Head into the unknown knowing you are well prepared.

TRAVEL INSURANCE FOR BUSINESS & LEISURE V4

HOUSE OF TRAVEL

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WHY DO YOU NEED TRAVEL INSURANCE?

You trusted us to make **your** travel booking, so thank **you** – we're off to a great start.

Part of the travel experience is heading into the unknown. But it always pays to be prepared for the unexpected. House of Travel travel insurance can provide cover from the moment **you** purchase **your policy**, until **you** return home safely. **You**'re even covered for cancellation before **your** trip begins.

Along the way **you**'ll be covered for unexpected events beyond **your** control. This policy wording provides full details of **your** cover. It is important that **you** read **your** policy wording so that **you** understand **your** cover and any exclusions.

House of Travel travel insurance

House of Travel has been in the business for more than 30 years and we're hugely passionate about travel. We have teamed up with Allianz Partners, a world leader in assistance services and travel insurance.

Allianz Partners has direct support worldwide, from people who care about people. With 33 centres operating in 28 countries, Allianz Partners has 10,000 employees looking out for **you**.

House of Travel travel insurance includes:

- ✓ Medical benefits, including coverage options for many **pre-existing medical conditions;**
- ✓ Cancellation fees and loss of deposits;
- ✓ Personal items, including coverage options for higher value possessions;
- ✓ 24/7 emergency assistance (Allianz Partners, helping someone, somewhere in the world, every two seconds!);
- ✓ Terrorism cover for emergency medical assistance and terrorism related hospital expenses,

depending on the plan type **you** choose.

Emergency assistance when you need us

With House of Travel travel insurance, Allianz Partners' doctors, registered nurses, logistic professionals and support personnel will be there for **you**. As world leaders in travel insurance and specialist assistance, Allianz Partners will provide emergency medical assistance 24/7, worldwide. **You**'ll get answers and actions. Because like us they care about **your** travel experience, especially when the unexpected happens.

For overseas emergency medical assistance call **+64 9 486 6868** (reverse charge from overseas).

Register at www.safetravel.govt.nz

House of Travel strongly recommends **you** register **your** travel plans at www.safetravel.govt.nz before **you** travel. Safe Travel is the official registration website for New Zealanders travelling or living overseas. If **you** register they will be able to relay important information and account for **your** safety and wellbeing, as part of New Zealand's consular response to an overseas emergency.

Stay in touch

To stay in touch and get the latest alerts visit www.safetravel.govt.nz or follow SafeTravel.govt.nz on Facebook.

ABOUT THIS POLICY WORDING

This policy is issued and managed by **AWP Services New Zealand Limited** trading as **Allianz Partners, Level 3, 1 Byron Avenue, Takapuna, Auckland 0622** and underwritten by T**he Hollard Insurance Company Pty Ltd ABN 78 090 584 473 (Incorporated in Australia), ("Hollard"), Level 26, 188 Quay Street, Auckland 1010**.

This policy wording sets out the cover available and the terms and conditions which apply. **You** need to read it carefully to make sure **you** understand it and that it meets **your** needs.

We provide the cover specified in this policy wording subject to its terms, conditions, limits and exclusions. **You** need to decide if the benefit limits, type and level of cover are appropriate for **you** and will cover **your** potential loss.

This policy wording, together with the **Certificate of Insurance** and any written document **we** tell **you** forms part of **your policy**, makes up **your** contract of insurance. Please retain these documents in a safe place.

To properly understand this **policy's** features, benefits, limits, conditions and exclusions for your chosen plan type (and pack(s) if applicable), **you** need to carefully read this policy wording in its entirety.

OUR DEFINITIONS

Headings, where appearing, are for reference only and do not affect interpretation.

When the following words and phrases appear in bold type in this policy wording, **your Certificate of Insurance** or any other document **we** tell **you** forms part of **your policy**, they have the meanings given below.

Accident means an unplanned and unexpected event caused by external and discernible means.

Accompanying means travelling with the **insured person** for 100% of the **journey**.

Allianz Partners means AWP Services New Zealand Limited trading as Allianz Partners, Level 3, 1 Byron Avenue, Takapuna, Auckland 0622

Appropriate supervision means under the supervision of a person who possesses the necessary skills, qualifications and licensing appropriate for the supervision of the activity being undertaken.

Backcountry means outside the boundaries of a ski resort.

Bicycle means any bicycle, tricycle, tandem, trailer cycle or push scooter that is powered by human pedaling and/or a battery.

Business equipment means a computer, television, fax and phone equipment (including mobile phones), PDAs, and any other equipment which is needed to carry out **your** business duties.

Business samples means demonstration goods or examples of goods sold by **you** or **your** company.

Carrier means an aircraft, vehicle, train, tram, vessel or other scheduled transport operated under a licence for the purpose of transporting passengers. However, it does not mean a taxi, limousine or similar service.

Certificate of Insurance is the document **we** give **you** which confirms that **we** have issued a **policy** to **you** and sets out details of **your** cover.

Chronic means a persistent and lasting condition. It may have a pattern of relapse and remission.

Complications means any secondary diagnosis, occurring prior to, during the course of, concurrent with, or as a result of, pregnancy which may adversely affect the pregnancy outcome, or, in relation to any **pre-existing medical condition** not covered by this **policy**.

Concealed storage compartment means a boot, trunk, glove box, enclosed centre console, or concealed cargo area of a motor vehicle.

Country of residence means the country of which **you** are a citizen or a permanent resident outside of New Zealand (Plan C only).

Cruise vessel means a boat or ship on which travel is taken for pleasure or as a holiday as a paying passenger, for a duration of 2 or more consecutive nights.

Dependant means **your** children or grandchildren aged under 21, **accompanying you** on the **journey**, who are not in full-time employment, and who are named on **your Certificate of Insurance**.

Depreciation means the deduction from the original purchase price of an amount calculated to be the reduction in value due to wear and tear and/or the passing of time.

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

Excess means the deduction **we** will make from the amount otherwise payable under **your policy** for each claimable incident or event, as shown on **your Certificate of Insurance**, or as specified within this policy wording.

Formal cruise attire means dinner suit, dress shirt, bowtie, evening gown, cocktail dress or other items of clothing which are required attire for formal dining/ functions on a cruise ship. This includes wedding attire but does not include **jewellery**.

Funeral expenses means the costs charged by a funeral director for arranging **your** funeral service and by a cemetery for your burial or a crematorium for **your** cremation. It does not include the cost of memorialisation.

Golf equipment means golf clubs, golf bag, golf trolley and golf shoes.

Home means the place where **you** normally live in New Zealand.

Hospital means an established hospital registered under any legislation that applies to it, that provides in-patient medical care. It does not include any institution used primarily as a nursing or convalescent home, a place of rest, a geriatric ward, a mental institution, a rehabilitation or external care facility or a place for the treatment of alcoholism, drug addiction or substance addiction.

Income means the amount of money **you** earn from **your** employment in a trade, business, profession or occupation after the deduction of income tax.

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

Insolvency or insolvent means bankruptcy, provisional liquidation, liquidation, appointment of a receiver, manager or administrator, entry into any official or unofficial scheme of arrangement, statutory protection, restructuring or composition with creditors, or the happening of anything of a similar nature under the laws of any jurisdiction.

Issue date means the date and time of issue on **your Certificate of Insurance**.

Jewellery means a form of personal adornment, such as brooches, rings, necklaces, earrings, and bracelets. It does not include watches or items of clothing.

Journey means travel which begins when **you** leave **home** or **your** place of business to commence **your** travel and ends when **you** arrive back **home** or at a **hospital** or nursing home in New Zealand (if **you** are evacuated or repatriated), whichever is earlier.

Legal costs means fees, costs and expenses (including any applicable taxes and charges) in connection with a legal action. It also means any costs which **you** are ordered to pay by a court or arbitrator (other than any fine or penalty, or aggravated, punitive, exemplary or liquidated damages) or any other costs **we** agree to pay.

Luggage and personal effects means **your** suitcases, trunks and similar containers including their contents and articles worn or carried by **you**. It does not mean or include any **bicycle**, **business samples** or items that **you** intend to trade, **valuables**, passport or travel documents, cash, bank notes, currency notes, cheques, negotiable instruments, electronic data, software, intangible asset, watercraft of any type (other than surfboards), unmanned vehicles, furniture, furnishings, household appliances, hired items or any other item listed as excluded on **your Certificate of Insurance**.

Manual labour means work involving physical labour including, but not limited to, construction, installation and assembly. It does not include bar and restaurant work, music and singing or fruit picking that does not involve the use of machinery.

Maximum journey period means the maximum period for any one **journey** under the Multi-Trip Plan, i.e. 90 calendar days.

Medical adviser means a doctor or dentist qualified to diagnose the condition or disorder, holding the necessary current certification in the country in which they are currently practising, and who is not **you** or **your travelling companion**, or a **relative** or **employee** of **you** or **your travelling companion**.

Medical expenses means expenses incurred for:

- medical, paramedical or surgical treatment and other treatment given or prescribed by a **medical adviser**; or
- ambulance or **hospital** charges; or
- **your** medical transfer or evacuation to the nearest **hospital** for emergency medical treatment or for you to be brought back to **your home** with appropriate medical supervision.

Mental illness means any illness, condition or disorder listed in the current edition of the Diagnostic and Statistical Manual of Mental Disorders.

Moped or scooter means any two-wheeled or three-wheeled motor vehicle with an engine displacement of not greater than 50cc.

Motorcycle means any two-wheeled or three-wheeled motor vehicle with an engine displacement greater than 50cc.

Non-resident means someone who does not reside permanently in New Zealand or who is not a **resident** or **temporary resident** of New Zealand.

Off-piste means areas within the boundaries of a ski resort that are not:

- groomed terrain; or
- marked slopes; or
- trails that are open, maintained, monitored and patrolled by the ski resort.

Overseas means outside of New Zealand and its territories.

Pandemic means a form of an **epidemic** that extends throughout an entire continent.

Permanent disability means permanent loss of all the sight in one or both eyes, or the use of a hand at or above the wrist or a foot at or above the ankle.

Policy means this policy wording, **Certificate of Insurance** and any written document **we** tell **you** forms part of **your** policy.

Pre-existing medical condition means any medical or physical conditions or circumstances of which **you** are aware, or of which a reasonable person in **your** circumstances should have been aware of:

1. prior to the time of the **policy** being issued that is:
    a) a **chronic** or ongoing medical condition, dental condition or **mental illness**; or
    b) pregnancy; or
    c) a medical condition connected with **your** current pregnancy; or
    d) in vitro fertilization treatment; or
    e) any physical or mental signs or symptoms for which **you**:
        - have not sought a professional opinion regarding the cause; or
        - are currently under investigation to define a diagnosis; or
        - are awaiting specialist opinion, or
2. in the ten (10) years prior to the time of the **policy** being issued that involves:
    a) **your** heart, brain, circulatory system/blood vessels; or
    b) **your** lung or **chronic** airways disease; or
    c) cancer; or
    d) back pain requiring prescribed pain relief medication; or
    e) surgery involving any joints, the back, spine, brain or abdomen requiring at least an overnight stay in **hospital**; or
    f) diabetes mellitus (type 1 or type 2), or
3. in the two (2) years prior to the time of the **policy** being issued:
    a) for which **you** have been in **hospital** including admissions to an emergency department, or for which **you** have undergone day surgery; or
    b) for which **you** have been prescribed a new medication or had a change to **your** medication regime; or
    c) required prescription pain relief medication.

This definition applies to **you**, **your travelling companion**, a **relative** or any other person.

Professional Sport means training for, coaching or competing in any sporting event where you are entitled to receive, or are eligible to receive, an appearance fee, wage, salary or prize money in **excess** of $1,000.

Public place means any place that the public has access to whether authorised or not, including but not limited to planes, trains, cruise ships, taxis, buses, airports or bus terminals, stations, wharves, streets, shops, museums, galleries, hotels, hotel foyers and grounds, beaches, restaurants, private car parks, public toilets and general access areas.

Quad bike means a motorised vehicle designed to travel on four or more wheels, having a seat straddled by the operator and handlebars for steering control.

Reasonable means:

- for medical, **hospital** or dental expenses, the standard level of care given in the country **you** are in not exceeding the level **you** would normally receive in New Zealand; or
- for other covered expenses, a level comparable to those **you** have booked for the rest of **your journey**; or
- as determined by **Allianz Partners** having regard to the circumstances.

Reciprocal Healthcare Agreement means an agreement between the government of New Zealand and the government of another country where **residents** of **New Zealand** are provided with subsidised essential medical treatment.

Redundant or redundancy means loss of permanent paid full time employment (except voluntary redundancy), after a continuous working period of two years with the same employer.

Relative means any of the following who is under 85 years of age: grandparent, parent, parent-in-law, step parent, step parent- in-law, sister, step sister, sister-in-law, brother, step brother, brother-in- law, spouse, partner, fiancé(e), son, son-in-law, daughter, daughter-in- law, step child, foster child, grandchild, or guardian.

Rental vehicle means a campervan/motorhome that does not exceed 4.5 tonnes, a sedan, coupe, hatchback, station-wagon, SUV, four wheel drive or mini bus/ people mover rented from a licensed motor vehicle rental company or agency.

Resident means someone who is a New Zealand citizen or someone who holds a valid New Zealand residence class visa.

Sick or sickness means a medical condition, not being an **injury**, the symptoms of which first occur or manifest during **your** period of cover.

Snow sport activities means

a) amateur skiing, snowboarding, sledding, tobogganing, snowcat skiing or tubing conducted either on or off piste within ski resort boundaries that does not include any form of racing, acrobatics, jumping, stunting, aerial or freestyle activities;

b) cross country skiing and snowshoeing on groomed and marked trails;

c) glacier walking with hiking equipment under appropriate supervision;

d) snowmobile riding on groomed and marked trails, under appropriate supervision.

Snow sport equipment means skis, poles, boots, helmets, bindings, snowboards or ice skates.

Sporting equipment means equipment needed and used to participate in a particular sport and which can be carried about with **you**. This does not include **bicycles**.

Temporary resident means someone who holds a temporary visa or permit which allows them to access all publicly funded health and disability services in New Zealand.

Transaction cards mean **your** credit cards or **your** ATM cards, debit cards or any other payment cards issued by **your** bank or a financial institution.

Travelling companion means a person with whom **you** have made arrangements before **your policy** was issued, to travel with **you** for at least 75% of **your journey**.

Unsupervised means leaving **your luggage and personal effects**:

- with a person who is not named on **your Certificate of Insurance** or who is not a **travelling companion** or who is not a **relative**; or
- with a person who is named on **your Certificate of Insurance** or who is a **travelling companion** or who is a **relative** but who fails to keep **your luggage and personal effects** under close supervision; or
- where they can be taken without **your** knowledge; or
- at such a distance from **you** that **you** are unable to prevent them being taken.

Valuables means **jewellery**, antiques, curios or works of art, watches, precious metals or semi-precious stones/precious stones and items made of or containing precious metals or semi-precious stones/precious stones, furs, binoculars, telescopes, any kind of photographic, audio, video, computer, television, fax and phone equipment (including mobile phones), tablets, MP3/4 players and PDAs.

We, our, us means The Hollard Insurance Company Pty Ltd acting through AWP Services New Zealand Limited trading as **Allianz Partners**.

You, your, yourself and insured person means each person named on the **Certificate of Insurance.**

IMPORTANT MATTERS

Under **your policy** there are rights and responsibilities which **you** and **we** have. **You** must read this policy wording in full for all details, but here are some **you** should be aware of.

Applying for cover

When **you** apply for **your policy, we** will confirm with **you** things such as the period of cover, **your** premium, what cover options and **excess** will apply, and whether any standard terms are to be varied (this may be by way of a written notice **we** give **you**).

These details will be recorded on the **Certificate of Insurance** issued to **you**.

This policy wording 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, subject to the plan type (and pack(s) if applicable) that **you** choose. If **you** have any queries, want further information about this **policy** or want to confirm a transaction, please use the contact details on the back cover of this policy wording.

Your duty of disclosure

When **you** apply for insurance or alter this **policy, you** have a duty at law to disclose to **us** all material facts. A material fact is one that may influence a prudent insurer in deciding whether or not to accept the cover and, if so, on what terms and conditions and for what premium.

Examples of information **you** may need to disclose include:

- anything that increases the risk of an insurance claim;
- any criminal conviction subject to the Criminal Records (Clean Slate) Act 2004;
- if another insurer has cancelled or refused to insure or renew insurance, has imposed special terms, or refused any claim;
- any insurance claim or loss made or suffered in the past.

These examples are a guide only. If there is any doubt as to whether a particular piece of information needs to be disclosed, this should be referred to **us**.

If **you** fail to comply with **your** Duty of Disclosure it may result in:

- this **policy** avoided retrospectively with the effect that the **policy** never existed;
- this **policy** being cancelled; or
- the amount **we** pay if **you** make a claim being reduced;
- **us** refusing to pay a claim.

About your premium

You will be told the premium payable for **your policy** when **you** apply. In calculating the premium, **we** take into account a number of risk factors including **your** destination(s), length of **journey**, the number of persons and age of persons to be covered under the **policy** and the plan type **you** select. The amount of any **excess** payable, cover for Additional Options and cover for agreed **pre-existing medical conditions** is also included in the calculation of **your** premium.

Your total premium reflects the amount **we** calculate to cover these risks as well as any relevant government charges, taxes or levies (such as GST) in relation to **your policy**. These amounts are included in the total amount payable by **you** as shown in **your Certificate of Insurance**.

Change of circumstances

During the period of insurance, **you** must tell **us** immediately of any material change in the circumstances surrounding the subject matter of this insurance that:

- increase the risk **we** are insuring, or
- alter the nature of the risk **we** are insuring.

Once **you** have told **us**, **we** may immediately change the terms of this **policy**, or cancel it. If **you** fail to tell **us**, **we** may apply these changes retrospectively from the date **you** ought to have reasonably told **us**.

Limitation of cover

Notwithstanding anything contained in this policy wording **we** will not provide cover nor will **we** make any payment or provide any service or benefit to any person or party where providing such cover, payment, service or benefit would contravene or violate any applicable trade or economic sanction or any law or regulation.

Confirmation of cover

To confirm any **policy** transaction, (if the **Certificate of Insurance** does not have all the information **you** require), call **us** on the contact number shown on the back cover of this policy wording.

Cooling-off period

Even after **you** have purchased **your policy**, **you** have cooling-off rights.

If **you** decide that **you** do not want **your policy**, **you** may cancel it within 14 days after **you** are issued **your Certificate of Insurance**. **You** will be given a full refund of the premium **you** paid, provided **you** have not started **your journey** or **you** do not want to make a claim or to exercise any other right under **your policy**.

After this period **you** can still cancel **your policy** but **we** will not refund any part of **your** premium if **you** do.

Jurisdiction and choice of law

Your policy is governed by and construed in accordance with the laws of New Zealand and **you** agree to submit to the exclusive jurisdiction of the courts of New Zealand. **You** agree that it is **your** intention that this Jurisdiction and choice of law clause applies.

Fair Insurance Code

Hollard is a member of the Insurance Council of New Zealand and adheres to the Fair Insurance Code, which provides **you** with assurance that **we** have high standards of service to **our** customers. A copy of the Fair Insurance Code is available from the Insurance Council of New Zealand website: www.icnz.org.nz/fair-insurance-code.

Dispute resolution process

If **you** have a complaint or dispute in relation to this insurance, or the services of **Allianz Partners** or its representatives, please call **Allianz Partners** on 0800 800 048 or put the complaint in writing and send it to The Dispute Resolution Department, PO Box 33 313, Takapuna, Auckland 0740, or email **your** complaint to DisputeResolution@allianz-assistance.co.nz.

Allianz Partners will attempt to resolve the matter in accordance with its Internal Dispute Resolution procedures. To obtain a copy of this, please contact **Allianz Partners**.

We are registered by law with an independent, external dispute resolution scheme. To obtain a copy of **our** External Dispute Resolution process, please contact **us**.

If **your** complaint or dispute is not satisfactorily resolved, **we** will provide **you** with information on **our** external dispute resolution provider.

Safeguarding your luggage & 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.

Claims

In the event of a claim, immediate notice should be given to **Allianz Partners** using the contact details on the back cover of this policy wording.

Please note: Receipts and/or valuations must be provided proving **your** ownership of and the value of any item for which **you** make a claim. Receipts must be provided for any expense for which **you** make a claim.

We will consider **your** claim within 10 business days of receiving a completed claim form and all necessary documentation. If **we** need additional information, **we** will inform **you** in writing within 10 business days.

For more detailed information about making a claim, please refer to the **CLAIMS** section at the back of this policy wording.

Privacy notice

To arrange and manage your insurance and provide you with our services, we (in this Privacy Notice "we", "our" and "us" means AWP Services New Zealand Limited trading as Allianz Partners of Level 3, 1 Byron Avenue, Takapuna, Auckland, and our agents) collect, store, use and disclose your personal information including sensitive information. We usually collect it directly from you but also from others (including those authorised by you such as your family members, travelling companions, your doctors, hospitals, and other persons whom we consider necessary including our agents). We are the "data controller" and are responsible for ensuring your personal information is used and protected in accordance with applicable laws and regulations. Personal information we collect includes, for example, your name, address, date of birth, phone number, email address, medical information, passport details, bank account details, as well as other information we collect when you visit our website such as your IP address and online preferences.

Any personal information provided to us is used by us and our agents to evaluate and arrange your 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, investigating claims and screening to comply with economic sanctions obligations. We may also collect, use and disclose it for product development, marketing (where permitted by law or with your consent), customer

data analytics, research, IT systems maintenance and development, recovery against third parties, fraud investigations and for other purposes with your consent or where authorised by law. We do not use sensitive information for marketing purposes or provide that information to any third parties for marketing.

