



Group Personal Accident & Illness
Business Protector Plus

Policy Wording



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Product Disclosure Statement ('PDS')

Target Market Determinations (TMDs)

From 5 October 2021, AIG Australia Limited (AIG) is required to have Target Market Determinations for its retail client insurance products in accordance with the *Treasury Laws Amendment (Design and Distribution Obligations and Product Intervention Powers) Act 2019*.

What is a TMD?

A TMD is a document created by AIG which seeks to offer customers, distributors and staff with an understanding of the class of customers for which the product has been designed and sets out:

- who is in the target market and who the product is not designed for;
- any distribution conditions and restrictions for the product;
- review periods and events that may trigger a review of the TMD; and
- reporting obligations for AIG's distributors.

The TMD is not intended and should not be treated as a full summary of the product's terms and conditions and is not intended to provide financial advice. Customers must refer to the Product Disclosure Statement (PDS) and any supplementary disclosure documents for the terms and conditions of the product when making a decision to acquire the product.

TMD's for all AIG retail products are available on AIG's website at aig.com.au.

AIG is committed to offering high quality insurance products to meet our customer needs and which offer real value. AIG achieve this by taking a consumer-centric approach when designing and distributing our products.

The Product Disclosure Statement ('PDS') contains information about key benefits and significant features of this **Policy**. Its purpose is to assist both **Your** decision to purchase insurance and ability to compare products. **You** should read the PDS before deciding whether to acquire this product.

This document also contains important information about **Your** rights and obligations including the duty of disclosure and cooling off for Retail Clients.

Details about the product issuer can be found under 'How is **Your** insurance arranged'.

The terms and conditions of **Your** insurance are contained in the Policy Wording which commences on page 7 of this booklet.

This insurance is issued/insured by :

AIG Australia Limited ("AIG/We/Us/Our")
ABN 93 004 727 753 AFSL 381686
Level 19, 2 Park Street
Sydney NSW 2000

AIG issues/insures this product pursuant to an Australian Financial Services Licence ("AFSL") granted to **Us** by the Australian Securities and Investments Commission.

AIG prepared this Product Disclosure Statement.

This PDS is dated 2 December 2020

Key Benefits of Your Policy

This **Policy** insures against a range of risks that may arise during Travel undertaken during the **Policy Period**. A summary of key benefits is outlined below. Further details about benefits can be found throughout the Policy Wording.

Specified Infectious Diseases

a. Hospitalisation Allowance

Provides a benefit where an **Insured Person** is diagnosed with a **Specified Infectious Disease** and consequently is **Hospitalised**.

b. Quarantine Allowance

Provides a benefit where an **Insured Person** is diagnosed with a **Specified Infectious Disease** and consequently is under a **Quarantine Order** for at least 7 consecutive days.

No cover applies for any **Specified Infectious Disease** contracted within 30 days from the **Policy Effective Date**.

Refer to Section 1 of the Policy Wording for details of cover and Conditions and Exclusions that may apply.

Business Continuity Booster

Provides a benefit where 3 or more **Insured Persons** that constitute more than 40% of all **Insured Persons** are simultaneously unable to perform their duties as a result of valid claims under Section 1 – Specified Infectious Diseases cover of this **Policy**.

Refer to Section 2 of the Policy Wording for details of cover and Conditions and Exclusions that may apply.

Serious Accident Response – Death & Disablement

Provides lump sum payments for an **Injury** resulting in death or disablement as per specified events under the Table of Events in Section 3 of this **Policy**.

Overseas Medical and Medical Evacuation Expenses

Provides cover for overseas Medical Expenses, Ongoing Medical Expenses in Australia (as defined) and emergency transportation and emergency evacuation expenses incurred whilst **Travelling**.

Refer to Section 4 of the Policy Wording for details of cover and Conditions and Exclusions that may apply.

Refer to Section 3 of the Policy Wording for details of cover and Conditions and Exclusions that may apply.

Important Information

This **Policy** covers the **Insured** and **Insured Persons** against a range of risks that may arise during a **Policy Period**.

Cover is conditional upon the **Insured** paying the required premiums. This cover is subject to the terms, conditions and exclusions of this **Policy**. This includes this Policy wording, the **Policy Schedule**, and any Endorsements that the **Company** issues to the **Insured**.

Refer to the **Policy Schedule** for:

- The **Insured** covered under this **Policy**;
- **Insured Person(s)** covered under this **Policy**;

- The **Policy Period**;
- Aggregate Limits of Liability;
- The Schedule of **Compensation**;
- Benefits covered under this **Policy**.

Words shown in capitalised text in this Policy Wording, the **Policy Schedule**, and any applicable Endorsements carry special and defined meaning. The **Insured** should ensure that they and any **Insured Person(s)** understand the effect of defined words on their coverage. Each benefit is described in detail in this Policy Wording, along with General Conditions, General Definitions, and General Exclusions.

This **Policy** does not cover **Insured Persons** for any Pre-existing Medical Condition. Aggregate limits for **Compensation** apply in some circumstances. These are detailed under benefit Conditions, General Conditions and on the **Policy Schedule**. If necessary, the **Insured** should seek financial advice from a registered financial advisor as to whether the cover is sufficient for their needs.

Eligibility

(a) Eligibility

To be eligible for cover under this **Policy**, all **Insured Persons** must be ordinarily resident in Australia and comply with all other terms and conditions of this **Policy**.

Additionally, for cover to be valid specifically under Section 2, Benefit 4 'Business Continuity Booster', the **Insured** must meet a minimum requirement as to the number of **Insured Persons** covered under this **Policy**. Refer to Section 2 for these additional eligibility criteria.

(b) Age

To be eligible for cover under this **Policy** the **Insured Person** must be between 16 to 69 years of age (inclusive) at the commencement of the current **Policy Period**.

