



BATTLEFACE COVID ESSENTIALS INTERNATIONAL TRAVEL INSURANCE

Combined Product Disclosure Statement (PDS)
& Financial Services Guide (FSG)

BF3/COV/112022
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24/7 EMERGENCY ASSISTANCE

Our specialist Emergency Assistance team is available 24/7 to support you in the event of an emergency while travelling.

Please let us know, or have someone let us know, as soon as possible following any serious accident or illness requiring in-patient hospitalisation, extended treatment or changes to travel arrangements.

How to contact us

FOR GENERAL ENQUIRIES AND/OR EMERGENCY ASSISTANCE:

General Enquiries: anz@battleface.com

Emergency Assistance: assist@battleface.com

Phone (outside Australia): +61 2 8880 5820

Phone (in Australia): (02) 8880 5820

Smartraveller

We encourage you to subscribe to smartraveller.gov.au and download their App to receive up-to-date travel advice.

Making a claim

You can make a claim while you're overseas or when you return to Australia.

To start your claim, log on to www.battleface.com, or click this link for instructions to streamline the claims process.

If you need help with your claim, please contact us:

t: (02) 8880 5820 (within Australia), or

t: +61 2 8880 5820 (from overseas)

e: claims@battleface.com

*Please note – all calls are recorded for training and verification purposes.

THE BATTLEFACE INTERNATIONAL TRAVEL INSURANCE POLICY

‘Oh, the places you’ll go’ – Dr Seuss

Travel is one of the greatest gifts you can give yourself. And like all amazing gifts, you want to be sure it’s a great experience. That it enriches you and your needs.

Because you’ve got more interesting things to think about while you’re off exploring the world, you want the peace of mind knowing your insurance will be there if you need it.

This document contains important information to help you decide if the cover we offer is right for you. It’s divided into two parts:

- Product Disclosure Statement (PDS); and
- Financial Services Guide (FSG).

Product Disclosure Statement (PDS)

The PDS contains everything you need to know about this policy. This includes contact details and comprehensive information about policy benefits, conditions, and exclusions.

This policy is a consumer insurance contract under the Insurance Contracts Act 1984.

The PDS will help you understand:

- what’s covered;
- what’s not covered;
- policy benefits;
- how we protect your privacy; and
- what happens if you need to make a claim.

Financial Services Guide (FSG)

The FSG contains information about:

- us (battleface);
- who we partner with to provide you this insurance cover;
- how we and any partners are paid;
- how you can make a complaint; and
- other details to help you decide if this policy is right for you.

battleface Insurance Services Pty Limited, ABN 28 650 606 045, AFSL 536280 act under a binder authority as the underwriting agent of the insurer and is responsible for the FSG section in this document.

Any advice given in this document is general in nature and hasn't taken into account your personal circumstances. As we don't know your objectives, financial situation or needs, it's important you carefully consider whether the information given is right for you.

Product Disclosure Statement (PDS)

If you buy this insurance, your policy is made up of the PDS, the FSG and your Certificate of Insurance. Your Certificate of Insurance contains your personal insurance details, so check to make sure everything is correct.

The information in this PDS is current as of 15 November 2022. If we make any changes, we'll let you know.

You can find the latest info here. Or contact us and we'll send it to you.

We may update the information in this PDS from time to time. If the updated information is not materially adverse, we may publish the updated information on our website at battleface.com.au. You can also ask us for a copy of any updated information to be provided to you at no cost.

Our agreement with you

Your policy is a contract between you and us, and your agreement with us is set out in:

- this document;
- your application for insurance;
- your Certificate of Insurance; and
- any other documents we issue outlining terms and conditions of your cover.

Together, these documents make up your policy and should be read carefully.

The insurer

This insurance is underwritten by Pacific International Insurance Pty Ltd ABN 83 169 311 193, AFSL No 523921 (the insurer).

For information on how we work together and the services we provide, please refer to the Financial Services Guide.

Who are we?

battleface Insurance Services Pty Ltd, ABN 28 650 606 045, AFSL 536280 (battleface) acts as the underwriting agent of the insurer under a binding authority from them, which means we can issue, vary, or cancel insurance on their behalf and handle and settle any claims you make. battleface is authorised to provide these services under our AFSL.

Your obligation when answering our questions

When you buy a battleface travel insurance policy, you're entering into an insurance contract with us. There are things you need to tell us and they must be true and correct to the best of your knowledge.

You should know that under the Insurance Contracts Act 1984 (Cth), it's your duty to take reasonable care not to make a misrepresentation. This applies when answering questions and giving us information.

We'll only ask questions relevant to our decision to insure you and on what terms.

If you tell us something which isn't true

If you don't take reasonable care when answering our questions or giving us information, we can cancel your policy or reduce the amount we pay if you make a claim.

