you live we care

NEW ZEALAND POLICY

Europ Assistance Travel Insurance

POLICY WORDING

Effective: 11 June 2025

Table of contents

Policy Wording 3

About this document 3

Table of benefits 3

- Table of benefits – International 4
- Table of benefits – Domestic 6

Choosing your policy and options 8

- Plans and eligibility 8
- Policy premium explained 9
- Policy options & add-ons 9
- Cancellation limits 9
- Variable excess 10
- Pre-existing medical conditions 10
- Change of mind add-on 10
- Action pack add-on 11
- Winter sports 12
- Cruise 13
- Increased luggage sub-limit option 14
- Excess 15
- When cover begins and ends 15
- Sports and Activities 16
- Destinations 21
- Your medical conditions 22
- Pregnancy and childbirth 24
- Changes to your policy 24
- Unplanned extensions 24
- Cooling off period 24

General Information 25

- Who is the insurer? 25
- Who is Europ Assistance? 25
- Your obligations 26
- Privacy 27
- Assistance and claims 28
- Fair Insurance Code 29
- Dispute resolution 29
- Updating this Policy Wording 30

Policy Information 31

Policy Wording 31

Policy benefits 34

- Section A – Cancellation 34
- Section B – Medical 37
- Section C – Additional trip costs 39
- Section D – Travel delay expenses 42
- Section E – Luggage 42
- Section F – Accidental death and permanent disability 46
- Section G – Personal liability 46
- Section H – Legal expenses 47
- Section I – Hijack 48
- Section J – Pet care 48
- Section K – Rental car excess waiver 49
- Section L – Loss of income 50
- Section M – COVID–19 expenses 50
- Section N – Winter sports cover 52
- Section O – Cruise 54
- Section P – Change of mind add-on 57

General exclusions 59

Policy Wording

About this document

This Policy Wording, along with ***your certificate of insurance***, form the basis of ***your*** contract of insurance and explain what ***you*** are covered for.

The Policy Wording is designed to assist ***you*** in ***your*** decision to purchase Europ Assistance Travel Insurance. It contains information about key benefits, significant features, ***your*** rights and obligations and all terms, conditions, limitations and exclusions of Europ Assistance Travel Insurance.

Any information provided to ***you*** is factual information only without taking into consideration ***your*** personal circumstances, objectives or financial situation, and should not be considered as advice. Because of this, ***you*** will need to read the Policy Wording and consider whether Europ Assistance Travel Insurance suits ***your*** needs.

The Policy Wording contains terms, conditions and exclusions which ***you*** should be aware of. ***You*** must keep to all the terms and conditions of the insurance, otherwise any claims ***you*** make may be reduced or not paid.

Please read this Policy Wording to make sure that the cover meets ***your*** needs and check the details outlined within ***your*** certificate of insurance to make sure that the information shown is correct.

Please keep this document and take it with ***you*** when ***you*** travel.

Table of benefits

The following tables are a summary of cover only and the policy is subject to terms, conditions, limits and exclusions. Values shown below are maximum amounts payable in New Zealand Dollars. Not all policy benefits and benefit amounts are shown below. In some cases sub-limits apply or the benefits may not be available to ***you***. Please refer to the applicable sections of the Policy wording, along with the policy conditions and General exclusions. The table of benefits also indicates whether an excess applies to claims under each section and should be read with ***your certificate of insurance***.

Table of benefits – International

Single Trip or Annual Multi-Trip (AMT) policies available. The Silver plan is not available for AMT.

The sums insured set out below are the maximum amount ***we*** will pay under each section per ***insured person*** per ***trip***.

	Benefit	Silver	Gold	Platinum	Excess* applies
		Single Trip	Single Trip or AMT	Single Trip or AMT	
A1	Cancelling ***your trip***	**$1,000**	Specified cancellation limit~	Specified cancellation limit~	Yes
A2	Additional cancellation events	**Nil**	**Nil**	Specified cancellation limit~	Yes
	Including sub-limit for events 1-5	**Nil**	**Nil**	Specified cancellation limit~	
	Including sub-limit for events 6-9	**Nil**	**Nil**	Lesser of Specified cancellation limit~ or $10,000	
	Including sub-limit for event 10	**Nil**	**Nil**	**$800**	
B1	Medical and other expenses outside New Zealand	**$Unlimited**	**$Unlimited**	**$Unlimited**	Yes
	Including emergency dental expenses	**$1,000**	**$2,000**	**$2,000**	
	Including repatriation of remains	**$50,000** or up to €30,000 for Schengen countries	**$50,000** or up to €30,000 for Schengen countries	**$50,000** or up to €30,000 for Schengen countries	
	Including funeral overseas	**$20,000**	**$20,000**	**$20,000**	
	Including lump sum on medical repatriation	**Nil**	**Nil**	**$3,000**	No
B2	Hospital incidentals	**$100** per day up to $1,000	**$300** per day up to $5,000	**$300** per day up to $8,000	No
C1	Additional emergency expenses	**$Unlimited**	**$Unlimited**	**$Unlimited**	Yes
C2	Resumption of ***your trip***	**Nil**	**$3,000**	**$5,000**	Yes
C3	Special events	**Nil**	**$1,500**	**$3,000**	Yes
D	Travel delay	**Nil**	**$200** per day up to $2,000	**$400** per day up to $3,000	No
E1	Personal belongings and baggage	**$1,000** for all claims combined Item limits apply per item/***set of items***	**$10,000** for all claims combined Item limits apply per item/***set of items***	**$25,000** for all claims combined Item limits apply per item/***set of items***	Yes
	Including sub-limit for laptops, tablets and cameras	**$500** per item	**$2,000** per item	**$6,000** per item	
	Including sub-limit for smartphones	**$500** per item	**$1,500** per item	**$6,000** per item	
	Including sub-limit for medical aids	**$500** per item	**$2,000** per item	**$4,000** per item	

Table of benefits – International continued.

	Benefit	Silver	Gold	Platinum	Excess* applies
		Single Trip	Single Trip or AMT	Single Trip or AMT	
	Including all other items/ *set of items* limit	**$500** per item	**$750** per item	**$1,500** per item	
	Including any property lost or stolen from an ***unattended motor vehicle***	**$500** per item	**$500** per item up to $2,000 for all claims combined	**$500** per item up to $2,000 for all claims combined	
E2	See Increased luggage sub-limit option				Yes
E3	Delayed luggage	**Nil**	**$500**	**$1,500**	No
E4	Passport and travel documents	**Nil**	**$750**	**$1,500**	No
E5	Money	**Nil**	**$250**	**$500**	Yes
F	Accidental death and permanent disability	**Nil**	**$25,000**	**$50,000**	No
G	Personal liability	**$1,000,000**	**$3,000,000**	**$3,000,000**	Yes
H	Legal expenses	**Nil**	**$10,000**	**$25,000**	Yes
I	Hijack	**Nil**	**$2,500** per day up to $8,000	**$2,500** per day up to $8,000	No
J	Pet care	**Nil**	**$600**	**$600**	No
K	*Rental car* excess waiver	**Nil**	**$5,000**	**$10,000**	No
L	Loss of income	**Nil**	**$4,500**	**$9,000**	No
M1	COVID-19 cancellation or *trip* disruption	**$1,000**	**$20,000**	**$50,000**	Yes
M2	COVID-19 medical expenses outside New Zealand	**$Unlimited**	**$Unlimited**	**$Unlimited**	Yes
N	See Winter sports				
O	See Cruise				
P	See Change of mind				

IMPORTANT INFORMATION

~Specified Cancellation limit

Your specified cancellation limit will be shown on ***your certificate of insurance***. This is the most ***we*** will pay per ***insured person*** per ***trip*** for all claims under Section A – Cancellation combined.

Sub-limits may also apply to certain claims, see Cancellation Limits for more information on this option and Section A for details of the cover.

*Excess

Your excess will be shown on ***your certificate of insurance***. If ***your*** claim is paid, this excess is deducted from any payment ***we*** make to ***you***. An excess is applied per event per ***insured person***. If multiple events occur during a ***trip*** an excess will be applied per event per ***insured person***.

See the Excess section below and read about the excess options in Variable excess.

Table of benefits – Domestic

Single Trip or Annual Multi-Trip (AMT) policies available. The Silver plan is not available for AMT.

The sums insured set out below are the maximum amount ***we*** will pay under each section per ***insured person*** per ***trip***.

	Benefit	Silver	Gold	Platinum	Excess* applies
		Single Trip	Single Trip or AMT	Single Trip or AMT	
A1	Cancelling ***your trip***	Specified cancellation limit~	Specified cancellation limit~	Specified cancellation limit~	Yes
A2	Additional cancellation events	**Nil**	**Nil**	Specified cancellation limit~	Yes
	Including sub-limit for events 1-5	**Nil**	**Nil**	Specified cancellation limit~	
	Including sub-limit for events 6-9	**Nil**	**Nil**	Lesser of Specified cancellation limit~ or $10,000	
	Including sub-limit for event 10	**Nil**	**Nil**	**$800**	
B1	Medical and other expenses outside New Zealand	**Nil**	**Nil**	**Nil**	
	Including emergency dental expenses	**Nil**	**Nil**	**Nil**	
	Including repatriation of remains	**Nil**	**Nil**	**Nil**	
	Including funeral overseas	**Nil**	**Nil**	**Nil**	
	Including lump sum on medical repatriation	**Nil**	**Nil**	**Nil**	
B2	Hospital incidentals	**Nil**	**Nil**	**Nil**	
C1	Additional emergency expenses	**$Unlimited**	**$Unlimited**	**$Unlimited**	Yes
C2	Resumption of ***your trip***	**Nil**	**$1,000**	**$3,000**	Yes
C3	Special events	**Nil**	**$1,500**	**$3,000**	Yes
D	Travel delay	**Nil**	**$100** per day up to $500	**$150** per day up to $1,500	No
E1	Personal belongings and baggage	**$1,000** for all claims combined Item limits apply per item/***set of items***	**$6,000** for all claims combined Item limits apply per item/***set of items***	**$8,000** for all claims combined Item limits apply per item/***set of items***	Yes
	Including sub-limit for laptops, tablets and cameras	**$500** per item	**$2,000** per item	**$6,000** per item	
	Including sub-limit for smartphones	**$500** per item	**$1,500** per item	**$6,000** per item	
	Including sub-limit for medical aids	**$500** per item	**$2,000** per item	**$4,000** per item	

Table of benefits – Domestic continued.

