credit if **you** were to incur the relevant cost (i.e. in replacing a lost or stolen item), the amount **we** would otherwise pay will be reduced by the amount of that input tax credit.

## Travel within New Zealand only

If **you** are entitled to claim an input tax credit in respect of **your** premium, **you** must inform **us** of the percentage of that input tax credit at the time **you** first make a claim. If **you** fail to do so, **you** may have a liability for GST if **we** pay **you** an amount under this policy.

# Important Matters

When you buy a policy with TID it's important you understand your duty of disclosure, your rights and our responsibilities to you.

8.0

## Applying for cover

When **you** apply for a policy, **we** will confirm with **you** things such as the period of insurance, **your** premium and what cover options and excesses will apply.

These details are recorded in the Certificate of Insurance and any other documentation **we** issue to **you**.

This PDS sets out the cover **we** are able to provide **you** with. **You** need to decide if the benefit limits, type and level of cover are appropriate for **you** and will cover **your** potential loss.

**You** should also read "Claims and enquiries" on page 31 to understand **our** claims requirements.

If **you** have any queries, want further information about the policy or want to confirm a transaction, please contact **us**:

› **0800 843 843** (free call)

## About your premium

**You** will be told the premium payable for the policy when **you** apply. It is based on a number of factors such as **your** risk profile and distribution costs. Factors such as **your** destination(s), length of **trip**, number of people covered, age and additional cover options selected determine **your** risk profile. The higher the risk, the higher the premium.

**Your** premium also includes amounts that take into account **our** obligation to pay any relevant compulsory government charges, taxes or levies (e.g. Stamp Duty and GST) in relation to **your** policy. These amounts will be set out separately in **your** Certificate of Insurance as part of the total premium.

## Changes to your policy

Please check all **your** policy documents and make sure all the information is correct as **we** rely on the information in dealing with **your** policy. If there are any errors, please contact **us**:

› **0800 843 843** (free call)

OR

› **info@tid.co.nz**

Where **your** circumstances have changed and **you** need to change the cover **we** provide, please contact **us** so **we** can assist. In some circumstances **we** can change the cover or issue a new policy. Either way **we** will always email **you** a new Certificate of Insurance.

Where **we** aren't able to offer a change of policy or a new policy, **we** will explain why.

## Cooling-off period

If **you** decide that **you** do not want this policy, **you** may cancel it within 14 days after the issue of the Certificate of Insurance to **you**, and **you** will be given a full refund of the premium **you** paid, provided **you** have not started **your trip** and **you** do not want to make a claim or exercise any other right under the policy. After this period, **you** can still cancel **your** policy, but **we** will not refund any part of **your** premium if **you** do.

## Policy extensions

Extensions are calculated at rates current at the time of the extension. An extension of cover is not available:

- a) for **pre-existing medical conditions** other than those which are automatically covered; or



- b) where there has been any change in **your** health status, including the discovery of new medical conditions, since the start of **your** original policy; or
- c) where there has been any other change to **your** personal circumstances which would impact on **our** decision to continue insuring **you** or apply any special conditions; or
- d) if **you** are over 80 years of age at the time of extension; or
- e) where **you** are aware of a possible claim resulting from **your** original policy, but **you** have not advised **us** of it.

Where **we** have updated this PDS, **you** will be offered an extension under the terms of the PDS in use at the date **your** extension is processed. Extensions will not be available when the **trip** duration exceeds 12 months in total from the Period of Insurance start date stated on **your** original Certificate of Insurance.

If the scheduled transport in which **you** are to travel is delayed, or the delay is caused by an event that entitles **you** to make a claim under this policy, the insurance is automatically extended beyond the Period of Insurance stated in the Certificate of Insurance. The extension lasts until **you** are capable of travelling to **your** final destination, including the journey there, or for a period of six (6) months, whichever happens first.

## Duty of disclosure

Before **you** enter into, vary or extend an insurance contract, **you** must provide **us** with complete and up-to-date material information about everyone insured under **your** policy.

When **we** ask **you** questions that are relevant to **our** decision to insure **you** and on what terms, **you** must tell **us** anything that **you** know and that a

reasonable person in the circumstances would include in answering the questions.

When amending or extending **your** contract of insurance, **we** will ask **you** specific questions about any change in **your** circumstances. **You** must tell **us** about any change to something **you** have previously told **us**, otherwise **you** will be taken to have told **us** that there is no change.