Or both.

If you deliberately mislead us (act fraudulently), we can refuse to pay a claim and will treat the policy as if it never existed.

Cooling off period

Cancelling within the cooling off period

You've got 21 days (known as the 'cooling off period') from the day you buy your policy to cancel and get a full refund. This gives you time to read the PDS and check the policy is right for you.

Cancelling outside the cooling off period

If you request to cancel your policy outside the cooling-off period, we'll refund that part of your premium paid for the unused period of insurance based on a pro-rata calculation.

In all cases, whether or not you cancel within the cooling off period, we will only consider a refund if:

- you haven't started your trip; and
- you haven't made a claim; and
- you don't intend to make a claim or exercise any other right under your policy.

When a policy cancellation has been accepted, we will process your refund within 15 Business Days.

Other important info about this policy

- You must be 18 years of age or older to buy the policy.
- There's an upper age limit of 99 years.
- You can buy this policy up to 12 months before your date of departure.
- The policy covers one way and return journeys.
- It's only available for Australian residents.
- The policy is not available if you have commenced your trip.
- Cover is limited to the dates of travel and destination(s) displayed on the Certificate of Insurance.
- The policy automatically extends if your return is delayed by an event covered under the policy, until you are able to return to Australia by the quickest route.

The premium payable for this policy

The amount we charge is the total amount of the premium and any relevant government charges. Several factors are considered in determining the amount payable. These include:

- **Advance Purchase** – the further in advance that you purchase the policy, the higher the premium may be.
- **Age** – the older you are, the higher the premium is likely to be.
- **Duration** – the longer you travel, the higher the premium is likely to be.
- **Destination** – higher risk destinations will generally require higher premiums.
- **Excess** – the higher the excess you choose, the lower the premium you will pay.

Tax implications - Goods and Services Tax (GST)

International travel insurance is exempt from GST. This includes cancellation cover and any domestic flights connecting you with your international flights.

Significant risks

This policy may not be right for you

This policy may not be right for you, for example, if an exclusion applies, so it's important you read and understand this document. If you're unsure about anything, please contact us.

Do you have the right level of cover?

You need to make sure the limits of cover are right for your needs. If you make a claim and you're under-insured, you'll have to cover losses over the policy limits.

Please refer to the maximum and applicable sub-limits set out in the Schedule of Benefits.

A claim may be denied

We may refuse to pay, or reduce the amount we pay for a claim if you:

- don't comply with the eligibility or policy conditions relevant to that claim;
- don't comply with your duty to take reasonable care not to make a misrepresentation; or
- make a fraudulent claim.

Our definitions

These words have specific meanings in your PDS, Certificate of Insurance and any other documents forming part of your policy.

Accident

Any sudden, unexpected, or unusual physical event not intended by you.

Carrier

Any regularly scheduled land, sea or air transport operating under a valid licence for transporting passengers. Excludes taxi, ride sharing, limousine or similar service.

Certificate of Insurance

The document we give you detailing your travel insurance cover. Sometimes called an Insurance Certificate.

Close relative

- spouse or common law partner;
- parent;
- step-parent;
- legal guardian;
- children (including legally adopted and stepchildren);
- sibling (including step-siblings and sister/brother-in-law); or:
- fiancé(e).

Cruise

A multi-night cruise. Doesn't include daily or overnight scheduled ferry services.

Epidemic

A fast-spreading, contagious or infectious disease or illness in a community, population or region and recognised by a public health authority.

Excess

The amount shown on your Certificate of Insurance as your financial contribution to any claim accepted by us. Any applicable excess will apply on a per Insured Person, per event basis. Where an event triggers benefits under multiple sections, the highest applicable excess will apply.

Home

Your primary place of residence.

Home country

Means Australia

Insured person / you / your

Each person named on the Certificate of Insurance.

Insurer

Pacific International Insurance Pty Ltd.

Interruption

Abandoning or cutting short your trip by direct early return to your home country.

Medical condition

A disease, illness, sickness or injury including psychological conditions.

Medical practitioner

A legally licensed member of the medical profession, recognised by the law of the country where treatment is provided and in giving such treatment, is practising within the scope of their licence and training and isn't related to you or anyone within your travelling party.

Pandemic

An epidemic expected to affect an unusually large number of people or involve an extensive geographic area and recognised by a public health authority.

Period of Insurance

The period shown on the Certificate of Insurance.

In the event you can't complete your trip due to an insured event, the Period of Insurance is automatically extended until you are able to return to Australia by the quickest route.