You authorise us to disclose your personal information to recipients including third parties (some of whom are data processors) in New Zealand and overseas involved in the above processes, such as travel consultants, travel insurance providers and intermediaries, agents, distributors, reinsurers, claims handlers and investigators, cost containment providers, medical and health service providers, overseas data storage (including "cloud storage") and data handling providers, transportation providers, legal and other professional advisers, your agents, broker and travelling companions, your travel group leader if you travel in a group, your employer if you have a corporate travel policy, your bank if you have bank credit card insurance, the Insurance Claims Register and our related and group companies and Hollard. Some of these third parties may be located in other countries including in Australia, Europe, Asia, Canada or the USA. We will use reasonable endeavours to ensure people we disclose your personal information to outside New Zealand are required to protect it in a way that provides comparable safeguards to those set out under New Zealand privacy law, such as via contractual data protection obligations, our group binding corporate rules or because they are subject to laws of another country with comparable protections. However, you acknowledge that sometimes overseas recipients of your personal information may not be required to protect it in a way that provides comparable safeguards to those provided under the New Zealand privacy law.

Where permitted by law or with your consent, we may contact you with offers of products or services (from us, our related companies, as well as offers from our business partners) that we consider may be relevant and of interest to you (including insurance products). This could be via telephone, post, electronic messages (including email) online or via other means. You can withdraw your consent at any time if you no longer wish to receive marketing material or promotional offers from us or our related companies and business partners by calling our Contact Centre on 0800 800 048.

The collection of information is required pursuant to the common law duty to disclose all material facts relevant to the insurance sought and is mandatory. If you do not agree with the matters set out in our privacy notice or will not provide us with personal information, we may not be able to provide you with our services or products, process your application, issue you with a policy or process your claims. We will not retain your personal data for longer than is necessary for the purposes for which it may be lawfully used.

You can: (1) seek access to your personal data and ask about its origin, the purposes of the processing, and details of the data controller or data processor and the parties to whom it may be disclosed; (2) correct and update your personal information (subject to the provisions of applicable privacy legislation), and (3) ask for a copy of your personal data in an electronic format for yourself or for someone you nominate. You may in some circumstances restrict the processing of your personal data, and request that it be deleted. Where your personal information is used or processed with your specific consent as the sole basis for processing (rather than on a contractual basis or legitimate interest), you may withdraw your consent at any time. In cases where we cannot comply with your request concerning your personal information, we will give you reasons why. You may not access or correct personal information of others unless you have been authorised by their express consent or are otherwise permitted by law.

When you provide personal information to us about other individuals, we rely on you to have first obtained each of those individuals' consent, and have made them aware of the matters set out in this Privacy Notice.

If you have a request or complaint concerning your personal information or about our privacy policy, please contact: Privacy Officer, Allianz Partners, P.O. Box 33 313, Takapuna, Auckland 0740 or email us at AzPNZ.Privacy@allianz-assistance.co.nz. For urgent assistance please call our Contact Centre on 0800 800 048. You can also contact the Privacy Commissioner at the Office of the Privacy Commissioner, P.O. Box 10 094, The Terrace, Wellington 6143 if you have a complaint.

For more information about our corporate privacy policy and handling of personal information, including further details about access, correction and complaints, please visit our website at www.allianzpartners.co.nz and click on the Privacy Policy link.

Privacy Act and the Insurance Claims Register (ICR)

The ICR is a database of insurance claims to which participant insurers have access. The purpose of the ICR is to prevent insurance fraud.

The ICR is operated by:
Insurance Claims Register Ltd (ICR), PO Box 474, Wellington.

This policy is issued and cover provided to **you** on the condition that **you** authorise **us** to place details of any claims made against this **policy** on the database of ICR, where they will be retained and be available for other insurance companies to inspect. **You** also authorise **us** to obtain from ICR personal information about **you** that is (in **our** view) relevant to this **policy** or any claim made against it. **You** have certain rights of access to and correction of this information, subject to the provisions of the applicable privacy legislation.

Correctness of statements and fraud

If any claim under this **policy** is in any respect fraudulent, or if any false declaration is made or false or incorrect information is used in support of any claim, then **we** can, at **our** sole discretion, not pay **your** claim and cancel **your** cover under this **policy** from the date that the incorrect statement or fraudulent claim was made to **us**.

Overseas hospitalisation or medical evacuation

For emergency assistance anywhere in the world at any time, **Allianz Partners** is only a telephone call away. The team will help with medical problems, locating nearest medical facilities, **your** evacuation **home**, locating nearest embassies and consulates, as well as keeping **you** in touch with **your** family and work in an emergency.

If **you** are hospitalised, **you**, or a member of **your** travelling party, MUST contact **Allianz Partners** as soon as possible. If **you** do not, then **we** will not pay **your** claim for these expenses or for any evacuation or airfares that have not been approved or arranged by **Allianz Partners**.

If **you** are not hospitalised but **you** are being treated as an outpatient and the total cost of such treatment will exceed $2,000, **you** MUST contact **Allianz Partners**.

You can choose your own doctor

You are free to choose **your** own **medical adviser** or, if **you** ask **us** to, **Allianz Partners** may appoint an approved **medical adviser** to see **you**. However, **we** are not responsible for **overseas** medical standards. Medical facilities in the country **you** have travelled to may have lower medical standards than those in New Zealand. If **you** do not get the medical treatment **you** expect, **Allianz Partners** can assist **you** but neither The Hollard Insurance Company Pty Ltd nor **Allianz Partners** are liable for anything that results from such treatment.

Private hospital treatment is not covered under this **policy** where public funded services or care is available, or where a **Reciprocal Healthcare Agreement** is available.

PRE-EXISTING MEDICAL CONDITIONS

Please read this section carefully

Pre-existing medical conditions are defined in the section headed **OUR DEFINITIONS**.

Unless otherwise agreed, the **policy** only provides medical and **hospital** expenses cover for unforeseen emergency medical events which occurred **overseas**. Cover is not provided for **pre-existing medical conditions**, unless they are a condition that **we** expressly agree to cover.

If **you** have a **pre-existing medical condition** that is not covered, **we** will not pay any claims arising from, related to or associated with that condition.

If **you** have any questions about **pre-existing medical conditions** and how this section of **your policy** applies to **you**, please call us on the contact number on the back cover of this booklet.

Pre-existing medical conditions which are automatically covered

Cover is in place under Plans A, B, C, D, E, F, G & H for **your pre-existing medical condition** if **your pre- existing medical condition** is described in the list below, provided that **you** have not been hospitalised (including day surgery or emergency department attendance) for that condition in the 24 months prior to the time **your policy** was issued:

1) Acne
2) Asthma (provided that **you** are under 60 years of age and **you** have no other lung disease).
3) Bunions
4) Carpal Tunnel Syndrome
5) Cataracts
6) Cleft Palate
7) Cochlear Implant
8) Coeliac Disease
9) Congenital Adrenal Hyperplasia
10) Congenital Blindness
11) Congenital Deafness
12) Conjunctivitis
13) Dengue Fever
14) Diabetes Type 1 or Type 2, or glucose intolerance provided that:
    a) **you** were first diagnosed over 6 months prior to the date when **your policy** is issued; and
    b) **you** had no **complications** in the last 12 months; and
    c) **you** had no kidney, eye or neuropathy **complications** or cardiovascular disease; and
    d) **you** are under 50 years of age.
15) Dry Eye Syndrome
16) Dupuytrens Contracture
17) Ear Grommets (provided that **you** have no current infection).
18) Eczema
19) Gastric Reflux (GORD)
20) Glaucoma
21) Gout
22) Hay Fever
23) Hiatus Hernia (provided that **you** have no surgery planned when **your policy** is issued)
24) Hormone Replacement Therapy (HRT)

25) Hypercholesterolaemia (High Cholesterol) provided that:
    a) **you** have no cardiovascular disease and / or;
    b) diabetes.
26) Hyperlipidaemia (high blood lipids) provided that:
    a) **you** have no cardiovascular disease and / or;
    b) diabetes.
27) Hypertension (high blood pressure) provided that:
    a) **you** have no cardiovascular disease and / or;
    b) diabetes.
28) Hypothyroidism, including Hashimoto's disease
29) Lipoma
30) Macular degeneration
31) Meniere's disease
32) Rhinitis
33) Rosacea
34) Sinusitis
35) Tinnitus

Cover for these conditions is available to **you** even if **we** have declined **your** application to cover any other **pre-existing medical conditions** not listed above, and also if **you** elect not to pay the premium to have your **pre-existing conditions** (not listed above) covered.

While **pre-existing medical conditions** not described above will require assessment, there are a range of medical conditions which may not result in any additional premium being charged.

Pregnancy

Under Plans A, B, C, D, E, F, G & H, if **you** are pregnant at the time **you** purchase **your policy** and provided that all of the following apply to **you**:

a) **your** pregnancy is a single pregnancy; and
b) **you** have not experienced any **complications** before or on the date **your policy** is issued; and
c) **your** pregnancy does not arise from services or treatment associated with an assisted reproduction program including but not limited to, in vitro fertilisation (IVF); and
d) **your** pregnancy has not been classed as high risk by **your** doctor or mid-wife, and **you** have not been receiving special care or attention for pregnancy related matters,

we do not require any further information about **your** pregnancy and **your** pregnancy is automatically covered under **your policy** up to and including the 23rd week.

If **you** are pregnant at the time **you** purchase **your policy** and a) to d) above do not apply to **you**, **your** pregnancy is not automatically covered under this **policy**. If **you** wish to apply for cover for **your** pregnancy, **you** will need to provide **us** with further information. If **we** are able to provide you with cover for **your** pregnancy, **we** will inform **you** in writing, and an additional premium and / or special terms may apply.

If **you** become pregnant following the purchase of **your policy**, **you** must tell **us** as soon as **you** become aware of **your** change of circumstance.

Cover for pregnancy

In all circumstances cover is only available for pregnancy up to and including the 23rd week of the pregnancy. Cover is only available for unforeseeable **complications** of **your** pregnancy. In respect of pregnancy, **complications** mean secondary diagnoses occurring prior to, during the course of, concurrent with, or as a result of the pregnancy, which may adversely affect the pregnancy outcome.

There is no cover for common pregnancy related symptoms including but not limited to, nausea and fatigue, regular antenatal care, childbirth (at any gestation) or care of a newborn child.

Please refer to general exclusion 19 (**GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS**).

How do I apply for cover for my pre-existing medical condition?

If **you** have chosen Plan A, Plan B or Plan E and **you** have a **pre-existing medical condition** which is not automatically covered by this policy, please apply for additional cover for this condition online or by calling the contact number shown on the back cover of this policy wording.

You cannot apply for cover of **pre-existing medical conditions** which are not automatically covered under Plan C, Plan D, Plan F, Plan G or Plan H.

If **you** have any questions about **pre-existing medical conditions**, please call the contact number shown on the back cover of this policy wording.

If **you** have a **pre-existing medical condition** and:

a) **you** do not apply for cover for that **pre-existing medical condition**; or

b) **you** apply for cover for that **pre-existing medical condition** and **we** do not agree to provide cover for that **pre-existing medical condition**; or

c) **we** agree to provide cover for that **pre-existing medical condition** and **you** do not pay any relevant additional premium;

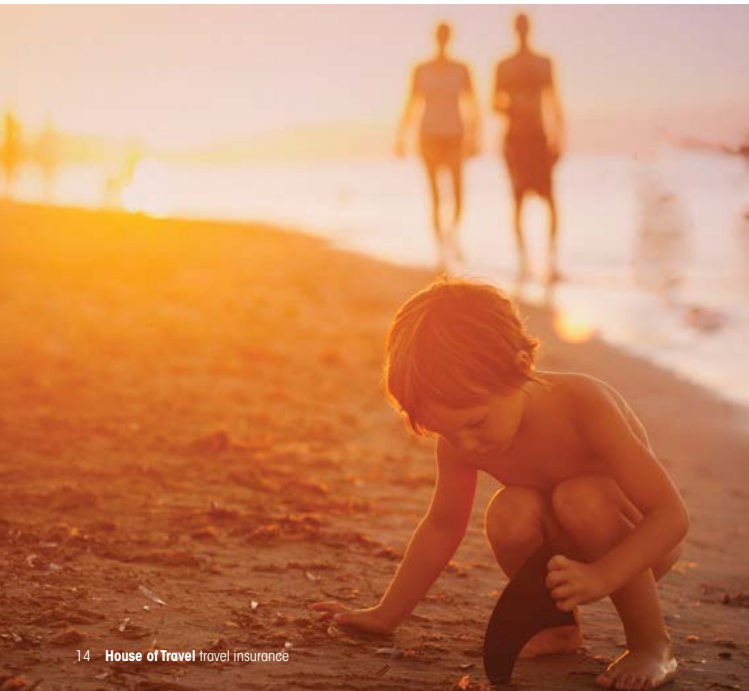
we will not pay any claims arising directly or indirectly from, related to, or associated with **your pre-existing medical condition**.

Conditions which are undiagnosed or awaiting specialist opinion

Please note that **we** are unable to offer any cover, under any circumstances, for any signs or symptoms (physical or mental) that **you** were aware of when **your policy** was issued, and for which at that time:

- **you** had not sought a medical opinion regarding the cause; or
- **you** were currently under investigation to define a diagnosis; or
- **you** were awaiting specialist opinion.

You can still purchase a **policy** and apply for cover for other **pre-existing medical conditions**, however, there will be no provision to claim under any section of the **policy** for any claims arising from, related to or associated with any of the above.



Medical conditions/circumstances which automatically exclude all cover for medical or hospital expenses

Some medical conditions or circumstances can automatically exclude all cover for medical or hospital expenses. Depending on **your pre-existing medical condition**, **we** may be unable to offer **you** a **policy** which provides cover for any **medical expenses**, or for any other expenses arising from, related to or associated with any **injury** or **sickness** suffered by **you**.

If that is the case, **you** may be able to purchase a Non-Medical Plan. The Non-Medical Plan **we** may offer **you** will not cover **your dependants** who are travelling with **you** on **your journey**, and **you** may not select family cover under this plan. The Non-Medical Plan can only be purchased as an alternative to Plans A and B if we are unable to offer **you** any medical cover due to **your pre-existing medical conditions**.

The below table sets out a summary of the cover that is provided under this plan and the most **we** will pay in total for all claims under each section.

NON-MEDICAL PLAN			
SECTION & BENEFIT			POLICY LIMIT
*1.3	Accidental death	✓	$75,000
*1.4	Permanent disability	✓	$75,000
*2.1	Cancellation	Cover available EXCEPT for any claims arising directly or indirectly from any **sickness** or **injury** suffered by **you**.	$100,000
*3.1	Additional expenses	Cover available EXCEPT for any claims arising directly or indirectly from any **sickness** or **injury** suffered by **you**.	$50,000
*3.2	Travel delay expenses	Cover available EXCEPT for any claims arising directly or indirectly from any **sickness** or **injury** suffered by **you**.	$2,000
3.3	Alternative transport expenses	✓	$5,000
*4.1	Luggage & personal effects	✓	$20,000
4.2	Luggage & personal effects delay expenses	✓	$1,500
4.3	Travel documents, transaction cards & travellers cheques	✓	$2,000
4.4	Theft of cash	✓	$750
*5.1	Rental vehicle insurance excess	✓	$4,500
6.1	Personal liability	✓	$2.5 million

**Sub-limits apply.*
*Individual item limits under **Section 4.1** are:*

- *$2,500 for personal computers, video recorders or cameras;*
- *$1,500 for all other items.*

*Limits, conditions and exclusions apply. Single cover limit applies for claims under **Sections 2.1.1a), 2.1.1d), 3.1.1f**). Refer to the **YOUR POLICY COVER** section for further details about sub-limits. The standard excess as shown on your Certificate of Insurance applies to claims under **Sections 2.1, 4.1, 4.3, 4.4, 5.1 and 6.1.** No cover is available under **Sections 1.4, 3.2, 3.3 or 4.3** while travelling in New Zealand.*

TABLE OF BENEFITS

The tables below and over the page set out a summary only of the cover that is provided under each plan and the most we will pay in total for all claims under each section.

IMPORTANT - PLEASE NOTE: A maximum total limit applies for all claims by all insured persons under certain sections and other limits, sub-limits, conditions and exclusions apply. Where used, 'unlimited' only means that there is no capped dollar sum insured. Terms, conditions, limits and exclusions apply as set out in the **GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS** and the **YOUR POLICY COVER** sections from page 38 onwards, particularly in sections 1.1, 1.2 and 1.2a. All costs and expenses claimed must be reasonable.

BENEFIT SECTION		PLAN A ESSENTIALS PLUS		PLAN B PREMIER	
		SINGLE	FAMILY	SINGLE	FAMILY
1.1*	Overseas emergency medical assistance	Unlimited~	Unlimited~	Unlimited~	Unlimited~
1.2*	Overseas emergency medical and hospital expenses	Unlimited~	Unlimited~	Unlimited~	Unlimited~
1.2A	Overseas dental expenses (per person)	$400 (relief of pain); $400 (from Injury)	$400 (relief of pain); $400 (from Injury)	$750 (relief of pain); unlimited (from Injury)	$750 (relief of pain); unlimited (from Injury)
1.2B	Continuing medical expenses on return to New Zealand (per person)	$1,500	$1,500	$1,500	$1,500
1.2C	Dental expenses on return to New Zealand – from injury only (per person)	- - -	- - -	$1,500	$1,500
1.3*	Accidental death	$50,000	$100,000	$75,000	$150,000
1.4*	Permanent disability	$50,000	$100,000	$75,000	$150,000
1.5*	Hospital cash allowance	$500	$1,000	$2,000	$4,000
1.6*	Loss of income	- - -	- - -	$3,000	$6,000
2.1*	Cancellation	$10,000	$20,000	$100,000	$200,000
3.1*	Additional expenses	$50,000	$100,000	$50,000	$100,000
3.2*	Travel delay expenses	$300	$600	$2,000	$,4,000
3.3	Alternative transport expenses	$5,000	$10,000	$5,000	$10,000
3.4	Resumption of journey	- - -	- - -	$10,000	$20,000
4.1*	Luggage & personal effects	$5,000	$10,000	$20,000	$40,000
4.2*	Luggage and personal effects delay expenses	$400	$800	$1,500	$3,000
4.3	Travel documents, transaction cards and travellers cheques	$500	$1,000	$2,000	$4,000
4.4	Theft of cash	$500	$1,000	$750	$1,500
5.1*	Rental vehicle insurance excess	$4,500	$4,500	$4,500	$4,500
6.1	Personal Liability	$2.5 Million	$2.5 Million	$2.5 Million	$2.5 Million

Sub-limits apply - refer to **YOUR POLICY COVER section of this policy wording for details.*

*~ **We** will only pay for treatment received and/or hospital accommodation during the 12 month period after the **sickness** first showed itself or the **injury** happened. **You** do not have cover under certain sections while travelling in New Zealand. If **you** die as a result of an **injury** or a **sickness** during **your journey**, the maximum amount **we** will pay for **your reasonable funeral expenses** incurred **overseas** or the cost of bringing **your** remains back to **your home**, is $15,000 per person.*

BENEFIT SECTION		PLAN C INCOMING TO NEW ZEALAND – NON-RESIDENTS		PLAN D PERMANENT ONE-WAY FROM NEW ZEALAND	
		SINGLE	FAMILY	SINGLE	FAMILY
1.1*	Overseas emergency medical assistance	Unlimited~	Unlimited~	$250,000	$500,000
1.2*	Overseas emergency medical and hospital expenses	Unlimited~	Unlimited~	$250,000	$500,000
1.2A	Overseas dental expenses (per person)	$750 (relief of pain); unlimited (from Injury)	$750 (relief of pain); unlimited (from Injury)	$500 (relief of pain); $500 (from Injury)	$500 (relief of pain); $500 (from Injury)
1.2B	Continuing medical expenses on return to New Zealand (per person)	- - -	- - -	- - -	- - -
1.2C	Dental expenses on return to New Zealand – from injury only (per person)	- - -	- - -	- - -	- - -
1.3*	Accidental death	$75,000	$150,000	- - -	- - -
1.4*	Permanent disability	$75,000	$150,000	- - -	- - -
1.5*	Hospital cash allowance	$2,000	$4,000	- - -	- - -
1.6*	Loss of income	$3,000	$6,000	- - -	- - -
2.1*	Cancellation	$100,000	$200,000	$5,000	$10,000
3.1*	Additional expenses	$50,000	$100,000	$5,000	$10,000
3.2*	Travel delay expenses	$2,000	$4,000	$500	$1,000
3.3	Alternative transport expenses	$5,000	$10,000	- - -	- - -
3.4	Resumption of journey	$10,000	$20,000	- - -	- - -
4.1*	Luggage & personal effects	$20,000	$40,000	$5,000	$10,000
4.2*	Luggage and personal effects delay expenses	$1,500	$3,000	$250	$500
4.3	Travel documents, transaction cards and travellers cheques	$2,000	$4,000	$2,000	$4,000
4.4	Theft of cash	$750	$1,500	$500	$1,000
5.1*	Rental vehicle insurance excess	$4,500	$4,500	- - -	- - -
6.1	Personal Liability	$2.5 Million	$2.5 Million	$250,000	$250,000

Sub-limits apply - refer to **YOUR POLICY COVER section of this policy wording for details.*

*~ **We** will only pay for treatment received and/or hospital accommodation during the 12 month period after the **sickness** first showed itself or the **injury** happened. **You** do not have cover under certain sections while travelling in New Zealand. If **you** die as a result of an **injury** or a **sickness** during **your journey**, the maximum amount **we** will pay for **your reasonable funeral expenses** incurred **overseas** or the cost of bringing **your** remains back to **your home**, is $15,000 per person.*

TABLE OF BENEFITS

The tables below and over the page set out a summary only of the cover that is provided under each plan and the most we will pay in total for all claims under each section.