**You** have this duty until **we** agree to insure, amend or extend the contract.

If **you** do not tell **us** anything **you** are required to tell **us** or if **you** provide **us** with false information, **we** may cancel **your** contract or reduce the amount **we** will pay **you** if **you** make a claim, or both.

If **your** failure to tell **us** anything **you** are required to tell **us**, or **your** provision of false information, is fraudulent, **we** may refuse to pay a claim and treat the contract as if it never existed.

## How we handle complaints

If **you** have a complaint **arising** out of this insurance or **our** employees, referral partners, authorised representatives or service providers, please contact:

**Cerberus Customer Relations**

PO Box A975  
Sydney South NSW 1235  
Australia



**0800 843 843 (free call)**



**idr@cerberusrisks.com**

Cerberus will respond to **your** complaint within 3 business days and inform **you** of the progress of **our** investigation within 10 business days. If more time is needed to collect necessary information or complete any further investigation required, Cerberus will agree with **you** a reasonable alternative timeframe.

If **you're** not satisfied with the response to **your** complaint, **you** may contact the Lloyd's Underwriters' General Representative in New Zealand for consideration under their dispute resolution process. **You** can contact Lloyd's at:

**Lloyd's Underwriters' General Representative in New Zealand  
Mr Scott Galloway**

c/o Hazelton Law  
Level 3, 101 Molesworth St  
PO Box 5639  
Wellington 6145 New Zealand



**+64 4 472 7582**  
**Fax: +64 4 472 7571**



**scott.galloway@hazelton.co.nz**

**Lloyd's Market Services**

Lloyd's  
One Lime Street  
London EC3M 7HA  
United Kingdom



**+44 20 7327 5693**  
**Fax: +44 20 7327 5225**



**complaints@lloyds.com**

**Your** dispute will be acknowledged within 3 working days of receipt, and Lloyd's will send a response on behalf of the underwriters within 10 days. Lloyd's will send **you** a final response on behalf of the underwriters within 8 weeks from the date of the complaint. If there are problems in resolving the complaint within this time, Lloyd's will advise **you** of the reasons for this and when it expects to finalise the matter.

If **we're** unable to resolve **your** complaint or if **you're** still not satisfied with the outcome, **you** can choose to have **your** complaint independently reviewed by the Insurance & Financial Services Ombudsman (IFSO).

The IFSO provides a free and independent dispute resolution service for consumers who have a dispute with their financial service provider falling within its terms.

**You** can contact the IFSO at:

**The Insurance & Financial Services Ombudsman Scheme (IFSO)**

PO Box 10-845  
Wellington 6143 New Zealand



**0800 888 202** or  
**+64 4 499 7612**  
**Fax: +64 4 499 7614**



**info@ifso.nz**  
**www.ifso.nz**

**Your privacy**

To arrange and manage **your** travel insurance, **we** collect personal information from **you** and others (including those authorised by **you** such as **your** doctors, hospitals and people whom **we** consider necessary). Any personal information **you** provide is used by **us** to evaluate and arrange **your** travel insurance. **We** also use it to administer and provide the insurance services and manage **your** and **our** rights and obligations

in relation to the insurance services, including managing, processing and investigating claims. **We** may also collect, use and disclose it for product development, marketing, research, IT systems maintenance and development and for any other purposes with **your** consent.

This personal information may be disclosed to (and received from) third parties in New Zealand or **overseas** involved in arranging or managing **your** insurance or claims, such as travel consultants, travel insurance providers and intermediaries, reinsurers, claims handlers and investigators, cost containment providers, medical and health service providers, legal and other professional advisers, **your** agents and **our** related companies. The use and disclosure of such personal information will be provided to third parties for the primary purposes stated above. The personal information (but not sensitive information) may also be used for a secondary purpose, but only if **you** would reasonably expect **us** to use that information for such secondary purpose.

When **you** give personal information about other individuals, **we** and **our** agents rely on **you** to have made or make them aware:

- › that **you** will or may provide their information to **us**;
- › the types of third parties to whom the information may be provided;
- › the relevant purposes **we** and the third parties will use it for; and
- › how they can access it.

**We** rely on **you** to have obtained their consent on these matters. If **you** have not done or will not do either of these things, **you** must tell **us** or **our** agents before **you** provide the relevant information.

**You** can seek access to and correct **your** personal information by contacting **us**. **You** may not access or correct personal information

of others unless **you** have been authorised by their express consent or otherwise under law or unless they are **your dependents** under 16 years.