Pre-existing medical condition

Is, in the 12 months before buying the policy:

- a medical or dental condition of which you're aware, or the related complication you have, or the symptoms of which you're aware;
- a medical or dental condition currently being, or has been, investigated or treated by a medical practitioner (including dentist or chiropractor);
- any condition for which you have been prescribed medicine. Doesn't apply to common colds, flu or contraceptive medication;
- any condition for which you've had surgery; or
- any condition for which you have seen a medical specialist.

This definition applies to you, your travelling party, a close relative or any other person named on the Certificate of Insurance.

Schedule of Benefits

The summary of insurance plans and cover as outlined in this document.

Travelling party

You and any travelling companion planning to accompany you for at least 50 percent of the duration of your trip.

Trip

A journey to and within the country/s stated on your Certificate of Insurance. Begins when you leave home (or on the nominated start date) and ends when you return home (or on the nominated end date), whichever is earlier.

We, our or us

battleface Insurance Services Pty Ltd, acting under a binder authority on behalf of the Insurer.

Schedule of Benefits

The table below is a summary of the benefits covered this policy.

The maximum amount payable for each insured person will be up to the applicable limit per person, as set out in the Schedule of Benefits, Policy Wording or your Certificate of Insurance.

Please also refer to the coverages section for any specific sub limits, conditions and exclusions applying to each section of cover.

		Covid Essentials Plan
Covers	Excess applies*	Maximum amount payable per person
Cancellation or trip interruption (due to Covid-19 only)	Yes	Up to \$4,000
Emergency Medical and additional expenses (apart from Funeral Expenses Abroad)	Yes	Unlimited (for up to 12 months of treatment)
Funeral Expenses Abroad	No	Up to \$10,000
Hospital benefit and confinement	No	\$50 per day (up to a maximum of \$500)

*Any excess level selected by you will be shown on your Certificate of Insurance

What's an excess?

This is an amount you must contribute when you make a claim.

Except for benefit sections stating, 'no excess applies to claims under this benefit', the excess amount is deducted from any claim payment we make to you.

A separate excess applies to each event.

General Conditions

These general conditions apply to all covers.

To be covered under this insurance, you must be fit to travel and able to undertake your planned trip.

You must:

- Let us know as soon as possible following an event you may want to claim under this policy.
- Give us documents, medical certificates, original receipts or information we reasonably request.

- Not make any promise, offer of payment, admit guilt or fault to anyone (except as required by law), or become involved in any litigation regarding an event that may result in a claim under this policy, without our consent, which will not be unreasonably withheld.
- Provide evidence from the treating medical practitioner for a claim for illness or injury, as soon as reasonably possible.
- Exercise reasonable caution and care for the supervision and safety of both you and your property to minimise any claim.
- Avoid unnecessary exposure to dangerous situations, unless attempting to save human life.

We may, at our expense, take fair and reasonable action in your name to recover compensation or enforce an indemnity against someone else regarding a loss covered by this insurance, in accordance with the law.

If we pay any expenses on your behalf, or reimburse you for any loss, and you later receive payment from any other source for these expenses, you must pay us up to the claim amount we paid you.

Claims will be paid to you or your personal representative in Australian dollars (AUD) based on the exchange rate at the time of the loss. We'll not pay more than your actual loss.

Medical health and pregnancy

Change of health before departure

If you have a change in health after you've taken out this insurance, but before your trip begins, please talk to your medical practitioner to make sure you're still fit to travel. Unless your medical practitioner can confirm you're fit to travel, you won't be covered for any claim for the condition if you still travel.

Pre-existing medical conditions

Please consider your medical history carefully.

This policy provides cover for unexpected sudden illnesses or serious injuries.

We automatically include cover for specific pre-existing medical conditions (listed below), subject to the following:

- you've not been hospitalised for the condition in the past 24 months, and;
- your medications for the condition have remained unchanged for the past 6 months.

Timeframes are in relation to the date of issue of the policy.

If you have a pre-existing medical condition not included in this list, then it's not covered. We won't pay for any claims where that medical condition is a contributing factor.

What's a pre-existing medical condition?

Our definition of pre-existing medical condition is, in the 12 months before buying the policy:

- a medical or dental condition of which you're aware, or the related complication you have, or the symptoms of which you're aware;

- a medical or dental condition currently being, or has been, investigated or treated by a medical practitioner (including dentist or chiropractor);
- any condition for which you take prescribed medicine. Doesn't apply to common colds, flu or contraceptive medication;
- any condition for which you've had surgery; or
- any condition for which you see a medical specialist.

This definition applies to you, your travelling party, a close relative or any other person named on the Certificate of Insurance.

Automatically covered pre-existing medical conditions

The following medical conditions are automatically covered under this policy.