IMPORTANT - PLEASE NOTE: A maximum total limit applies for all claims by all insured persons under certain sections and other limits, sub-limits, conditions and exclusions apply. Where used, 'unlimited' only means that there is no capped dollar sum insured. Terms, conditions, limits and exclusions apply as set out in the **GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS** and the **YOUR POLICY COVER** sections from page 38 onwards, particularly in sections 1.1, 1.2 and 1.2a. All costs and expenses claimed must be reasonable.

BENEFIT SECTION		PLAN E MULTI-TRIP		PLAN F DOMESTIC CANCELLATION	
		SINGLE	FAMILY	SINGLE	FAMILY
1.1*	Overseas emergency medical assistance	Unlimited~	Unlimited~	- - -	- - -
1.2*	Overseas emergency medical and hospital expenses	Unlimited~	Unlimited~	- - -	- - -
1.2A*	Overseas dental expenses (per person)	$750 (relief of pain); unlimited (from Injury)	$750 (relief of pain); unlimited (from Injury)	- - -	- - -
1.2B*	Continuing medical expenses on return to New Zealand (per person)	$1,500	$1,500	- - -	- - -
1.2C*	Dental expenses on return to New Zealand – from injury only (per person)	$1,500	$1,500	- - -	- - -
1.3*	Accidental death	$75,000	$150,000	- - -	- - -
1.4*	Permanent disability	$75,000	$150,000	- - -	- - -
1.5*	Hospital cash allowance	$2,000	$4,000	- - -	- - -
1.6*	Loss of income	$3,000	$6,000	- - -	- - -
2.1*	Cancellation	$100,000	$200,000	$10,000**	$20,000**
3.1*	Additional expenses	$50,000	$100,000	- - -	- - -
3.2*	Travel delay expenses	$2,000	$,4,000	- - -	- - -
3.3	Alternative transport expenses	$5,000	$10,000	- - -	- - -
3.4	Resumption of journey	$10,000	$20,000	- - -	- - -
4.1*	Luggage & personal effects	$20,000	$40,000	- - -	- - -
4.2*	Luggage and personal effects delay expenses	$1,500	$3,000	- - -	- - -
4.3	Travel documents, transaction cards and travellers cheques	$2,000	$4,000	- - -	- - -
4.4	Theft of cash	$750	$1,500	- - -	- - -
5.1*	Rental vehicle insurance excess	$4,500	$4,500	- - -	- - -
6.1	Personal liability	$2.5 Million	$2.5 Million	- - -	- - -

Sub-limits apply - refer to **YOUR POLICY COVER section of this policy wording for details.*

*** Maximum amount available, depending on the limit **you** chose when taking out **your** policy. Please refer to **your Certificate of Insurance**.*

*~ **We** will only pay for treatment received and/or hospital accommodation during the 12 month period after the **sickness** first showed itself or the **injury** happened. **You** do not have cover under certain sections while travelling in New Zealand. If **you** die as a result of an **injury** or a **sickness** during **your journey**, the maximum amount **we** will pay for **your reasonable funeral expenses** incurred **overseas** or the cost of bringing **your** remains back to **your home**, is $15,000 per person.*

BENEFIT SECTION		PLAN G DOMESTIC ESSENTIALS		PLAN H RESIDENTS RETURNING TO NEW ZEALAND	
		SINGLE	FAMILY	SINGLE	FAMILY
1.1*	Overseas emergency medical assistance	- - -	- - -	Unlimited~	Unlimited~
1.2*	Overseas emergency medical and hospital expenses	- - -	- - -	Unlimited~	Unlimited~
1.2A*	Overseas dental expenses (per person)	- - -	- - -	$750 (relief of pain); unlimited (from Injury)	$750 (relief of pain); unlimited (from Injury)
1.2B*	Continuing medical expenses on return to New Zealand (per person)	- - -	- - -	$1,500	$1,500
1.2C*	Dental expenses on return to New Zealand – from injury only (per person)	- - -	- - -	$1,500	$1,500
1.3*	Accidental death	- - -	- - -	$75,000	$150,000
1.4*	Permanent disability	- - -	- - -	$75,000	$150,000
1.5*	Hospital cash allowance	- - -	- - -	$2,000	$4,000
1.6*	Loss of income	- - -	- - -	$3,000	$6,000
2.1*	Cancellation	$25,000	$50,000	$100,000	$200,000
3.1*	Additional expenses	$10,000	$20,000	$50,000	$100,000
3.2*	Travel delay expenses	$1,000	$2,000	$2,000	$,4,000
3.3	Alternative transport expenses	- - -	- - -	$5,000	$10,000
3.4	Resumption of journey	- - -	- - -	$10,000	$20,000
4.1*	Luggage & personal effects	$2,000	$4,000	$20,000	$40,000
4.2*	Luggage and personal effects delay expenses	$1,500	$3,000	$1,500	$3,000
4.3	Travel documents, transaction cards and travellers cheques	$1,000	$2,000	$2,000	$4,000
4.4	Theft of cash	$500	$1,000	$750	$1,500
5.1*	Rental vehicle insurance excess	$4,500	$4,500	$4,500	$4,500
6.1	Personal liability	$1 Million	$1 Million	$2.5 Million	$2.5 Million

Sub-limits apply - refer to **YOUR POLICY COVER section of this policy wording for details.*

*~ **We** will only pay for treatment received and/or hospital accommodation during the 12 month period after the **sickness** first showed itself or the **injury** happened. **You** do not have cover under certain sections while travelling in New Zealand. If **you** die as a result of an **injury** or a **sickness** during **your journey**, the maximum amount **we** will pay for **your reasonable funeral expenses** incurred **overseas** or the cost of bringing **your** remains back to **your home**, is $15,000 per person.*

CHOOSING YOUR PLAN

This section provides important information about the plans available, including the benefits available under each plan, who is eligible, and **your** policy **excess**. To fully understand **your** cover, please read this policy wording as a whole.

Plans A, B, D, E and H are designed for **residents** of New Zealand (and in some cases, **temporary residents**) who are travelling internationally.

Plan C is available for **non-residents** travelling to New Zealand, and Plans F and G are for **residents** and **temporary residents** travelling domestically within New Zealand.

Temporary residents of New Zealand

Cover is available for **temporary residents** of New Zealand under Plans A, B, E F & G.

Under Plans A, B & E, cover is automatically available to **temporary residents** who, at the date the **Certificate of Insurance** is issued:

- hold a return ticket to New Zealand (the **overseas journey we** are insuring **you** for must commence and end in New Zealand) and;
- have a **home** address in New Zealand to which **you** intend to return and;
- hold a current New Zealand visa which will remain valid beyond the duration of **your journey**.

Under Section 1.1 – Emergency Medical Assistance if **you injure yourself overseas** or become **sick** there or die there and it is necessary to repatriate **you** or **your** remains, **we** will at **our** option, pay the lesser of the cost of returning **you** to **your home** in New Zealand or to the international airport nearest to where **you** normally live **overseas**. At that point, **you** will be responsible for all further costs, and cover under all sections of the **policy** will end (apart from **Section 1.2B** if **we** have returned **you** to **your home** in New Zealand).

Single or family cover

Under all plans except for the Non-Medical Plan (refer to the **PRE-EXISTING MEDICAL CONDITIONS** section), **you** may choose to have either a single or a family **policy**.

Single – Covers **you** and **your dependants** who are travelling with **you** on the **journey**. The benefit limits for single cover apply to the total of all claims combined regardless of the number of persons the claims relate to and are shown in **TABLE OF BENEFITS** section for the plan **you** have selected.

Family – Covers **you** and **your** spouse or partner and **dependants** travelling with **you** on the **journey**. The benefit limits for family cover apply to the total of all claims combined, regardless of the number of persons the claims relate to and are shown in the **TABLE OF BENEFITS** for the plan **you** have selected.

OUR AVAILABLE PLANS

PLAN A ESSENTIALS PLUS

*The following information explains certain things you need to know in order to purchase **your policy**. To fully understand **your** cover, **you** need to read this policy wording in its entirety, as limits, conditions and exclusions may apply.*

Sections included

Section 1.1 Overseas emergency medical assistance

Section 1.2 Overseas emergency medical & hospital expenses

Section 1.2A Overseas Dental Expenses

Section 1.2B Continuing medical expenses on return to New Zealand

Section 1.3 Accidental death

Section 1.4 Permanent disability

Section 1.5 Hospital cash allowance

Section 2.1 Cancellation

Section 3.1 Additional expenses

Section 3.2 Travel delay expenses

Section 3.3 Alternative transport expenses

Section 4.1 Luggage & personal effects

Section 4.2 Luggage & personal effects delay expenses

Section 4.3 Travel documents, transaction cards & travellers cheques

Section 4.4 Theft of cash

Section 5.1 Rental vehicle insurance excess

Section 6.1 Personal liability

Choose from available Additional Options – refer to the section headed **ADDITIONAL OPTIONS**.

Refer to the **TABLE OF BENEFITS** section and to the **YOUR POLICY COVER** section for details of limits and sub-limits.

Residents or **temporary residents** of New Zealand do not have any cover under the following sections while travelling within New Zealand: **Sections 1.1, 1.2, 1.2A, 1.3, 1.5, 3.3, 4.2** and **4.3**.

Eligibility

Cover is available under Plan A Essentials Plus if all of the following apply:

1) **You** are a **resident** or **temporary resident** of New Zealand; and
2) **You** have purchased **your policy** before commencing **your journey**; and
3) **Your journey** commences and ends in New Zealand.

Period of cover

Cover under **Section 2.1 Cancellation** begins from the **issue date** shown on **your Certificate of Insurance** and finishes at the end of **your journey** or on the end date shown on **your Certificate of Insurance** whichever occurs earlier.

Cover under all other sections starts at the beginning of **your journey** or the start date shown on **your Certificate of Insurance**, whichever occurs later, and finishes at the end of **your journey** or on the end date shown on **your Certificate of Insurance** whichever occurs earlier.

Excess

We will deduct the standard **excess**, as shown on your **Certificate of Insurance**, from claims arising from any one event under the following sections:

- **Section 1.2 Overseas emergency medical & hospital expenses**
- **Section 1.2A – Overseas dental expenses**
- **Section 1.2B Continuing medical expenses on return to New Zealand**
- **Section 2.1 Cancellation**
- **Section 4.1 Luggage & personal effects**
- **Section 4.3 Travel documents, transaction cards & travellers cheques**
- **Section 4.4 Theft of cash**
- **Section 5.1 Rental vehicle insurance excess**
- **Section 6.1 Personal liability**

A NIL **excess** applies to all other sections. Refer to the **TABLE OF BENEFITS** for details of which sections of this **policy** are available under Plan A.

If **you** purchased an Additional Option with **your** standard policy, an additional **excess** may apply to some claims. Please refer to the **ADDITIONAL OPTIONS** section.

PLAN B PREMIER

*The following information explains certain things you need to know in order to purchase **your policy**. To fully understand **your** cover, **you** need to read this policy wording in its entirety, as limits, conditions and exclusions may apply.*

Sections included

All sections from **Section 1.1 Emergency medical assistance** to **Section 6.1 Personal liability** are included under this plan.

Choose from available Additional Options – refer to the section headed **ADDITIONAL OPTIONS**.

Refer to the **TABLE OF BENEFITS** section and to the **YOUR POLICY COVER** section for details of limits and sub-limits.

Residents and **temporary residents** of New Zealand do not have any cover under the following sections while travelling within New Zealand: **Sections 1.1, 1.2, 1.2A, 1.3, 1.5, 1.6, 3.3, 3.4, 4.2** and **4.3**.

Eligibility

Cover is available under Plan B Premier if all of the following apply:

1) **You** are a **resident** or **temporary resident** of New Zealand; and
2) **You** have purchased **your policy** before commencing **your journey**; and
3) **Your journey** commences and ends in New Zealand.

Period of cover

Cover under **Section 2.1 Cancellation** begins from the **issue date** shown on **your Certificate of Insurance** and finishes at the end of **your journey** or on the end date shown on **your Certificate of Insurance** whichever occurs earlier.

Cover under all other sections starts at the beginning of **your journey** or the start date shown on **your Certificate of Insurance**, whichever occurs later, and finishes at the end of **your journey** or on the end date shown on **your Certificate of Insurance** whichever occurs earlier.

Excess

We will deduct the standard **excess**, as shown on your **Certificate of Insurance**, from claims arising from any one event under the following sections:

- **Section 1.2 Overseas emergency medical & hospital expenses**
- **Section 1.2A – Overseas dental expenses**
- **Section 1.2B Continuing medical expenses on return to New Zealand**
- **Section 1.2C Dental expenses on return to New Zealand from injury only**
- **Section 2.1 Cancellation**
- **Section 4.1 Luggage & personal effects**
- **Section 4.3 Travel documents, transaction cards & travellers cheques**
- **Section 4.4 Theft of cash**
- **Section 5.1 Rental vehicle insurance excess**
- **Section 6.1 Personal liability**

A NIL **excess** applies to all other sections. Refer to the **TABLE OF BENEFITS** for details of which sections of this **policy** are available under Plan B.

If **you** purchased an Additional Option with **your** standard policy, an additional **excess** may apply to some claims. Please refer to the **ADDITIONAL OPTIONS** section.

PLAN C NON-RESIDENTS INCOMING TO NEW ZEALAND

*The following information explains certain things you need to know in order to purchase **your policy**. To fully understand **your** cover, **you** need to read this policy wording in its entirety, as limits, conditions and exclusions may apply.*

Sections included

Section 1.1 Overseas emergency medical assistance
Section 1.2 Overseas emergency medical & hospital expenses
Section 1.2A Overseas dental expenses
Section 1.3 Accidental death
Section 1.4 Permanent disability
Section 1.5 Hospital cash allowance
Section 2.1 Cancellation
Section 3.1 Additional expenses
Section 3.2 Travel delay expenses
Section 3.3 Alternative transport expenses
Section 3.4 Resumption of journey
Section 4.1 Luggage & personal effects
Section 4.2 Luggage & personal effects delay expenses
Section 4.3 Travel documents, transaction cards & travellers cheques
Section 4.4 Theft of cash
Section 5.1 Rental vehicle insurance excess

Section 6.1 Personal liability

Choose from available Additional Options – refer to the section headed **ADDITIONAL OPTIONS**.

Refer to the **TABLE OF BENEFITS** section and to the **YOUR POLICY COVER** section for details of limits and sub-limits.

Eligibility

This plan is only available to **non-residents** (meaning someone who does not reside permanently in New Zealand or who is not a **resident** or **temporary resident** of New Zealand). **Residents** and **temporary residents** of New Zealand are not eligible to purchase this plan.

You must purchase **your policy** before **you** commence **your journey**.

Period of cover

Cover under **Section 2.1 Cancellation** begins on the **issue date** shown on **your Certificate of Insurance**. Cover under all other sections starts at the beginning of **your journey** or the start date on shown on **your Certificate of Insurance**, whichever occurs later.

Cover under all sections of the **policy** ceases at the end of **your journey** or on the end date shown on **your Certificate of Insurance** whichever occurs earlier.

Cover in Australia and South Pacific islands

Cover is available under Plan C for travel within your period of cover to Australia, Cook Islands, Fiji, French Polynesia, Kiribati, Nauru, New Caledonia, Niue, Norfolk Island, Vanuatu, Samoa (including American Samoa), Tonga, Tokelau or Tuvalu provided that:

a) **Your** travel to any of the above destination(s) occurs within **your journey** and commences in New Zealand and ends in New Zealand; and

b) **Your** travel to any of the above destination(s) is on a temporary basis and does not exceed 15 days for any one trip; and

c) The country **you** are travelling to is not **your Country of Residence**.

Important information

Certain definitions and words used in this policy wording under Plan C are changed to reflect the coverage of the plan.

Where the word New Zealand appears in this policy, the policyholder's **country of residence** is to be substituted, except where it appears:

- In the **OUR DEFINITIONS** section under the definitions:
  - **"Country of residence"**
  - **"Reasonable"**
  - **"Reciprocal Healthcare Agreement"**
  - **"Resident"**
  - **"Non-resident"**
  - **"Temporary resident"**
  - **"We"," Our"," Us"**
- In the **TABLE OF BENEFITS**
- In the **PRE-EXISTING MEDICAL CONDITIONS** section
- In the **IMPORTANT MATTERS** section under the headings:
  - Jurisdiction and choice of law
  - Dispute resolution process
  - Privacy notice
  - Excess
- In the **CHOOSING YOUR PLAN** section, under the heading:
  - PLAN C NON-RESIDENTS INCOMING TO NEW ZEALAND

- In the **YOUR POLICY COVER** section under:
  - **Section 1.2A**
  - **Section 2.1.2 f)**
  - **Section 2.1.2 k)**
- In the **CLAIMS** section
- In the **ADDITIONAL OPTIONS** section under the headings:
  - Snow Pack
  - Adventure Pack
- In **GENERAL EXCLUSIONS** for exclusion number 10 "Vehicles"

The definitions under **OUR DEFINITIONS** for "**home**", "**journey**" and "**overseas**" are to be substituted as follows for Plan C:

"**Home**" means the place where **you** normally live in **your country of residence**.

"**Journey**" means from the time **you** arrive in New Zealand, and ending when **you** arrive at any immigration counter to return to **your country of residence**. This definition will extend to include transit time for **you** to travel from **your country of residence** to New Zealand and return, up to a maximum of 72 hours.

"**Overseas**" means outside of **your country of residence**.

Excess

We will deduct an **excess** amount, as shown on **your Certificate of Insurance**, from claims arising from any one event under the following sections:

- **Section 1.2 Overseas emergency medical & hospital expenses**
- **Section 1.2A Overseas dental expenses**
- **Section 2.1 Cancellation**
- **Section 4.1 Luggage & personal effects**
- **Section 4.3 Travel documents, transaction cards & travellers cheques**
- **Section 4.4 Theft of cash**
- **Section 5.1 Rental vehicle insurance excess**
- **Section 6.1 Personal liability**

A NIL **excess** applies to all other sections. Refer to the **TABLE OF BENEFITS** for details of which sections of this **policy** are available under Plan C.

If **you** purchased an Additional Option with **your** standard **policy**, an additional **excess** may apply to some claims. Please refer to the **ADDITIONAL OPTIONS** section.

PLAN D PERMANENT ONE-WAY FROM NEW ZEALAND

*The following information explains certain things you need to know in order to purchase **your policy**. To fully understand **your** cover, **you** need to read this policy wording in its entirety, as limits, conditions and exclusions may apply.*

Sections included

Section 1.1 Overseas emergency medical assistance
Section 1.2 Overseas emergency medical & hospital expenses
Section 1.2A Overseas dental expenses
Section 2.1 Cancellation
Section 3.1 Additional expenses
Section 3.2 Travel delay expenses
Section 4.1 Luggage & personal effects
Section 4.2 Luggage & personal effects delay expenses
Section 4.3 Travel documents, transaction cards & travellers cheques
Section 4.4 Theft of cash

Section 6.1 Personal liability

Choose from available Additional Options – refer to the section headed **ADDITIONAL OPTIONS**.

Refer to the **TABLE OF BENEFITS** section and to the **YOUR POLICY COVER** section for details of limits and sub-limits.

Residents of New Zealand do not have any cover under the following sections while travelling within New Zealand: **Sections 1.1, 1.2, 4.2,** and **4.3**.

Eligibility

Cover is available for **residents** of New Zealand. **You** must purchase **your policy** before **you** commence **your journey**.

Period of cover

Cover begins from the **issue date** shown on **your Certificate of Insurance** and finishes six (6) months from the time the **policy** is issued or on the end date set out on **your Certificate of Insurance**, whichever occurs earlier.

Cover under **Section 2.1 Cancellation** only applies to those services scheduled to be used between the start and end dates shown on **your Certificate of Insurance.**

The cover for all other sections starts at the beginning of **your journey** or the start date shown on **your Certificate of Insurance**, whichever occurs later, and finishes six (6) months from the time the **policy** is issued or on the end date set out on **your Certificate of Insurance**, whichever occurs earlier.

Excess

We will deduct an **excess** amount, as shown on **your Certificate of Insurance**, from claims arising from any one event under the following sections:

- **Section 1.2 Overseas emergency medical & hospital expenses**
- **Section 1.2A Overseas dental expenses**
- **Section 2.1 Cancellation**
- **Section 4.1 Luggage & personal effects**
- **Section 4.3 Travel documents, transaction cards & travellers cheques**
- **Section 4.4 Theft of cash**
- **Section 6.1 Personal liability**

A NIL **excess** applies to all other sections. Refer to the **TABLE OF BENEFITS** for details of which sections of this **policy** are available under Plan D.

If **you** purchased an Additional Option with **your** standard policy, an additional **excess** may apply to some claims. Please refer to the **ADDITIONAL OPTIONS** section.

PLAN E MULTI-TRIP

*The following information explains certain things you need to know in order to purchase **your policy**. To fully understand **your** cover, **you** need to read this policy wording in its entirety, as limits, conditions and exclusions may apply.*

Sections included

All sections are included under this plan.

Choose from available Additional Options – refer to the section headed **ADDITIONAL OPTIONS**.

Refer to the **TABLE OF BENEFITS** section and to the **YOUR POLICY COVER** section

for details of limits and sub-limits.

Residents and **temporary residents** of New Zealand do not have any cover under the following sections while travelling within New Zealand: **Sections 1.1, 1.2, 1.2A, 1.3, 1.5, 1.6, 3.3, 3.4, 4.2,** and **4.3**.

Eligibility

Cover is available under Plan E Multi-Trip if all of the following apply:

1) **You** are a **resident** or **temporary resident** of New Zealand; and
2) **You** have purchased **your policy** before commencing **your journey**; and
3) **Your journey** commences and ends in New Zealand.

Cover for domestic journeys

If **you** have selected Plan E (Multi-Trip) for your international travel, **you** will also have cover for domestic **journeys** within New Zealand during **your** period of cover, provided **your** domestic destination is greater than 250km from **your home**.