Please note the following:

1. The insurance Policy Wording contains an Important Policy Matters section on Page 2, General Definitions section on Page 17, and General Conditions on Page 16 and General Exclusions on Page 19 that apply to all sections of this document.
2. Specific conditions and exclusions may also apply under each section of the Policy Wording.

You should read this document carefully and familiarise yourself with all relevant terms, conditions and obligations that may be applicable to this **Policy**.

Your Duty of Disclosure

Before **You** enter into an insurance contract, **You** have a duty of disclosure under the Insurance Contracts Act 1984.

If **We** ask **You** questions that are relevant to **Our** decision to insure **You** and on what terms, **You** must tell **Us** anything that **You** know and that a reasonable person in the circumstances would include in answering the questions.

You have this duty until **We** agree to insure **You**.

If you do not tell us something

If **You** do not tell **Us** anything **You** are required to tell **Us**, **We** may cancel **Your** contract or reduce the amount **We** will pay **You** if **You** make a claim, or both.

If **Your** failure to tell **Us** is fraudulent, **We** may refuse to pay a claim and treat the contract as if it never existed.

Your duty of disclosure for renewals

Before **You** renew this contract of insurance, **You** have a duty of disclosure under the Insurance Contracts Act 1984.

If **We** ask **You** questions that are relevant to **Our** decision to insure **You** and on what terms, **You** must tell **Us** anything that **You** know and that a reasonable person in the circumstances would include in answering the questions.

Also, **We** may give **You** a copy of anything **You** have previously told **Us** and ask **You** to tell **Us** if it has changed. If **We** do this, **You** must tell **Us** about any change or tell **Us** that there is no change.

If **You** do not tell **Us** about a change to something **You** have previously told **Us**, **You** will be taken to have told **Us** that there is no change.

You have this duty until **We** agree to renew the contract.

If you do not tell us something

If **You** do not tell **Us** anything **You** are required to tell **Us**, **We** may cancel **Your** contract or reduce the amount **We** will pay **You** if **You** make a claim, or both.

If **Your** failure to tell **Us** is fraudulent, **We** may refuse to pay a claim and treat the contract as if it never existed.

Emergency and Medical Assistance – TravelGuard®

The overseas assistance service in this section is provided by Travel Guard® in conjunction with **Your Policy**.

- (a) In the event of an emergency whilst **You** are outside Australia, Travel Guard® is only a telephone call away anywhere in the world – 24 hours a day.
- (b) Travel Guard® is a worldwide team of highly skilled **Doctors** and medical professionals who are available by telephone – 24 hours a day for advice and assistance in the event of a medical emergency and any associated problems for travellers outside Australia.
- (c) Travel Guard® provides the following services in conjunction with the Terms and Conditions of **Your Policy**:
 - Access to a Registered Medical Practitioner for emergency assistance and advice.
 - Emergency transportation to the nearest suitable Hospital
 - Emergency evacuation back home if necessary.
 - The family back home will be advised of **Your** medical condition and be kept informed of the situation.
 - Payment guarantees to Hospitals and Insurance verification.
 - Second opinions on surgery.
 - Hospital case management.
 - Legal referral service.
 - Urgent message service and emergency travel planning.

In the event of an emergency overseas, simply call (reverse charge where available) Travel Guard® any time from any place in the world: MALAYSIA 60 (3) 2772 5641

(The number underlined is the country code and the number in brackets is the area code.)

Costs

Some key factors that **We** take into consideration when calculating **Your** premium include:

- the level and range of cover options selected, and
- applicable endorsements, and
- the deductible and Aggregate Limits of Liability, and
- the number of **Insured Persons**, and
- the sums insured.

The Premium will be detailed on the **Policy Schedule**. The amount of premium payable for this **Policy** also includes an amount on account of GST. The sums insured under this **Policy** exclude GST.

When **We** make a payment under this **Policy** for the acquisition of goods, services or other supplies **We** will reduce the payment by the amount of any input tax credit that **You** are or would have been entitled to if **You** made a relevant acquisition.

Where **You** are registered for GST **You** must tell us **Your** correct input tax credit entitlement. Any fines or penalties arising from **Your** incorrect advice are payable by **You**.

Cooling Off Period

If this insurance is purchased by a Retail Client, a cooling off period applies.

If, after reading the **Policy**, **You** are not satisfied with the cover, **You** may return the **Policy** within 15 days of receiving it, and obtain a full refund less any non-refundable government charges and taxes that **We** have paid. **You** may notify **Us** in writing or electronically.

If a claim for any incident is made within the 15 day period no cooling off period is permitted.

If the **Policy** is for an event that will finish within the 15 days cooling off period, **You** can only exercise **Your** right to cancel before the event starts.

Code of Practice

AIG Australia Limited is signatory to the General Insurance Code of Practice ("Code"). The Code sets out the minimum standards of service that can be expected from the insurance industry and requires insurers to be open, fair and honest in their dealings with customers.

We are committed to adhering to the objectives of the Code and to uphold these minimum standards when providing services covered by this Code. The Code objectives will be followed having regards to the law and acknowledging that a contract of insurance is a contract based on the utmost good faith.

For more information on the Code please visit www.codeofpractice.com.au.

How to Make a Claim

Written notice of claim must be given to **Us** within 30 days after the happening of any circumstances giving rise to a claim where reasonably practicable, or otherwise as soon as reasonably practicable. Notice may be provided by completing a claim form available at any of **Our** offices, or advising **Us** by telephone on 1800 339 663 or by submitting a claim over the internet at www.aig.com.au. **We** will advise if additional information is required and **You** should provide this to **Us** in a reasonable time.

Claims need to be supported by original supporting reports and documentation reasonably required by **Us** in relation to the claim, such as police reports, **Doctor's** reports, transport provider's reports, receipts, valuations or proof of ownership to the AIG Australia business address. In the event of claims under some policy sections an **Excess** and/or additional conditions for claiming will apply. Please refer to the **Policy Wording**.