- Acne
- Allergies - limited to rhinitis, chronic sinusitis, eczema, food intolerance, hay fever
- Anxiety – if:
 - Your prescribed medication hasn't changed within the last 12 months, or;
 - You have not been diagnosed with depression within the last 3 years, or;
 - You do not have any appointments pending with a psychologist or psychiatrist, or;
 - You have not needed to cancel or interrupt any previous travel plans due to your anxiety
- Asthma - if you:
 - have no other lung disease, and;
 - are under 60 years of age on the date of policy purchase
- Attention Deficit Hyperactivity Disorder (ADHD)
- Bell's Palsy
- Benign paroxysmal positional vertigo (BPPV)
- Bunions
- Carpal tunnel syndrome
- Cataracts
- Coeliac disease
- Congenital blindness
- Congenital deafness
- Depression – if:
 - Your prescribed medication hasn't changed within the last 12 months, or;
 - You have not been hospitalised for your depression within the last 2 years, or;
 - You do not have any appointments pending with a psychologist or psychiatrist, or;
 - You have not needed to cancel or interrupt any previous travel plans due to your depression
- *Diabetes mellitus (also known as Type I diabetes) - if you:
 - were diagnosed over 12 months ago, and;
 - have no eye, kidney, nerve or vascular complications, and;
 - don't also suffer from a known cardiovascular disease, hypertension, hyperlipidaemia or hypercholesterolaemia, and;
 - are under 60 years of age at the date of policy purchase.

- *Diabetes mellitus (also known as Type II diabetes) - if you:
 - were diagnosed over 12 months ago, and;
 - have no eye, kidney, nerve or vascular complications, and;
 - don't also suffer from a known cardiovascular disease, hypertension, hyperlipidaemia or hypercholesterolaemia.
- Dry eye syndrome
- Epilepsy - if there's been no change to your medication regime in the past 12 months
- Folate deficiency
- Gastric reflux
- Goitre
- Glaucoma
- Graves' disease
- Hiatus hernia
- *Hypercholesterolaemia (high cholesterol) - if you don't also suffer from a known cardiovascular disease and/or diabetes
- *Hyperlipidaemia (High Blood Lipids)- if you don't also suffer from a known cardiovascular disease and/or diabetes
- *Hypertension (High Blood Pressure) - if you don't also suffer from a known cardiovascular disease and/or diabetes
- Hypothyroidism - including Hashimoto's disease
- Impaired glucose tolerance
- Incontinence
- Insulin resistance
- Iron deficiency anaemia
- Macular degeneration
- Meniere's disease
- Migraine
- Nocturnal cramps
- Osteopenia
- Osteoporosis
- Pernicious anaemia
- Plantar fasciitis
- Raynaud's disease
- Sleep Apnoea
- Solar keratosis
- Trigeminal neuralgia
- Trigger finger
- Vitamin B12 deficiency

* Diabetes (Type I and Type II), hypertension, hypercholesterolaemia and hyperlipidaemia are risk factors for cardiovascular disease. If you have a history of cardiovascular disease, and it's a pre-existing medical condition, cover for these conditions is also excluded.

Claims for any pre-existing medical condition not listed above as an automatically covered pre-existing condition are excluded under this policy.

Pregnancy

Our policy offers limited cover for pregnancy.

Please read this section carefully if you're pregnant or planning to get pregnant, as there are important limitations.

Cover available if you're pregnant

We'll pay for unexpected serious complications of pregnancy and childbirth occurring:

- up to the 24th week of pregnancy if you're pregnant with a single child; or
- up to the 19th week of pregnancy if you're pregnant with twins or multiple children.

Cover is subject to the exclusions described below and all other applicable terms and conditions, exclusions, and limitations of the policy.

Exclusions relating to claims from pregnancy

We won't pay any claim or loss directly or indirectly related to, or for:

- childbirth at any stage of pregnancy. If you deliver overseas, there's no cover for costs related to the birth.
- the health or care of a newborn child, whatever the claim. If you deliver overseas for any reason, including premature birth, there's no cover for costs relating to caring for the child or children.
- your pregnancy or the pregnancy of another person after the:
 - 24th week of pregnancy with a single child; or
 - 19th week of pregnancy with twins or multiple children.
- your pregnancy or the pregnancy of another person where:
 - conception was medically assisted (including hormone therapy and IVF);
 - there's been complications* with this pregnancy, or your health, prior to the start of your trip and you've been told it may adversely affect this pregnancy; or
 - you've had complications* with any previous pregnancy.
- antenatal care.

*Complications mean any secondary diagnosis occurring before, during, at the same time as, or as a result of the pregnancy, which may adversely affect the pregnancy outcome.