	Benefit	Silver	Gold	Platinum	Excess* applies
		Single Trip	Single Trip or AMT	Single Trip or AMT	
	Including all other items/ ***set of items*** limit	**$500** per item	**$750** per item	**$1,500** per item	
	Including any property lost or stolen from an ***unattended motor vehicle***	**$500** per item	**$500** per item up to $2,000 for all claims combined	**$500** per item up to $2,000 for all claims combined	
E2	See Increased luggage sub-limit option				Yes
E3	Delayed luggage	**Nil**	**$500**	**$750**	No
E4	Passport and travel documents	**Nil**	**$500**	**$1,000**	No
E5	Money	**Nil**	**$250**	**$500**	Yes
F	Accidental death and permanent disability	**Nil**	**$15,000**	**$25,000**	No
G	Personal liability	**$500,000**	**$1,000,000**	**$2,000,000**	Yes
H	Legal expenses	**Nil**	**Nil**	**$25,000**	Yes
I	Hijack	**Nil**	**Nil**	**Nil**	No
J	Pet care	**Nil**	**Nil**	**Nil**	No
K	***Rental car*** excess waiver	**Nil**	**$5,000**	**$10,000**	No
L	Loss of income	**Nil**	**$2,000**	**$4,500**	No
M1	COVID-19 cancellation or ***trip*** disruption	**$1,000**	**$25,000**	**$50,000**	Yes
M2	COVID-19 medical expenses outside New Zealand	**Nil**	**Nil**	**Nil**	
N	See Winter sports				
O	See Cruise				
P	See Change of mind				

IMPORTANT INFORMATION

~Specified Cancellation limit

Your specified cancellation limit will be shown on ***your certificate of insurance***. This is the most ***we*** will pay per ***insured person*** per ***trip*** for all claims under Section A – Cancellation combined.

Sub-limits may also apply to certain claims, see Cancellation Limits for more information on this option and Section A for details of the cover.

*Excess

Your excess will be shown on ***your certificate of insurance***. If ***your*** claim is paid, this excess is deducted from any payment ***we*** make to ***you***. An excess is applied per event per ***insured person***. If multiple events occur during a ***trip*** an excess will be applied per event per ***insured person***.

See the Excess section below and read about the excess options in Variable excess.

Choosing your policy and options

Europ Assistance Travel Insurance offers the following types of policy:

- International Single Trip
- International Annual Multi-Trip
- Domestic Single Trip
- Domestic Annual Multi-Trip

This section includes information about the different plans and options available for each of type of policy, as well as information about eligibility.

Plans and eligibility

Any ***insured person*** must be a New Zealand ***resident***. All plans can cover up to 10 people.

The ***policy holder*** must be over 18 years of age at the time of purchase. A guardian may purchase a policy on behalf of ***their*** minor children or grandchildren (including fostered or adopted children or grandchildren).

Children under 16 years of age must be supervised by an adult during the ***trip*** in order to have cover; ***we*** will not cover losses arising from the actions of unsupervised children.

Depending on the type of policy ***you*** buy, ***you*** can select from different levels of cover (Silver, Gold or Platinum). ***Your*** policy benefits and limits will depend on the level of cover ***you*** select.

You can find the limits for each plan in the Table of benefits.

International Single Trip policies

- Silver, Gold or Platinum plans available.
- Can provide cover for one ***trip*** overseas
- Can be purchased for a maximum duration of 365 days.
- Maximum age of any person to be insured on the policy is 100 years.

International Annual Multi-Trip policies

- Gold and Platinum plans available.
- Covers multiple ***trips*** overseas and within New Zealand.
- Can cover ***trips*** of a maximum duration of 30, 45 or 60 days each, depending on the option selected.
- The maximum age of any person to be insured on the policy is 79 years.

Domestic Single Trip policies

- Silver, Gold or Platinum plans available.
- Can provide cover for one ***trip*** within New Zealand.
- Can be purchased for a maximum duration of 365 days.
- The maximum age of any person to be insured on the policy is 100 years.

Domestic Annual Multi-Trip policies

- Gold and Platinum plans available.
- Covers multiple ***trips*** within New Zealand.
- Can cover ***trips*** of a maximum duration of 15 or 30 days each, depending on the option selected.
- The maximum age of any person to be insured on the policy is 79 years.

Policy premium explained

The premium will be quoted to ***you*** during the purchasing process and it will also be shown on ***your certificate of insurance***.

Premiums are based on a number of factors including the destination and dates of ***your trip***, the type of policy and plan ***you*** select, the number of ***insured people*** and ***their*** ages.

The options and add-ons ***you*** select will also impact ***your*** premium, for example adding Winter Sports cover or a higher limit for the Cancellation limit option will lead to a higher premium. Premiums are inclusive of applicable government charges including GST.

Policy options & add-ons

Depending on the plan ***you*** select, there are different policy options and add-ons available to tailor ***your*** cover

Contact ***us*** if ***you*** need to change any details of ***your*** policy.

Cancellation limits

You may have the option to vary ***your*** policy limit for cancellation related expenses. The cancellation limit for ***your*** policy will appear on ***your certificate of insurance***.

The cancellation limit is the most ***we*** will pay for all claims under Section A – Cancellation combined per ***insured person*** per ***trip***. ***You*** should ensure that the cancellation limit on ***your*** policy is sufficient to cover ***your*** non-refundable claimable ***trip*** costs in the event that ***you*** have to cancel ***your trip***.

In some instances, a sub-limit is specified in this document in relation to certain events, or expense types. In these cases, the lesser of ***your*** chosen cancellation limit or the sub-limit will apply.
See Section A – Cancellation for details of the cover and limits.

IMPORTANT INFORMATION

For example, if ***you*** choose a cancellation limit that is higher than the sub-limit, the sub-limit is the most ***we*** will pay in relation to claims which arise from that event. If ***your*** chosen cancellation limit is lower than the sub-limit shown, the cancellation limit ***you*** have chosen will apply.

If ***you*** wish to vary the limit on ***your*** policy, ***you*** can contact ***your*** agent or call +64 9 872 5013 to discuss what options may be available to ***you***.

Variable excess

You may have the option to vary ***your***

excess at the time ***you*** purchase ***your*** policy. This option may not be available on all plans.

This can include choosing to pay a higher premium to reduce ***your*** excess or reducing ***your*** premium by selecting a higher excess. The excess applicable to ***your*** policy will be shown on ***your certificate of insurance***.

Read more about how the Excess works.

Pre-existing medical conditions

If ***you*** have a ***pre-existing medical condition*** that is not automatically covered, ***you*** can apply for additional cover at the time ***you*** buy ***your*** policy by completing a medical screening.

After a screening is completed, ***we*** may offer cover for medical conditions ***you*** declare. This cover may be at an additional premium.

IMPORTANT INFORMATION

Your policy will not offer cover for the ***pre-existing medical conditions*** of any ***insured person*** unless:

- the condition is listed as automatically covered and meets the listed criteria; or
- ***we*** have offered the ***insured person*** cover following a medical screening and ***you*** have paid any applicable premium, and this cover is shown on ***your certificate of insurance***.

See the section Your medical conditions for more information.

Change of mind add-on

This option is available on the Platinum plan for Single Trip International and Domestic policies.

This option can cover ***you*** for change of mind or ***your*** disinclination to travel due to personal circumstances not otherwise covered by Section A of the policy.

There is no cover when ***your*** arrangements are cancelled by the provider, or where a ***war***, civil ***war***, dispersal of biological or chemical materials, nuclear related events, an ***epidemic*** or ***pandemic***, government imposed border closure or travel restrictions occur. These events are excluded under this section.

This add-on is designed to be purchased at the time ***you*** are making ***your*** original booking or first paying deposits for ***your trip***.

This option will only cover arrangements ***you*** make or pay for at the same time as ***you*** purchase ***your*** policy (including bookings made in the 48 hours prior) or after ***your policy issue date***.

The option is available for ***trips*** that are starting more than 30 days from ***your policy issue date***.

The cover under Section P – Change of mind add-on will end the earlier of 7 days prior to the ***start date*** or when ***you*** leave ***your home*** to commence ***your trip***.

This option has a total policy limit of $10,000, this is the most ***we*** will pay for all claims for all ***insured persons*** combined.

IMPORTANT INFORMATION

This option can cover ***you*** up to the lesser of:

- 75% of ***your*** non-refundable ***trip*** costs;
- $10,000 per policy; or
- The cancellation limit ***you*** have chosen for ***your*** policy, which is shown on ***your certificate of insurance.***

This means:
Any claim payment under this section will be capped at the lowest applicable limit. The policy limit is one limit for all people on a policy combined, and applies even if ***your*** chosen cancellation limit is higher.

For example:
A couple and ***their*** 2 children are travelling together and have selected $5,000 cancellation per person. This means that for Section A – Cancellation there is a total of $20,000 coverage under ***their*** policy. The family have also added Section P – Change of mind add-on onto ***their*** policy – the maximum ***we*** will pay under Section P is $10,000 for everyone combined.

If ***your*** non-refundable ***trip*** cost is $10,000, 75% of this would be $7,500, however if ***you*** choose $5,000 cancellation cover, as the cancellation chosen limit is lower, the most ***we*** would pay is $5,000.

For a single ***insured person*** with a non-refundable ***trip*** cost of $10,000 and a $10,000 cancellation limit, under the Change of mind add-on benefit ***we*** would cap the claim at $7,500, as 75% of the non-refundable ***trip*** costs is the lowest of all applicable limits.

Please see Section P – Change of mind add-on for full details.

Action pack add-on

Cover whilst participating in many sports and activities is automatically included in ***our*** policies.

If ***you*** will be taking part in one of the activities that ***we*** list under the Action pack, ***you'll*** need to select this option and pay any applicable premium to have cover whilst participating in that activity.

Please see Sports and activities for a full list of activities which can be covered by this policy, and when the option is required.

The Action Pack add-on is not available on the silver plan.

If ***you*** have any questions, please e-mail enquiries@europ-assistance.co.nz.

Covered Action pack activities

- Endurance cycling
- Hydro foiling~#
- Kiteboarding~#
- Kokoda track for up to 10 days
- Lacrosse
- Motorcycling with an engine capacity above 500cc~
- Pony/horse trekking for more than one day
- Roller derby
- Scuba diving (to a depth between 30m and 50m below the surface provided ***you*** are diving under the direction of an accredited dive marshal, instructor or guide; or, if qualified, diving within the guidelines of the relevant diving or training agency or organisation and not diving alone)~#
- Tandem paragliding~#
- Tandem hang gliding~#
- Tandem sky diving~#
- Trekking or hiking over 5500m altitude but under 6000m altitude#
- Triathlon (closed circuit triathlon up to a 1.5km swim, 40km bike ride and 10km run)

IMPORTANT INFORMATION

Special conditions
#These activities must be with a commercial operator; and available to general public; and not considered ***extreme risk***; and not require special skills or a high level of fitness to undertake.

~Section F (Accidental death and permanent disability) and Section G (Personal liability) do not apply to these activities.