However, **you** will not have cover at all under **Sections 1.1, 1.2, 1.2A, 1.3, 1.5, 1.6, 3.3, 3.4, 4.2,** and **4.3** while travelling in New Zealand.

Period of cover

Plan E – Multi-Trip is a 12 month **policy** covering an unlimited number of **journeys** of up to 90 days in length (**maximum journey period**).

Cover under **Section 2.1 Cancellation** begins on the start date shown on **your Certificate of Insurance** or the date you booked **your journey**, whichever is the later and finishes at the end of **your journey** or on the end date shown on **your Certificate of Insurance** whichever occurs earlier.

Cover under all other sections starts at the beginning of each **journey** or the start date shown on **your Certificate of Insurance**, whichever occurs later, and finishes at the end of each **journey** or on the end date shown on **your Certificate of Insurance** whichever occurs earlier.

You are not covered for any incident or event that arises outside of the **maximum journey period**.

Benefit limits and sub-limits are reinstated on the completion of each **journey** (except for **Section 6.1 Personal Liability** where the amount shown in the **TABLE OF BENEFITS** is the most **we** will pay for all claims combined under **Section 6.1** for the 12 month **policy** period).

Excess

Plan E (Multi-Trip International)

We will deduct an **excess** amount, as shown on **your Certificate of Insurance**, from claims arising from any one event under the following sections:

- **Section 1.2 Overseas emergency medical & hospital expenses**
- **Section 1.2A Overseas dental expenses**
- **Section 1.2B Continuing medical expenses on return to New Zealand**
- **Section 1.2C Dental expenses on return to New Zealand from injury only**
- **Section 2.1 Cancellation**
- **Section 4.1 Luggage & personal effects**
- **Section 4.3 Travel documents, transaction cards & travellers cheques**
- **Section 4.4 Theft of cash**
- **Section 5.1 Rental vehicle insurance excess**
- **Section 6.1 Personal Liability**

A NIL **excess** applies to all other sections. Refer to the **TABLE OF BENEFITS** for details of which sections of this **policy** are available under Plan E.

If **you** purchased an Additional Option with **your** standard **policy**, an additional **excess** may apply to some claims. Please refer to the **ADDITIONAL OPTIONS** section.

PLAN F DOMESTIC CANCELLATION

*The following information explains certain things you need to know in order to purchase **your policy**. To fully understand **your** cover, **you** need to read this policy wording in its entirety, as limits, conditions and exclusions may apply.*

Sections included

Section 2.1 Cancellation only.

Refer to the **TABLE OF BENEFITS** section and to the **YOUR POLICY COVER** section for details of limits and sub-limits.

Eligibility

Cover is available under Plan F (Domestic Cancellation) if all of the following apply:

1) **You** are a **resident** or **temporary resident** of New Zealand; and
2) **You** have purchased **your policy** before commencing **your journey**; and
3) **Your journey** commences and ends in New Zealand.

Period of cover

Cover for **Section 2.1 Cancellation** begins from the **issue date** shown on **your Certificate of Insurance** and finishes at the end of **your journey** or on the end date shown on **your Certificate of Insurance** whichever occurs earlier.

Excess

We will deduct an **excess** amount, as shown on **your Certificate of Insurance,** from claims arising from any one event under this **policy**.

PLAN G DOMESTIC ESSENTIALS

*The following information explains certain things you need to know in order to purchase **your policy**. To fully understand **your** cover, **you** need to read this policy wording in its entirety, as limits, conditions and exclusions may apply.*

Sections included

Section 2.1 Cancellation

Section 3.1 Additional expenses

Section 3.2 Travel delay expenses

Section 4.1 Luggage & personal effects

Section 4.2 Luggage & personal effects delay expenses

Section 4.3 Travel documents, transaction cards & travellers cheques

Section 4.4 Theft of cash

Section 5.1 Rental vehicle insurance excess

Section 6.1 Personal liability

Choose from available Additional Options – refer to the section headed **ADDITIONAL OPTIONS**.

Refer to the **TABLE OF BENEFITS** section and to the **YOUR POLICY COVER** section for details of limits and sub-limits.

Eligibility

Cover is available under Plan G Domestic Essentials if all of the following apply:

1) **You** are a **resident** or **temporary resident** of New Zealand; and
2) **You** have purchased **your policy** before commencing **your journey**; and
3) **Your journey** commences and ends in New Zealand.

Period of cover

Cover under **Section 2.1 Cancellation** begins on the **issue date** shown on **your Certificate of Insurance.** Cover under all other sections starts at the beginning of **your** journey or the start date on shown on **your Certificate of Insurance**, whichever occurs later. Cover under all sections of the **policy** ceases at the end of **your journey** or on the end date shown on **your Certificate of Insurance** whichever occurs earlier.

Important information

You do not have cover for any **medical expenses** or dental expenses under any section of this **policy**.

The definition under **OUR DEFINITIONS** for "**journey**" is to be substituted as follows for Plan G:

"**Journey**" means **your** travel within New Zealand, which begins when **you** leave **home** or **your** place of business to commence **your** travel and ends when **you** arrive back **home**.

The policy definition for "**overseas**" is to be disregarded, as **you** are only covered for travel within New Zealand under Plan G Domestic Essentials.

Excess

We will deduct an **excess** amount, as shown on **your Certificate of Insurance**, from claims arising from any one event under the following sections:

- **Section 2.1 Cancellation**
- **Section 4.1 Luggage & personal effects**
- **Section 4.3 Travel documents, transaction cards & travellers cheques**
- **Section 4.4 Theft of cash**
- **Section 5.1 Rental vehicle insurance excess**
- **Section 6.1 Personal liability**

A NIL **excess** applies to all other sections. Refer to the **TABLE OF BENEFITS** for details of which sections of this **policy** are available under Plan G.

If **you** purchased an Additional Option with **your** standard policy, an additional **excess** may apply to some claims. Please refer to the **ADDITIONAL OPTIONS** section.

PLAN H RESIDENTS RETURNING TO NEW ZEALAND

*The following information explains certain things you need to know in order to purchase **your policy**. To fully understand **your** cover, **you** need to read this policy wording in its entirety, as limits, conditions and exclusions may apply.*

Sections covered

All sections from **Section 1.1 Emergency Medical Assistance** to **Section 6.1 Personaly Liability** are included under this plan.

Choose from available Additional Options – refer to the section headed **ADDITIONAL OPTIONS**.

Refer to the **TABLE OF BENEFITS** section and to the **YOUR POLICY COVER** section for details of limits and sub-limits.

Residents of New Zealand do not have any cover under the following sections while travelling within New Zealand: **Sections 1.1, 1.2, 1.2A, 1.3, 1.5, 1.6, 3.3, 3.4, 4.2**, and **4.3.**

Eligibility

Cover is only available if:

1) **you** are a **resident** of New Zealand; and
2) **you** purchase **your policy** while **you** are **overseas**; and
3) **your** one-way **journey** commences **overseas** and ends in New Zealand.

You cannot apply for or purchase cover for certain **pre-existing medical conditions**. Refer to the **PRE-EXISTING MEDICAL CONDITIONS** section for details about **pre-existing medical conditions** which may be automatically covered.

Period of cover

Cover begins from the **issue date** shown on **your Certificate of Insurance**.

The cover for all other sections starts at the beginning of **your journey** or the start date shown on **your Certificate of Insurance**, whichever occurs later.

A waiting period of 7 days from the start date noted on **your Certificate of Insurance** applies to all claims arising from, related to or associated with any **injury** or **sickness**, regardless of the section that applies to the claim.

Cover ends when **you** arrive at any immigration counter in New Zealand, or on the end date set out on **your Certificate of Insurance**, whichever occurs earlier.

Substitution of definition:

The definition under **OUR DEFINITIONS** for "**journey**" is to be substituted as follows for Plan H:

"**Journey**" means the time from when the **policy** is issued while **you** are **overseas** and ends when **you** arrive at any immigration counter in New Zealand. This will not affect the cover provided under **Section 1.2B Continuing medical expenses on return to New Zealand** and **Section 1.2C Dental expenses on return to New Zealand – injury only**.

Excess

We will deduct an **excess** amount, as shown on **your Certificate of Insurance**, from claims arising from any one event under the following sections:

- **Section 1.2 Overseas emergency medical & hospital expenses**
- **Section 1.2A – Overseas dental expenses**
- **Section 1.2B Continuing medical expenses on return to New Zealand**
- **Section 1.2C Dental expenses on return to New Zealand – from injury only**
- **Section 2.1 Cancellation**
- **Section 4.1 Luggage & personal effects**
- **Section 4.3 Travel Documents, transaction cards & travellers cheques**
- **Section 4.4 Theft of cash**
- **Section 5.1 Rental vehicle insurance excess**
- **Section 6.1 Personal liability**

A NIL **excess** applies to all other sections. If **you** purchased an **ADDITIONAL OPTION** with **your** standard **policy**, an additional **excess** may apply to some claims. Please refer to the **ADDITIONAL OPTIONS** section for more information.

Refer to the **TABLE OF BENEFITS** for details of which sections of this **policy** are available under Plan H.

AMENDMENTS & EXTENSIONS

In certain circumstances and, with **our** agreement, **we** will allow **you** to amend the cover provided by this **policy**.

Where **we** have agreed to amend cover, we will issue **you** with a new **Certificate of Insurance** which will note the date and time at which the amendments were made and when they will apply from. The period of cover provided cannot exceed 12 months from the **issue date** of **your** original **Certificate of Insurance**.

Extending your policy

Your cover may be extended free of charge if **you** find that **your** return to New Zealand has been delayed because of one or more of the following:

- a bus line, airline, shipping line or rail authority **you** are travelling on, or that has accepted **your** fare or **luggage and personal effects**, is delayed; or
- the delay is due to a reason for which **you** can claim under **your policy** (subject to **our** written approval).

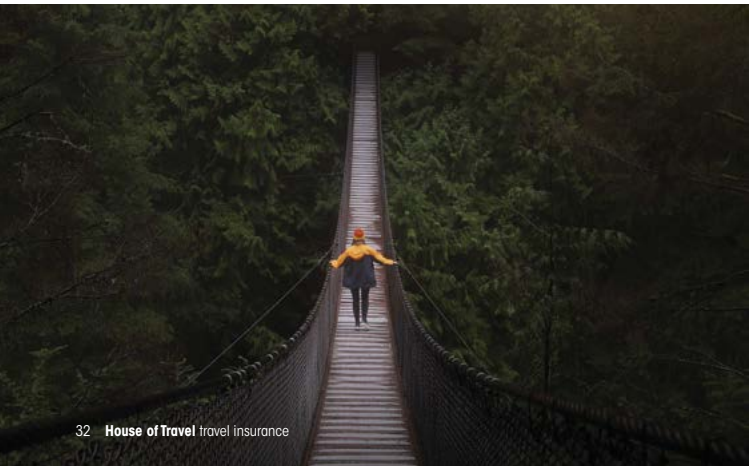
If the delay is for any reason other than as stated above, **we** must receive **your** request to extend **your** cover at least 7 days before **your** original **policy** expires if **you** send **your** request by post.

All other requests to extend **your** cover must be received prior to **your** original **policy** end date. Cover will be extended subject to **our** written approval, and **your** payment of the additional premium.

Where **we** have agreed to extend cover, **we** will issue **you** with a new **Certificate of Insurance**. The period of cover on **your** new **Certificate of Insurance** cannot exceed 12 months from the **issue date** of **your** original **Certificate of Insurance.**

Cover cannot be extended:

- for any **pre-existing medical conditions** including any **pre-existing medical conditions** which are listed as automatically covered (refer to the section headed **PRE-EXISTING MEDICAL CONDITIONS**) whether they were covered or not on **your** original **policy**; or
- under **Section 1.3 Accidental death** or **Section 1.4 Permanent disability** for any period in excess of 12 months from the start date shown on **your** original **Certificate of Insurance**, in any circumstances; or
- for any new medical conditions **you** suffered during the term of **your** original **policy**; or
- where **you** have not advised **us** of any circumstances that have given (or may give) rise to a claim under **your** original **policy**; or
- in any circumstance under Plan C, Plan D, Plan E or Plan H.



ADDITIONAL OPTIONS

You only have the cover described in this section if **you** have purchased the relevant Additional Option or Pack.

IMPORTANT: The following tables set out a summary only of the cover that is provided under each plan and the most **we** will pay in total for all claims under each section. A maximum total limit applies for all claims by all insured persons under certain sections and other limits, sub-limits, conditions and exclusions apply.

Where used, 'unlimited' only means that there is no capped dollar sum insured. Terms, conditions, limits and exclusions apply as set out in the **GENERAL EXCLUSIONS**, **YOUR POLICY COVER** and **SECTION 7 - ADDITIONAL OPTIONS**. All costs and expenses claimed must be reasonable.

Increased item limits

You can purchase increased item limits cover if **you** chose Plan A, B, E, or H by paying an additional premium. Purchasing this option allows **you** to increase the standard item limits applying to **Section 4.1.1a)** for certain item types, by paying an additional premium at the time **you** purchase **your policy**.

You can purchase increased item limit cover under **Section 4.1.1 b)** for the item type(s) which **we** give **you** the option to select at the time **you** purchase **your policy**, by paying an additional premium. Increased item limit cover is only available for the particular item types that **we** give **you** the option to nominate when **you** purchase **your policy**.

Details of the item type(s) and the increased item limits selected and purchased are shown on **your Certificate of Insurance**. No cover is provided under **Section 4.1.1 a)** for any item(s) of a particular item type for which **you** have purchased an increased item limit under **Section 4.1.1 b).**

*Example: **Section** **4.1.1 a)** provides cover in Plan A for mobile phones subject to a standard item limit of $1,500. If **you** have one or more mobile phones, purchased for more than $1,500 each, **you** can purchase cover under **Section** **4.1.1 b)** increasing the limit for your mobile phones.*

If **you** purchase an increased item limit for a nominated item type, and during **your journey** any items of that particular item type are stolen, accidentally damaged or permanently lost, **we** will pay up to the selected increased limit shown on **your Certificate of Insurance** for any one item of the nominated item type or for all items of the nominated item type combined.

Depreciation will not be applied to items with an increased item limit, however **we** will not pay more than the original purchase price of any item. **We** have the option to repair or replace an item or to pay **you** the amount it would cost **us** to repair or replace the item after allowing for any trade discounts **we** are entitled to.

If **you** make a claim for an item with an increased item limit, the following documentation to prove ownership and value must be supplied in support of **your** claim:

- A pre-loss valuation or receipt dated within the 6 months prior to the date **you** purchased **your policy**.

Increased rental vehicle insurance excess cover

You can increase the benefit limit shown in the **TABLE OF BENEFITS** that applies to **Section 5.1 Rental vehicle insurance excess** for Plan A, Plan B or Plan H by nominating the level of additional cover required from the options **we** make available to **you** and paying an additional premium at the time **you** purchase **your policy**. The increased benefit limit purchased by **you** will be shown on **your Certificate of Insurance**.

Business Pack

You can purchase the Business Pack with Plan A, B or Plan E by paying an additional premium. **You** will only have the cover provided under the sections included in Business Pack if **you** select this option at the time of purchase and **you** have paid the required additional premium. Please refer to the following table and **SECTION 7 - ADDITIONAL OPTIONS** for details.

BENEFIT SECTION		Plan A Essentials Plus & Plan B Premier		Plan E Multi-Trip
		SINGLE	FAMILY	POLICY LIMIT
7.1	Alternative Staff	$5,000	$5,000	$5,000
7.2*	Business Equipment	$5,000	$5,000	$5,000
7.3*	Business Equipment Hire	$2,000	$2,000	$2,000
7.4	Recreate Business Documents	$1,000	$1,000	$1,000

Sub-limits apply - refer to **SECTION 7 - ADDITIONAL OPTIONS for details.*

Snow Pack

You can purchase the Snow Pack with Plan A, Plan B, Plan C, Plan E or Plan G by paying an additional premium. **You** will only have the cover provided under the sections included in Snow Pack if **you** select this option at the time of purchase and **you** have paid the required additional premium. Please refer to the below table and **SECTION 7 - ADDITIONAL OPTIONS** for details.

The Snow Pack option does not provide cover for claims under Section 1.4 Permanent disability or Section 6.1 Personal liability that arise from **you** participating in **snow sport activities**.

An **excess** of $500, in addition to any standard **excess**, applies for all claims under Sections 1.2 Overseas emergency medical & hospital expenses and 2.1 Cancellation if **you** purchase this option and **your** claim arises directly from **you** participating in **snow sport activities**.

BENEFIT SECTION		Plan A Essentials Plus & Plan B Premier		Plan C Non-residents Incoming to New Zealand		Plan G (Domestic Essentials)		Plan E Multi-Trip
		SINGLE	FAMILY	SINGLE	FAMILY	SINGLE	FAMILY	POLICY LIMIT
7.5*	Emergency rescue^	$100,000	$200,000	$100,000	$200,000	-	-	$100,000
7.6*	Own snow sport equipment	$2,000	$4,000	$2,000	$4,000	$2,000	$4,000	$2,000
7.7	Snow sport equipment hire	$2,000	$4,000	$2,000	$4,000	$2,000	$4,000	$2,000
7.8	Snow sports	$1,000	$2,000	$1,000	$2,000	$1,000	$2,000	$1,000
7.9*	Piste closure	$1,000	$2,000	$1,000	$2,000	$1,000	$2,000	$1,000
7.10	Bad weather & avalanche closure	$1,000	$2,000	$1,000	$2,000	$1,000	$2,000	$1,000

Sub-limits apply - refer to **SECTION 7 - ADDITIONAL OPTIONS for details.*

*^**Residents** and **temporary residents** of New Zealand do not have cover for Section 7.5 while travelling in New Zealand*

Golf Pack

You can purchase the Golf Pack with Plan A, Plan B, Plan C, Plan G or Plan E by paying an additional premium. **You** will only have the cover provided under the sections included in Golf Pack if **you** select this option at the time of purchase and **you** have paid the required additional premium. Please refer to the following table and **SECTION 7 - ADDITIONAL OPTIONS** for details.

BENEFIT SECTION		Plan A Essentials Plus & Plan B Premier		Plan C Non-residents Incoming to New Zealand		Plan G (Domestic Essentials)		Plan E Multi-Trip
		SINGLE	FAMILY	SINGLE	FAMILY	SINGLE	FAMILY	POLICY LIMIT
7.11*	Own golf equipment	$2,000	$4,000	$2,000	$4,000	$2,000	$4,000	$2,000
7.12	Golf equipment hire	$1,500	$3,000	$1,500	$3,000	$1,500	$3,000	$1,500
7.13	Golf green & tuition fees	$500	$1,000	$500	$1,000	$500	$1,000	$500
7.14	Hole in one	$250	$250	$250	$250	$250	$250	$250

Sub-limits apply - refer to **SECTION 7 - ADDITIONAL OPTIONS for details.*

Cruise Pack

You can purchase the Cruise Pack with Plan A, Plan B, Plan C or Plan E by paying an additional premium. **You** will only have the cover provided under the sections included in Cruise Pack if **you** select this option at the time of purchase and **you** have paid the required additional premium. Please refer to the below table and **SECTION 7 - ADDITIONAL OPTIONS** for details.

BENEFIT SECTION		Plan A Essentials Plus & Plan B Premier		Plan C Non-residents Incoming to New Zealand		Plan E Multi-Trip
		SINGLE	FAMILY	SINGLE	FAMILY	POLICY LIMIT
7.15	Medical cover while cruising	Unlimited~	Unlimited~	Unlimited~	Unlimited~	Unlimited~
7.16*	Evacuation cover – ship to shore	Unlimited~	Unlimited~	Unlimited~	Unlimited~	Unlimited~
7.17	Cabin confinement	$500	$1,000	$500	$1,000	$500
7.18	Pre-paid shore excursion cancellation	$1,000	$2,000	$1,000	$2,000	$1,000
7.19	Formal cruise attire lost or damaged	$1,000	$2,000	$1,000	$2,000	$1,000
7.20	Formal cruise attire delayed	$250	$500	$250	$500	$250
7.21	Marine rescue diversion	$500	$1,000	$500	$1,000	$500

Sub-limits apply - refer to **SECTION 7 - ADDITIONAL OPTIONS for details.*

~**We** will only pay for treatment received and/or hospital accommodation during the 12 month period after the **sickness** itself or the **injury** happened. If **you** die as a result of an **injury** or a sickness during **your journey**, **we** will pay for **your reasonable** funeral expenses incurred overseas or the cost of bringing **your** remains back to **your** home. The maximum amount **we** will pay is $15,000 per person. **We** will not pay for any costs incurred in New Zealand except for the **reasonable** cost of transporting **your** remains from the inbound port or airport to **your** home or nominated funeral home.

Bicycle Pack

No cover is provided for **bicycles** under **Section 4.1 Luggage & personal effects** and **bicycles** are not insured by **your policy**, unless this Bicycle Pack is purchased under Plan A, Plan B, Plan C, Plan D, Plan E or Plan H.

You will only have cover under **Section 7.22 Bicycles** if **you** select this option at the time of purchase and **you** have paid the required additional premium.

The Bicycle Pack only covers **bicycles** if, at the time the **Certificate of Insurance** is issued, they are:

- less than three (3) years old; and
- valued at $1,500 or more; and
- free of defects.

The maximum amount **we** will pay is $15,000 for all claims combined. There is no cover for **bicycles** valued under $1,500.

Please note: No cover is provided by this section for any **bicycle** accessories (including but not limited to tools, pumps, lights, helmets, etc.). These items are covered under **Section 4.1 Luggage & personal effects** and the standard item limits under **Section 4.1.1** will apply.

If **you** purchase the Bicycle Pack a $500 **excess** will apply to all claims under **Section 7.22 BICYCLE PACK – Bicycles**.