COVERS

Cancellation or trip interruption

When cover applies

Cover applies under this section when you need to cancel, or change your travel plans, due to any of the following unexpected events:

- You can't travel because you or a travelling companion:
 - are diagnosed with COVID-19 in Australia by a registered medical provider within 14 days prior to your departure date; or
 - are diagnosed with COVID-19 while on your trip by a registered medical provider; or
 - are individually contacted by a local public health authority and directed into a period of quarantine during the period of insurance.
- You're deemed an essential health care worker under applicable COVID-19 rules within the jurisdiction where you work, and your leave is cancelled by your employer due to COVID-19 related reasons, meaning you can't go on your trip

What's covered:

We'll pay up to the amount shown in the Schedule Of Benefits for the following:

- Non-refundable travel and accommodation you don't use because you can't begin or complete the planned trip.
- The travel agent's commission. This is limited to the lesser of \$1,500 or the amount of commission the agent earned on the pre-paid refundable amount of the cancelled travel arrangements.
- Rearrangement costs up to the value of cancellation fees if you decide to reschedule your trip.
- Additional daily accommodation expenses up to \$200 per insured person for a maximum of 14 days if you are directed into a period of mandatory quarantine due to COVID-19 by a local public health authority whilst on your trip.
- The value of frequent flyer or similar flight reward points, air miles, redeemable vouchers or similar schemes lost by you following cancellation of the services paid for with those points, if you cannot recover your loss in any other way. We will reimburse you as follows:
 - i. For frequent flyer or similar flight reward points, loyalty card points, air miles: - The cost of an equivalent booking, based on the same advance booking period as your original redemption booking. We will deduct any payment you made towards the booking and multiply it 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. For example:

Equivalent booking value = \$2,000
Points lost = 10,000
Points redeemed for original ticket = 100,000
Claimable amount = $\$2,000 \times (10,000 / 100,000) = \200
 - ii. For vouchers, the face value of the voucher up to the current market value of an equivalent booking.

What's not covered:

We won't pay for any claim caused by:

- Any event that is not listed as covered under the Cancellation or trip Interruption 'When cover applies' section.
- Any event reasonably expected at the time you bought the policy.
- A diagnosis of COVID-19 while travelling in a country, or part of a country, subject to 'do not travel' advice on smartraveller.gov.au when you entered the country, or part of the country. This exclusion only applies if the reason(s) or part of the reason(s) for the advice was the presence of COVID-19.

Also see General Exclusions

Special conditions relating to this cover

- This cover has the following special conditions:
- If you cancel the trip due to COVID-19, you'll need to provide evidence of a positive diagnosis from a medical practitioner or recognised laboratory.
- In the event of interruption of the trip, you need to make reasonable attempts to contact us first so we can make any necessary travel arrangements.
- In the event of unexpected illness or injury to you, a close relative, a travelling companion or person you planned to stay with on your trip, you'll need a medical certificate from the treating medical practitioner and our prior consent (which will not be unreasonably withheld) to confirm the need to return home before originally scheduled.
- To minimise your loss, you'll need to advise the carrier or travel agent as soon as possible if the trip is to be cancelled or interrupted.

Also see General Conditions

Emergency medical and additional expenses**When cover starts**

Cover applies under this section for any illness or injury first showing after you leave Australia.

What's covered

We'll pay up to the amount shown in the Schedule of Benefits for the following:

Medical treatment

- We'll pay, up to a maximum period of 12 months, for the following provided overseas:
- the necessary treatment of your medical condition, including Medical Practitioner's fees;
- hospital expenses; and
- in-patient and out-patient medical treatment and charges.

We'll also pay for medical transportation to the nearest suitable hospital when deemed necessary by our Medical Officer or, in an emergency, the attending medical practitioner.

Medical repatriation

We'll pay travelling costs to repatriate you to Australia where this is medically necessary.

If our Medical Officer confirms it's essential for you to be accompanied, we'll pay the economy class travel and reasonable accommodation costs for one person to remain with, or travel to and accompany you on the trip home.

We'll also arrange and pay for the cost of a medical escort if necessary.

Emergency dental treatment

We'll pay up to \$2,000 per insured person for:

- the cost of essential temporary treatment for the immediate relief of pain or discomfort to sound, healthy and natural teeth; and/or
- emergency repairs to dentures and orthodontic appliances carried out solely to alleviate distress in eating.

Pregnancy

We'll pay for essential treatment due to complications of pregnancy and childbirth.

Funeral expenses abroad

We'll pay up to the amount shown in the Schedule of Benefits for your burial or cremation abroad (including return of ashes to Australia), or the transportation costs of returning your body to Australia.