If **you** do not agree to the above or will not provide **us** with personal information, **we** may not be able to provide **you** with **our** services or products, process **your** application nor issue **you** with a policy. In cases where **we** do not agree to give **you** access to some personal information, **we** will give **you** reasons why.

## About us

Cerberus Special Risks Pty Ltd (Cerberus) have appointed TID (Travel Insurance Direct (New Zealand) Limited) as their authorised representative to arrange travel insurance for **you** and provide general advice about TID travel insurance. TID act on behalf of Cerberus and certain underwriters at Lloyd's and not on **your** behalf.

Cerberus are licenced to advise on and deal in general insurance and are responsible for the insurance services that are provided to **you**. Cerberus are the underwriting agent and have a binding authority agreement with certain underwriters at Lloyd's which allows it to issue, vary and renew travel insurance and handle claims for them.

Cerberus have authorised TID to assist in the management of its insurance activities and deal in and advice on general insurance products.

### Our contact details are:

**Travel Insurance Direct (New Zealand) Limited**

**Cerberus Special Risks Pty Limited**

ABN 81 115 932 173

AFS Licence No. 308461



**0800 843 843** (free call)



PO Box A975  
Sydney South NSW 1235  
Australia

For providing these services, TID, Cerberus and their referral partners and authorised representatives each receive a percentage of the premium when **you** buy a policy.

Employees of Cerberus and TID receive an annual salary. TID employees may also receive a bonus based on performance criteria, including sales.

**You** may ask each of **us** for more information about **our** remuneration within a reasonable time after **you** read this PDS and before **your** policy is issued.

Lloyd's is referred to as '**we**' '**our**' and '**us**' in this PDS.

## Fair Insurance Code

Lloyd's is a member of the Insurance Council of New Zealand. Lloyd's, Cerberus and TID all support the principles of the Fair Insurance Code. The purpose of this Code is to increase the standards of practice and service within the insurance industry. Brochures on the Code are available by contacting **us**.

## Jurisdiction and Choice of Law

This policy is governed by and construed in accordance with the law of New Zealand, and **you** agree to submit to the exclusive jurisdiction of the courts of New Zealand.

Equally **we**, in accepting this insurance, agree that:

- › If a dispute arises under this insurance, this insurance will be subject to New Zealand law and practice and the underwriters will submit to the jurisdiction of any competent court in New Zealand;
- › Any summons notice or process to be served upon the underwriters may be served upon:

### Mr Scott Galloway

Lloyd's Underwriters' General  
Representative in New Zealand  
c/o Hazelton Law  
Level 3, 101 Molesworth St  
PO Box 5639  
Wellington 6145 New Zealand

who has authority to accept service and to appear on the underwriters' behalf; and

- › If a suit is instituted against **us**, **we** will abide by the final decision of such court or any competent appellate court.

## Updating the PDS

**We** may need to update this PDS from time to time if certain changes occur where required and permitted by law. **We** will issue **you** with a new PDS to update the relevant information except in limited cases. Where the information is not something that would be materially adverse from the point of view of a reasonable person considering whether to buy this product, **we** may issue **you** with notice of this information in other forms or keep an internal record of such changes. **You** can get a paper copy free of charge by contacting **us**.

## Date prepared

This PDS was prepared on 24 November 2015 and has an effective date of 26 November 2015.

# Travel Insurance Glossary

Words in this PDS that have special meanings are noted in bold. We have defined them in the next pages so you understand our policy.



Words in this PDS that have special meanings are noted in **bold** and defined here:

**Accident or accidental**

means an unexpected, unintended, unforeseeable event causing loss. The accident must happen while **you** are on a **trip** and covered under the policy.

**Applicable limit**

means the sum insured specified in the plan selected (which is listed on **your** Certificate of Insurance).

**Arises or arising**

means directly or indirectly caused by, resulting from, related to or in any way associated with.

**Carrier or carriers**

means an aircraft, vehicle, train, vessel or other public transport operated under a licence for the purpose of transporting passengers. This definition excludes taxis.

**Close relative**

is limited to a relative of **yours** or of a member of **your travelling party** who is resident in Australia or New Zealand. It means **your** or their spouse, de facto partner, parent, parent-in-law, daughter, son, daughter-in-law, son-in-law, brother, sister, brother-in-law, sister-in-law, grandchild, grandparent, step-parent, step-son, step-daughter, fiancé, fiancée, or guardian.