Complaints and Feedback

Learning about **Your** experiences with **Us** and **Our** service partners helps to improve the way **We** do business with **You**. If **You** have feedback, or an issue **You** would like resolved **We** encourage **You** to make contact. Below is information on how to contact **Us** and how **We** will work together to resolve any concerns **You** have.

How to provide feedback

1. Speak to Our Complaints team

Our complaints team can be contacted on 1800 339 669. To get the best out of **Your** call with **Us**, please have **Your** policy and/or claim number available and any specific information about the issue.

2. Provide Your feedback in writing

If **You** would prefer to provide **Your** feedback or complaint in writing **You** can do so by lodging **Your** complaint on **Our** website, or by writing to:

The Complaints Team
AIG Australia Limited
Level 13, 717 Bourke Street
Docklands VIC 3008
Email: acomplaints@aig.com

What happens if you make a complaint?

If **You** make a complaint, **We** will record **Your** complaint and make sure that **Your** concerns are addressed as quickly as possible and seek to achieve a fair outcome for both parties.

We will assess **Your** complaint upon receipt. During the complaints process as set out in this notice, **We** will meet the following requirements in respect of **Your** complaint.

- Acknowledge **Your** complaint within one (1) business day.
- **We** will tell **You** who will handle **Your** complaint and their contact details.
- **We** will, where applicable, keep **You** informed via **Your** preferred method of communication of the progress of **Your** complaint every ten (10) business days, more frequently or necessary or as agreed by both of **Us**.

- **We** will treat **Your** complaint respectfully and handle all personal information in accordance with our Privacy Policy.
- Within 30 calendar days from the date **We** receive **Your** complaint, **We** will provide a response to **Your** complaint

If **We** cannot meet any of the stated time frames, **We** will communicate to **You** the reasons why this has not been possible. **We** will also advise **You** when **You** should expect to receive a response or decision, **Your** right to complain to the Australian Financial Complaints Authority (AFCA) if **You** are dissatisfied with such reasons and provide **You** with the contact details for AFCA.

What You can do if You are not happy with Our response or handling of Your complaint

If **You** are not satisfied with **Our** response or the handling of **Your** complaint, **You** may wish to have the matter reviewed by **Our** Internal Dispute Resolution Committee (“Committee”).

If **You** wish to have **Your** complaint reviewed by the Committee, please telephone or write to the complaints team as per the details above. As part of **Your** request, please include detailed reasons for requesting the review and the outcome **You** are seeking. This information will assist the Committee in carrying out its assessment and review of **Your** complaint.

A written response setting out the final decision of the Committee and the reasons for this decision will be provided to **You**.

If **We** are unable to provide a response within 30 calendar days of receipt of the initial complaint, **We** will inform **You** of (i) the time frame for when **Your** complaint will be heard by the Committee, (ii) when **You** should expect to receive a response from the Committee; (iii) the reasons for such delay; (iv) **Your** right to complain to AFCA if **You** are dissatisfied with such reasons; and (v) the contact details for AFCA.

You can take **Your** complaint to AFCA at any time, including:

- if **We** have been unable to resolve **Your** complaint within 30 calendar days;
- **You** are dissatisfied with the outcome of **Your** complaint; or
- **You** are dissatisfied with the findings of the Committee.

AFCA provides a fair and independent financial services complaint resolution service that is free to consumers. AFCA can make decisions with which AIG is obliged to comply.

Under AFCA Rules, **Your** complaint may be referred back to **Us** if it has not gone through **Our** complaints process.

AFCA’s contact details are:

Australian Financial Complaints Authority (AFCA)
GPO Box 3, Melbourne VIC 3001

Website: www.afca.org.au

Email: info@afca.org.au

Phone: 1800 931 678 (free call)

The use of AFCA does not preclude **You** from subsequently exercising any legal rights which **You** may have if **You** are still unhappy with the outcome. Before doing so however, **We** strongly recommend that **You** obtain independent legal advice.

If **Your** complaint does not fall within AFCA’s Rules, **We** will advise **You** to seek independent legal advice or give **You** information about any other external dispute resolution options where available to **You**.

The Financial Claims Scheme

The protection provided under the Federal Government’s Financial Claims Scheme (the Scheme) applies to the **Policy**. In the unlikely event that the Insurer is unable to meet its obligations under the **Policy**, persons entitled to make a claim under the insurance cover under the **Policy** may be entitled to payment under the Scheme (access to the Scheme is subject to eligibility criteria). Information about the Scheme can be obtained from the APRA Website at <https://www.fcs.gov.au>.

Privacy Notice

This notice sets out how AIG collects, uses and discloses personal information about:

- **You, if an individual; and**
- **other individuals You provide information about.**

Further information about Our Privacy Policy is available at www.aig.com.au or by contacting Us at Australia.privacy.manager@aig.com or on 1300 030 886.

How We collect Your personal information

AIG usually collects personal information from **You** or **Your** agents. AIG may also collect personal information from:

- **Our** agents and service providers;
- other Insurers;
- people who are involved in a claim or assist **Us** in investigating or processing claims, including third parties claiming under **Your** policy, witnesses and medical practitioners;
- third parties who may be arranging insurance cover for a group that **You** are a part of;
- providers of marketing lists and industry databases; and
- publically available sources.

Why We collect Your personal information

AIG collects information necessary to:

- underwrite and administer **Your** insurance cover;
- improve customer service and products including carrying out research and analysis including data analytics functions; and
- advise **You** of **Our** and other products and services that may interest **You**.

You have a legal obligation under the Insurance Contracts Act 1984 to disclose certain information. Failure to disclose information required may result in AIG declining cover, cancelling **Your** insurance cover or reducing the level of cover, or declining claims.