What's not covered:

We'll not pay any claim caused by:

- Any pre-existing medical condition (unless your condition is automatically covered – see earlier section).
- Any routine, pre-planned or expected medical or dental treatment, or diagnostic procedure.
- The continuation or follow-up of treatment, including medication and ongoing immunisations, started before your trip.
- Treatment which, in the opinion of our Medical Officer or treating medical practitioner, can be reasonably delayed until you return to Australia.
- Your refusal to return to Australia if based on the recommendation of a medical practitioner appointed by us or the treating medical practitioner, you're capable of being repatriated to Australia and we request you to do so. If you don't agree to return home, we may limit the amount we'll pay for medical expenses and associated costs, based on the likely costs had you returned to Australia.
- Costs incurred in Australia, other than costs to transport your remains.
- Costs incurred onboard a cruise ship.
- Treatment incurred overseas after 12 months from the onset of the illness, injury or condition.
- Normal wear and tear of dental or orthodontic appliances.
- Damage to dentures, other than while being worn by you, and any self-inflicted damage, including damage caused by tooth-brushing or any other oral hygiene activity.
- Dental treatment involving the supply of dentures or the use of precious metals.
- Medical or dental treatment, or services given, by a private clinic or hospital, health spa, convalescent home or any rehabilitation centre unless confirmed as medically necessary by our medical officer or the treating medical practitioner.
- Treatment for cosmetic purposes.

- Search and rescue costs where an emergency service, such as the coastguard or army, have been called out to find you. This doesn't include the cost of emergency medical evacuation by the most suitable transport or mountain rescue services.
- Medical expenses incurred where provision of any benefit, claim payments or cover will result in us contravening the Health Insurance Act 1973 (Cth), Private Health Insurance Act 2007 (Cth), National Health Act 1953 (Cth) or any applicable legislation or where we are not authorised or licensed to provide such benefit, payment or cover.

Also see General Exclusions

Special conditions relating to cover

Where reasonably practicable, please contact us in the event of a medical emergency.

Also see General Conditions

Hospital benefit and confinement

No excess applies to claims under this benefit.

When cover starts

Cover applies under this section when we accept a claim under the Emergency medical and additional expenses benefit.

What's covered

We'll pay the amount shown in the Schedule of Benefits for every full 24 hour period you're in hospital as an in-patient while overseas.

What's not covered:

See General Exclusions

Special conditions relating to cover

See General Conditions

General exclusions

These general exclusions apply to all covers.

Specific exclusions may also apply to the different types of cover and these are detailed within each section. Please read them carefully.

We'll not cover any loss in connection with the following:

- Loss incurred outside of the Period of Insurance
- The extent of your loss recoverable under some other scheme, such as Medicare, a private health fund, workers compensation scheme, travel compensation fund or accident compensation scheme.
- Expenses you've not made every reasonable attempt to recover from the carrier, accommodation provider, booking agents, travel agents or any other source involved in your travel arrangements.
- A loss from any pre-existing medical condition. This exclusion doesn't apply to automatically covered conditions listed in this policy document.
- Loss from a metastatic or terminal prognosis made before you bought your policy.
- Loss from any condition for which you've declined treatment or further investigation recommended by a medical practitioner.
- Claims for:
 - childbirth at any stage of pregnancy (if you deliver overseas, there's no cover for costs related to the birth);
 - the health or care of a newborn child, whatever the claim (if you deliver overseas for any reason, including premature birth, there's no cover for costs relating to caring for the child or children);
 - your pregnancy or the pregnancy of any other person, after the:
 - i. 24th week of pregnancy, with a single child; or
 - ii. 19th week of pregnancy, with twins or multiple children;
 - your pregnancy or the pregnancy of another person where:
 - i. conception was medically assisted (including hormone therapy and IVF)
 - ii. there's been complications* with this pregnancy, or your health, prior to the start of your trip you've been told may adversely affect this pregnancy; or
 - iii. you've had complications* with any previous pregnancy.
 - Antenatal care.
- Indirect losses including loss of enjoyment, revenue, profit, business opportunity or damage to goodwill or reputation.
- Loss caused by, or relating to, a criminal or dishonest act by you or a person with whom you're in collusion.
- Loss from war (whether declared or not), act of war, act of foreign enemy, invasion, civil war, rebellion, revolution, insurrection, military or usurped power.
- Loss from the use, existence or escape of nuclear weapons material, or ionising radiation from, or contamination by, radioactivity from any nuclear fuel, or nuclear waste from the combustion of nuclear fuel.
- Loss from any government prohibition, regulation, sanction or intervention, including border closures, for you or a member of your travelling party not obeying official laws, warnings, orders from a governmental authority, court of law, organisation or any other relevant or local authority.
- Loss from travelling to, planning to travel to or choosing to remain in, a country or region that, prior to your arrival, 'do not travel' advice was issued by the Department of Foreign Affairs and Trade (DFAT) on smartraveller.gov.au
- Loss relating in any way to:
 - chronic use of alcohol;
 - substance abuse or drug abuse (whether over the counter, prescription or otherwise); or
 - ingestion of non-prescription drugs or substances (such as marijuana, ecstasy, methamphetamines, heroin).