Winter sports

Please see below for a full list of ***winter sports*** activities which are covered when ***you*** purchase the ***Winter sport*** add-on. If ***you*** have any questions, please send ***your*** enquiries to ***us*** via e-mail to enquiries@europ-assistance.co.nz.

No cover is available unless, before the activity takes place, ***we*** have agreed in writing to cover it. Terms and conditions will apply and an additional premium may be required.

In addition to the standard policy benefits ***you*** will be covered for benefits under Sections N1 to N6 ***Winter sports*** cover inclusive.

If ***you*** do not choose to purchase the ***Winter sports*** cover add-on by paying the applicable premium then ***we*** will not cover any claim directly or indirectly relating to ***winter sports***.

The ***Winter sports*** add-on is not available on the silver plan.

Please see Section N – ***Winter sports*** cover for full details.

> **IMPORTANT INFORMATION**
>
> To have cover for any ***winter sports*** activity ***you*** must have purchased this add-on and it must be shown on ***your certificate of insurance***.

Winter sports benefits

The sums insured set out below are the maximum amount ***we*** will pay under each section per ***insured person*** per ***trip***.

Winter sports cover

Section	Benefit	Gold	Platinum	Excess* applies
N1	***Winter sports equipment***	**$1,250**	**$2,500**	Yes
	Single article, ***pair/set of items***	**$600**	**$1,000**	
N2	***Winter sports equipment*** hire	**$50** per 24 hours up to $500	**$100** per 24 hours up to $1,000	No
N3	Lift pass	**$500**	**$800**	Yes
N4	Ski pack	**$150** per 24 hours up to $600	**$200** per 24 hours up to $800	No
N5	Piste closure	**$50** per 24 hours up to $500	**$100** per 24 hours up to $1,000	No
N6	Avalanche cover	**$600**	**$1,000**	Yes

> **IMPORTANT INFORMATION**
>
> ***Excess**
>
> ***Your*** excess will be shown on ***your certificate of insurance***. If ***your*** claim is paid, this excess is deducted from any payment ***we*** make to ***you***. An excess is applied per event per ***insured person***. If multiple events occur during a ***trip*** an excess will be applied for event per ***insured person***.
>
> See the Excess section for details and read about the excess options in Variable excess.

Covered winter sports

These are defined in ***your*** policy as a ***winter sports*** activity. To have cover for any of the below ***winter sports*** activities ***you*** must have purchased the ***Winter sports*** cover. If purchased, this option will be shown on ***your certificate of insurance***.

Any references to skiing in the list below also include snowboarding. See Section N (***Winter sports*** cover) for the specific definitions relating to '***backcountry/ off piste***' and '***ski/snowboard fun parks***'.

If ***you*** intend to take part in any ***winter sport*** during ***your trip***, please note that cover is only available for the activities listed below, and is only available where:

- ***You*** follow the safety guidelines for the activity concerned and where applicable, ***you*** use the appropriate and recommended safety ***equipment***;
- The activity is not part of a competition or tournament; and
- The activity is not a ***professional sporting activity***.

Sports and activities for which no cover is available are listed under excluded sports and activities.

If ***you*** have any questions, please send ***your*** enquiries to ***us*** via e-mail on enquiries@europ-assistance.co.nz.

Covered Winter sports activities

- Backcountry (provided ***you*** are not going against local advice or warning)~
- Big foot skiing~
- Cat skiing
- Cross-country skiing (along a designated cross country ski route only)
- Dog sledding
- Glacier skiing
- Glacier walking
- Heli skiing~#
- Ice fishing
- Ice hockey (recreational only)~
- Luging~#
- Mono skiing
- Off-piste skiing (provided ***you*** are not going against local advice or warning)
- Recreational ski racing (not training for, or participating in a competition)
- Skiing (recreational only)
- Snowmobiling~
- Snow shoeing
- Tobogganing
- Telemark skiing

> **IMPORTANT INFORMATION**
>
> ### Special conditions
>
> #These activities must be with a commercial operator; and available to general public; and not considered ***extreme risk***; and not require special skills or a high level of fitness to undertake.
>
> ~Section F (Accidental death and permanent disability) and Section G (Personal liability) do not apply to these ***winter sports*** activities.

Cruise

In order to have cover for a ***cruise you*** will be taking during ***your trip***, ***you*** must purchase the ***Cruise*** add-on. This option is only available on International Gold or Platinum plans.

In addition to the standard policy benefits, ***you*** will also have cover for the benefits under Section O up to the limits shown table of benefits below.

Full conditions of cover available and exclusions relating to Section O – ***Cruise*** should be read prior to purchase.

> **IMPORTANT INFORMATION**
>
> To have cover for any ***cruise you*** must have purchased this option and the option must be shown on ***your certificate of insurance***.
>
> ***You*** do not need to select this option to have cover for a river ***cruise*** or ***cruise*** in coastal waters (inside 3 nautical mile limit). For ***cruises*** in New Zealand territorial waters ***you*** will need to purchase an international policy with the ***Cruise*** add-on in order to have medical cover aboard.

Cruise benefits

The sums insured set out in the following table are the maximum amount ***we*** will pay under each section per ***insured person*** per ***trip***.

Cruise benefits

Section	Benefit	Gold	Platinum	Excess* applies
01	Cabin confinement	**$150** limit per 24 hours, up to **$1,500**	**$250** limit per 24 hours, up to **$2,500**	No
02	Missed ***Cruise*** departure	**$1,500**	**$3,000**	Yes
03	Missed port	**$50** per port up to **$500**	**$100** per port up to **$1,000**	No
04	Missed shore excursion	**$1,000**	**$1,500**	Yes
05	Formal attire	Nil	**$500**	No

IMPORTANT INFORMATION

*Excess

Your excess will be shown on ***your certificate of insurance***. If ***your*** claim is paid, this excess is deducted from any payment ***we*** make to ***you***. An excess is applied per event per ***insured person***.

If multiple events occur during a ***trip*** an excess will be applied for event per ***insured person***. See the Excess section for details and read about the excess options in Variable excess.

Increased luggage sub-limit option

If ***you*** select a Gold or Platinum plan, ***you*** have the option to increase the item limit for individual items or sets of items. Selecting this benefit replaces the item limit for item types as below.

Selecting this option does not change the benefit limit (the maximum amount ***you*** can claim per person for all items combined) on ***your*** chosen plan.

In the event of a claim, ***you*** will need to provide receipts and/or valuation certificates to prove ***your*** ownership of the item and its value.

The most ***we*** will pay in relation to any item is the lesser of the item limit or the actual item value.

Full conditions of cover available and exclusions relating to Section E2 Increased luggage sub-limit option should be read prior to purchase.

Increased luggage sub-limit

	Gold plan		Platinum plan	
Items	**Standard limit**	**Optional limit**	**Standard limit**	**Optional limit**
Laptops, tablets and cameras	**$2,000**	**$5,000**	**$6,000**	**$6,000**
Smartphones	**$1,500**	**$5,000**	**$6,000**	**$6,000**
Medical aids	**$2,000**	**$5,000**	**$4,000**	**$6,000**
All other items	**$750**	**$5,000**	**$1,500**	**$6,000**

Excess

The excess is an amount that ***you*** are liable for in the event of any claim.

If ***your*** claim is paid, under most sections of this policy, an excess is deducted from any payment ***we*** make to ***you***. ***Your*** excess will be shown on ***your certificate of insurance***. See Variable excess for more information about excess options.

This excess applies per event to each ***insured person*** claiming.

IMPORTANT INFORMATION

See the Benefits table for Sections an excess applies to.

Your certificate of insurance will show the excess applicable for ***your*** policy.

Excess examples:
If one ***insured person*** makes a claim and an excess applies; and ***your*** policy excess is $250 and the total amount of ***your*** loss is $1,000, the most ***we*** will pay is $750 (subject to any policy limit and sub-limits).

If one ***insured person*** makes a claim for two different events that occur during ***their trip***, and an excess applies in each instance, and ***your*** policy excess is $250:

- Claim 1 – covered medical event $2,500 – $250 = $2,250.
- Claim 2 – stolen cash $1000 – $250 = $750, policy limit under the 'Money' cover in the Platinum International plan is $500, limit paid $500.

We apply the excess before the policy limit. In the stolen cash example above, although the excess applies, since the amount of the loss minus the excess was above the policy limit, the final payment is up to the policy limit.

When cover begins and ends

For Domestic and International Single Trip policies:

See below for details of when cover starts and ends for the Change of mind add-on.

If ***you*** buy ***your*** policy before ***you*** start travelling, ***your*** cover under Section A – Cancellation and Section M1 will start from the time ***you*** pay ***your*** policy premium and ***we*** issue ***your certificate of insurance***.

Cover under all other sections of the policy begins from the later of when ***you*** leave ***your home*** or place of business in New Zealand to start ***your trip***, or the ***start date*** listed on ***your certificate of insurance***.

Cover ends the earlier of:

- The ***end date*** listed on ***your certificate of insurance***; or
- The time ***you*** return to ***your home*** or place of business in New Zealand.

For Annual Multi-Trip policies:

This policy covers ***you*** for any number of ***trips*** to be taken within the twelve-month period of insurance.

If ***you*** buy ***your*** policy before ***you*** start travelling:

- Cover under Sections A – Cancellation and M1 – COVID-19 Cancellation or trip disruption will start from the time ***you*** pay ***your*** policy premium and ***we*** issue ***your certificate of insurance***.
- Cover under all other sections of the policy begins from the later of when ***you*** leave ***your home*** or place of business in New Zealand to start ***your trip***, or the ***start date*** listed on ***your certificate of insurance***.

Cover under all sections for any ***trip*** ends the earlier of:

- When ***your trip*** exceeds the maximum duration (15, 30, 45 or 60 days) shown on ***your certificate of insurance***; or
- The ***end date*** listed on ***your certificate of insurance***; or
- The time ***you*** return to ***your home*** or place of business in New Zealand.

For the Change of mind add-on

Cover starts from the time ***you*** purchase ***your*** policy for a ***trip*** that is more than 30 days from the date ***you*** purchase.

Cover under this option ends the earlier of:

- the time ***you*** leave ***your home*** to commence ***your trip***; or
- 7 days from the ***trip start date*** shown on ***your certificate of insurance***; or
- the time an ***excluded event*** impacts a destination included on ***your*** original itinerary.

See Section P – Change of mind add-on for details.

Waiting period

If ***you*** buy ***your*** policy after ***you*** have left ***your home*** to start travelling, cover for ***your trip*** will be subject to a 72-hour waiting period.

Under Section B – Medical and C1 – Additional emergency expenses, the waiting period will not apply to claims which arise directly from an ***injury*** that occurs after the ***start date*** of ***your*** policy.

During the waiting period there is no other cover available under any section of the policy, and no other cover is available for events that occur before the waiting period ends.

This waiting period will not apply if ***you*** purchase a new policy as a continuation of ***your*** cover with ***us***.