To whom We disclose Your personal information

In the course of underwriting and administering **Your Policy** **We** may disclose **Your** information to:

- you or our agents, entities to which AIG is related, reInsurers, contractors or third party providers providing services related to the administration of **Your Policy**;
- banks and financial institutions for policy payments;
- you or our agents, assessors, third party administrators, emergency providers, retailers, medical providers, travel carriers, in the event of a claim;

- other entities to enable them to offer their products or services to **You**;
- government, law enforcement, dispute resolution, statutory or regulatory bodies, or as required by law; and
- entities to which AIG is related and third party providers for data analytics functions.

AIG is likely to disclose information to some of these entities located overseas, including in the following countries: Canada, Bermuda, Ireland, Belgium, the Netherlands, Germany, France, United States of America, United Kingdom, Singapore, Malaysia, the Philippines, India, Hong Kong, New Zealand as well as any country in which **You** have a claim and such other countries as may be notified in **Our** Privacy Policy from time to time.

You may request not to receive direct marketing communications from AIG.

Access to Your personal information

Our Privacy Policy contains information about how **You** may access and seek correction of personal information **We** hold about **You**. In summary, **You** may gain access to **Your** personal information by submitting a written request to AIG.

In some circumstances permitted under the Privacy Act 1988, AIG may not permit access to **Your** personal information. Circumstances where access may be denied include where it would have an unreasonable impact on the privacy of other individuals, or where it would be unlawful.

Complaints

Our Privacy Policy also contains information about how **You** may complain about a breach of the applicable privacy principles and how **We** will deal with such a complaint.

Consent

Your application includes a consent that **You** and any other individuals **You** provide information about consent to the collection, Use and disclosure of personal information as set out in this notice.

Section 1 – Specified Infectious Diseases

Benefit 1: Hospitalisation Allowance For Specified Infectious Diseases

1.1 Hospitalisation Allowance – For Specified Infectious Diseases

We will pay the **You** the **Compensation** for this benefit as stated in the **Policy Schedule** if the **Insured Person(s)** are diagnosed with a **Specified Infectious Disease** by a **Doctor** and as a result thereof are **Hospitalised**.

1.2 Conditions – In addition to the General Policy Conditions applying to all sections

- (a) **Hospitalisation** must commence during a **Policy Period**.
- (b) Any diagnosis of a **Specified Infectious Disease**, **Hospitalisation** and period of **Hospitalisation** of an **Insured Person** must be evidenced by the **Insured Person's Hospital** discharge summary and related medical report(s).
- (c) We will only pay for one period of **Hospitalisation** per **Insured Person** per **Specified Infectious Disease** during any one 12-month period.
- (d) We will only pay for one benefit under Section 1 for the same **Specified Infectious Disease** per **Insured Person**. If there is a valid claim under this Benefit 1.1 and We have already accepted a claim under benefits 2.1 for the same **Specified Infectious Disease**, then this benefit will be reduced by the **Compensation** payable or paid under Benefit 2.1 in respect to the **Insured Person** who is **Hospitalised**.
- (e) **Compensation** under Section 1 is subject to General Condition 8. 'Aggregate Limits of Liability', as shown in this document and on the **Policy Schedule**.

1.3 Exclusions – In addition to the General Exclusions applying to all sections

We will not pay under this **Policy** any claim in connection with:

- (a) **Hospitalisation** whilst overseas;
- (b) any diagnosis of a **Specified Infectious Disease** during overseas travel or within 14 days upon return from overseas travel;
- (c) any disease that is not a **Specified Infectious Disease** as defined under the General Policy Definition section of this **Policy**; or
- (d) any **Specified Infectious Disease** contracted within 30 days from the **Policy Effective Date**.

Benefit 2: Quarantine Allowance for Specified Infectious Diseases Diagnosed on Insured Person

2.1 Quarantine Allowance – For Specified Infectious Diseases

We will pay the **You** the **Compensation** for this benefit as stated in the **Policy Schedule** if the **Insured Person(s)** are diagnosed by a **Doctor** with a **Specified Infectious Disease** and as a consequence thereof are placed under a **Quarantine Order** for at least 7 consecutive days.

2.2 Conditions – In addition to the General Policy Conditions applying to all sections

- (a) **Quarantine** must commence during a **Policy Period**.
- (b) Written evidence must be provided to **Our** satisfaction that establishes a diagnosis of a **Specified Infectious Disease** and a **Doctor** or relevant government authority issued the **Insured Person's Quarantine Order** for a period of at least 7 consecutive days.
- (c) The **Insured Person** must comply with all terms and conditions of the **Quarantine Order**.
- (d) We will only pay for one benefit under Section 2. 1 for the same **Specified Infectious Disease** per **Insured Person**. This Benefit 2.1 is not claimable if We have accepted a claim under Benefit 1.1 for the same **Specified Infectious Disease**.
- (e) We will only pay for one period of **Quarantine** per **Insured Person** per **Specified Infectious Disease** during any one 12-month period.
- (f) **Compensation** under Section 1 is subject to General Condition 8. 'Aggregate Limits of Liability', as shown in this document and on the **Policy Schedule**.

2.3 Exclusions – In addition to the General Exclusions applying to all sections

We will not pay under this **Policy** any claim in connection with:

- (a) any period of quarantine whilst overseas;
- (b) any diagnosis of a **Specified Infectious Disease** during overseas travel or within 14 days upon return from overseas travel;
- (c) any period of quarantine in connection with overseas travel. For the purpose of clarity, an **Insured Person** is not covered for any mandatory quarantine upon their return from overseas travel;
- (d) any period of quarantine imposed at the **Insured's** or **Insured Person's** own discretion;
- (e) any infectious disease that is not a '**Specified Infectious Disease**' as defined under the General Policy Definition section of this **Policy**; or
- (f) any **Specified Infectious Disease** contracted within 30 days from the **Policy Effective Date**.