BENEFIT SECTION		Plan A Essentials Plus, Plan B Premier, Plan C Non-Residents Incoming to New Zealand, Plan D Permanent One Way from New Zealand & Plan H (Residents Returning to New Zealand		Plan E Multi-Trip
		SINGLE	FAMILY	POLICY LIMIT
7.22	Bicycle(s)	Up to a maximum of $15,000	Up to a maximum of $15,000	Up to a maximum of $15,000

Adventure Pack

You can purchase the Adventure Pack with Plan A, Plan B, Plan C, Plan D, Plan E, Plan G or Plan H by paying an additional premium. In addition to the activities listed in the **AUTOMATICALLY INCLUDED ACTIVITIES** section of this policy wording, the activities listed below are covered if **you** select the Adventure Pack option at the time of purchase and **you** have paid the required additional premium:

- Abseiling
- Animal conservation and handling (under **appropriate supervision**)
- Battle re-enactment (but not with firearms)
- Cave/river tubing
- Caving/potholing
- Contact sports (including any form of rugby, Australian Rules football or American football)
- Deep sea fishing
- Diving underwater using an artificial breathing apparatus at a depth no greater than 30 metres (**you** must hold an open water diving licence recognised in New Zealand or dive with an instructor licensed for these activities)
- Expeditions to or on the Kokoda Track/Trail
- Flying fox/zip lining
- Hiking, trekking or tramping, peaking at altitudes from 3,000 metres up to 6,000 metres, where specialist climbing equipment is not required.
- Martial arts
- Outdoor rock climbing (with ropes and appropriate safety gear)
- Riding a **quad bike** (but only as a single rider)
- Sailing up to 15 nautical miles off any land mass
- Shooting (but only moving target, e.g. clay pigeon)
- Surface water activities in rivers or rapids graded 4 or 5
- Tandem parachuting, tandem sky diving, tandem hang gliding, tandem gliding and tandem paragliding (but **you** must be in tandem with a licensed instructor for all these activities)
- Use of **motorcycles** with engine capacities greater than 250 cc.

This Additional Option does not provide cover for claims under **Section 1.4 Permanent disability** or **Section 6.1 Personal liability** that arise from **you** participating in the listed activities available under this option.

An **excess** of $500, in addition to any standard **excess**, applies for all claims under **Section 1.2 Overseas emergency medical & hospital expenses**, **Section 1.2A – Overseas dental expenses** and **Section 2.1 Cancellation** if **you** purchase this option and **your** claim arises directly from **you** participating in activities listed under the Adventure Pack.

AUTOMATICALLY INCLUDED ACTIVITIES

Your policy provides cover for claims arising directly from **your** participation in the following activities, subject to the terms, conditions limits and exclusions that apply to the section under which **your** claim is made and the **GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS:**

- Aqua zorbing
- Archery
- Artificial wall climbing under **appropriate supervision** (indoors or outdoors)
- Bar and restaurant work except security or crowd control
- Bicycling (but not bicycle motocross (BMX) or downhill mountain biking)
- Bungee jumping
- Dancing
- Dog sledding
- Diving underwater using an artificial breathing apparatus at a depth no greater than 10 metres (you must hold an open water diving licence recognised in New Zealand or dive with an instructor licensed for these activities)
- Fishing (on land or within 2 nautical miles of a land mass)
- Fruit picking that does not involve the use of machinery
- Go-karting
- Golf
- Gym activities (but not powerlifting)
- Gymnastics (but not competitions)
- Horse riding (but not competitions, equestrian events, steeple chasing, jumping, or polo)
- Ice skating on a rink (but not including competitive skating, racing, speed skating, and tour skating)
- Leisure activities (meaning any activities involving minimal physical exertion that is undertaken for relaxation or pleasure. For example, sight-seeing, picnics, photography and museum or art gallery visits).
- **Motorcycle, scooter** or **moped** riding (licensing and helmet wearing restrictions apply, see **GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS**)
- Music and singing
- Orienteering
- Paintball (with eye protection)
- Racing on foot for distances up to and including full marathon (42.2 kilometres or 26.2 miles)
- Racquet and ball sports not involving physical contact
- Regulated or licensed ballooning
- Safari (under **appropriate supervision**, but not hunting)
- Sailing up to 10 nautical miles off any land mass
- Shark cage diving (subject to diving restrictions listed above)
- Shooting (fixed target only)
- Skateboarding, roller skating, inline skating (but not including vert skating or acrobatics)
- Snorkeling
- Soccer
- Surface water activities in rivers or rapids graded 1, 2 or 3, or lakes or canals
- Surface water activities (other than sailing) up to 2 nautical miles off any land mass
- Track and field athletics
- Walking, hiking, trekking or tramping, peaking at altitudes up to 3,000 metres where specialist climbing equipment is not required (but not expeditions to or on the Kokoda Track/Trail).

All other activities are excluded from cover under **your policy**, subject to any additional options that have been purchased and are listed on **your Certificate of Insurance**.

GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS

We will not pay:

NO.	EXCLUSION	WORDING
1	Acting intentionally or recklessly	**We** will not pay if **you** intentionally or recklessly act in a way that would reasonably pose a risk to **your** safety or the safety of **your luggage and personal effects**, except in an attempt to protect the safety of a person or to protect property.
2	Loss mitigation	**We** will not pay if **you** do not do everything **you** can to reduce your loss as much as possible.
3	Consequential loss	**We** will not pay if **your** claim is for consequential loss of any kind including loss of enjoyment.
4	Aware of circumstances	**We** will not pay if at the time of purchasing this product **you** were aware, or a **reasonable** person in **your** circumstances would have been aware, of something that would give rise to **you** making a claim under **your policy**.
5	Accident Compensation Corporation (ACC)	**We** will not pay if **your** claim is for a loss which is recoverable by compensation under ACC, any workers compensation or transport accident laws or by any government sponsored fund, plan, or medical benefit scheme, or any other similar type legislation required to be effected by or under a law.
6	Errors or omissions	**We** will not pay if **your** claim arises from errors or omissions in any booking arrangements or failure to obtain relevant visa, passport or travel documents.
7	Insolvency	**We** will not pay if **your** claim arises from the refusal, failure or inability of any person, company or organisation (including but not limited to any airline, or other transportation provider, hotel, car rental agency, tour or cruise operator, travel wholesaler, booking agent or other provider of travel or tourism related services, facilities or accommodation), to provide services, facilities or accommodation, by reason of their own **insolvency** or the **insolvency** of any person, company or organisation with whom or with which they deal.
8	Illegal acts	**We** will not pay if **your** claim arises because **you** breach any government prohibition or regulation, including visa requirements, or intentionally act illegally. This exclusion does not apply to vehicle driver licensing, **motorcycle/ moped** rider licensing or traffic offences.
9	Invitees	**We** will not pay if **your** claim arises directly or indirectly from, or is in any way connected with, the conduct of someone who enters **your** accommodation with **your** consent, or whose accommodation **you** choose to enter.

NO.	EXCLUSION	WORDING
10	Vehicles	**We** will not pay if **your** claim arises directly or indirectly from, or is in any way connected with: • **you** driving a motor vehicle or riding a **moped** or scooter without a current New Zealand driver's licence or driver's licence valid for the country **you** are driving or riding in. This applies even if **you** are not required by law to hold a licence in the country **you** are driving or riding in; • **you** riding a **motorcycle** without a current New Zealand motorcycle licence or motorcycle licence valid for the country **you** are riding in. This applies even if **you** are not required to hold a motorcycle licence because **you** hold a drivers licence, or a motorcycle licence is not required by law in the country **you** are riding in; • **you** travelling as a passenger on a **motorcycle**, **moped** or scooter that is in the control of a person who does not hold a current motorcycle or drivers licence valid for the vehicle being ridden and for the country **you** are riding in; • **you** riding, or travelling as a passenger, on a **motorcycle** with an engine capacity greater than 250cc or on a quad bike except as provided under the Additional option – Adventure Pack and **you** have paid the additional premium for Adventure Pack; • **you** riding, or travelling as a passenger, on a **motorcycle, moped, scooter** or **quad bike** without wearing a helmet.
11	Epidemic/ pandemic	**We** will not pay if **your** claim arises from, is related to or associated with an actual or likely **epidemic** or **pandemic**, or the threat of an **epidemic** or **pandemic**, except under: **Section 1.1 (Overseas emergency medical assistance)**; and **Section 1.2 (Overseas emergency medical & hospital expenses)**; and as set out under: **Section 2.1.1f)**; and **Section 3.1.1h)**; and **Section 3.2.1b)**. Refer to www.who.int for further information on **epidemics** and **pandemics**.
12	Government warning	**We** will not pay if **your** claim arises because **you** did not follow advice in the mass media or any government or other official body's warning and **you** did not take appropriate action to avoid or minimise any potential claim under (including delay of travel to the country or part of a country referred to in the warning). Refer to www.who.int and www.safetravel.govt.nz for further information.

NO.	EXCLUSION	WORDING
13	War	**We** will not pay if **your** claim arises from any act of war, whether war is declared or not, or from any rebellion, revolution, insurrection or taking of power by the military.
14	Nuclear	**We** will not pay if **your** claim arises from a nuclear reaction or contamination from nuclear weapons or radioactivity.
15	Chemical/ biological	**We** will not pay if **your** claim arises from biological and/ or chemical materials, substances, compounds or the like excluding when used directly or indirectly for the purpose to harm or to destroy human life and/or create public fear.
16	Pre-existing Medical	**We** will not pay if **your** claim arises directly or indirectly from, or is in any way connected with, any **pre-existing medical condition** of any person including **you**, **your travelling companion** or a **relative** except as provided under **Section 2.1.1 d)**, and **Section 3.1.1. f)**. This exclusion will not apply: • if y**our pre-existing medical condition** is covered automatically because **you** satisfy the provisions as set out under the heading ***Pre-existing medical conditions which are automatically covered*** in the **PRE- EXISTING MEDICAL CONDITIONS** section of this policy wording, or • if **your pre-existing medical condition** is described as covered by **us** in your medical terms of cover letter, which forms part of **your policy**.
17	Signs and symptoms	**We** will not pay if **your** claim arises from, is related to or associated with any signs or symptoms that **you** were aware of, or a reasonable person in **your** circumstances would have been aware of, before cover commenced, but: a) **you** had not sought a medical opinion regarding the cause; or b) **you** were currently under investigation to define a diagnosis; or c) **you** were awaiting specialist opinion.
18	Travel against medical advice	**We** will not pay if **your** claim is in respect of travel booked or undertaken against the advice of any **medical adviser**.
19	Pregnancy	**We** will not pay if **your** claim arises directly or indirectly out of pregnancy, childbirth or related **complications** unless it is a single, uncomplicated pregnancy (up to and including 23 weeks) or **we** have agreed in writing to provide cover. In any event **we** will not pay medical expenses in each case for: • claims or expenses arising from pregnancy which occur after the 23rd week; • regular antenatal care; • childbirth at any gestation; • care of the newborn child; or • claims arising from common pregnancy symptoms, including (but not limited to) nausea and fatigue.

NO.	EXCLUSION	WORDING
20	Treatment for addiction	**We** will not pay if **your** claim involves hospitalisation or confinement to a clinic where **you** are being treated for addiction to drugs or alcohol, or are using it as a nursing, convalescent or rehabilitation place.
21	Medication already in use	**We** will not pay if **your** claim involves the cost of medication in use at the time the **journey** began or the cost for maintaining a course of treatment **you** were on prior to the start of **your journey**.
22	Suicide	**We** will not pay if **your** claim arises from **your** intentional self-harm or **your** suicide or attempted suicide.
23	STD	**We** will not pay if **your** claim arises directly or indirectly from, or is in any way connected with, a sexually transmitted disease or virus, unless **we** have agreed in writing to provide cover and **you** have paid any additional premium that applies.
24	Under the influence	**We** will not pay if **your** claim arises directly or indirectly from, or is in any way connected with **you** being under the influence of any intoxicating liquor or drugs except a drug prescribed to **you** by a **medical adviser**, and taken in accordance with their instructions.
25	Private medical treatment	**We** will not pay if despite the advice given following your call to **Allianz Partners**, you received private **hospital** or medical treatment where public funded services or care is available in New Zealand or under any **Reciprocal Healthcare Agreement** between the Government of New Zealand and the government of any other country.
26	AICD/ICD	**We** will not pay if **your** claim arises from any medical procedures in relation to implantable cardioverter-defibrillator (ICD), also known as an automated implantable cardioverter-defibrillator (AICD) insertion during **overseas** travel. If **you** require this procedure, due to sudden and acute onset which occurs for the first time during **your** period of cover and not directly or indirectly related to a **pre-existing medical condition**, **we** will exercise **our** right based on medical advice, to organise a repatriation to New Zealand for this procedure to be completed.
27	Elective surgery	**We** will not pay if **your** claim arises from, is related to or associated with elective surgery, or treatment.
28	Complications	**We** will not pay if **your** claim arises, or is a consequence of **complications** from medical, surgical or dental procedures or treatments that are not for an **injury** or **sickness** that would otherwise be covered by this **policy**.
29	Activities	**We** will not pay if **your** claim arises from, or is in any way connected with **you** participating in any activities not listed in the **AUTOMATICALLY INCLUDED ACTIVITIES** section, except as provided under the Additional Option– Snow Pack or under the Additional Option - Adventure Pack.

NO.	EXCLUSION	WORDING
30	Racing	**We** will not pay if **your** claim arises directly or indirectly from, or is in any way connected with, **you** participating in any race, speed or time trial, or endurance event except for amateur racing on foot in races for distances up to and including the full marathon (42.2 kilometres or 26.2 miles).
31	Diving	**We** will not pay if **your** claim arises because **you** dive underwater, greater than 10 metres, except as provided under the Additional Option – Adventure Pack or because **you** are diving alone.
32	Air supported device	**We** will not pay if **your** claim arises from travel in any air supported device other than as a passenger in: • a fully licensed aircraft operated by an airline or charter company; or • a regulated or licensed hot air balloon
33	Manual labour	**We** will not pay if **your** claim arises from **manual labour** in connection with business or trade, missionary work and related travel, or humanitarian work and related travel.
34	Snow sport activities	**We** will not pay if **your** claim arises from, or is any way associated with **you** participating in **snow sport activities** except as provided under the Additional Option – Snow Pack**.** Heli-skiing, ice-sailing and snowcat skiing are not covered under this **policy** in any circumstances, regardless of whether **you** have purchased the Snow Pack.
35	Protective gear	**We** will not pay if **your** claim arises directly or indirectly from, or is in any way connected with, **you** not wearing the appropriate protective clothing and head protection for the sport or activity **you** are participating in.
36	Ignoring safety warnings	**We** will not pay if **your** claim arises directly or indirectly from, or is in any way connected with, **you** not observing all safety warnings and advice about adverse weather and terrain conditions.
37	Professional sport	**We** will not pay if **your** claim arises from **you** or **your travelling companion** participating in **professional sport** of any kind (including professional racing on foot).
38	Cruise exclusion	**We** will not pay if **your** claim arises directly or indirectly from, or is any way connected with travel on a **cruise vessel** unless you have purchased the Additional Option – Cruise Pack. (This exclusion does not apply to river cruising).
39	Additional Options – Packs	**We** will not pay under any section of this **policy** if **your** claim is related to **you** participating in, or arises directly or indirectly from, any of the items, events, situations or activities described in **Sections 7.1 to 7.22**, if **you** have not paid the an additional premium to be covered for the relevant Pack. Refer to **ADDITIONAL OPTIONS**.

YOUR POLICY COVER

The maximum amount **we** will pay for all claims combined under each section is shown in the **TABLE OF BENEFITS** section for the plan **you** have selected. **Your Certificate of Insurance** will also show the Additional Options **you** are covered for. **You** must also check **GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS** for reasons why **we** will not pay.

Section 1.1 Overseas emergency medical assistance

You have this cover if you chose Plan A, B, C, D, E or H.

*NOTE: **You** will not have cover under this section while travelling in New Zealand.*

1.1.1 WHAT WE COVER

Allianz Partners will arrange for the following assistance services if **you injure yourself**, or become **sick overseas** during **your journey** provided the relevant **injury** or **sickness** is covered by **your policy**:

a) Access to a **medical adviser** for emergency medical treatment while **overseas**.
b) Any messages which need to be passed on to **your** family or employer in the case of an emergency.
c) Provision of any written guarantees for payment of **reasonable** expenses for emergency hospitalisation while **overseas**.
d) **Your** medical transfer or evacuation if you must be transported to the nearest **hospital** for emergency medical treatment **overseas** or be brought back to New Zealand with appropriate medical supervision.
e) The return to New Zealand of **your dependants** if they are left without supervision following **your** hospitalisation or evacuation.

In addition:

If **you** die as a result of an **injury** or a **sickness** during **your journey**, **we** will pay for **your reasonable funeral expenses** incurred **overseas** or the cost of bringing **your** remains back to **your home**. The maximum amount **we** will pay is $15,000 per person.

1.1.2 WHAT WE EXCLUDE

We will not pay **your** claim:

a) for any expenses for medical evacuation, **funeral expenses** incurred **overseas** or bringing **your** remains back to New Zealand unless it has been first approved by **Allianz Partners**; or
b) if **you** decline to follow the medical advice **we** have obtained, **we** will not be responsible for subsequent medical, **hospital** or evacuation expenses; or
c) if **your** claim arises from **your** participation in **snow sport activities**. However, **you** may have cover under **Section 7.5 Emergency rescue** if **you** have purchased the Snow Pack; or
d) if **your** claim arises during **your** travel on a **cruise vessel**. However, **you** may have cover under **Section 7.15 Medical cover** while cruising if **you** have purchased the Cruise Pack; or
e) for medical evacuation or the transportation of **your** remains from New Zealand to an **overseas** country.

Section 1.2 Overseas emergency medical & hospital expenses

You have this cover if you chose Plan A, B, C, D, E or H.

*NOTE: **You** will not have cover under this section while travelling in New Zealand, unless **you** purchased Plan C (Incoming to New Zealand – Non-residents).*

1.2.1 WHAT WE COVER

If **you injure yourself overseas**, or become **sick** while **overseas**, **we** will reimburse the **reasonable** medical or **hospital** expenses **you** incur until **you** get back to

New Zealand. The medical or **hospital** expenses must have been incurred on the written advice of a **medical adviser**. **You** must make every effort to keep **your** medical or **hospital** expenses to a minimum.

If **we** determine, on medical advice, that **you** should return **home** for treatment and **you** do not agree to do so, **we** will pay **you** an amount up to the limit shown in the **TABLE OF BENEFITS** section which **we** reasonably consider to be equivalent to:

- **your medical expenses** and/or related costs incurred **overseas** to the date **we** advise **you** to return to New Zealand; plus
- the amount it would cost **us** to return **you** to New Zealand; plus
- the amount of any cancellation fees and lost deposits **you** would have incurred had you followed **our** advice.

You will then be responsible for any ongoing or additional costs relating to or arising out of the event **you** have claimed for.

If you chose Plan A, B, C, E or H **we** will only pay for treatment received and/or **hospital** accommodation during the 12 month period after the **sickness** first showed itself or the **injury** happened.

If **you** chose Plan D **we** will only pay for treatment received and/or **hospital** accommodation during the 3 month period after the **sickness** first showed itself or the **injury** happened.

1.2.2 WHAT WE EXCLUDE

We will not pay your claim:

a) when **you** have not notified **Allianz Partners** as soon as practicable of **your** admittance to **hospital**; or
b) for expenses incurred after 2 weeks treatment by a chiropractor, or physiotherapist unless approved by **Allianz Partners**; or
c) if **you** do not follow the advice of **Allianz Partners**; or
d) if **you** have received medical care under a **Reciprocal Healthcare Agreement**; or
e) for any dental treatment under **Section 1.2**; or
f) if **you** have received private medical care when public care or treatment is available.

Section 1.2A Overseas dental expenses

You have this cover if you chose Plan A, B, C, D, E or H

NOTE: **You** will not have cover under this section while travelling in New Zealand, unless **you** purchased Plan C.

1.2A.1 WHAT WE COVER

We will pay the cost of emergency dental treatment for dental costs incurred which the treating dentist certifies, in writing, is for the relief of sudden and acute pain, or as a result of damage to sound and natural teeth caused by **injury**. **We** will pay **you** the amounts set out below, as per the plan selected:

Plan A

- a maximum of $400 per person for the relief of sudden and acute pain
- a maximum of $400 per person for damage to sound and natural teeth caused by **injury**

Plans B, C, E & H

- a maximum of $750 per person for the relief of sudden and acute pain
- unlimited for damage to sound and natural teeth caused by **injury**

Plan D

- a maximum of $500 per person for the relief of sudden and acute pain
- a maximum of $500 per person for damage to sound and natural teeth caused by **injury**

1.2A.2 WHAT WE EXCLUDE

We will not pay for:

a) damage to dentures, dental prostheses, bridges or crowns; or
b) for claims relating to dental treatment involving the use of precious metals or for cosmetic dentistry; or
c) for dental treatment caused by or related to the deterioration and/ or decay of teeth; or
d) for preventative dental treatment.

Section 1.2B Continuing medical expenses on return to New Zealand

You have this cover if you chose Plan A, B, E or H.

1.2B.1 WHAT WE COVER

We will reimburse up to $1,500 per person for continuing registered medical, surgical and **hospital** treatment upon **your** return to New Zealand. This treatment must be provided in a public **hospital**, where available.

However, if **you** did not receive any medical, surgical and/or **hospital** treatment prior to **your** return to New Zealand, **you** must seek **your** treatment within 72 hours of **your** arrival in New Zealand. In the event of an **injury**, **you** must register with ACC (Accident Compensation Corporation) on **your** return to New Zealand.