IMPORTANT INFORMATION

For example, if ***you*** decide to extend ***your*** holiday and buy a new policy to continue ***your*** cover with ***us***, there will be no waiting period.

However, if there is a gap between the ***end date*** of ***your*** expiring policy and the ***start date*** of ***your*** new policy, the waiting period would apply.

Sports and Activities

Covered sports & activities

You will only have cover whilst participating in activities if ***we*** list that activity as covered below.

When participating in any activity, to have cover ***you*** must:

- follow all the safety guidelines, and use any recommended safety ***equipment***; and
- be participating as an amateur (there is no cover for any ***professional sporting activity***); and
- have purchased the Action Pack or Winter Sports add-on if required for that activity.

For some activities, the Action Pack or Winter sports add-on is required. ***You*** will only have cover for participation in these activities if ***you*** have purchased the add-on. See Action Pack and Winter Sports add-ons for full details.

IMPORTANT INFORMATION

Where indicated with a ~ symbol, there is no cover for Section F – Accidental death and permanent disability and Section G – Personal liability whilst participating in that activity.

Additionally, for activities indicated with a #, ***we*** require that these activities are:

- with a commercial operator, and
- not be considered ***extreme risk***, and
- open to the general public, without requiring specialised skill or a high degree of fitness.

Sports and activities for which no cover is available are listed as ***Excluded sports and activities***.

Please be aware that this is not a definitive list of excluded activities but is intended to provide examples of sports and activities where cover is not available under this policy in any circumstances.

If ***you*** do not see ***your*** planned activity below, contact ***us*** to confirm if cover for participating in that activity is available.

Sports and activities list

Team Sports
Water Sports
Winter Activities
Fitness and Exercise
Adventure Activities
Leisure and Recreation

Team Sports*

Included:

- Baseball
- Basketball
- Beach volleyball
- Cricket
- Dodge ball
- Football~
- Handball
- Hockey
- Korfball
- Netball
- Octopush
- Roller hockey (incl inline hockey)
- Rugby codes~
- Soccer
- Squash
- Ultimate frisbee
- Volleyball
- Water polo

Action Pack Required:

- Lacrosse
- Roller derby

Excluded:

- Polo (Field, horse)

Water Sports*

Included:

- Banana boat rides
- Boogie (incl body boarding)
- Breathing observation bubble diving (maximum depth 30m)#
- Canoeing (grade 1 & 2 rapids or lower)~
- Canoeing (grade 3 & 4 rapids)~#
- Cave tubing~#
- Jet skiing~
- Kayaking (incl Waka Ama grades 1 & 2 rapids or lower)~#
- Kayaking (incl Waka Ama grades 3 & 4 rapids or lower)~#
- Parasailing#
- Parascending (over water)~#
- Rafting (incl white or black water grade 1-4 rapids)~#
- River Tubing~#
- Rowing
- Sailing within territorial waters (1 single day tour only)
- Sea canoeing or kayaking (incl Waka Ama, short or day ***trips*** only with overnight stays not on water)~
- Surfing (not big wave or extreme surfing)
- Swimming
- Wake boarding (no stunts such as jumping from ramps)
- Water slides
- Water skiing
- Windsurfing#
- Yachting (inside territorial waters, not racing)~

Action Pack Required:

- Kite boarding~#

Excluded:

- Boating in international waters (other than on a ***commercial cruise*** liner)
- White or black water rafting (grade 5 or higher)
- Yachting (sailing in international waters or racing)

*Some activities have special conditions

Winter Activities*

Included:

- Curling
- Ice skating~
- Indoor skiing and tobogganing~
- Sleigh rides (as part of a Christmas ***trip*** to Northern Europe)

Winter Sports required:

- Back country skiing (provided ***you*** are not going against local advice or warning)
- Big foot skiing~
- Cat skiing
- Cross country skiing (along a designated cross country ski route only)~
- Dog sledding
- Glacier skiing
- Glacier walking
- Heli skiing~#
- Ice fishing~
- Ice hockey (not on frozen rivers or lakes)~
- Luging on ice~#
- Mono skiing
- Off-piste skiing (not against local advice or warning)~
- Recreational ski racing (not training for or participating in a competition)
- Skiing (recreational only)
- Snow shoeing
- Snowmobiling~
- Telemark skiing
- Tobogganing

Excluded:

- Back country skiing (against local advice or warning)
- Bobsleighing
- Cross-country skiing (not on a designated cross-country ski route)
- Freestyle skiing
- Off-piste skiing (against local advice or warning)
- Skeleton
- Ski acrobatics
- Ski/snowboard fun parks
- Ski jumping or stunting
- Ski racing (including training)

Fitness and Exercise*

Included:

- Acrobatics
- Aerobics
- Athletics
- Badminton
- Ballet
- Cheerleading
- Cycling
- Dance
- Dragon boating (incl team paddling boating)~
- Fencing
- Gym class (e.g. Pilates, Yoga, Zumba, Step, Body Attack, Body Balance, no contact)
- Gymnastics
- Jogging
- Marathons~
- Martial arts (non-contact training only)~
- Mountain biking (not racing or extreme ground conditions or stunts)
- Obstacle course (incl Ninja Assault course)
- Pickleball
- Racquetball
- Roller skating
- Running (sprint and long distance)
- Tennis
- Trampolining (eg Bounce indoor trampolines)
- Trekking or hiking under 3000m altitude
- Weightlifting (incl body building)
- Yoga

Action Pack required:

- Triathlon (closed circuit triathlon up to a 1.5km swim, 40km bike ride and 10km run)

Excluded:

- Boxing (including training)
- Competitive cycling
- Ultramarathons

*Some activities have special conditions

Adventure Activities*

Included:

- 4 Wheel Driving~#
- Abseiling (fully harnessed)
- Assault course (no weapons)~#
- Battle re-enactment (no live firearms)~#
- Bouldering up to 5 meters
- Bridge walking (supervised by a fully trained guide only)#
- Bungee jumping (3 jumps maximum)#
- Bushcraft
- Canopy walking or tree top walking#
- Canyon swinging#
- Clay pigeon shooting~
- Coasteering (recreational only)~#
- Croc diving~#
- Dirt boarding (not racing or extreme ground conditions or stunts)~
- Geocaching
- Gorge swinging or canyon swinging#
- Gorge walking~#
- Indoor rock climbing with a harness only
- Jet boating~
- Land surfing~#
- Luging (not on ice)#
- Mud buggying~#
- Orienteering
- Paintballing (wearing eye protection)~#
- Quad biking~#
- Rambling (incl Tramping)
- Rock climbing (harnessed)
- Sand boarding
- Sand dune safari
- Sand yachting~
- Scuba diving (qualified, maximum depth 30m, not diving alone)~
- Scuba diving (unqualified but with instructor, maximum depth 30m)~#
- Snorkelling
- Speedboating (incl Jetboating)~#
- Target rifle Shooting~
- Tough Mudder (incl True Grit, Spartan)~
- Trekking or hiking over 3000m altitude up to 5500m altitude~#
- Zorbing#

Action Pack required:

- Endurance cycling
- Hydro foiling~#
- Kokoda track when trek is under 10 days
- Pony/horse trekking more than 1 day
- Scuba diving (the maximum depth is between 30 metres and 50 metres below the surface provided ***you*** are diving under the direction of an accredited dive, marshal, instructor or guide; or, if qualified, diving within the guidelines of the relevant diving or training agency or organisation and not diving alone)~#
- Tandem hang gliding~#
- Tandem paragliding~#
- Tandem skydiving~#
- Trekking or hiking over 5500m altitude but under 6000m altitude#

Excluded:

- Cliff diving or cliff jumping
- Expeditions to remote hazardous or dangerous locations (e.g. Antarctica)
- Flying (piloting any aircraft)
- Gliding alone
- Gorge walking (private)
- Hang gliding (alone)
- Horse jumping
- Hunting
- Hydrospeeding
- Micro lighting
- Mountain biking (downhill racing or extreme conditions or stunts)
- Mountain boarding
- Mountaineering (involving climbing or ice ***equipment***)
- Parachuting
- Paragliding (alone)
- Parascending (over land or snow)
- Potholing
- Rock scrambling and free climbing
- Running with the bulls
- Sky diving (alone)
- Via Ferrata

*Some activities have special conditions

Leisure and Recreation*

Included:

- Air guitar
- Archaeological digging
- Archery (recreational only)
- Bird watching
- Bowling (lawn and ten pin)
- Camel riding
- Colour Run
- Conservation or charity work (Educational and environmental working with hand tools only)~
- Croquet
- Cycle touring#
- Darts
- Electric scooter (Helmet worn, obey all local rules for speed and location, speed limit of 25kmh)
- Falconry~#
- Finska
- Fishing (incl Deep sea - 1 single day tour only angling, Spear fishing excluded, no cover for ice fishing unless ***winter sports*** purchased)
- Flow rider surf simulator
- Fly by wire
- Go-karting~#
- Gold panning
- Golf
- Gondola ride
- Helicopter rides (professional pilot only)#
- Horse riding (not polo, hunting or jumping)~
- Hot-air ballooning~#
- Juggling
- Jumping castle
- Lazer tag
- Mini golf
- Motor cycling with an engine capacity up to 500cc~
- Passenger in private or small aircraft or helicopter with licensed pilot only~#
- Playground
- Refereeing
- Rogaine
- Safari
- Segway tours~
- Skateboarding (recreational only, no racing, half pipe stunts or extreme skating)
- Snooker
- Stilt walking
- Theme parks (incl amusement parks)
- Tuk Tuk passenger
- Unicycling
- Video games (incl racing simulators)
- Virtual Reality games~#
- Volunteering (incl Teaching using hand tools only, below a height of 5m, no cover for humanitarian aid work or healthcare work, or intentional contact with dangerous animals)
- Zip lining~#
- iFly (or similar)

Action pack required:

- Motor cycling with an engine capacity above 500cc.

Excluded:

- Animal riding or trekking (any animals that are not a horse, pony, donkey or camel)
- ***Manual labour***
- Humanitarian or Missionary work/travel
- Working with animals

IMPORTANT INFORMATION

Motorcycles and Mopeds

Covered activities such as riding a moped in Bali are at no additional cost. It is important that ***you*** read the conditions of this section and also the General exclusions (including exclusion 15) in addition to the conditions in this section. Subject to the terms and conditions of the policy, there is cover available whilst riding a motorcycle or moped on ***your trip***.

Remember:

- wear a helmet (regardless of whether ***you're*** the rider or passenger).
- make sure ***you've*** got the required licence for the country ***you're*** riding in.
- for engine sizes over 125cc ***you*** also need to have a licence for the equivalent motorcycle in New Zealand.
- for engine sizes over 500cc ***you*** will also need to purchase the Action pack add-on.
- Section F (Accidental death and permanent disability) and Section G (Personal liability) do not apply.