Section 2 – Business Continuity Booster

Benefit 3: Business Continuity Booster

3.1 Business Continuity

We will pay the **Insured** the **Compensation** for this benefit as stated in the **Policy Schedule** if more than 40% of **Insured Persons**, which must also be a minimum of 3 **Insured Persons**:

- (a) have valid claims under Section 1, and
- (b) as a direct consequence of their valid claims under Section 1 all **Insured Persons** are simultaneously unable to perform all of their duties required by their occupation with the **Insured**, and.
- (c) all **Insured Persons**' inability to perform their duties occurs simultaneously and for at least 7 consecutive days.

3.2 Conditions – In addition to the General Policy Conditions applying to all sections

- (a) An **Insured Person's** inability to perform their occupational duties must occur during a **Policy Period**.
- (b) **Compensation** under Section 2 is subject to General Condition 8. 'Aggregate Limits of Liability', as shown in this document and on the **Policy Schedule**.

3.3 Exclusions – In addition to the General Exclusions applying to all sections

We will not pay under this **Policy** any claim in connection with:

- (a) any infectious disease that is not a **Specified Infectious Disease** as defined under the General Policy Definition section of this **Policy**.

Section 3 – Serious Accident Response

Benefit 4: Serious Accident Response – For Death and Disablement

4.1 Serious Accident – For Death and Disablement

We will pay You the percentage of **Compensation** shown below in accordance with the **Compensation** shown in the **Policy Schedule** if an **Insured Person** suffers an **Injury** that directly results in one of the events listed in the Table of Events below within 365 days from the date of the **Accident**.

Table of Events	
Injury resulting in:	Percentage of Compensation payable as specified in the Policy Schedule
1. Accidental death	100%
2. Permanent Total Disablement	100%
3. Permanent Quadriplegia	100%
4. Permanent Paraplegia	100%
5. Permanent Total Loss of sight of both eyes	100%
6. Permanent Total Loss of sight of one eye	100%
7. Permanent Total Loss of two or more Limbs	100%
8. Permanent Total Loss of one Limb	100%

We will also pay if the **Injury** sustained is a direct result of being exposed to the elements and within 12 consecutive months the **Injury** sustained directly results in event 1 (Accidental death) on the Table of Events.

Additional Cover

We will pay 25% of the **Compensation** specified in the **Policy Schedule** if the **Injury** that directly results in one of the events listed in the Table of Events occurs while the **Insured Person** is:

- (a) Travelling from their usual place of residence to their first place of work, or
- (b) Travelling to their usual place of residence from their last place of work.

4.2 Definitions – In addition to the General Policy Definitions applying to all sections

Term(s)	Meaning
Accident or Accidental	means a sudden, fortuitous, violent, visible and specific event caused externally to the body which occurs at an identifiable time and place during the Policy Period and operative time of cover.
Injury	means a bodily injury to an Insured Person resulting from an accident caused by violent, external and visible means and occurring independently of any other cause provided the injury occurs on or after the Insured Person's Policy Effective Date .
Limb	means the entire hand below the wrist or the entire limb between the shoulder and the wrist or the entire foot below the ankle or the entire limb between the hip and the ankle.
Quadriplegia	means the entire paralysis of both legs and both arms.
Paraplegia	means the entire paralysis of both legs and part or whole of the lower half of the body.
Permanent	means lasting for at least 12 consecutive months and at the end of that time is certified by a Doctor as being beyond hope of improvement and will in all probability continue for the remainder of the Insured Person's natural life.
Total Disablement	means disablement which entirely prevents the Insured Person forever from engaging in their usual occupation immediately prior to the Injury or any occupation for which he or she is reasonably qualified by training, education or experience.
Total Loss	means: <ol style="list-style-type: none">In the case of a Limb:<ol style="list-style-type: none">Permanent physical severance of the Limb; orPermanent total and irrecoverable loss of use of the Limb.In the case of loss of sight, it is the Permanent, total and irrecoverable loss of sight in one or both eyes.

4.3 Conditions – In addition to the General Policy Conditions applying to all sections

- The maximum **Compensation** payable under this benefit, regardless of the number of Events suffered, is 100% (125% if 'Additional Cover' applies) of the **Compensation** shown on the **Policy Schedule**.
- Compensation** under Section 3 is subject to General Condition 8. 'Aggregate Limits of Liability', as shown in this document and on the **Policy Schedule**.

4.4 Exclusions – In addition to the General Exclusions applying to all sections

We will not pay under this **Policy** any claim in connection with:

- any **Injury** whilst overseas;
- any **Sickness**; or
- an event that is not listed in the Table of Events above.
- Any **Injury** that is sustained during, or after, any substantial interruption of, or substantial deviation from the journey, made for any reason unconnected with **Insured Person's** employment or with **Insured Person's** attendance at any trade, technical, or other training school.

Section 4 – Overseas Medical Expenses

Benefit 5: Overseas Medical and Medical Evacuation Expenses

5.1 Overseas Medical Expenses

If an **Insured person** whilst overseas **Travelling** incurs **Medical Expenses**, **We** will pay **You** or the **Insured Person** for those expenses, provided that they are incurred outside of Australia.

5.2 Ongoing Medical Expenses

If an **Insured person** during a **Policy Period** incurs **Ongoing Medical Expenses** in Australia for an:

1. **Injury or Sickness**; or dental or optical condition arising out of an **Injury**;

which was first **treated outside Australia** during a period of **Travel**, **We** will pay **You** or the **Insured Person** for those expenses.

In addition to the definitions listed in Section 5, words **with** a special meaning in 5.6 are listed below and are **shown in bold font**.

We will not pay any expenses recoverable by **You** or the **Insured Person** from any other source. **This includes** Medicare, or any private health insurance. An **Insured Person** is required to submit their claim to Medicare, or their private health Insurer in the first instance.