1.2B.2 WHAT WE EXCLUDE

We will not pay for expenses:

a) when **you** have not notified **Allianz Partners** as soon as practicable of **your** admittance to **hospital**; or
b) after 2 weeks of treatment by a chiropractor or physiotherapist unless approved by **Allianz Partners**; or
c) if **you** do not take the advice of **Allianz Partners**; or
d) if **you** have received private medical care in New Zealand when public care or treatment is available.

Section 1.2C Dental expenses on return to New Zealand - from injury only

You have this cover if you chose Plan B, E or H.

1.2C.1 WHAT WE COVER

If **you** wait until **your** return to New Zealand to obtain dental treatment for damage to sound and natural teeth caused by **injury**, **we** will reimburse up to a maximum amount of $1,500 per person.

1.2C.2 WHAT WE EXCLUDE

We will not pay **your** claim:

a) for damage to dentures, dental prostheses, bridges or crowns; or
b) relating to dental treatment involving the use of precious metals or for cosmetic dentistry.

Section 1.3 Accidental death

You have this cover if you chose Plan A, B, C, E or H.

1.3.1 WHAT WE COVER

If, during **your journey**:

a) **you** are **injured** and **you** die because of that **injury** within 12 months of the **injury**; or

b) a mode of transport **you** are travelling on or in disappears, sinks or crashes and **your** body is not found within 12 months and **you** are presumed dead;

we will pay the accidental death benefit to **your** estate.

The amount **we** will pay for the death of each person who is not an **accompanying dependant** is the benefit limit for single cover under the plan **you** have selected.

The amount **we** will pay for the death of an **accompanying dependant** (if cover is provided for **accompanying dependants** under the plan **you** have selected) is:

Plan A
$5,000 per **dependant**

Plan B, C, E & H
$10,000 per **dependant**

Section 1.4 Permanent disability

You have this cover if you chose Plan A, B, C, E or H.

1.4.1 WHAT WE COVER

If **you** are **injured** during **your journey**; and

- because of the **injury**, **you** suffer **permanent disability** within 12 months of the **injury**; and
- **your permanent disability** continues for at least 12 consecutive months and at the expiry of that period, in the opinion of an appropriate medical specialist, is beyond hope of improvement;

we will pay the **permanent disability** benefit to **you**.

The amount **we** will pay for the **permanent disability** of each person who is not an **accompanying dependant** is the benefit limit for single cover under the plan **you** have selected.

The amount **we** will pay for the **permanent disability** of an **accompanying dependant** (if cover is provided for **accompanying dependants** under the plan **you** have selected) is $10,000.

1.4.2 WHAT WE EXCLUDE

We will not pay if **your permanent disability** arises from, is related to or associated with **your** participation in **snow sport activities** or activities listed under Adventure Pack in the **ADDITIONAL OPTIONS** section of this policy wording.

Section 1.5 Hospital cash allowance

You have this cover if you chose Plan A, B, C, E or H.

1.5.1 WHAT WE COVER

If, as a result of an **injury** or **sickness** during **your journey, you** are hospitalised **overseas** for a continuous period of more than 48 hours then **we** will pay **you**:

$50 for each day in **excess** of 48 hours that **you** continue to be hospitalised.

The maximum amount **we** will pay for all claims combined under this section is shown in the **TABLE OF BENEFITS** section for the plan **you** have selected. The amount applies to the total of all claims combined, regardless of the number of persons the claims relate to.

1.5.2 WHAT WE EXCLUDE

We will not pay if **you** cannot claim for overseas medical expenses connected with the hospitalisation under **Section 1.2 Overseas medical & hospital expenses.**

Section 1.6 Loss of income

You have this cover if you chose Plan B, C, E or H.

1.6.1 WHAT WE COVER

If during **your journey you** suffer an **injury** requiring medical treatment **overseas**, and because of the **injury you** become disabled within 30 days; and

- the disablement continues for more than 30 consecutive days from the date of **your** return to New Zealand; and
- **you** are under the regular care of and acting in accordance with the instructions or advice of a **medical adviser** who certifies in writing that the disablement prevents **you** from gainful employment; and
- as a result **you** lose all **your income**,

then **we** will pay **you** up to $250 per week for up to 12 continuous weeks, starting from the 31st day after **your** return to New Zealand.

The maximum amount **we** will pay for all claims combined under this section is shown in the **TABLE OF BENEFITS** section for the plan **you** have selected. The amount applies to the total of all claims combined, regardless of the number of persons the claims relate to.

1.6.2 WHAT WE EXCLUDE

a) **We** will not pay for the first 30 days of **your** disablement from the time **you** return to New Zealand.

b) **We** will not pay for the loss of **income** of **dependants**.

Section 2.1 Cancellation

You have this cover if you chose Plan A, B, C, D, E, F, G or H.

If **you** think that **you** may have to cancel **your journey** or shorten **your journey you** must tell **us** as soon as possible – for more information see under the heading **CLAIMS** or call the contact number (or if **overseas** the **24 hour emergency assistance** number) shown on the back cover of this policy wording.

*NOTE: If **you** chose Plan H, **you** will not have cover under this section in New Zealand.*

2.1.1 WHAT WE COVER

If **your journey** is cancelled, rescheduled or shortened because of circumstances that were not expected or intended by **you** and are outside **your** control then **we** will pay:

a) the non-refundable portion of unused travel and accommodation arrangements scheduled to be used during **your journey**, that **you** have paid in advance of cancellation and cannot recover in any other way, inclusive of:
   - **your** travel agent's cancellation fees and any commission or service fees retained by **your** travel agent up to the amount of commission or service fees that **your** travel agent would have earned had **your journey** not been cancelled, limited to:
     - $5,000 for single and;
     - $10,000 for family cover.

b) for the value of frequent flyer points, air miles, loyalty card points, redeemable vouchers or other similar schemes lost by **you** as a result of cancelling the services paid for or obtained with those points, air miles, vouchers or schemes, but only if **you** cannot recover **your** loss in any other way. **We** calculate the amount **we** pay **you** as follows:
   i) for frequent flyer points, air miles or loyalty card points:
      - the cost of an equivalent booking based on the same advance booking period as **your** original booking less any payment **you** made toward the booking, multiplied by the total number of points or air miles lost, divided by the total number of points or air miles used to make the booking.

   ii) for vouchers, the face value of the voucher or current market value of an equivalent booking whichever is the lesser;

c) **your reasonable** costs of rescheduling **your journey**. The most **we** will pay for rescheduling **your journey** is the cost of cancellation fees and lost deposits that would have been payable under **Sections 2.1.1 a)** and **b)** had **your journey** been cancelled. **We** will not pay a claim under **Section 2.1.1 c)** in addition to a claim under **Sections 2.1.1 a)** and **b)** for the same services/facilities;

d) If, as a result of a **pre-existing medical condition**, a **relative** of **yours**, who resides in New Zealand or Australia and who is under 85 years of age, dies or is hospitalised in New Zealand or Australia after the **policy** is issued, and at the time of **policy** issue **you** were, or a **reasonable** person in **your** circumstances would have been, unaware of the likelihood of such hospitalisation or death then, the most **we** will pay for all claims under **Sections 2.1.1 a)** and **b)** or **Section 2.1.1 c)** is:
   - $2,000 for single and;
   - $4,000 for family cover.

e) If, due to an event prior to **you** leaving New Zealand, **your** tour is cancelled or rearranged because of lack of numbers, **we** will pay a maximum amount of $500 per person to rearrange **your** travel schedule to enable **you** to continue with **your** original **overseas** travel plans.

f) If **you** or **your travelling companion** are diagnosed with an **epidemic** or a **pandemic** disease, or, if **you** or **your travelling companion** are specifically and individually designated by name in an order or directive to be placed into mandatory quarantine or isolation by the New Zealand Government or any other government or local authority, based on their suspicion that either of you have been exposed to an **epidemic** or **pandemic** disease, and **you** cannot commence **your journey**, we will provide **you** with the cover described under **Sections 2.1.1 a)**, **2.1.1 b)** and **2.1.1 c).**

The maximum amount **we** will pay for all claims combined under this section is shown in the **TABLE OF BENEFITS** section for the plan **you** have selected. The amount applies to the total of all claims combined, regardless of the number of persons the claims relate to.

2.1.2 WHAT WE EXCLUDE

We will not pay your claim if:

a) **you** were aware, or a **reasonable** person in **your** circumstances would have been aware before **your policy** was issued, of any reason that may cause **your journey** to be cancelled, rescheduled or shortened; or

b) it arises from the death, **injury** or illness of **your relative**, **your travelling companion** or **any other person** arises from a **pre-existing medical condition** except as specified under **Section 2.1.1 d)**; or

c) **your** claim arises from or is any way related to the death or hospitalisation of any person aged 85 years and over, who is not listed on y**our Certificate of Insurance;** or

d) it is caused by **you** or **your travelling companion** changing plans, **your** personal **wishes**, or **your** disinclination to travel; or

e) it is caused by the breakdown or dissolution of any personal or family relationship; or

f) it is caused by any business, financial or contractual obligations. This exclusion does not apply to claims where **you** or **your travelling companion** are made **redundant** in New Zealand except where a **reasonable** person in a similar situation would have been aware before the **policy** was purchased that the **redundancy** was to occur; or

g) it is caused by delays or rescheduling by a bus line, airline, shipping line or rail authority; or

h) it is caused by any travel agent, transport, tour or accommodation provider misappropriating **your** funds or failing to arrange or provide services for which **you** have paid; or

i) it is caused by the financial collapse or **insolvency** of any travel agent, transport, tour or accommodation provider; or

j) it is caused by an act or threat of terrorism; or

k) **you** are a full-time permanent employee and **your** pre-arranged leave is cancelled by **your** employer, unless **you** are a full-time member of the New Zealand Defence Force or emergency services; or

l) **your** claim is for any cancellation expenses for services scheduled to be used outside of the start and end dates shown on your **Certificate of Insurance**; or

m) **your** claim is for the loss of **your** pre-booked and pre-paid ski passes, **snow sport equipment** hire, tuition fees or lift passes.

n) **your** claim arises from any lockdowns, changes in government alert levels, quarantine or mandatory isolation that applies generally, or broadly to some or all of a population, vessel or geographical area, or that applies based on where **you** are travelling to, from, or through; or

o) **you** commenced **your journey** against the New Zealand government's advice or against local government advice at **your** overseas destination.

Section 3.1 Additional expenses

You have this cover if you chose Plan A, B, C, D, E, G or H.

*NOTE: If **you** chose Plan H, **you** will not have cover under this section in New Zealand.*

3.1.1 WHAT WE COVER

a) If **you** cannot continue **your journey** because of an **injury** or **sickness** which needs immediate treatment from a **medical adviser** who certifies in writing that **you** are unfit to travel, **we** will reimburse **your reasonable** additional accommodation and travel expenses.

b) If **your travelling companion** cannot continue their **journey** because of an **injury** or **sickness** which needs immediate treatment from a **medical adviser** who certifies in writing that he or she is unfit to travel, **we** will reimburse **your reasonable** additional accommodation and travel expenses for **you** to be with **your travelling companion**.

c) If **you** are in **hospital** suffering from a life threatening or other serious condition, or are evacuated for medical reasons **we** will reimburse the **reasonable** accommodation and travel expenses of **your travelling companion** or a **relative** to travel to **you**, stay near **you** or escort **you**. He or she must travel, stay with **you** or escort **you** on the written advice of a **medical adviser** and with the prior approval of **Allianz Partners**.

d) If **you** shorten **your journey** and return to **your home** on the written advice of a **medical adviser** approved by **Allianz Partners, we** will reimburse the **reasonable** additional cost of **your** return to **your home**. **We** will only pay the cost of the fare class that **you** had planned to travel at and **you** must take advantage of any pre-arranged return travel to **your home**.

e) If, during **your** journey, **your travelling companion** or a **relative** of either of **you** who is under 85 years of age:

- dies unexpectedly;
- is **injured** and because of the **injury** requires hospitalisation; or
- becomes seriously **sick** and requires hospitalization

(except where the relevant death, **injury** or **sickness** arises out of a **pre-existing medical condition**), **we** will reimburse the reasonable additional cost of **your** early return to your **home**. **We** will only pay the cost of the fare class **you** had planned to travel at.

f) If, as a result of a **pre-existing medical condition**, a **relative** of **yours** who is under 85 years of age and resides in New Zealand or Australia, dies or is hospitalised in New Zealand or Australia after the **policy** is issued, and at the time of **policy** issue **you** were, or a reasonable person in **your** circumstances would have been, unaware of the likelihood of such hospitalisation or death, **we** will pay for the **reasonable** additional cost of **your** return to **your home**.

The most **we** will pay for all events under this benefit is as follows:

- $2,000 for single cover;
- $4,000 for family cover.

g) In addition, **we** will reimburse **your reasonable** additional travel and accommodation expenses if a disruption to **your journey** arises from any of the following reasons:
   - **your** scheduled or connecting transport is cancelled, delayed, rescheduled or diverted because of a strike, riot, hijack, civil protest, weather, natural disaster or **accident** affecting your mode of transport; or
   - **you** unknowingly break any quarantine rule; or
   - **you** lose **your** passport, travel documents or **transaction card** or they are stolen; or
   - **your home** is rendered uninhabitable by fire, explosion, earthquake or flood.

h) If **you** or **your travelling companion** are diagnosed with an **epidemic** or a **pandemic** disease, or, if **you** or **your travelling companion** are specifically and individually designated by name in an order or directive to be placed into mandatory quarantine or isolation by the New Zealand Government or any other government or local authority, based on their suspicion that either of you have been exposed to an **epidemic** or **pandemic** disease, and **you** cannot continue **your journey**, **we** will provide **you** with the cover described under **Sections 3.1.1 a)**, **3.1.1 b)**, **3.1.1 c)** and **3.1.1 d)**.

If **you** did not have a return ticket booked to New Zealand before the event which led to **your** claim for additional expenses occurred, **we** will reduce the amount of **your** claim by the price of the fare to New Zealand from the place **you** planned to return to New Zealand from. The fare will be at the same fare class as the one **you** left New Zealand on.

Whenever claims are made by **you** under this section and **Section 2.1 Cancellation** for cancelled services/facilities or alternative arrangements for the same or similar services/facilities, **we** will pay for the higher of the two amounts, not both.

3.1.2 WHAT WE EXCLUDE

We will not pay **your** claim:

a) if **you** were aware, or a **reasonable** person in **your** circumstances would have been aware, of any reason, before **your** period of cover commenced, that may cause **your journey** to be cancelled, disrupted or delayed; or

b) if the death, **injury** or illness of **your relative** arises from a **pre- existing medical condition**, except as specified under **Section 3.1.1 f)**; or

c) we will not pay if **your** claim arises from or is any way related to the death or hospitalisation of any person aged 85 years and over, who is not listed on your **Certificate of Insurance**; or

d) if **you** can claim **your** additional travel and accommodation expenses from anyone else; or

e) if **your** claim relates to the financial collapse or **insolvency** of any travel agent, tour wholesaler, tour operator or booking agent; or

f) if caused by any travel agent, transport, tour or accommodation provider misappropriating **your** funds or failing to arrange or provide services for which **you** have paid; or

g) for cancellations, delays, rescheduling or diversions to **your** scheduled or connecting transport unless it is due to a strike, riot, hijack, civil protest, weather, natural disaster or **accident** affecting **your** mode of transport; or

h) if **your** claim arises directly or indirectly out of **you** operating a **rental vehicle** in violation of the rental agreement; or

i) as a result of **you** or **your travelling companion** changing plans, **your** personal wishes, or **your** disinclination to travelh; or

j) if **your** claim arises from any lockdowns, changes in government alert levels, quarantine or mandatory isolation that applies generally, or broadly to some or all of a population, vessel or geographical area, or that applies based on where **you** are travelling to, from, or through; or

k) if **you** commenced **your journey** against the New Zealand government's advice or against local government advice at **your** overseas destination.

Section 3.2 Travel delay expenses

You have this cover if **you** chose Plan A, B, C, D, E, G or H.
NOTE: If **you** *chose Plan H,* **you** *will not have cover under this section in New Zealand.*

3.2.1 WHAT WE COVER

a) If a delay to **your journey**, for at least 6 hours, arises from circumstances outside **your** control, **we** will reimburse the cost of **your reasonable** additional meals and accommodation expenses. Claims will be settled up to the maximum benefit limit for the plan **you** chose in the following way:

Single policies:
We will pay up to $150 at the end of the initial 6 hour period. In addition **we** will pay up to $150 for each full 24 hour period that the delay continues beyond the initial 6 hour delay.

Family policies:
We will pay up to $300 at the end of the initial 6 hour period. In addition **we** will pay up to $300 for each full 24 hour period that the delay continues beyond the initial 6 hour delay.

b) If a delay to **your journey** arises following the commencement of **your journey** due to **you** or **your travelling companion** being denied boarding on any scheduled public transport service, based on the suspicion that either of you have an **epidemic** or **pandemic** disease **we** will reimburse the cost of **your** reasonable additional meals and accommodation expenses. Claims will be settled up to the maximum benefit limit in the following way:

Single policies:
We will pay up to $200 at the end of the initial 6 hour period. In addition, **we** will pay up to $200 for each full 24 hour period that the delay continues beyond the initial 6 hour delay, up to a maximum of $1,400.

Family policies:
We will pay up to $400 at the end of the initial 6 hour period. In addition, **we** will pay up to $400 for each full 24 hour period that the delay continues beyond the initial 6 hour delay, up to a maximum of $2,800.

3.2.2 WHAT WE EXCLUDE

We will not pay if:

a) a delay to **your journey** arises from an act or threat of terrorism or the financial collapse of any transport, tour or accommodation provider; or
b) **you** can claim **your** additional meals and accommodation expenses from anyone else; or
c) **you** are on a skiing holiday and an avalanche or bad weather has affected the area **you** intend to travel to causing the delay; or
d) **your** claim arises from any lockdowns, changes in government alert levels, quarantine or mandatory isolation that applies generally, or broadly to some or all of a population, vessel or geographical area, or that applies based on where **you** are travelling to, from, or through; or
e) **you** commenced **your journey** against the New Zealand government's advice or against local government advice at **your** overseas destination.

Section 3.3 Alternative transport expenses

You have this cover if you chose Plan A, B, C, E or H.

NOTE: ***You*** *will not have cover under this section while travelling in New Zealand, unless* **you** *purchased Plan C (Incoming to New Zealand – Non-residents).*

3.3.1 WHAT WE COVER

If **your** scheduled transport is cancelled, delayed, shortened or diverted and that means **you** would not arrive on time at a wedding, funeral, pre-paid airline/rail travel,

pre-paid tour/cruise, pre-paid conference, pre-paid sporting event, pre-paid concert/cultural event or pre-paid accommodation which, before **you** left New Zealand, **you** had planned to attend or utilize while **you** were **overseas**, **we** will pay **your reasonable** additional travel expenses to enable **you** to arrive on time.

3.3.2 WHAT WE EXCLUDE

We will not pay if **your** claim arises from an act or threat of terrorism or the financial collapse of any transport, tour or accommodation provider.

Section 3.4 Resumption of journey

You have this cover if you chose Plan B, C, E or H.

*NOTE: **You** will not have cover under this section while travelling in New Zealand unless **you** purchased Plan C (Incoming to New Zealand – Non-residents).*

3.4.1 WHAT WE COVER

a) **We** will reimburse **you** for airfares for **you** to return to the place **you** were when **your journey** was interrupted, if **you** return to **your home** because:
   - during **your journey**, a **relative** of **yours** dies unexpectedly or is hospitalised following a serious **injury** or a **sickness** (except arising from a **pre-existing medical condition**); and
   - it is possible for **your journey** to be resumed; and
   - there is more than 14 days remaining of the period of cover, as noted on **your Certificate of Insurance**; and
   - **you** resume **your journey** within 12 months of **your** return to New Zealand.

   The **most we** will pay under this benefit is as follows:
   - $10,000 for single policies
   - $20,000 for family policies

b) If, as a result of a **pre-existing medical condition**, a **relative** is hospitalised in New Zealand or Australia or dies in New Zealand or Australia 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 under this section for the cost of airfares for **you** to return to the place **you** were when **your journey** was interrupted, is as follows:
   - $2,000 for single policies
   - $4,000 for family policies

3.4.2 WHAT WE EXCLUDE

a) **We** will not pay if **you** were aware of any reason, before **your** period of cover commenced, that may cause **your journey** to be cancelled, disrupted or delayed.

b) **We** will not pay if the death, **injury** or **sickness** of a **relative** arises from a **pre-existing medical condition**, except as specified under **Section 3.4.1 b)**.

c) **We** will not pay if **your** claim arises from or is any way related to the death or hospitalisation of any person aged 85 years and over, who is not listed on **your Certificate of Insurance.**

Section 4.1 Luggage & personal effects

You have this cover if you chose Plan A, B, C, D, E, G or H.

*NOTE: If **you** chose Plan H, **you** will not have cover under this section in New Zealand.*

4.1.1 WHAT WE COVER

a) If, during **your journey**, **your luggage and personal effects** or **valuables** are stolen, accidentally damaged or are permanently lost (except when: left in a motor vehicle; is **sporting equipment** in use; or are **valuables** checked in to be transported in the cargo hold of any aircraft, ship, train, tram or bus) **we** will pay the least of:
   - the repair cost; or
   - the replacement cost; or

- the amount it would cost **us** to repair or replace the item(s) allowing for any trade discounts **we** are entitled to; or
- the original purchase price; or
- the depreciated value after allowing for age, wear and tear.

We have the option to repair or replace the **luggage and personal effects** and/or **valuables** instead of paying **you**. The maximum amount **we** will pay for any item is:

Plans A, D & G

- $1,500

Plans, B, C, E & H

- $2,500 for personal computers, video recorders or cameras;
- $1,500 for all other items.