**Dependent**

means **your** children or grandchildren not in full-time employment who are under the age of 21 at the date of policy issue, travelling with **you** on the **trip** and listed on **your** Certificate of Insurance.

**Domestic**

means when travel involves an overnight stay and accommodation and/or transport is pre-arranged with a travel services provider.

**Epidemic**

means a sudden development and rapid spreading of a contagious disease in a region where it developed in a simply endemic state or within a previously unscathed community.

**Family**

means **you** and **your** travel partner named in the Certificate of Insurance and **your dependent** children or grandchildren not in full-time employment who are under the age of 21 at the date of policy issue, travelling with **you** and listed as covered on **your** Certificate of Insurance.

**Home**

means **your** usual place of residence in New Zealand.

**Injury**

means a bodily **injury** caused solely and directly by violent, **accidental**, visible and external means, during **your** period of cover and which does not result from any illness, sickness or disease.

**Insolvency**

means bankruptcy, provisional liquidation, liquidation, appointment of a receiver or administrator, entry into a scheme of arrangement, statutory protection, stopping the payment of debts or the happening of anything of a similar nature under the laws of any jurisdiction.

**Luggage and personal effects**

means any personal items owned by **you** and that **you** take with **you**, or buy, on **your trip** and which are designed to be worn or carried about with **you**. This includes items of clothing, personal jewellery, photographic and video equipment, personal computers,



electrical devices or portable equipment. However, it does not mean any business samples or items that **you** intend to trade.

### **Overseas**

means in any country other than New Zealand.

### **Pandemic**

means a form of an **epidemic** that extends throughout an entire continent, even the entire human race.

### **Pre-existing medical condition means**

- a) An ongoing medical or dental condition of which **you** are aware, or related complication **you** have or the symptoms of which **you** are aware; OR
- b) A medical or dental condition that is currently being, or has been, investigated or treated by a health professional (including dentist or chiropractor) at any time in the past, prior to policy purchase; OR
- c) Any condition for which **you** take prescribed medicine; OR
- d) Any condition for which **you** have had surgery; OR
- e) Any condition for which **you** see a medical specialist; OR
- f) Pregnancy.

**Note:** This definition applies to **you**, **your travelling party**, a **close relative** or any other person.

### **Public place**

means any place where the public has access to including, but not limited to, planes, taxis, buses, trains, shops, airports, railway stations, streets, museums, galleries, hotel foyers and general access areas, beaches, restaurants and public toilets.

### **Reasonable**

means, for medical or dental expenses, the standard level of care given in the country **you** are in, including the use of the public health care system where there is a Reciprocal Health Care Agreement in place with the Government of New Zealand; for other expenses, the standard level **you** have booked for the rest of **your trip**; or as determined by **us**.

### **Rental vehicle**

means only a rented sedan, campervan, hatchback or station wagon, four-wheel drive or mini bus/people mover rented from a licensed motor vehicle rental company.

### **Resident**

means a citizen or resident of New Zealand.

### **Single**

means covering **you** and **your dependent** children or grandchildren not in full-time employment who are under the age of 21 at the date of policy issue, travelling with **you** and listed on **your** Certificate of Insurance.

### **Sudden illness or serious injury**

means a condition which first occurs during **your** period of cover and which necessitates treatment by a legally qualified medical practitioner and which results in **you** or any other person to which this Insurance applies being certified by that registered medical practitioner at the time as being unfit to travel or continue with **your** original **trip**.

### **Travelling party**

means **you** or those people defined in **family** and any travelling companion who has made arrangements to accompany **you** for at least 50% of the **trip**.

### **Trip**

means the period of travel stated in the Certificate of Insurance under Period of Insurance. It begins on the date of departure as stated in the Certificate of Insurance and ends when **you** return **home** or when the period of the **trip** set out in the Certificate of Insurance ends, whichever happens first.

### **Unsupervised means**

- a) leaving **your** luggage with a person **you** have not previously met, or
- b) leaving it in any position where it can be taken without **your** knowledge, or
- c) leaving it at such a distance from **you** that **you** are unable to prevent it being taken.

### **We, Our, Us**

means certain underwriters at Lloyd's, who will deal with **you** through their agent, Cerberus Special Risks Pty Limited, and Travel Insurance Direct (New Zealand) Limited.

### **You and Your**

means the person or people named in the Certificate of Insurance as well as their accompanying **dependent** children or grandchildren travelling with **you** on the **trip**, not in full-time employment, who are under 21 years of age at the date of policy issue and listed on **your** Certificate of Insurance.