5.3 Overseas Medical Evacuation Expenses

Emergency Transportation Services

If during **Travel** an **Insured Person** suffers **Injury** or **Sickness** covered under 5.1 (overseas Medical Expenses) that necessitates emergency air, land or water transportation:

- (a) to another location to obtain necessary medical treatment; or
- (b) repatriation to Australia; then

We will pay for **the cost of the** required service including any necessary accompanying medical staff.

5.4 Repatriation of Mortal Remains/Burial Expenses

In the event of the death of an **Insured Person**, **We** will pay the reasonable cost of returning **his or her remains** to **Australia or the** reasonable funeral and related costs if the body is buried or cremated **at the place** of death.

5.5 Accompanying Relative

If the **Insured Person** suffers **Injury**, **Sickness** and **reasonably** requires care under medical **advice or dies** during the **Travel**, **We will pay the reasonable** extra **Travel and accommodation** expenses, for up to two persons to **Travel** to, remain with or accompany the **Insured Person** back **to** his or her **Country of Residence** provided **You** tell **Us** **if** **You** expect to incur reasonable expenses under this cover before doing so, so that **We** can inform **You** whether **We** agree that they are reasonable.

The maximum amount **We** will pay is limited by the specified **Sum Insured** in the **Schedule of Compensation**.

5.6 Definitions – In addition to the General Policy Definitions applying to all sections

Term(s)	Meaning
Sickness	means Sickness or disease of the Insured person occurring on or after the Insured Person's cover commencement date as described under the Period of Individual Cover in the Policy Schedule , but does not include a terminal condition of the Insured person diagnosed prior to the Insured Person's cover commencement Policy Effective Date .
Injury	means a bodily injury to an Insured Person resulting from an accident caused by violent, external and visible means and occurring independently of any other cause provided the Injury occurs on or after the Insured Person's cover commencement date as described under the Period of Individual Cover in the Policy Schedule .
Travel/Travelling	means the period of cover as described in the Policy Schedule .

Term(s)	Meaning
Medical Expenses	<p>means all reasonable costs necessarily incurred outside Australia for:</p> <p>(a) Injury or Sickness resulting in hospital, surgical or other diagnostic or remedial treatment given or prescribed by a Doctor.</p> <p>(b) Emergency optical treatment provided by a Doctor or optician. No cover is provided for routine optical treatments.</p> <p>(c) Emergency dental treatment provided by a registered and legally qualified dentist for the relief or management of dental pain.</p> <p>Medical Expenses does not include expenses incurred for normal maintenance of dental health, or lack thereof.</p>
Ongoing Medical Expenses	<p>means all reasonable costs necessarily incurred in Australia for Injury or Sickness, or Injury related dental treatments or optical condition, resulting in hospital, surgical or other diagnostic or remedial treatment given or prescribed by a qualified medical practitioner, dentist or optician. Ongoing Medical Expenses does not include those expenses We are prohibited by law from paying.</p>

Conditions – In addition to the General Policy Conditions applying to all sections

- (a) **If** You or the **Insured Person** requires the Company to pay for the emergency transportation service then Travel Guard® must be contacted as soon as practicable, so that We can inform You whether **We agree that the** transportation is necessary and costs **are** reasonable. (This requirement does not include in-country emergency ambulance transfers from the place of Injury or **Sickness** to a hospital, which will be paid by Us providing such **service was medically** necessary or was authorised by a local authority (eg police **or medical officer**)).
- (b) We will decide where and how **to best move** the injured or sick Insured Person depending on the medical advice received.
- (c) We will use the Insured Person's return ticket towards its costs if the Insured person is returned to Australia.
- (d) This Benefit 5 does not apply in Australia **except** as **provided under 5.2**.

5.7 In addition to the General Exclusions applying to all sections, the Company will not pay for:

1. any expenses recoverable by the Insured or the Insured Person from any other source.
2. Medical Expenses incurred within Australia except as provided under 5.2 above.
3. any expenses they are prohibited by law from paying (including those outlined under the Australian National Health Act 1953 and the Australian Health Insurance Act 1973 and **applicable rules** or **similar law** in any jurisdiction, amendments thereto and any other similar subsequent legislation which is enacted).
4. any expenses **incurred** when the Insured Person is Travelling against medical advice or to seek medical attention or advice or with a terminal condition which was diagnosed prior to **Travel** or when he **or she is unfit** to do so.
5. any expenses incurred **for continuing** treatment, including any medication commenced prior to the commencement **date** of the Travel, which **the Insured Person** has been advised **to continue whilst** Travelling.
6. any expenses incurred more than 24 **calendar months after the date** of Injury, or in the case of Sickness, after the date on which the Medical Expenses were first incurred.
7. any expenses incurred when the Insured Person **is Travelling** in conflict with any state, territory or federal government or health authority travel advisory, restrictions or **warnings**.

Benefit 6: TravelGuard®

An Insured person is entitled to the worldwide services of Travel Guard®.

In the event of a medical or other emergency overseas, the Insured person should call - **reverse charge - the Travel Guard®** telephone number shown on the Emergency Travel card which has been supplied to the Insured Person and which should be carried by all Insured Persons Travelling outside Australia.

Travel Guard® is a worldwide team of Doctors, **medical professionals** and insurance specialists who are available 24 hours a day for advice and assistance for medical emergencies and any associated **problems** for Insured Persons outside Australia.

Travel Guard® arranges access to the following services free of charge, but subject to the Terms and Conditions of Your Policy and applicable law(s):

- Pre-departure health information.
- Access to a registered medical practitioner for emergency assistance and advice.
- Emergency transportation to the nearest **suitable hospital**.
- Payment guarantees to hospitals and insurance verification.
- **Second opinions** on surgery.
- Hospital case management.
- Emergency evacuation **to the Insured Person's** home if necessary.
- Advice to the family at home of the Insured person's medical condition and progress.
- You will be kept informed of Insured Person's condition and progress.
- Location of Australian Embassies and **Consulates**.
- **Legal** referral service.
- Assistance in replacing Travel documents and passports.
- Assistance in cancelling and replacing lost or **stolen** credit cards and Insured Person's cheques.
- **Assistance and advice regarding the** replacement of lost or **stolen luggage**.
- **Urgent** message service and emergency Travel planning.