*Some activities have special conditions

Destinations

You should ensure that ***your*** policy covers ***you*** for the correct destination(s) for ***your trip***.

International Single Trip policies	International Single Trip policies can be purchased to cover one or more destination countries or regions outside of New Zealand. To ensure ***you*** are covered for ***your*** planned destinations, ***you*** should let ***us*** know ***your*** main destination, including countries or regions ***you*** are travelling to and spending more than 72 hours in on ***your trip***.
International AMT policies	There are different region options for International Annual Multi-Trip policies*. ***You*** should select the highest applicable region for ***your*** planned travel during the year, and ***you*** will have cover for ***trips*** in any lower regions. From highest to lowest, the available regions are: • **Worldwide Including** USA, Canada, Mexico, Central & South America and Antarctica (***cruises*** only). • **Worldwide Excluding** USA, Canada, Mexico, Central & South America and Antarctica. • **Asia** • **South Pacific** For example, if ***you*** purchase the **Worldwide Excluding** option, ***you*** will also have cover for countries in **Asia** and the **South Pacific**. However, ***you*** will not have cover for spending longer than 72 hours in the continents of North America, South America, or Antarctica unless ***you*** purchase the **Worldwide Including** region. All International AMT policies will also cover ***trips*** taken within New Zealand and ***cruises*** in New Zealand Waters. *Regardless of the region ***you*** select, there are some destinations that will not be covered, see Destinations not covered by this insurance for more information.
Domestic Single Trip and AMT policies	Will cover domestic travel in New Zealand. Domestic policies will not offer cover for any medical expenses. The *Cruise* add-on is not available on Domestic policies.
Cruising in New Zealand Waters	If ***you*** will be taking a ***cruise*** around New Zealand, or in New Zealand territorial waters, to have cover for under Section B – Medical, ***you*** will need to purchase an International Single Trip or Annual Multi-Trip policy and select the *Cruise* add-on.

IMPORTANT INFORMATION

For a ***cruise*** in New Zealand territorial waters, cover as per the terms of Section B – Medical applies to expenses incurred onboard relating to medical illness or ***injury*** assistance. ***We*** can also cover repatriation or evacuation expenses if the medical practitioner has stated in writing that ***you*** are unfit to continue ***your trip*** due to medical illness or ***injury***. Section B does not apply to any medical treatment provided on New Zealand inland or whilst the ship is tied up in a port in New Zealand.

Destinations not covered by this insurance

There are some destinations that ***we*** will not offer cover for.

This policy will not cover any loss, ***injury*** or illness, dental, damage or legal liability arising directly or indirectly from travel in, to or through destinations that are subject to "Do Not Travel"

advice from the New Zealand Government, as well as events occurring in any international conflicts or interventions involving the use of force or coercion, or where a sanction would prevent ***us*** from paying ***your*** claim (see General condition 16 and General exclusions 11 and 12 for more detail).

Cover for Antarctica is limited to ***cruises*** and associated excursions.

IMPORTANT INFORMATION

Your policy may not cover ***you*** if ***you*** plan to spend more than 72 hours in a destination or region that is not listed on ***your certificate of insurance***.

Your medical conditions

What are pre-existing medical conditions

A ***pre-existing medical condition*** is any medical condition that a reasonable person should be aware, at the time of policy purchase, may lead to a claim.

A ***pre-existing medical condition*** includes any of the following:

- Any medical condition for which there has been prescribed medication or treatment, advice, tests or investigation in the 2 years prior to ***policy issue date***, including but not limited to any:
  - heart related, blood circulatory or diabetic condition; or
  - neurological condition (including stroke, brain haemorrhage or epilepsy); or
  - respiratory condition; or
  - arthritis, back pain or osteoporosis; or
  - bowel condition (including Crohn's disease or IBS); or
  - psychiatric or psychological condition (including anxiety or depression); or
  - cancerous condition; and
- Any condition for which there has been referral to or consultation by a doctor, specialist or surgeon in the 12 months prior to policy purchase.

It does not include acute conditions that have resolved, such as a cold or flu.

If ***you*** are unsure if ***you*** have a ***pre-existing medical condition***, please consult ***your*** doctor prior to purchase.

How your pre-existing medical conditions impact your cover

There are terms and exclusions that may apply to claims arising from ***pre-existing medical condition(s)***. Read this section along with the policy wording and exclusions for the full details of how ***your pre-existing medical conditions***, and the ***pre-existing medical conditions*** of a ***relative*** or ***travelling companion*** may impact ***your*** cover.

If ***you*** have any ***pre-existing medical condition*** that is not listed as automatically covered in the table below or ***you*** do not meet all criteria for ***your*** condition to be automatically covered, then ***you*** won't be covered for any claim that arises from that ***pre-existing medical condition*** unless ***you*** have applied for cover, it has been accepted by ***us*** and ***you*** have paid any applicable premium.

There is no cover under this insurance for any claims that arise from:

- any medical condition which, at the time ***you*** take out this insurance, ***you*** are experiencing signs or symptoms of but have yet to receive a clinical diagnosis, including if ***you*** are receiving or waiting for medical tests or treatment for that condition; or
- travel against the advice of a medical practitioner or travel to get medical treatment or advice; or
- any medical condition ***you*** have been told will cause ***your*** death and the terminal prognosis is expected prior to the ***end date***.

Medical conditions of other people

This policy will not cover any claims under Section A1 – Cancelling *your trip* or Section C – Additional expenses, that arise from any ***pre-existing medical condition*** known to ***you*** before the ***policy issue date*** that affects:

- a ***relative*** who is not travelling with ***you***; and/or
- ***your travelling companion***.

See Section A2 – Additional cancellation events for details of cover that may apply for claims that arise from the ***pre-existing medical condition*** of a ***relative*** who is not travelling with ***you***.

Changes in your health

If ***your*** medical status changes after ***you*** purchase ***your*** policy, for example ***you*** develop a new medical condition, ***you*** should ensure that ***you*** are still fit to continue with ***your*** planned travel. ***We*** will not cover ***you*** for claims that arise from ***you*** travelling against doctors' orders.

Automatically covered pre-existing medical conditions

If ***you*** have any of the ***pre-existing medical conditions*** listed below, they will be automatically covered by ***your*** policy provided:

a. ***you*** have not been hospitalised (including day surgery or attending the Emergency Department) for that condition in the past 24 months; and
b. there is no planned surgery, treatment or specialist review for that condition; and
c. the condition has been stable (for example there has been no review of ***your*** treatment including changes in medication and no exacerbation including new or worsening symptoms) for more than 12 months.

Automatically covered conditions

- Acne
- Allergies, limited to Rhinitis, Chronic Sinusitis, Eczema, Food Intolerance, Hay Fever
- Asthma – providing that ***you***:
  - have no other lung disease; and
  - are less than 60 years of age at the date ***your*** policy is issued.
- Bell's Palsy
- Benign Positional Vertigo
- Bunions
- Carpal Tunnel Syndrome
- Cataracts
- Coeliac Disease
- Congenital Blindness
- Congenital Deafness
- Dry Eye Syndrome
- Folate Deficiency
- Gastric Reflux
- Goitre
- Glaucoma
- Graves' Disease
- Hiatus Hernia
- Hip, Knee or Shoulder Replacement
- Hypercholesterolaemia* (High Cholesterol) – providing ***you*** do not also suffer from a known cardiovascular disease and/or diabetes
- Hyperlipidaemia* (High Blood Lipids) – providing ***you*** do not also suffer from a known cardiovascular disease and/or diabetes
- Hypertension* (High Blood Pressure) – providing ***you*** do not also suffer from a known cardiovascular disease and/or diabetes
- Hypothyroidism, incl Hashimoto's disease
- Impaired Glucose Tolerance
- Incontinence
- Insulin Resistance
- Iron Deficiency Anaemia
- Macular Degeneration
- Meniere's Disease
- Migraine
- Nocturnal Cramps
- Osteopenia
- Pernicious Anaemia
- Plantar Fasciitis
- Raynaud's Disease
- Skin Cancer – provided:
  - it is not a Melanoma;
  - ***you*** have not had chemotherapy or radiotherapy for this condition; and
  - it does not require any follow up treatment e.g. chemotherapy, radiotherapy or further excision.
- Sleep Apnoea
- Solar Keratosis
- Trigeminal Neuralgia
- Trigger Finger
- Vitamin B12 Deficiency

*Hypercholesterolaemia, Hyperlipidaemia and Hypertension are risk factors for cardiovascular disease. If ***you*** have a history of cardiovascular disease, and it is a Pre-existing medical condition, cover for these conditions are also excluded.

Pregnancy and childbirth

We provide cover under this policy if something unexpected happens. In particular, ***we*** provide cover under section B1 – Medical and other expenses outside New Zealand for ***injuries*** to the body or illness that was not expected. ***We*** do not consider pregnancy or childbirth to be an illness or ***injury***. To be clear, ***we*** only provide cover for ***you*** under sections A – Cancellation, B1 – Medical and other expenses outside New Zealand and B2 – Hospital Incidentals of this policy, for claims that come from ***complications of pregnancy and childbirth*** that occur before the 31st week of pregnancy.

There is no cover under any section of this policy for a child who is born after the ***policy issue date***.

Please make sure ***you*** read the definition of 'complications of pregnancy and childbirth' in the Definitions section.

Changes to your policy

After ***your*** policy has been issued, ***you*** should carefully check the details on ***your certificate of insurance***. If there are any errors, or if ***your*** plans change, contact ***us*** to arrange for the details of ***your*** policy to be updated as soon as possible.

Depending on ***your*** circumstances and the type of change ***you*** need to make, ***we*** may be able to assist ***you*** by amending ***your*** existing policy or arranging for a replacement policy to be issued for ***you***.

If ***you*** have made a claim or exercised any other rights under the policy, ***you*** will not be eligible to amend or cancel ***your*** current policy.

If ***you*** voluntarily wish to extend ***your*** cover beyond the ***end date*** of ***your*** original ***certificate of insurance***, ***you*** need to contact ***us*** to arrange an extension before ***your*** current policy ends.

IMPORTANT INFORMATION

If ***you*** need to make a claim, or if an event has already occurred that may cause ***you*** to make a claim, ***you*** will not have the option to extend or add cover to ***your*** policy.

Unplanned extensions

Where ***your trip*** is necessarily extended due to an unforeseeable circumstance outside ***your*** control, ***your*** cover will be extended until ***you*** are able to travel ***home*** by the quickest and most direct route. Please contact ***us*** on +64 9 872 5014 to notify the event and extension.