A pair or related set of items, for example (but not limited to):

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

are considered as only one item for the purpose of this insurance, and the appropriate single item limit will be applied.

b) If **you** purchase optional cover for increased item limits and any item(s) of the particular item type are, during **your journey**, stolen, accidentally damaged or permanently lost (except when: left in a motor vehicle; is **sporting equipment** in use; or are **valuables** checked in to be transported in the cargo hold of any aircraft, ship, train, tram or bus), **we** will pay up to the increased limit selected by **you** and shown on **your Certificate of Insurance** for any one item or for all items of the nominated item type combined.

   Depreciation will not be applied to items with an increased item limit, however **we** will not pay more than the original purchase price of any item. **We** have the option to repair or replace an item or paying **you** the amount it would cost **us** to repair or replace the item after allowing for any trade discounts **we** are entitled to. If **you** need to make a claim under **Section 4.1.1b) you** must supply a pre-loss valuation or receipt dated within the 6 months prior to the date **you** purchased **your policy** as proof of ownership and value of the item(s) **you** are claiming for, otherwise **your** claim may not be paid.

c) **Luggage and personal effects** left in a motor vehicle are only covered during daylight hours and must have been left in a **concealed storage compartment** of a locked motor vehicle, and forced entry to the locked motor vehicle must have been made. The most **we** will pay in the event of a payable claim is $200 for each item, and $2,000 in total for all stolen items.

The maximum amount **we** will pay for all claims combined under **Section 4.1.1a)** shown in the **TABLE OF BENEFITS** section for the plan **you** have selected. The maximum amount **we** will pay for all claims combined under **Section 4.1.1 b)** is shown on **your Certificate of Insurance**.

4.1.2 WHAT WE EXCLUDE

We will not pay a claim in relation to **your luggage and personal effects** if:

a) **you** do not report the loss, theft or misplacement within 24 hours to the police or an office of the bus line, airline, shipping line or rail authority **you** were travelling on when the loss, theft or misplacement occurred. **You** must prove that **you** made such report by providing **us** with a written statement from whoever **you** reported it to; or

b) the loss, theft or damage is to, or of, items left behind in any hotel or motel room after **you** have checked out, or items left behind in any aircraft, ship, train, tram, taxi or bus; or

c) the **luggage and personal effects** were being sent unaccompanied by **you** or under a freight contract; or

d) the loss or damage arises from any process of cleaning, repair or alteration; or

e) the loss or damage arises from ordinary wear and tear, deterioration, atmospheric or weather conditions, insects, rodents or vermin; or

f) the **luggage and personal effects** were left **unsupervised** in a **public place**; or

g) the **luggage and personal effects** have an electrical or mechanical breakdown; or

h) the **luggage and personal effects** are fragile, brittle or an electronic component is broken or scratched – unless either:
   - it is the lens of spectacles, binoculars or photographic or video equipment; or
   - the breakage or scratch was caused by a crash involving a vehicle in which **you** are travelling; or

i) **you** are entitled to be reimbursed by the bus line, airline, shipping line or rail authority **you** were travelling on when the loss, theft, misplacement or damage occurred. However, if **you** are not reimbursed the full amount of **your** claim, **we** will pay the difference between the amount of **your** loss and what **you** were reimbursed, up to the limit of **your** cover (allowing for **depreciation** due to age, wear and tear); or

j) **your** claim is for, or arises directly or indirectly from, or is in any way related to **golf equipment, snow sport equipment, bicycles, business equipment, business samples and formal cruise attire**; or

k) **your** claim arises directly or indirectly from or is in any way related to **valuables** left in a motor vehicle at any time, or **valuables** checked in to be transported in the cargo hold of any aircraft, ship, train, tram or bus including any loss from the point of check in until collection by **you** from the baggage carousel or collection area at the end of **your** flight, voyage or trip; or

l) **your** claim arises directly or indirectly from or is in any way related to the loss of or damage to, **sporting equipment** while in use (including surfboards).

Section 4.2 Luggage and personal effects delay expenses

You have this cover if **you** chose Plan A, B, C, D, E, G or H.

*NOTE: **You** will not have cover under this section while travelling in New Zealand, unless **you** purchased Plan C (Incoming to New Zealand – Non-residents) or Plan G (Domestic Essentials).*

4.2.1 WHAT WE COVER

If any items of **your luggage and personal effects** are delayed, misdirected or misplaced by the **carrier** for more than 12 hours, and in **our** opinion it was necessary for **you** to purchase essential items of clothing or other personal items, **we** will reimburse **you** for the **reasonable** costs **you** incur.

You must provide written proof from the **carrier** who was responsible for **your luggage and personal effects** that they were delayed, misdirected or misplaced.

We will deduct any amount **we** pay **you** under this section for any subsequent claim for lost **luggage and personal effects** payable under Section 4.1 Luggage & personal effects.

4.2.2 WHAT WE EXCLUDE

a) **We** will not pay if **you** are entitled to compensation from the bus line, airline, shipping line or rail authority **you** were travelling on for the relevant amount claimed. However, if **you** are not reimbursed the full amount, **we** will pay the difference between the amount of **your** expenses and what **you** were reimbursed, up to the limit of **your** cover.

b) **We** will not pay if **your luggage and personal effects are** delayed, misdirected or misplaced by the **carrier** on **your** return to New Zealand at the end of **your journey**.

c) **We** will not pay if **your** claim is for, or arises directly or indirectly from or is in any way related to **golf equipment, snow sport equipment, bicycles, business equipment, business samples and formal cruise attire**.

Section 4.3 Travel documents, transaction cards & travellers cheques

You have this cover if **you** chose Plan A, B, C, D, E, G or H.

*NOTE: **You** will not have cover under this section while travelling in New Zealand, unless **you** purchased Plan C ((Incoming to New Zealand – Non-residents) or Plan G (Domestic Essentials).*

4.3.1 WHAT WE COVER

a) If any essential travel documents (including passports), **transaction cards** or travellers cheques are lost by **you**, stolen from **you** or destroyed during **your journey**, then **we** will pay the issuer's fees for the replacement costs (including communication costs) of the items lost, stolen or destroyed.

b) If during **your journey**, **your transaction cards** or travellers cheques are lost or stolen, then **we** will pay for any loss resulting from the fraudulent use of the **transaction cards** or travellers cheques.

4.3.2 WHAT WE EXCLUDE

a) **We** will not pay if **you** do not report the loss or theft within 24 hours to the police and, in the case of transaction cards or travellers cheques, to the issuing bank or company in accordance with the conditions under which the **transaction cards** or travellers cheques were issued. **You** must prove that **you** made such report by providing **us** with a written statement from whosoever **you** reported it to.

b) **We** will not pay for any amounts covered by any guarantee given by the bank or issuing company to **you** as the holder of the **transaction cards** or travellers cheques.

Section 4.4 Theft of cash

You have this cover if **you** chose Plan A, B, C, D, E, G or H.

*NOTE: **You** will not have cover under this section while travelling in New Zealand, unless **you** purchased Plan C ((Incoming to New Zealand – Non-residents) or Plan G (Domestic Essentials).*

4.4.1 WHAT WE COVER

If, during **your journey** cash, bank notes, currency notes, postal orders or money orders are stolen from **your** person or from a locked safe or from **your** accommodation when **you** are present in the room **we** will reimburse **you**.

The maximum amount we will pay for all claims combined under this section is shown in the **TABLE OF BENEFITS** section for the plan **you** have selected. The amount applies to the total of all claims combined, regardless of the number of persons the claims relate to.

4.4.2 WHAT WE EXCLUDE

a) **We** will not pay if **you** do not report the theft within 24 hours to the police or an office of the bus line, airline, shipping line or rail authority **you** were travelling on when the theft occurred. **You** must prove that **you** made a report by providing **us** with a written statement from whoever **you** reported it to.

b) **We** will not pay for cash, bank notes, currency notes, postal orders or money orders except when at the time of the loss or damage the cash, bank notes, currency notes, postal orders or money orders was on **your** person, or was in **your** bedroom while **you** were present in the same room, or in a locked safe.

Section 5.1 Rental vehicle insurance excess

You have this cover if **you** chose A, B, C, E, G or H.

*NOTE: If **you** chose Plan H, **you** will not have cover under this section in New Zealand*

WHAT YOU ARE COVERED FOR

Cover is only provided under this section if **your rental vehicle** agreement specifies an excess, deductible or damage liability fee payable in the event the **rental vehicle** is damaged or stolen while in **your** custody. This section does not cover items such as, but not limited to tyres and/or windscreens, roof and underbody if they are not covered by the indemnity provided by the **rental vehicle** company or agency under

the **rental vehicle** agreement to which the excess, deductible or damage liability fee applies.

This section only provides cover for the excess, deductible or damage liability fee specified in **your rental vehicle** agreement up to the limit shown in the **TABLE OF BENEFITS** section for the plan **you** have selected. It does not cover any other charges to **you** by the **rental vehicle** company, including but not limited to administration fees.

5.1.1 WHAT WE COVER

a) If, during **your** period of cover, a **rental vehicle you** have rented from a rental company or agency is:
   - involved in a motor vehicle **accident** while **you** are driving it; or
   - damaged or stolen while in **your** custody, then

   we will pay **you** the lesser of:
   - the specified **excess**, deductible or damage liability fee **you** are liable to pay under **your** rental vehicle agreement; or
   - property damage for which **you** are liable.

   You must provide a copy of:
   - **your rental vehicle** agreement;
   - the incident report that was completed;
   - repair account;
   - an itemised list of the value of the damage; and
   - written notice from the rental company or agency advising that **you** are liable to pay the specified **excess**, deductible or damage liability fee.

b) If **you** chose Plan A, B, C, E or H **your** attending **medical adviser** certifies in writing that **you** are unfit to return **your rental vehicle** to the nearest depot during **your journey**, then **we** will pay up to $250 for the cost of returning **your rental vehicle**.

We will also pay up to the limits shown in **your Certificate of Insurance** for any additional cover purchased under the Additional Option for Increased rental vehicle insurance excess cover, if available to **you**.

The maximum amount **we** will pay for all claims combined under this section is shown in the **TABLE OF BENEFITS** section for the plan **you** have selected. The amount applies to the total of all claims combined, regardless of the number of persons the claims relate to.

5.1.2 WHAT WE EXCLUDE

We will not pay a claim involving the theft or damage to **your rental vehicle** if the claim arises directly or indirectly from, or is in any way connected with, or is for:

a) **you** using the **rental vehicle** in breach of the rental agreement;

b) **you** using the **rental vehicle** without a licence for the purpose that you were using it even if **you** were not required by law to hold a licence in the country **you** were using it; or

c) administrative charges or fees of the rental company that are not a component of the excess, deductible or liability fee specified in **your rental vehicle** agreement.

Section 6.1 Personal liability

You have this cover if **you** chose Plans A, B, C, D, E, G or H.

6.1.1 WHAT WE COVER

If **you** become legally liable to pay compensation for:

- death or bodily **injury** to someone else; or
- physical loss of, or damage to, someone else's property

as a result of an **accident**, or a series of **accidents** arising out of the one event, that happens during **your journey**, then **we** will cover **you** for:

- the compensation (including **legal costs**) awarded against **you**; and

- any **reasonable legal costs** incurred by **you** for settling or defending a claim made against **you**, providing **you** have approval in writing from **Allianz Partners** before incurring these costs.

We must be told as soon as **you** or **your** personal representatives are, or a **reasonable** person in **your** circumstances would have been, aware of a possible prosecution, inquest, fatality, **accident** or incident which might lead to a claim against **you**.

You must not pay or promise to pay, settle with, admit or deny liability to anyone who makes a claim against **you** without **our** written consent.

The maximum amount **we** will pay for all claims combined under this section is shown in the **TABLE OF BENEFITS** section for the plan **you** have selected. The amount applies to the total of all claims combined, regardless of the number of persons the claims relate to.

6.1.2 WHAT WE EXCLUDE

We will not pay any amount **you** become legally liable to pay if the liability arises directly or indirectly from, or is in any way connected with, or is for:

a) bodily **injury** to **you**, **your travelling companion** or to a **relative** or employee of any of **you**;

b) loss of or damage to property belonging to, or in the care, custody or control of **you, your travelling companion**, a **relative** or an employee of any of **you**;

c) **your** ownership, custody, control or use of any firearm or weapon, aerial device, unmanned vehicle, watercraft or motorised vehicle;

d) **your** conduct of, or employment in any business, profession, trade or occupation;

e) any loss, damage or expenses which are covered or should have been covered under a statutory or compulsory insurance policy, statutory or compulsory insurance or compensation scheme or fund, or under Workers Compensation legislation, an industrial award or agreement, or Accident Compensation legislation;

f) any fine or penalty, or aggravated, punitive, exemplary or liquidated damages;

g) illness, **sickness** or disease that is transmitted by **you**;

h) any relief or recovery other than monetary amounts;

i) a contract that imposes on **you** a liability which **you** would not otherwise have;

j) assault and/or battery committed by **you** or at **your** direction;

k) any act intended to cause bodily **injury**, property damage or liability done by **you** or any person acting with **your** knowledge, connivance or consent; or

l) **your** participation in **snow sport activities** or activities listed under the Adventure Pack in the **ADDITIONAL OPTIONS** section of this policy wording.

SECTION 7 – ADDITIONAL OPTIONS

You do not have cover under **Section 7 – Additional Options** automatically. To have cover for any of the activities listed under **Section 7**, **you** must have purchased the appropriate Pack for the activity **you** are participating in. See the **ADDITIONAL OPTIONS** section at the beginning of this policy wording for details.

BUSINESS PACK – 7.1 TO 7.4:

You only have cover under **Sections 7.1 to 7.4** if **you** purchased the Business Pack.

7.1- Alternative staff

7.1.1 WHAT WE COVER

If **you** suffer an **injury** or **sickness** during **your journey** that:

- prevents **you** from completing the business purposes of the **journey**; and
- **you** are either required to stay in **hospital overseas**, or required to return to **your home** on the written advice of a **medical adviser** approved by **Allianz Partners**,

then **we** will pay the **reasonable** travel expenses for a substitute person to complete the original business purposes of the **journey** on **your** behalf.

The substitute person will, for the purposes of this travel insurance, be entitled to benefits under this **policy** but subject to the terms, conditions, limitations and exclusions of the **policy**.

7.1.2 WHAT WE EXCLUDE

We will not pay unless **your** claim arises from **your injury, sickness** or death and **we** have agreed to provide cover under this **policy**.

7.2 - Business equipment

7.2.1 WHAT WE COVER

a) If, during **your journey, your business equipment** is stolen, accidentally damaged or is permanently lost (except when: left in a motor vehicle; or while in use) **we** will pay the lesser of:
   - the repair cost;
   - the replacement cost;
   - the amount it would cost **us** to repair or replace the item(s) allowing for any trade discounts **we** are entitled to;
   - the cost of repairing or replacing the lost or damaged part of a pair, set or collection; or
   - the original purchase price.

   We have the option to repair or replace the **business equipment** instead of paying **you**.

   A pair or set of items, for example (but not limited to):
   - a camera, lenses (attached or not), tripod or accessories

   are considered as only one item and the appropriate benefit limit will be applied.

b) **Business equipment** owned by **you** and left in a motor vehicle is only covered during daylight hours and must have been left in a **concealed storage compartment** of a locked motor vehicle, and forced entry to the locked motor vehicle must have been made. The most **we** will pay is $200 for each item, and $1,000 in total for all stolen items.

c) No cover is provided for **business equipment** while it is in use.

7.2.2 WHAT WE EXCLUDE

We will not pay a claim in relation to **business equipment** owned by **you** if:

a) **you** do not report the loss, theft or damage within 24 hours to the police or an office of the bus line, airline, shipping line or rail authority **you** were travelling

on when the loss, theft or damage occurred. **You** must prove that **you** made such report by providing **us** with a written statement from whoever **you** reported it to;

b) the loss, theft or damage is to, or of, **business equipment** left behind in any hotel or motel room after **you** have checked out, or **business equipment** left behind in any aircraft, ship, train, tram, taxi or bus;

c) the **business equipment** was being sent unaccompanied by **you** or under a freight contract;

d) the loss or damage arises from any process of cleaning, repair or alteration;

e) the loss or damage arises from ordinary wear and tear, deterioration, atmospheric or weather conditions, insects, rodents or vermin;

f) the **business equipment** was left **unsupervised** in a **public place**; or

g) **you** are entitled to be reimbursed by the bus line, airline, shipping line or rail authority **you** were travelling on when the loss, theft or damage occurred. However, if **you** are not reimbursed the full amount of **your** claim, **we** will pay the difference between the amount of **your** loss and what **you** were reimbursed, up to the limit of **your** cover.

7.3- Business equipment hire

7.3.1 WHAT WE COVER

If **we** have agreed to pay a claim:

- under **Section 7.2 Business equipment** for theft, accidental damage or permanent loss of **business equipment**; or
- following the misdirection or delay of **business equipment** for a period more than 24 hours.

we will pay for the hire of alternative **business equipment.**

The most **we** will pay for all events under this benefit is $250 per day up to the benefit limit shown in the **TABLE OF BENEFITS** section for the plan selected.

7.4- Recreate business documents

7.4.1 WHAT WE COVER

If, during **your journey**, business documents, business plans or business presentations are lost, stolen or accidentally damaged, **we** will pay for their recreation.

SNOW PACK – 7.5 to 7.10:

You only have cover under **Sections 7.5 to 7.10** if **you** purchased the Snow Pack.

7.5 Emergency rescue

7.5.1 WHAT WE COVER

Allianz Partners will arrange for the following assistance services if **you injure yourself**, or become **sick** while participating in **snow sport activities overseas** during **your journey**, provided the relevant **injury** or **sickness** is covered by **your policy**:

a) Access to a **medical adviser** for emergency medical treatment while **overseas**;

b) Any messages which need to be passed on to **your** family or employer in the case of an emergency;

c) Provision of any written guarantees for payment of **reasonable** expenses for emergency hospitalisation while **overseas**;

d) **Your** medical transfer or evacuation if **you** must be transported to the nearest **hospital** for emergency medical treatment **overseas** or be brought back to New Zealand with appropriate medical supervision; and

e) The return to New Zealand of **your dependants** if they are left without supervision following **your** hospitalisation or evacuation.

In addition:

f) If **you** die as a result of an **injury** or a **sickness** during **your journey, we** will pay for **your reasonable funeral expenses** incurred **overseas** or the cost of bringing **your** remains back to **your home**. The maximum amount we will pay is $15,000 per person.

Please note that **we** will not pay for any costs incurred in New Zealand except the **reasonable** cost of transporting **your** remains from the inbound port or airport to **your home** or nominated funeral home.

7.5.2 WHAT WE EXCLUDE

We will not pay:

a) for any expenses for medical evacuation, **funeral expenses** incurred **overseas** or bringing your remains back to New Zealand, unless it has been first approved by **Allianz Partners**;

b) if **you** decline to follow the medical advice **we** have obtained, and **we** will not be responsible for subsequent medical, **hospital** or evacuation expenses;

c) for any claims arising from **backcountry** activities, bobsleighing, para-penting, ski acrobatics, ski or snowboard jumping, aerial skiing, stunting, freestyle, skijoring or any form of power-assisted skiing; or

d) for any claims arising outside the period 15th December to 31st March in Northern Hemisphere resorts, and 15th June to 30th September in Southern Hemisphere resorts. This exclusion will not apply to those resorts which are open outside these time periods and have sufficient snow for normal skiing activities.

7.6 Own snow sport equipment

7.6.1 WHAT WE COVER

a) If, during **your journey, your snow sport equipment** is stolen, accidentally damaged or is permanently lost (except when left in a motor vehicle or while in use) **we** will pay the least of:

- the repair cost; or
- the replacement cost; or
- the amount it would cost **us** to repair or replace the item(s) allowing for any trade discounts **we** are entitled to; or
- the cost of repairing or replacing the lost or damaged part of a pair, set or collection; or
- the original purchase price.

We have the option to repair or replace the **snow sport equipment** instead of paying **you**.

A pair or set of items, for example (but not limited to):

- a matched or unmatched set of skis or ski poles

are considered as only one item and the appropriate benefit limit will be applied.

b) **Snow sport equipment** owned by you and left in a motor vehicle is only covered during daylight hours and must have been left in a **concealed storage compartment** of a locked motor vehicle, and forced entry to the locked motor vehicle must have been made. The most **we** will pay is $200 for each item, and $1,000 in total for all stolen items.

No cover is provided for snow sport equipment while it is in use.

7.6.2 WHAT WE EXCLUDE

We will not pay a claim in relation to **snow sport equipment** owned by **you** if:

a) **you** do not report the loss, theft or damage within 24 hours to the police or an office of the bus line, airline, shipping line or rail authority **you** were travelling on when the loss, theft or damage occurred. **You** must prove that **you** made such report by providing **us** with a written statement from whoever **you** reported it to; or

b) the loss, theft or damage is to, or of, **snow sport equipment** left behind in any hotel or motel room after **you** have checked out, or **snow sport equipment** left behind in any aircraft, ship, train, tram, taxi or bus; or

c) the **snow sport equipment** was being sent unaccompanied by **you** or under a freight contract; or

d) the loss or damage arises from any process of cleaning, repair or alteration; or

e) the loss or damage arises from ordinary wear and tear, deterioration, atmospheric or weather conditions, insects, rodents or vermin; or

f) the **snow sport equipment** was left **unsupervised** in a **public place**;

g) **you** are entitled to be reimbursed by the bus line, airline, shipping line or rail authority **you** were travelling on when the loss, theft or damage occurred. However, if **you** are not reimbursed the full amount of **your** claim, **we** will pay the difference between the amount of **your** loss and what **you** were reimbursed, up to the limit of **your** cover; or

h) the claim arises from **backcountry** activities, bobsleighing, para-penting, ski acrobatics, ski or snowboard jumping, aerial skiing, stunting, freestyle, skijoring or any form of power-assisted skiing.