Section 5 – General Policy Definitions

Certain words in this **Policy** have a specific meaning. They have this specific meaning wherever they appear in this **Policy** and are shown by using capital letters and **bold** font. Where appropriate, words mentioned in the plural shall also have their singular meaning and vice a versa.

The following definitions apply to benefits of this **Policy** where applicable:

Term(s)	Meaning
Aggregate Period	means the maximum number of Days for which a Compensation is payable as specified against the benefit in the Policy Schedule .
Compensation	refers to the maximum amount payable for a benefit as specified on the Policy Schedule .
Day	means a completed period of 24 hours.
Doctor	means a medical practitioner or medical specialist who is registered or licensed and is legally qualified medical to practice medicine under the laws of the country in which they practice other than a medical practitioner or medical specialist who is the Insured person , the Insured Person's business partner or agent, Insured Person's employer or employee or a Close Relative .
Hospital	means any institution lawfully operated for the care and treatment of sick or injured persons with organised facilities for diagnosis and surgery (including operating theatres) in the same premises, with 24 hours daily nursing service by registered graduate nurses and operated under the supervision of Doctor(s) . It does not mean a clinic, a nursing home, rest home, convalescence, palliative care, hospice or rehabilitation centres, a place used for custodial care, a place for the treatment of alcoholics or drug addicts, institution to treat mental or behavioural disorders, sanatorium, any transitional care centre or home for the aged or similar establishment; even if located at the same place.
Hospitalisation/ Hospitalised	means the admission of the Insured Person to a Hospital as an Inpatient during the Policy Period .
Specified Infectious Disease	means the following infectious diseases first contracted in Australia: <ul style="list-style-type: none"> i. Human influenza with pandemic potential that is subject to a declaration under Section 475 of the Biosecurity Act 2015 that a human biosecurity emergency exists; ii. Plague; iii. Severe acute respiratory syndrome (SARS); iv. Middle East respiratory syndrome; v. Smallpox; vi. Viral haemorrhagic fevers; vii. Yellow fever; viii. Human coronavirus with pandemic potential that is subject to a declaration under Section 475 of the Biosecurity Act 2015 that a human biosecurity emergency exists.
Inpatient	means the Insured Person is confined in a Hospital for a continuous period as a registered patient for medically necessary treatments for at least three consecutive days and such confinement is certified as necessary by the attending Doctor .
Insured	means the legal entity or organisation specified on the Policy Schedule . The Insured owns this Policy , is responsible for premium payments and has the right to exercise all privileges under this Policy .
Insured Person	means any person(s) who come within the description of the Insured Persons appearing in the Policy Schedule , who are working more than 20 hours per week, who are nominated by You from time to time for insurance under this Policy and with respect to whom premium has been paid or agreed to be paid.
Policy	refers to this insurance contract which consists of the policy wording, the latest Policy Schedule and any other documents the Company may issue to the Insured or Insured Person that will form part of this Policy (e.g. Endorsements).
Policy Effective Date	refers to the later of: <ul style="list-style-type: none"> (a) the initial effective date as specified on the Policy Schedule; or (b) the Inception Date of Individual Insurance as per General Condition 1 for each Insured Person;

Term(s)	Meaning
Policy Period	means the period shown on the Policy Schedule or subsequent renewal notice issued by the Company .
Period of Individual Cover	means the Period of Individual cover as described in the Policy Schedule .
Policy Schedule	refers to the document showing details of the Policy Period and the particulars of the Insured and eligible Insured Persons , including the applicable Policy benefits and the corresponding Compensation , which should be read with this Policy .
Quarantine Order	means a legal directive by a Doctor or relevant delegated governmental authority, enabled by an order, notice, regulation, statute or statutory instrument issued under national government legislation, to enforce an Insured Person to be mandatorily quarantined or isolated at their usual place of residence or at a designated government quarantine site. The directive must always require the Insured Person to stay at the place of quarantine or isolation until the expiry of the period of confinement for an individual detailed within the directive and state that the Insured .
Travel	means travel undertaken on the business of the Insured outside Australia, which is authorised by the Insured .
War	shall mean war, whether declared or not, any war like activities including the use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.
Deferment Period	means a time period that needs to elapse before the Insured or Insured Person becomes entitled to claim a benefit and during which no Compensation is payable. The deferment period is specified against the benefit in the Policy Schedule .
We/Our/Us/Insurer/Company	means AIG Australia Limited (AIG), ABN 93 004 727 753, AFSL 381686
You/Your/Insured	means the insured named in the Policy Schedule .

Section 6 – General Policy Conditions

The following General Conditions apply to all Sections of the **Policy**.

1. Inception Date of Individual Insurance

Cover under this **Policy** for any **Insured Person** will become effective on the latest of the following dates:

- (a) On the commencing date of the **Policy Period**.
- (b) On the date an **Insured Person** becomes eligible for cover hereunder.
- (c) Where a proposal is required by the **Company**, on the date of its acceptance of the written proposal.

Always provided that if an **Insured Person** is not regularly performing all the usual duties of his or her occupation or is not fit to do so on the date his or her Proposal for Insurance would otherwise become effective, then this insurance will only take effect on the date of return to the regular performance of all of his or her usual duties or when he or she is certified fit to do so.

2. Individual Terminations

The Insurance of any **Insured Person** will immediately terminate on the earliest of the following dates:

- (a) On the date this **Policy** is terminated.
- (b) On the date the **Insured** requests that such **Insured Person**, be deleted as an **Insured Person**;
- (c) On the date that such **Insured Person** is no longer in the **Insured's** employment for any reason.
- (d) On the date such **Insured Person** ceases to be eligible for Insurance hereunder.