Cooling off period

If this cover is not suitable for ***you*** and ***you*** want to cancel ***your*** policy, ***you*** may return this insurance to ***us*** within 21 days of purchasing it, provided that ***you*** have not made a claim or exercised any other rights under the policy and ***your trip*** has not commenced. ***We*** will cancel the policy and give ***you*** a full refund of premium.

Once a policy is cancelled, it cannot be used.

Contact ***your*** issuing agent to cancel ***your*** policy.

Cancelling your policy outside the cooling off period

If ***you*** cancel outside of this 21 day period or after ***you*** have commenced ***your trip***, provided that ***you*** have not made a claim or exercised any other rights under the policy, ***we*** will refund ***you*** a proportion of the premium for the outstanding period of cover less any government charges and taxes that ***we*** cannot recover.

The date ***your*** policy is cancelled will be considered the policy ***end date*** and cover under ***your*** policy will end.

General Information

Who is the insurer?

The insurer is:

Mitsui Sumitomo Insurance Company Limited (MSI)
NZBN 9429039809810,
Level 8, 139 Quay Street,
Auckland 1010, New Zealand

Throughout this Policy Wording the issuer/insurer is referred to as ***we***, ***us***, ***our***.

MSI has a Financial Strength Rating of A+ (Stable) given by A.M. Best.

A.M. Best's Financial Strength Rating Scale is:

A+	Superior
A	Excellent
B+	Good
B	Fair
C+	Marginal
C	Weak
D	Poor

This insurance is distributed and administered on ***our*** behalf by Europ Assistance Australia (EAA):

Europ Assistance Australia Pty Ltd (NZ Branch)
(EAA) NZBN 9429051834036,
Office number 746
Level 7, 50 Albert Street, Auckland CBD,
Auckland 1010, New Zealand

EAA holds a binding authority from the insurer, Mitsui Sumitomo Insurance Company, Limited (MSI), NZBN 9429039809810, to issue contracts of insurance and to deal with or settle claims on MSI's behalf and as MSI's agent. MSI and EAA have appointed multiple distributors to act as product distributors for this insurance product.

This Policy Wording has been prepared by ***us*** and EAA.

Who is Europ Assistance?

Founded in 1963, Europ Assistance, the pioneer of the assistance service concept, supports its customers in over 200 countries and territories. Today, Europ Assistance is an international group and a global leader of assistance and travel insurance services in the fields of health, home and family, automotive, travel and concierge services. EAA acts as a distributor of this insurance on behalf of MSI, and does not have financial obligations in relation to ***your*** policy.

Your obligations

Your duty to disclose

You have a legal duty to disclose true, accurate, complete and up-to-date material information to ***us***.

This duty applies whenever ***you*** enter into, renew, extend or vary this contract of insurance.

In all cases, ***we*** will ask ***you*** questions that are relevant to ***our*** decision to insure ***you*** and on what terms.

It is important that ***you*** understand ***you*** are answering ***our*** questions in this way for yourself and anyone else that ***you*** want to be covered by the contract.

When ***you*** answer the questions ***you*** must give a true and accurate account of matters. ***Your*** response should tell ***us*** everything that ***you*** know about the question because ***your*** response is relevant to whether ***we*** offer ***you*** insurance and the terms ***we*** offer ***you***.

If ***you*** do not tell ***us*** anything ***you*** are required to tell ***us***, or provide false information to ***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*** anything ***you*** are required to tell ***us***, or provision of false information ***us*** is fraudulent, ***we*** may refuse to pay a claim and treat the contract as if it never existed.

General conditions

The following conditions apply to all sections of this insurance.

1. ***You*** must answer all questions that ***we*** or EAA ask ***you*** truthfully and accurately. Inaccurate answers when taking out this policy may result in ***us*** either declining to provide cover, cancelling ***your*** insurance cover or declining or reducing a claim payment.
2. ***You*** must take all reasonable steps to avoid, reduce or recover, any loss which may mean that ***you*** have to make a claim under this insurance.
3. Before ***you*** commence ***your trip***, ***you*** must let ***us*** know about all countries ***you*** are travelling to and spending more than 72 hours in on ***your trip***. Otherwise, ***we*** can refuse ***your*** claim if it relates to travel in a country ***you*** did not tell ***us*** about.
4. ***You*** must report to the police or (where applicable) the responsible transport provider and obtain a written report from them in respect of loss or theft of any item within 72 hours of discovering the loss or theft, or as soon as reasonably practicable. ***You*** must provide this to ***us*** with ***your*** claim together with ***proof of ownership*** of the lost or stolen item(s).
5. ***You*** must give ***our*** claims department all the documents and execute all authorities that are reasonably necessary to assess any claim. ***You*** will be responsible for the costs involved in doing this. For example, in the event of a cancellation claim ***you*** will need to supply receipts and proof that ***you*** were unable to travel, such as a medical certificate completed by ***your*** doctor if the cancellation was due to a medical condition.
6. ***You*** must provide reasonable assistance and cooperation to ***us*** in the assessment or investigation of ***your*** claim.
7. ***You*** must help ***us*** get back any money that ***we*** have paid, from other insurers or any other person, by giving ***us*** all the details ***we*** may reasonably need and by filling in any forms ***we*** may reasonably require. If ***we*** agree to cover ***your*** loss, ***you*** must let ***us*** take over and pursue any legal right of recovery ***you*** may have and ***you*** must provide reasonable co-operation in any recovery action.
8. If ***you*** try to make a fraudulent claim or if any fraudulent means or devices are used when trying to make a claim, this policy may be cancelled and the premium ***you*** have paid may be forfeited. Any benefits already paid to ***you*** in respect of the fraudulent claim must be repaid in full.

9. ***You*** must agree to have a medical examination if it is reasonably necessary to assess ***your*** claim. If ***you*** die, ***we*** are entitled to a post-mortem examination.
10. ***You*** must agree to have a blood alcohol and/or breath analysis where local laws permit, where it is reasonably necessary for ***us*** to assess ***your*** claim.
11. ***You*** must pay ***us*** back any amounts that ***we*** have paid to ***you*** which are not covered by the insurance.
12. After a claim has been settled, any salvage ***you*** have sent into ***our*** claims department will become ***our*** property.
13. ***You*** cannot claim under more than one section of ***your*** policy for the same expense for one event, if the same expense could be claimed under multiple sections, ***we*** will settle at the higher applicable amount.
14. If ***you*** require hospitalisation or emergency transportation services and ***you*** want ***us*** to pay, then ***you*** must contact Medical and Travel Emergencies (see back page for phone number) as soon as possible and obtain approval before arrangements are made where this is reasonably practicable. ***You*** must also follow any advice or instruction given to ***you*** by ***us***, EAA or Medical and Travel Emergencies.
15. ***We*** will not cover ***you*** for loss or an event or liability to the extent that it is covered by any other insurance policy, medical or health scheme or Act of Parliament or any benefit which ***we*** are legally prohibited to pay by law. ***We*** will however pay the difference between what is payable under that other insurance policy, medical or health scheme or the relevant Act of Parliament and what ***you*** would have been entitled to recover under this policy to the extent permitted by law.
16. Notwithstanding any other terms or conditions under this policy, ***we*** shall not be deemed to provide coverage and will not make any payments nor provide any service or benefit to ***you*** or any other party to the extent that such cover, payment, service, benefit and/or activity of ***yours*** would violate or otherwise expose ***us*** to any applicable trade or economic sanctions, law or regulation, including but not limited to sanctions, laws or regulations issued by the United Nations, European Union, United States of America, mainly through the Office of Foreign Assets Control of the ***US*** Department of Treasury, United Kingdom, France, Australia and New Zealand. Additionally, if ***we*** determine that such violation has occurred or is likely to occur, ***we*** reserve the right to cancel this policy immediately.

Privacy

We will, and will ensure that EAA will, comply with the requirements of the Privacy Act 2020 ("Privacy Act"), which apply to any personal information (as defined in the Privacy Act) that is collected by ***us*** or EAA.

Purpose of collection

We and EAA collect information necessary to administer ***your*** insurance cover, to maintain and to improve customer service and to advise ***you*** of other products that ***you*** may be interested in. This may include ***your***:

- name;
- date of birth;
- contact details (including address, email address and telephone number);
- medical conditions and other health information or sensitive information (as those terms are defined in the Privacy Act); and
- travel details (for the purpose of the insured ***trip***), amongst other information relevant to the rendering of the services.

It is important that ***you*** answer all questions truthfully and accurately. Inaccurate answers when taking out this policy may result in ***us*** either declining to provide cover, cancelling ***your*** insurance cover or declining or reducing a claim payment.

In the course of administering ***your*** policy, EAA may exchange ***your*** information with:

- the entities to which EAA are related contractors or third party providers providing services related to the administration of ***your*** policy;
- banks and financial institutions for the purpose of processing ***your*** application and obtaining policy payments;
- assessors, third party administrators, emergency assistance providers, retailers, medical providers, travel carriers, in the event of a claim;
- suppliers, commercial partners and other third parties with whom ***we*** have commercial relationships, for business, marketing, and related purposes;
- the emergency assistance provider who will record all calls to the assistance service provided under ***your*** policy for quality assurance training and verification purposes; and
- each other.

Those parties may use the information to advise ***you*** of ***their*** insurance products or services.

Your personal information may be disclosed to entities and parties located overseas, including Australia, France, Malaysia, Spain, UK, USA, Japan and the Philippines. ***Your*** personal information may also be disclosed to entities and parties in the countries and regions nominated under ***your*** insurance policy, or any other regions where ***you*** may require assistance. These jurisdictions may not be required to protect the information in a way that, overall, provides comparable protections to those under the Privacy Policy

We and EAA will only disclose ***your*** personal information to these parties for the primary purpose for which it was collected. In some circumstances ***we*** and EAA are entitled to disclose ***your*** personal information to third parties without ***your*** authorisation such as law enforcement agencies or government authorities.

Access and correction to your information

You may request access to, and/or correction of, ***your*** personal information by submitting a written request to EAA.

Privacy complaints and contact details

If ***you*** believe that ***we*** or EAA have interfered with ***your*** privacy in ***our*** handling of ***your*** personal information or if ***you*** have any questions about ***our*** processes for handling ***your*** information, ***you*** may send ***your*** queries and lodge a complaint by contacting ***us*** at complaints@europ-assistance.co.nz or in writing to:

Privacy Queries & Complaints
Europ Assistance Australia Pty Ltd (NZ Branch)
Office number 746
Level 7, 50 Albert Street, Auckland CBD,
Auckland 1010, New Zealand

Further information on how ***your*** information will be processed, how ***you*** may access or correct ***your*** personal information and how ***we*** will handle ***your*** privacy related complaint is set out in ***our*** privacy policy: www.msi-oceania.com/privacy.

To the extent EEA collects and uses ***your*** personal information, further information on how EAA will use ***your*** personal information is set out in EAA's privacy policy at: www.europ-assistance.com/nz/partner/europassistance/policy-hub/.