- Loss from, or related to, impairment due to alcohol:
 - evidenced by the results of a blood test showing your blood alcohol concentration level is above the level legally permissible to operate a motorised vehicle in the jurisdiction or country where the event occurs; or
 - considering the following, where available:
 - i. a report from a medical practitioner or forensic expert
 - ii. a third party witness report
 - iii. your own admission; or
 - iv. a description of events by you to us, or to the treating medical professionals (paramedic, nurse, doctor etc) and documented in their records.
- Where providing cover or liability to pay a benefit would expose us and/or our reinsurer(s) to any sanction, prohibition or restriction under United Nations resolutions or any relevant international sanctions, laws or regulations.
- Losses from your involvement in a criminal activity.
- Losses from any computer virus or other malicious computer software.
- Losses from you operating or working as a crew member (including as a trainee or learner/student) aboard any aircraft, commercial vehicle or commercial watercraft.
- Losses from you doing manual work relating to any profession, business or trade during the trip.
- Claims involving travel on a multi night cruise.
- Claims involving travel (during the trip) into international waters in a private sailing vessel or a privately registered vessel.
- Claims involving participation by you (during the trip) in the following activities:
 - any snow sports
 - motorcycle or moped riding;
 - racing (except on foot);
 - polo playing;
 - mountain climbing requiring the use of equipment such as pick-axes, anchors, bolts, crampons, carabineers, lead or top-rope anchoring or other specialist equipment;
 - motor sport or motor racing (including training or practice);
 - hunting;
 - Running with the Bulls;
 - professional sports (including training or practice);
 - parachuting, hang-gliding or paragliding; or
 - scuba diving, unless you hold an open water diving certificate or diving with a qualified diving instructor.

*Complications mean any secondary diagnosis occurring before, during, at the same time as, or as a result of the pregnancy, which may adversely affect the pregnancy outcome.

How we handle complaints

battleface welcomes every opportunity to improve our customer experiences and encourage you to contact us if you're unhappy with our representatives, affiliates, service providers or product.

You can raise a complaint by contacting our Customer Service team.

t: (02) 8880 5820

e: complaints@battleface.com

Internal Dispute Resolution (IDR) process

Step 1:

We will acknowledge your complaint within one (1) business day. If we can't immediately resolve your complaint, we'll arrange for our Customer Service team to contact you within two (2) business days. You'll also be given the contact details of the person handling your complaint.

Our Customer Service team will work as quickly as possible to investigate your complaint in a fair and efficient way.

We'll do our best to resolve your complaint within 10 business days.

If we're unable to resolve your complaint within 10 business days, we'll keep you informed about the complaint progress at least every 10 business days.

External Dispute Resolution (EDR) process

If you remain dissatisfied, you can contact the Australian Financial Complaints Authority (AFCA).

AFCA provides fair and independent financial services complaint resolution, free to consumers. You can take your complaint to AFCA at any time.

t: 1800 931 678 (free call)

e: info@afca.org.au

w: afca.org.au

In writing: Australian Financial Complaints Authority, GPO Box 3, Melbourne VIC 3001

If you do refer your complaint to AFCA, you must do so within two (2) years of our final decision.

Other things you need to know

The General Insurance Code of Practice

The insurer is a signatory to the [General Insurance Code of Practice](#) developed by the [Insurance Council of Australia \(ICA\)](#).

The Code is designed to provide information about insurance and promote good relations between insurers, authorised representatives and consumers.

You can find more information about the Code or download a copy [here](#).

Claim service standard

Our claim service standard is to provide a claim outcome within 10 business days after successfully lodging a claim online, receipt of all the relevant information and after we've made our enquiries.

If we need more information, we'll contact you within 10 business days of receipt of your claim.

Jurisdiction and choice of law

This policy is governed by and construed in accordance with the laws of New South Wales (NSW), Australia and you agree to submit to the exclusive jurisdiction of the courts of New South Wales.

Equally, in accepting this insurance, we agree:

- If a dispute arises under this insurance, it's subject to New South Wales law and practice and the insurer will submit to the jurisdiction of any competent court in New South Wales
- Any summons notice or process to be served, may be served upon:

Pacific International Insurance Pty Ltd
P.O Box 550
Kotara NSW 2289

Financial Claims Scheme (FCS)

The insurer is authorised under the [Insurance Act 1973](#) to carry on general insurance business. This Act contains prudential standards and practices to ensure they meet their financial obligations under this policy.