3. Eligibility

(a) Eligibility

To be eligible for cover under this **Policy**, all **Insured Persons** must be ordinarily resident in Australia and comply with all other terms and conditions of this **Policy**.

Additionally, for cover to be valid specifically under Section 2, Benefit 4 'Business Continuity Booster', the **Insured** must meet a minimum requirement as to the number of **Insured Persons** covered under this **Policy**. Refer to Section 2 for these additional eligibility criteria.

(b) Age

To be eligible for cover under this **Policy** the **Insured Person** must be between 16 to 69 years of age (inclusive) at the commencement of the current **Policy Period**.

4. Cover Selection

This **Policy** provides the **Insured Person** with cover under those Sections of the Policy selected by the **Insured** and/or the **Insured Person** in their application for this **Policy**. The selected cover is shown on the **Policy Schedule**.

5. Payment of Claim

We will determine the payable **Compensation** based on **Policy** terms and conditions. The **Compensation** payments will be made to either the **Insured** or the **Insured Person** as per the benefit terms specified in this **Policy**.

We will not pay any claims that are prohibited to be payable under law.

6. Notice of Claim

Written notice of a claim must be given to the **Company** within 30 days after the happening of any circumstances giving rise to a claim where reasonably practicable, or otherwise as soon as reasonably practicable thereafter, or otherwise as soon as reasonably practicable thereafter. **We** will advise if additional information is required and in relation to the claim the **Insured** or the **Insured Person** will provide this to the **Company** in a reasonable time.

Claims need to be supported by original reports and documentation, including but not limited to, Doctor's reports, incident reports and **Hospitalisation** discharge summaries.

You or **Insured Person** are required to declare any other insurance policy that is in force simultaneously with this policy, providing **You** or the **Insured Person** similar cover to **Your** claims.

7. Proof of Loss and Physical Examination

After the **Company** receives notice of a claim, it will provide the **Insured** or the **Insured Person** with the **Company's** usual claim forms for completion. The claim forms must be properly completed, and all evidence required by the **Company** will be provided in a timely manner, and at the expense of the **Insured** or the **Insured Person** and in such a form and of such nature as the **Company** specifies. **We** may, at its own expense, conduct any medical examination or arrange for an autopsy to be carried out unless it is illegal to do so.

8. Cancellation

- (a) This Policy may be cancelled by **You** at any time by giving **Us** written notice.
- (b) This Policy may be cancelled by **Us** in accordance with Sections 59 and 60 of the Insurance Contracts Act.
- (c) When the Policy is cancelled, **We** will refund the proportion of the premium (if applicable) for the unexpired **Policy Period**, after deducting reasonable allowance for **Our** administration costs, Commonwealth taxes and/or charges that **We** cannot recover, and benefits already paid or provided under the Policy for the period the Policy was in force.

9. Aggregate Limits of Liability

- (a) The maximum **Compensation** the **Company** will pay in respect to Section 1, Benefit 1 Hospitalisation Allowance Specified Infectious Diseases and Section 1, Benefit 2 Quarantine Allowance Specified Infectious Diseases for any one **Policy Period** is shown on the **Policy Schedule** as Limit A.
- (b) The maximum **Compensation** the **Company** will pay for all claims under Section 2, Benefit 3. 'Business Continuity' benefits for any one **Policy Period** is shown on the **Policy Schedule** as Limit B.
- (c) The maximum **Compensation** the **Company** will pay for all claims under Section 3, Benefit 4. 'Serious Accident Response' benefits for any one **Policy Period** is shown on the **Policy Schedule** as Limit C.

10. Australian Law

This **Policy** is governed by the Laws of the Australian State or Territory it was issued in and any dispute or action in connection therewith shall be conducted and determined in Australia.

11. Australian Currency

All amounts shown are in Australian dollars.

12. Fraudulent Claims

If any claim is in any respect fraudulent or if any fraudulent means or devices are used by the **Insured** or the **Insured Person** or anyone acting on their behalf to obtain any benefit under this **Policy**, then any amount payable in respect of such claim will be forfeited.

Section 7 – General Policy Exclusions

The following exclusions apply to all sections of this **Policy**.

We shall not pay under this **Policy** any claim in connection with:

1. Any **Specified Infectious Disease** contracted within 30 days from the **Policy Effective Date**.
2. Any Pre-existing Medical Condition.
3. Any **Quarantine** period imposed on an **Insured Person** within 30 days from the **Policy Effective Date**.
4. Any act of **War**, invasion, act of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, mutiny, rebellion, revolution, insurrection, or usurpation of power.
5. An **Insured Person** committing or attempting to commit any criminal or illegal act.
6. An **Insured Person's** suicide or attempted suicide or intentional self-inflicted injury or sickness whether sane or insane or from deliberate or reckless exposure to danger (except in an attempt to save human life).
7. Racing in or on any motor-powered device.
8. Any sexually transmitted diseases, 'Acquired Immunodeficiency Syndrome' (AIDS), AIDS-related complex or, any infection by 'Human Immunodeficiency Virus' (HIV) or any type of venereal disease.
9. An **Insured Person** being under the influence of drugs, unless the drug was prescribed or administered by a **Doctor** and taken in accordance with the directions of a **Doctor**.
10. An **Insured Person** having a blood alcohol content over the prescribed legal limit whilst driving.
11. The use, release or escape of nuclear materials that directly or indirectly results in nuclear reaction or radiation or radioactive contamination, or the dispersal or application of pathogenic or poisonous biological or chemical materials; or the release of pathogenic or poisonous biological or chemical materials.
12. A provision of any cover or to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose the **Company**, the **Company's** parent company or the **Company's** ultimate controlling entity to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, Australia or the United States of America.

END OF WORDING



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