Consent acknowledgment

By providing ***your*** personal information to enable completion of the application of insurance (including any associated form) and paying the premium, ***your*** consent to the collection, use and disclosure of ***your*** personal information stated in the privacy statement above. If ***you*** do not wish for EAA to use ***your*** personal information to keep ***you*** informed of ***our*** insurance products and services, please contact ***us*** and let ***us*** know.

Assistance and claims

24/7 Medical and Travel Emergencies

Europ Assistance's Medical and Travel Emergencies department provides international medical and emergency assistance. It operates a network of 24-hour telephone assistance centres and has access to an international network of medical and emergency assistance providers including dedicated air ambulances in certain countries.

By choosing Europ Assistance Travel Insurance, ***you*** can access these services before and during ***your trip***. Medical and Travel Emergencies' staff are available to assist ***you*** every hour of every day as part of ***your*** cover. They will assess ***your*** medical or emergency situation and guide ***you*** through a process to solve it.

Depending on ***your*** specific needs, Medical and Travel Emergencies can:

- Help ***you*** in the event of lost luggage, travel documents or credit card by putting ***you*** in touch with the nearest embassy or other authorities;
- When medical care is needed, direct ***you*** to suitable medical facilities, monitor ***your*** condition and treatment as well as keeping ***your*** family and friends at ***home*** informed; and
- Coordinate evacuation or repatriation where ***you*** are located to a suitable medical facility or back ***home*** to New Zealand, subject to assessment and approval by Medical and Travel Emergencies.

To contact Medical and Travel Emergencies phone reverse charge from anywhere in the world on: +64 9 872 5014.

Keep ***your certificate of insurance*** with ***you*** when ***you*** travel. ***You'll*** be asked to provide the ***insured person's*** Name and Policy Number at the time ***you*** call.

Claims

You must register any claim within 30 days after completion of ***your*** travel. ***We*** can reduce ***your*** claim by the amount of any prejudice ***we*** have incurred because ***you*** registered after this timeframe. If ***you*** need to make a claim, ***we*** will require ***you*** to provide ***us*** with ***proof of ownership***, proof of value, and proof of the event ***you*** are claiming for within the requested timeframe. (The detailed requirements for necessary documents and timeframes are stated under important information of applicable sections.)

Your responsibilities when making a claim

a. ***You*** must provide evidence that ***you*** have suffered a loss under the terms and conditions of the policy. ***We*** are under no obligation to make payment without reasonable ***proof of ownership*** and proof of claimable event.
b. If ***you*** submit a fraudulent claim, ***we*** may refuse to pay the claim and seek recovery for any cost ***we*** already paid to ***you*** under this policy.

How we settle a claim

We consider a number of factors in calculating a claim settlement. These include:

- amount of loss or damage;
- applicable excess;
- policy limits and sub-limits shown in the Table of benefits;
- depreciation at the rates set out in this policy; and
- policy terms and conditions.

When settling a claim for lost, damaged or stolen items, ***we*** may do one or more of the following in consultation with ***you***:

a. repair; or
b. replace (based on the original items specification, with the equivalent in the market at time of settlement); or
c. provide store credit voucher for replacement; or
d. provide a cash settlement.

Settlements allow for a reasonable depreciation rate which is shown in the relevant coverage section.

For claim forms or any enquiries in relation to entitlement to cover under this policy, contact:

Phone: +64 9 872 5013
Email: claims@europ-assistance.co.nz

Alternatively ***you*** can download a Claim Form or submit a claim online by visiting www.europ-assistance.com/nz/partner/europassistance/claims/.

An excess applies to some claims under some policy sections. An excess is applied per event per ***insured person***. If multiple events occur during a ***trip*** an excess will be applied per event per ***insured person***. Please refer to the Tables of benefits and Excess for further information.

Fair Insurance Code

MSI is a signatory to Fair Insurance Code. This aims to raise the standards of practice and service in the insurance industry, improve the way the claims and complaints are handled and encourage professionalism in the insurance industry. Further information about the Code can be obtained from icnz.org.nz.

Dispute resolution

We are committed to handling any concerns or complaints about ***our*** products, services or anything else.

If ***you*** have a complaint or concern (including about the personal information ***we*** collect and ***your*** privacy) ***we*** will put ***you*** in contact with someone who can help to resolve the complaint. ***You*** can talk over the phone, email or mail:

Phone: +64 9 872 5013
Email: complaints@europ-assistance.co.nz
Mail: Office number 746
Level 7, 50 Albert Street, Auckland CBD,
Auckland 1010, New Zealand

You may use ***our*** internal dispute resolution process. ***You*** can find a copy of ***our*** dispute resolution process here: www.europ-assistance.com/nz/partner/europassistance/contact-us/.

We expect that ***our*** internal dispute resolution process will deal fairly and promptly with ***your*** complaint.

We are a member of the Insurance & Financial Services Ombudsman Scheme (IFSO). The IFSO provides independent financial services complaint resolution services that are free to consumers.

If ***you*** have made a complaint to ***us*** and ***you*** have received a final decision from ***us*** (together with a deadline notice) and the issue has not been resolved to ***your*** satisfaction, ***you*** can lodge a complaint with IFSO, but ***you*** must do so within three months of receiving the deadline notice (unless IFSO extends the period where it is satisfied that the extension is justified by exceptional circumstances).

You may also lodge a complaint with IFSO if ***you*** have made a complaint to ***us*** and ***you*** have not received a final decision from ***us*** within two months of making the complaint.

In all cases, ***you*** must not make a complaint to IFSO more than 6 years after ***you*** become aware (or should reasonably have become aware) of the facts or events giving rise to the complaint.

IFSO's contact details are:

Insurance & Financial Services Ombudsman Scheme
PO Box 10-845 Wellington 6143, New Zealand
Call: 0800 888 202 or +64 (04) 499 7612
Fax: +64 (04) 499 7614
Website: www.ifso.nz
Email: info@ifso.nz

Updating this Policy Wording

Information in this Policy Wording is subject to change from time to time. Where a change occurs in relation to information that is not materially adverse ***we*** may update it by including information on ***our*** website. A paper copy of such information will be provided upon request.

Policy Information

Policy Wording

Words with special definitions

Wherever the following words or phrases appear in *italic* in the Policy Wording they will always have the meanings shown under them. Please also refer to the details of each Section for definitions that relate only to that Section.

Terms defined in the singular form shall include their plural forms and vice versa, unless the context clearly indicates otherwise.

Accident
Unintended sudden or violent action or impact from an external physical force such as crushing, collision or fall.

Business associate
Any person, who works at ***your*** place of business and who, if ***you*** were both away from work at the same time, would prevent the business from running properly.

Certificate of insurance
The document ***we*** issue to ***you*** showing ***your*** policy number, the names and details of all the people insured under this policy, ***your*** policy type, plan and options chosen along with any special conditions.

Civil unrest
Activities inclusive of organised protests, riots, arson, looting, occupation of institutional buildings, border infringements and armed insurrection (excluding where civil ***war*** has been declared).

Complications of pregnancy and childbirth
Any of the following that occur before the 31st week of pregnancy:

- Toxaemia (toxins in the blood)
- Gestational diabetes (diabetes arising as a result of pregnancy)
- Gestational hypertension (high blood pressure arising as a result of pregnancy)
- Pre-eclampsia (where ***you*** develop high blood pressure, carry abnormal fluid and have protein in ***your*** urine during the second half of pregnancy)
- Ectopic pregnancy (a pregnancy that develops outside of the uterus)
- Molar pregnancy or hydatidiform mole (a pregnancy in which a tumour develops from the placental tissue)
- Post-partum haemorrhage (excessive bleeding following childbirth)
- Retained placenta membrane (part or all of the placenta is left behind in the uterus after delivery)

- Placental abruption (part or all of the placenta separates from the wall of the uterus)
- Hyperemesis gravidarum (excessive vomiting as a result of pregnancy)
- Placenta praevia (when the placenta is in the lower part of the uterus and covers part or all of the cervix)
- Stillbirth
- Miscarriage
- Emergency caesarean section
- A termination needed for medical reasons
- Premature birth more than 10 weeks (or 18 weeks if ***you*** know ***you*** are having more than one baby) before the expected delivery date

Cruise ⁄ Commercial Cruise
Any travel on sea or ocean by a commercially operated passenger vessel (other than a yacht or sailboat) outside of coastal waters (3 nautical mile limit) and longer than overnight.

Electronics
Laptop, tablets, cameras, video cameras, photographic ***equipment***, headphones and other audio ***equipment***, video and electrical ***equipment***, media players, drones, mobile phones, computer ***equipment*** and electronic watches.

End date
The ***end date*** is ***your*** cover conclusion date and is as specified in ***your certificate of insurance***.

Epidemic
A fast spreading infectious or contagious disease or illness documented by a public health authority.

Extreme risk
As determined and publicly advertised by the commercial operator through which ***you*** are participating in this activity.

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

Home
Your usual place of residence within New Zealand. It also means a hospital or care facility that ***you*** are transferred to if ***you*** are repatriated to New Zealand by ***us*** during ***your trip***.

Injury
Bodily harm arising directly as a result of an ***accident*** or assault.

Insured person
Any person for whom the appropriate premium has been paid and who is named on ***your certificate of insurance***.

Manual labour
Work involving physical labour, including but not limited to, construction, installation and assembly. This does not include bar and restaurant staff, music and singing, or fruit picking (not involving machinery).

Natural disaster
Floods, earthquakes, tsunamis, landslides, volcanic eruptions, hurricanes, typhoons, tornadoes, cyclones and objects falling from space.

Pair⁄set of items
A number of associated items being similar or complementary or used together (e.g. a pair of earrings, a camera body and its standard lens and accessories, or a set of golf clubs).

Pandemic
An ***epidemic*** that is expected to affect more than one country or declared to be a ***pandemic*** by a public health authority.

Partner
A person who is over the age of 18, who ***you*** live with at the time of purchasing this insurance, and who is ***your*** husband or wife, fiancé or fiancée, or de-facto partners of either sex.

Policy holder
The person purchasing the policy who is named on the ***certificate of insurance*** as the ***policy holder*** who may also be an ***insured person*** under this policy.

Policy issue date
The date the ***certificate of insurance*** is issued as specified on ***your certificate of insurance***.

Pre-existing medical condition
A pre-existing condition includes any of the following:

- Any medical condition for which there has been prescribed medication or treatment, advice, tests or investigation in the 2 years prior to ***policy issue date***, including but not limited to any:
  - heart related, blood circulatory or diabetic condition; or
  - neurological condition (including stroke, brain haemorrhage or epilepsy); or

   – respiratory condition; or
   – arthritis, back pain or osteoporosis; or
   – bowel condition (including Crohn's disease or IBS); or
   – psychiatric or psychological condition (including anxiety or depression); or
   – cancerous condition, and
- Any condition for which there has been referral to or consultation by a doctor, specialist or surgeon in the 12 months prior to ***policy issue date***.