7.7 Snow sport equipment hire

7.7.1 WHAT WE COVER

If **we** have agreed to pay a claim under **Section 7.6 Own snow sport equipment** for accidental loss, theft of, or damage to, **your snow sport equipment**; or

- following the misdirection or delay of **snow sport equipment** owned by **you**, for a period more than 24 hours;

we will pay for the **reasonable** costs of hiring alternative **snow sport equipment**.

We will also reimburse the **snow sport equipment** hire insurance excess if **you** have chosen and paid for **snow sport equipment** hire cover from the hire company or agency and **you** are charged an **excess** following the accidental loss, theft of, or damage to the **snow sport equipment** hired by **you**.

7.8 Snow sports

7.8.1 WHAT WE COVER

If, as a result of **your injury** or **sickness** during **your journey**, **you** are unable to utilise the full duration of **your** pre-booked and pre-paid ski passes, **snow sport equipment** hire, tuition fees or lift passes, **we** will reimburse **you** the irrecoverable cost of the unused portion for each insured **person**.

You must obtain a medical certificate from **your** treating **medical adviser** in support of **your** claim for **your injury** or **sickness**.

7.8.2 WHAT WE EXCLUDE

We will not pay;

a) for any claims arising from **backcountry** activities, bobsleighing, para-penting, ski acrobatics, ski or snowboard jumping, aerial skiing, stunting, freestyle, skijoring or any form of power-assisted skiing; or

b) for any claims arising outside the period 15th December to 31st March in Northern Hemisphere resorts and 15th June to 30th September in Southern Hemisphere resorts. This exclusion will not apply to those resorts which are open outside these time periods and have sufficient snow for normal skiing activities.

7.9 Piste closure

7.9.1 WHAT WE COVER

If, as a result of not enough snow, bad weather or power failure, in **your** pre-booked holiday resort during the period of **your** booking, all lift systems in the resort are closed for more than 24 hours preventing **you** from participating in **your** planned **snow sport activities**, **we** will pay up to $100 per 24 hour period for either:

- the cost of transport to the nearest resort; or
- the cost of additional ski passes.

7.9.2 WHAT WE EXCLUDE

We will not pay:

a) for any claims relating to resorts that do not have skiing facilities greater than 1,000 metres above sea level; or

b) for any claims arising outside the period 15th December to 31st March in Northern Hemisphere resorts and 15th June to 30th September in Southern Hemisphere resorts. This exclusion will not apply to those resorts which are open outside these time periods and have sufficient snow for normal skiing activities.

7.10 Bad weather and avalanche closure

7.10.1 WHAT WE COVER

If, as a result of an avalanche or bad weather **your** pre-booked outward or return **journey** is delayed for more than 12 hours from **your** scheduled departure time, **we** will pay the **reasonable** extra travel and accommodation expenses that **you** need to pay provided you obtain a written statement from the appropriate authority confirming that the reason for the delay was related to either an avalanche or bad weather, and how long the delay lasted.

7.10.2 WHAT WE EXCLUDE

We will not pay:

a) for any claims relating to resorts that do not have skiing facilities greater than 1,000 metres above sea level; or

b) for any claims arising outside the period 15th December to 31st March in Northern Hemisphere resorts and 15th June to 30th September in Southern Hemisphere resorts. This exclusion will not apply to those resorts which are open outside these time periods and have sufficient snow for normal skiing activities.

GOLF PACK – 7.11 TO 7.14:

You only have cover under **Sections 7.11 to 7.14** if **you** purchased the Golf Pack.

7.11 Own golf equipment

7.11.1 WHAT WE COVER

a) If, during **your journey**, **your golf equipment** is stolen, accidentally damaged or is permanently lost (except when left in a motor vehicle or while in use) **we** will pay the least of:
   - the repair cost; or
   - the replacement cost; or
   - the amount it would cost us to repair or replace the item(s) allowing for any trade discounts **we** are entitled to; or
   - the cost of repairing or replacing the lost or damaged part of a pair, set or collection; or
   - the original purchase price.

   We have the option to repair or replace the **golf equipment** instead of paying **you**.

   A pair or set of items, for example (but not limited to):
   - matched or unmatched set of golf clubs, golf bag and buggy

   are considered as only one item and the appropriate benefit limit will be applied.

b) **Golf equipment** owned by **you** and left in a motor vehicle is only covered during daylight hours and must have been left in a **concealed storage compartment** of a locked motor vehicle, and forced entry to the locked motor vehicle must have been made. The most we will pay is $200 for each item, and $1,000 in total for all stolen items.

c) No cover is provided for **golf equipment** while it is in use.

7.11.2 WHAT WE EXCLUDE

We will not pay a claim in relation to **golf equipment** owned by **you** if:

a) **you** do not report the loss, theft or damage within 24 hours to the police or an office of the bus line, airline, shipping line or rail authority **you** were travelling on when the loss, theft or damage occurred. **You** must prove that **you** made such report by providing **us** with a written statement from whoever **you** reported it to; or

b) the loss, theft or damage is to, or of, **golf equipment** left behind in any hotel or motel room after **you** have checked out, or **golf equipment** left behind in any aircraft, ship, train, tram, taxi or bus; or

c) the **golf equipment** was being sent unaccompanied by **you** or under a freight contract; or

d) the loss or damage arises from any process of cleaning, repair or alteration; or

e) the loss or damage arises from ordinary wear and tear, deterioration, atmospheric or weather conditions, insects, rodents or vermin; or

f) the **golf equipment** was left **unsupervised** in a **public place**; or

g) **you** are entitled to be reimbursed by the bus line, airline, shipping line or rail authority **you** were travelling on when the loss, theft or damage occurred. However, if **you** are not reimbursed the full amount of your claim, **we** will pay the difference between the amount of **your** loss and what **you** were reimbursed, up to the limit of **your** cover.

7.12 Golf equipment hire

7.12.1 WHAT WE COVER

If **we** have agreed to pay a claim:

- under **Section 7.11 Own golf equipment** for accidental loss, theft of, or damage to, **golf equipment** owned by **you**; or
- following the misdirection or delay, for a period of more than 24 hours, of **golf equipment** owned by **you**;

we will reimburse **you** for the **reasonable** costs of hiring alternative **golf equipment**.

We will also reimburse the **golf equipment** hire insurance **excess** if you have chosen and paid for **golf equipment** hire cover from the hire company or agency and you are charged an **excess** following the accidental loss, theft of, or damage to the **golf equipment** hired by **you**.

7.13 Golf Green & Tuition Fees

7.13.1 WHAT WE COVER

If **you** are **injured** or becoming **sick** during **your journey** and you have provided **us** with written confirmation from a **medical adviser** confirming **your** inability to play golf. **We** will pay the value of any unused, non-refundable, pre-paid green fees or golf tuition fees.

7.14 Hole in one

7.14.1 WHAT WE COVER

If **you** complete a hole in one by driving from the tee and holing out in a single stroke during an organised game involving two or more players, at any 18 hole golf course with a course par score of 65 or above, **we** will pay **you** $250. **You** must provide **us** with a copy of **your** score card signed by **you** and **your** golfing partner(s) and countersigned by the club professional or secretary.

CRUISE PACK – 7.15 TO 7.21:

You only have cover under **Sections 7.15 to 7.21** if **you** purchased the Cruise Pack.

7.15 Medical cover while cruising

7.15.1 WHAT WE COVER

a) If **you injure yourself** or become **sick** while travelling on a **cruise vessel**, **we** will reimburse the **reasonable** medical or **hospital** expenses **you** incur until **you** get back to New Zealand. The medical or **hospital** expenses must have been incurred on the written advice of a **medical adviser** approved by **Allianz Partners**. **You** must make every effort to keep **your** medical or **hospital** expenses to a minimum.

If **we** determine, on medical advice, that **you** should return **home** for treatment and **you** do not agree to do so, **we** will pay **you** an amount up to the limit shown in the **TABLE OF BENEFITS** section, which **we** reasonably consider to be equivalent to:

- **your medical expenses** and/or related costs incurred **overseas** to the date **we** advise **you** to return to New Zealand; plus
- the amount it would cost **us** to return **you** to New Zealand; plus
- the amount of any cancellation fees and lost deposits **you** would have incurred had **you** followed **our** advice.

You will then be responsible for any ongoing or additional costs relating to or arising out of the event **you** have claimed for.

We will only pay for treatment received and/or **hospital** accommodation during the 12 month period after the **sickness** first showed itself or the **injury** happened.

b) **We** will also pay the cost of emergency dental treatment up to the limit shown in the **TABLE OF BENEFITS** section for the plan selected for dental costs incurred which the treating dentist certifies in writing is for the relief of sudden and acute pain to sound and natural teeth. This limit does not apply to dental costs arising from any **injury** that is covered under S**ection 7.15.1 a).**

7.15.2 WHAT WE EXCLUDE

We will not pay for expenses:

a) when **you** have not notified **Allianz Partners** as soon as practicable of **your** admittance to **hospital**;

b) incurred after 2 weeks treatment by a chiropractor, physiotherapist or dentist unless approved by **Allianz Partners**;

c) if **you** do not take the advice of **Allianz Partners**;

d) for damage to dentures, dental prostheses, bridges or crowns;

e) for expenses relating to dental treatment involving the use of precious metals or for cosmetic dentistry;

f) for dental treatment caused by or related to the deterioration and/ or decay of teeth; or

g) for preventative dental treatment.

7.16 Evacuation cover - ship to shore

7.16.1 WHAT WE COVER

Allianz Partners will arrange for the following assistance services if **you injure yourself**, or become **sick** during travel on a **cruise vessel**, provided the relevant **injury** or **sickness** is covered by **your policy**:

a) Access to a **medical adviser** for emergency medical treatment;

b) Any messages which need to be passed on to **your** family or employer in the case of an emergency;

c) Provision of any written guarantees for payment of **reasonable** expenses for emergency hospitalisation while on a **cruise vessel** or **overseas**;

d) **Your** medical transfer or evacuation if **you** must be transported to the nearest **overseas hospital** for emergency medical treatment or be brought back to New Zealand with appropriate medical supervision; and

e) The return to New Zealand of **your dependants** if they are left without supervision following **your** hospitalisation or evacuation.

In addition:

If **you** die as a result of an **injury** or a **sickness** during **your** travel on a **cruise vessel**, **we** will pay for **your reasonable funeral expenses** incurred **overseas** and/or the cost of bringing **your** remains back to **your home**. The maximum amount **we** will pay is $15,000 per person.

Please note that ***we*** *will not pay for any costs incurred in New Zealand except the* ***reasonable*** *cost of transporting* ***your*** *remains from the inbound port or airport to* ***your home*** *or nominated funeral home.*

7.16.2 WHAT WE EXCLUDE

We will not pay:

a) for any expenses for medical evacuation, **funeral expenses** incurred **overseas** or bringing your remains back to New Zealand unless it has been first approved by **Allianz Partners**;

b) if **you** decline to promptly follow the medical advice **we** have obtained, and **we** will not be responsible for subsequent medical, **hospital** or evacuation expenses; or

7.17 Cabin confinement

7.17.1 WHAT WE COVER

If, as a result of **injury** or **sickness** during **your journey**, **you** are confined to bed in **your** cabin or the **cruise vessel's** medical centre (however described) for a continuous period of more than 48 hours then **we** will pay **you** $50 for each day in excess of 48 hours that **you** continue to be confined.

7.18 Pre-paid shore excursion cancellation

7.18.1 WHAT WE COVER

If **you** cannot participate in **your** pre-paid shore excursion(s) due to **your** confinement in **your** cabin or in the **cruise vessel's** hospital as a result of circumstances outside **your** control, **we** will pay **you**, **your** cancellation fees and lost deposits.

7.19 Formal cruise attire lost or damaged

7.19.1 WHAT WE COVER

If, during **your journey, your formal cruise attire** is stolen, accidentally damaged or is permanently lost **we** will pay the least of:

- the repair cost; or
- the replacement cost; or
- the amount it would cost **us** to repair or replace the item(s) allowing for any trade discounts **we** are entitled to; or
- the cost of repairing or replacing the lost or damaged part of a pair, set or collection; or
- the original purchase price.

We have the option to repair or replace the **formal cruise attire** instead of paying **you**.

A pair or set of items, for example (but not limited to):

- shoes, gloves, suit

are considered as only one item and the appropriate benefit limit will be applied.

7.19.2 WHAT WE EXCLUDE

We will not pay a claim in relation to **your formal cruise attire** if:

a) **you** do not report the loss, theft or misplacement within 24 hours to the police or an office of the **carrier you** were travelling on when the loss, theft or misplacement occurred. **You** must prove that **you** made such report by providing **us** with a written statement from whoever **you** reported it to;

b) the loss, theft or damage is to, or of, **formal cruise attire** left behind in any hotel or motel room after **you** have checked out or **cruise vessel** cabin after you have disembarked, or items left behind in any aircraft, ship, train, tram, taxi or bus;

c) the **formal cruise attire** was being sent unaccompanied by **you** or under a freight contract;

d) the loss or damage arises from any process of cleaning, repair or alteration;

e) the loss or damage arises from ordinary wear and tear, deterioration, atmospheric or weather conditions, insects, rodents or vermin;

f) the **formal cruise attire** was left **unsupervised** in a **public place**; or

g) **you** are entitled to be reimbursed by the bus line, airline, shipping line or rail authority **you** were travelling on when the loss, theft, misplacement or damage occurred. However, if **you** are not reimbursed the full amount of **your** claim, **we** will pay the difference between the amount of **your** loss and what **you** were reimbursed, up to the limit of **your** cover.

7.20 Formal cruise attire delayed

7.20.1 WHAT WE COVER

If **your formal cruise attire** is delayed, misdirected or misplaced while on the outward portion of **your journey** for over 12 hours from the time **you** boarded the **cruise vessel**, and it is necessary to purchase or hire replacement **formal cruise attire**, **we** will reimburse **your reasonable** expenses.

7.20.2 WHAT WE EXCLUDE

We will not pay if **you** are entitled to compensation from the bus line, airline, shipping line or rail authority **you** were travelling on for the relevant amount claimed. However, if **you** are not reimbursed the full amount, **we** will pay the difference between the amount of **your** expenses and what **you** were reimbursed, up to the limit of **your** cover.

7.21 Marine rescue diversion

7.21.1 WHAT WE COVER

If during **your journey, your cruise vessel** diverts from its scheduled course in order to affect a marine rescue in accordance with obligations under international conventions governing the Law of the Sea, and Search and Rescue **we** will pay **you** $100 for each day **your cruise vessel** diverts, up to a maximum of 5 days.

BICYCLE PACK – 7.22:

You only have cover under **Section 7.22** if **you** purchased the Bicycle Pack.

7.22 Bicycles

Cover for any loss or theft of, or damage to, a **bicycle** is subject to the following conditions:

1. During transportation, the **bicycle** must be:
   a) in a securely packaged container specifically designed for the **bicycle** where travel is by aircraft;
   b) either in the **concealed storage compartment**, or attached to a tow bar or roof-mounted **bicycle** carrier and secured with a D-Lock or armour plated cable, where travel is by sedan, hatch-back or similar motor vehicle; or
   c) in the **concealed storage compartment** of a mini-bus / people mover or similar motor vehicle (if the **bicycle** cannot be transported on a **bicycle** carrier), or in a **concealed storage compartment** of a bus, train or ship.
2. At any other time when the **bicycle is unsupervised**, it must be either:
   a) inside the **concealed storage compartment** of a locked motor vehicle

(during daylight hours only);

b) inside **your** locked accommodation; or

c) secured to a fixed object with a D-Lock or armour plated cable through the **bicycle** frame and wheels where the **bicycle** is left in a **public place**.

3. Where a claim is for the theft of a **bicycle** (other than theft from a **concealed storage compartment** of a locked motor vehicle or **your** locked accommodation), evidence of the broken securing device will be required.

7.22.1 WHAT WE COVER

a) If, during **your journey, your bicycle** is stolen, accidentally damaged or permanently lost (except when in use or left in a motor vehicle outside of daylight hours) **we** will decide whether to:

- replace the lost, stolen or damaged item(s) with the nearest identical item(s); or
- pay the cost of repairing or replacing the item(s); or
- pay **you** up to the amount of the sum insured.

However, any payment will not be more than:

- the original purchase price; or
- the amount it would cost **us** to replace or repair the item(s) allowing for any trade discounts **we** are entitled to; or

whichever is the least.

The maximum amount **we** will pay for all claims combined is $15,000.

No cover is provided while a **bicycle** is in use.

No cover is provided for **bicycles** left in a motor vehicle outside of daylight hours, even if they are secured as provided above.

An **excess** of $500 will apply to all claims for the loss, theft of, or damage to, **bicycles** covered by this section.

7.22.2 WHAT WE EXCLUDE

We will not pay a claim in relation to **your bicycle** if:

a) the **bicycle** is greater than 3 years old at the time the **Certificate of Insurance** was issued;

b) the **bicycle** is valued at less than $1,500;

c) the **bicycle** was not free of defects at the time the **Certificate of Insurance** was issued;

d) **you** do not report the loss, theft or misplacement within 24 hours to the police or an office of the bus line, airline, shipping line or rail authority **you** were travelling on when the loss, theft or misplacement occurred. **You** must prove that **you** made such report by providing **us** with a written statement from whoever **you** reported it to;

e) the loss, theft or damage is to, or of, **bicycles** left behind in any hotel or motel room after **you** have checked out, or items left behind in any aircraft, ship, train, tram, taxi or bus;

f) the **bicycle** was being sent unaccompanied by you or under a freight contract;

g) the loss or damage arises from any process of cleaning, repair or alteration;

h) the loss or damage arises from ordinary wear and tear, deterioration, atmospheric or weather conditions, insects, rodents or vermin;

i) the **bicycle** was left **unsupervised** in a **public place** unless, the **bicycle** frame and wheels were secured to a fixed object with a D-Lock or armour plated cable;

j) the **bicycle** has a mechanical breakdown;

k) **you** are entitled to be reimbursed by the bus line, airline, shipping line or rail authority **you** were travelling on when the loss, theft, misplacement or damage occurred. However, if **you** are not reimbursed the full amount of **your** claim, **we** will pay the difference between the amount of **your** loss and what **you** were reimbursed, up to the limit of **your** cover;

CLAIMS

First check that **you** are covered by **your policy** by reading the appropriate section in this policy wording and the **GENERAL EXCLUSIONS APPLICABLE TO SECTIONS** to see exactly what is, and is not covered, noting particularly any conditions limitations and exclusions.

How to make a claim

You must give notice of **your** claim as soon as possible. The fastest and easiest way to make a claim is to visit **our** online claims portal:

https://claimmanager.co.nz

Alternatively, **you** can call the contact number shown on the back cover of this policy wording for further assistance.

If there is a delay in claim notification, or **you** do not provide sufficient detail to process **your** claim, **we** can reduce **your** claim by the amount of prejudice **we** have suffered because of the delay.

You must give any information **Allianz Partners** reasonably asks for to support **your** claim at **your** expense, such as but not limited to police reports, valuations, medical reports, original receipts or proof of purchase and ownership. If required they may ask **you** to provide them with translations into English of any such documents to enable their assessment of **your** claim.

You must co-operate at all times in relation to providing supporting evidence and such other information that may reasonably be required.

a) If **you** think that **you** may have to cancel **your journey** or shorten **your journey** **you** must tell **us** as soon as possible. Contact **Allianz Partners** using the contact number, or if **overseas** the **24 HOUR EMERGENCY ASSISTANCE** number, shown on the back cover of this policy wording.

b) For medical, **hospital** or dental claims, contact **Allianz Partners** as soon as practicable.

c) For loss or theft of **your luggage and personal effects**, report it immediately to the police and obtain a written notice of **your** report.

d) For damage or misplacement of **your luggage and personal effects**, caused by the airline or any other operator or accommodation provider, report the damage or misplacement to an appropriate official and obtain a written report, including any offer of settlement that they may make.

e) Submit full details of any claim in writing within 30 days of **your** return **home**.

Claims are payable in New Zealand dollars to you

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.

Payment will be made by direct credit to a New Zealand bank account nominated by **you**.

You must not admit fault or liability

You must not admit that **you** are at fault, for any accident, incident or event causing a claim under **your policy**, and **you** must not offer or promise to pay any money, or become involved in legal action, without the approval of **Allianz Partners**.

You must help us to recover any money we have paid

If **we** have a claim against someone in relation to the money **we** have to pay or **we** have paid under your **policy**, **you** must do everything **you** can to help **us** do that in legal proceedings. If **you** are aware of any third party that **you** or **we** may recover money from, **you** must inform **us** of such third party.

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

If **you** can make a claim against someone 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.

We will only make any payment under this **policy** once the other insurance **policy** is exhausted. If **we** have paid **your** claim in full first, **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 in **your** name 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, everything 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** costs (administration and legal) arising from the recovery.
2. To **us**, an amount equal to the amount that we paid to **you** under **your 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**.

Fraud

Insurance fraud places additional costs on honest policyholders. Fraudulent claims force insurance premiums to rise. **We** encourage the community to assist in the prevention of insurance fraud.

You can help by reporting insurance fraud by calling **Allianz Partners** on 0800 778 109. All information will be treated as confidential and protected to the full extent under law.

CONTACT US

SALES & GENERAL ENQUIRIES

PHONE: 0800 574 904

EMAIL: help@allianz-assistance.co.nz

CLAIMS

PHONE: 0800 574 904

EMAIL: claims@allianz-assistance.co.nz

24 HOUR EMERGENCY ASSISTANCE

+64 9 486 6868 (reverse charge from overseas)

PHONE: 0800 778 103 (within New Zealand)

This policy is issued and managed by

AWP Services New Zealand Limited trading as **Allianz Partners, Level 3, 1 Byron Avenue, Takapuna, Auckland 0622** and underwritten by **The Hollard Insurance Company Pty Ltd ABN 78 090 584 473 (Incorporated in Australia), ("Hollard"), Level 26, 188 Quay Street, Auckland 1010**.

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