The protection provided under the Federal Government's Financial Claims Scheme applies to the insurer. If the insurer can't meet their financial obligations under this policy, you may have a claim under this scheme. Access to the scheme is subject to eligibility criteria.

Information about the scheme can be found at fsc.gov.au or by calling 1300 55 88 49.

Protecting your privacy

We respect your privacy and will protect your information.

battleface Insurance Services (Australia) Pty Limited collects your personal, and in some cases sensitive information, to issue, arrange and manage your travel insurance, or to provide you with related services. We'll only collect personal and sensitive information from you or those authorised by you, such as our distribution partners.

By providing us your personal and sensitive information, you consent to us collecting, using, storing and disclosing it in accordance with our Privacy Policy. If you don't provide all the personal and sensitive information we've requested, either directly or through others, we may not be able to offer you our services or products, including processing your application for insurance.

We may disclose your personal and sensitive information to third parties involved in the insurance process, such as travel agents and consultants, travel insurance providers, insurers and reinsurers, claims handlers, investigators and cost containment providers, medical and health service providers, legal and other professional advisers, your and our agents and our related companies. Some of these third parties may be in other jurisdictions such as the UK, Europe, South Africa, New Zealand, the Philippines, and the USA.

Our Privacy Policy details how we collect, use, store and disclose your personal and sensitive information, as well as how you can access and correct your personal information or make a complaint. You may not access or correct the personal information of others unless authorised by them, you're authorised under law or they're your dependants.

You can view our full Privacy Policy at www.battleface.com.au

You can view our insurer's full privacy policy at www.pacificins.com.au

FINANCIAL SERVICES GUIDE (FSG)

This Financial Services Guide (FSG) is designed to help you make an informed decision about the services offered. We also show you how we deal with any complaints and disputes.

You'll also find information about:

- the insurer and battleface
- our relationship with our business partners
- the financial services we provide to you, and;
- information about how we and our business partners are paid for those services

About the insurer

Your insurance is underwritten by Pacific International Insurance Pty Ltd ABN 83 169 311 193, AFSL No 523921 (the insurer).

About battleface

battleface Insurance Services Pty Limited, ABN 28 650 606 045, AFSL 536280 act under a binder authority as the underwriting agent of the insurer to distribute and issue travel insurance policies. battleface may also provide you with general advice about the travel insurance product.

battleface acts as the underwriting agent of the insurer under a binding authority from the insurer, which means it can issue, vary, renew or cancel your insurance on their behalf and handle and settle any claims you make. battleface is authorised to provide these services under its AFSL. battleface acts on behalf of the insurer and not on your behalf.

This travel insurance may be arranged through a distributor, such as a travel agent. Distributors act on our behalf. They may arrange this insurance but are not authorised to give you any advice about the policies.

Affiliates introduce or refer potential travel insurance customers. Affiliates are authorised only to refer you to battleface who can then arrange the insurance. Affiliates may also provide factual information such as linking to the policy.

About how we are paid

battleface is paid a commission by the insurer for arranging, issuing and managing the travel insurance (including claims under the insurance) on their behalf. The commission is calculated as a percentage of the premium (and taxes) you pay for the policy. Employees of battleface who provide services in relation to the insurance receive an annual salary and may receive bonuses based on performance and/or sales.

If your travel insurance is arranged through a distributor, the distributor will be paid a commission. The commission is calculated as a percentage of the gross premium when you buy a policy and is at no extra cost to you. A distributor may receive additional benefits such as discounted travel insurance or marketing assistance.

If your travel insurance is arranged after you have been referred to us by an affiliate, the affiliate will be paid a referral fee. The referral fee is calculated either as a percentage of the gross premium when you buy a policy or as a flat fee for each policy purchased after referral to us by an affiliate and is at no extra cost to you. An affiliate may receive additional benefits such as discounted travel insurance or marketing assistance.

If you would like more information on commissions or remuneration, please contact battleface either before you buy your insurance or within a reasonable time of receiving this Combined FSG and PDS.

Have a Complaint?

If You have a complaint about the financial services provided by battleface or any of our distribution partners, please contact battleface on (02) 8880 5820 and refer to the PDS for details of the complaint resolution process.

Professional Indemnity Insurance

battleface holds Professional Indemnity Insurance covering errors and mistakes relating to the provision of financial services provided by battleface and its representatives (including those who no longer act on our behalf but did at the time in question).

Our policy meets our obligations under the [Corporations Act 2001 \(Cth\)](#).

battleface[®]

battleface Insurance Services Pty Ltd

ABN 28 650 606 045, AFSL 536280

Level 11, 66 Clarence Street, Sydney NSW 2000

t: +61 (2) 8880 5820

e: anz@battleface.com

Insurance is underwritten by Pacific International Insurance Pty Ltd (ABN 83 169 311 193)