It does not include acute conditions that have resolved, such as a cold or flu.

Professional sporting activity
Any sporting activity ***you*** are paid to participate in or train for. This does not include prize money unless ***you*** earn a significant part of ***your*** income from it, or ***you*** are paid to train or participate regardless of the outcome.

Proof of ownership
We may consider valuation certificates, ATM receipts, and warranty cards if ***you*** are unable to provide receipts, bank statements and/or invoices.

We do not consider photographic evidence as ***proof of ownership***.

Public place
Includes but is not limited to shops, airports (including airport lounges), train stations, bus stations, streets, hotel foyers and grounds, hotel or motel room after ***you*** have checked out, function, exhibition or conference centres, restaurants, beaches, public toilets, ***public transport*** and any place to which the public has access.

Public transport
Aircraft, ship, train, tram, taxi, bus or any other shared passenger service which is available for use by the general public.

Relative
Your partner, or ***your*** or ***your partner's*** parent, brother, sister, son, daughter (including adopted or fostered children), son-in-law, daughter-in-law, uncle, aunt, niece, nephew, grandparent, grandchild, stepparent, stepchild, stepbrother, stepsister or next of kin.

Resident
Someone who currently lives in New Zealand with unrestricted right of entry into New Zealand, allowing them to live, work or study in New Zealand and access long term medical care in New Zealand.

Severe weather
Potentially dangerous weather conditions.

Start date
The date ***your*** period of insurance starts as specified on ***your certificate of insurance***.

Terrorist act
Any actual or threatened use of force or violence directed at or causing damage, ***injury***, harm or disruption, or committing of an act dangerous to human life or property, against any individual, property or government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests, whether such interests are declared or not. Robberies or other criminal acts, primarily committed for personal gain and acts arising primarily from prior personal relationships between perpetrator(s) and victim(s) shall not be considered terrorist acts. Terrorism shall also include any act which is verified or recognised by the (relevant) Government as an act of terrorism.

Travelling companion
A person not listed on ***your certificate of insurance*** who is to travel with ***you*** for at least 50% of the ***trip*** and who made arrangements to accompany ***you*** before ***you*** began the ***trip***.

Trip
For International and Domestic Single Trip policies, means:
A single return holiday or journey between the ***start date*** and ***end date*** listed on ***your certificate of insurance*** beginning or ending at ***your home*** or place of business in New Zealand.

For Annual Multi-Trip policies, means:
A return holiday or journey between ***your start date*** and ***end date*** of up to the maximum ***trip*** duration (15, 30, 45 or 60 days) shown on ***your certificate of insurance***, which:

- begins and ends at ***your home*** or place of business in New Zealand; and
- includes booked ***public transport*** or accommodation; and
- is to a destination more that 100kms from ***your home***.

Unattended
When an item is not on ***your*** person at the time of loss, left with a person other than ***your travelling companion*** or travel service provider's staff, left in a position where it can be taken without ***your*** knowledge including on the beach or beside the pool while ***you*** swim or left at a distance at which ***you*** are unable to prevent it from being unlawfully taken.

Unattended motor vehicle
Your Rental Vehicle or other personal private transport such as ***your***, or a ***travelling companion's*** own vehicle that ***you***, ***your partner*** or ***travelling companion*** are not inside.

Valuables
Antiques, binoculars, furs, jewellery, silks and watches.

War
War, whether declared or not, or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.

We, us, our
Mitsui Sumitomo Insurance Company Limited, NZBN 9429039809810. Europ Assistance Australia Pty Ltd (NZ Branch), NZBN 9429051834036, holds a binding authority from the insurer, MSI to issue contracts of insurance and to deal with or settle claims on MSI's behalf and as MSI's agent.

Winter sports*
Recreational skiing/snowboarding, backcountry skiing (provided ***you*** are not going against local advice or warning), bigfoot skiing, cat skiing, cross country skiing (along a designated cross-country ski route only), dog sledding, glacier skiing, glacier walking, heli-skiing, ice fishing, ice hockey (not competitive), luging (ice only), mono skiing, off-piste skiing (provided ***you*** are not going against local advice or warning), recreational ski racing (not training for, or participating in a competition), snowmobiling, snow shoeing, telemark skiing and tobogganing.

*In all cases skiing also means snowboarding.

Please also refer to Section N – Winter sports cover for further definitions relating to 'Backcountry/off-piste' and 'Ski/snowboard fun parks'.

You, your, yourself
The ***insured person(s)*** named on the ***certificate of insurance***.

Policy benefits

Section A – Cancellation

Section A1 – Cancelling your trip

What you are covered for

If ***you*** have to cancel all or part of ***your trip*** because of one of the reasons listed below ***we*** will pay ***you*** up to the specified cancellation limit shown on ***your certificate of insurance*** for the following types of expenses:

- travel and accommodation expenses and pre-paid meal expenses which ***you*** have paid or have agreed to pay under a contract and which are non-refundable.
- the cost of excursions, tours and tickets which ***you*** have paid for and which ***you*** cannot reasonably recover from any other sources.
- the cost of visas which ***you*** have paid for and which ***you*** cannot reasonably recover from any other sources.
- the travel agent's cancellation fee and commission of up to 10% of the amount paid to the travel agent when full monies have been paid or the maximum amount of deposit has been paid at the time of cancellation. ***We*** will not pay more than the loss of the normal remuneration available to the agent had the ***trip*** gone ahead as planned.

Alternatively, if all conditions under Section A are met and no exclusions are applicable, ***we*** will cover the expense for rescheduling ***your trip*** prior to departure provided the cost of rescheduling does not exceed the cost of cancellation. If ***you*** reschedule to dates that are outside ***your*** original ***trip***, ***you*** will need to purchase a new policy to have cover for ***your*** new travel dates.

We will pay a benefit under this Section if the cancellation of ***your trip*** is necessary and unavoidable as a result of:

1. ***your*** unforeseeable death, ***injury***, or illness.
2. the unforeseeable death, ***injury***, or illness of ***your relative, business associate*** or ***travelling companion*** who is a ***resident*** in New Zealand.
3. ***you*** have to go to court to be a witness or be on a jury (but not as an expert witness).

4. a road ***accident*** involving a vehicle ***you*** were planning to travel in, which happens within seven days before the date ***you*** planned to leave and means ***you*** cannot use the vehicle. This only applies to self-drive holidays.
5. ***you***, ***your relative*** or ***travelling companion*** are a member of the armed forces, police, fire, nursing or ambulance services and ***you*** have to stay in New Zealand because of an emergency or ***you*** are posted overseas unexpectedly.
6. a fire, storm, flood or burglary at ***your home*** or place of business within 7 days before the date ***you*** planned to leave and, as a result, it is necessary for ***you*** to stay in New Zealand. ***We*** will need a written statement from a relevant public authority confirming the reason and necessity.
7. ***your*** inability to travel because riot, strike, civil commotion, ***severe weather*** or a ***natural disaster*** has caused ***your*** travel service provider to cancel ***your*** pre-paid service and they do not provide a reasonable alternative (this does not include those which were known at the ***policy issue date***).
8. ***you*** becoming pregnant after ***we*** have sold ***you*** this policy, and ***you*** will be more than 30 weeks pregnant (or 20 weeks if ***you*** are expecting more than one baby) at the start of, or during, ***your trip***. Or, ***your*** doctor advises that ***you*** are not fit to travel because ***you*** are suffering from ***complications of pregnancy and childbirth*** that occur before the 31st week of ***your*** pregnancy.
9. ***we*** will pay the cancellation cost of tuition or course fees up to $2,000 on the Platinum plan and $1,000 on the Gold plan; if the sole purpose of ***your trip*** is to attend that course and that course is cancelled due to circumstances outside ***your*** control.

Section A2 – Additional cancellation events

Please note: This section A2 only applies if ***you*** have purchased the Platinum plan.

What you are covered for

We will also cover ***you*** for the expense types listed in Section A1 up to the Specified cancellation limit shown on ***your certificate of insurance*** if the cancellation of all or part of ***your trip*** is necessary and unavoidable as a result of:

1. the unforeseeable death or illness of ***your relative*** arising from a ***pre-existing medical condition***, provided they are a ***resident*** in New Zealand, provided they have not received a terminal prognosis for that condition or been hospitalised or referred to a specialist for that condition in the 90 days prior to the ***policy issue date***.
2. ***your*** river ***cruise*** being cancelled by the provider due to water levels being too high or too low and the service provider does not provide a reasonable alternative river ***cruise***. This does not include cover for any event which was known at the time of purchasing this insurance.
3. ***your*** or ***your travelling companion's*** unforeseen redundancy from permanent full-time or permanent part-time employment in New Zealand, or unexpected relocation for work.
4. ***your*** pet cat or dog suffers a new illness or ***injury*** that is life-threatening, or dies unexpectedly and suddenly. ***You*** will need to provide evidence from a qualified veterinarian.
5. the dissolution of relationship with ***your partner***. To support ***your*** claim ***you*** will need a statement from an independent third party who can verify ***your*** relationship and its dissolution.

   For the following events, ***we*** will pay for the expense types listed under Section A1 for the lesser of the specified cancellation limit listed on ***your certificate of insurance*** or the specified sublimit for:
6. A terrorist incident that occurs within 50kms of:
   a. ***your*** departure city; or
   b. ***your*** destination port of entry; or
   c. ***your*** pre-arranged accommodation,

   we will cover up to $10,000 for each ***insured person*** to cancel or reroute ***your trip*** away from this area.

   The incident must occur within 14 days of ***your*** scheduled travel or during ***your trip***. There is no cover if there has been a terrorist incident in the location in the 30 days prior to ***your policy issue date.***
7. When a wedding that ***you*** were planning to attend as an invited guest is cancelled, provided the sole purpose of ***your trip*** was to attend that event, ***we*** will cover up to $10,000 for each ***insured person.***

8. Where a ticketed event for example a music festival or sporting event ***you*** were booked to attend as a spectator is cancelled by the organiser, provided the sole purpose of the ***trip*** was to attend the event, ***we*** will cover up to $10,000 for each ***insured person***.
9. The unforeseen insolvency of ***your*** travel services provider. ***We*** will cover ***your*** non-refundable travel arrangements up to $10,000 for each ***insured person***.
10. Where ***your*** prepaid and overnight tour or river ***cruise*** is cancelled due to insufficient numbers by the service provider. ***We*** will cover up to $800 for each ***insured person*** for ***your***:
    a. necessary amendment costs; or
    b. non-refundable prepaid airfare and accommodation arrangements.

IMPORTANT INFORMATION

Applicable to Section A

- If ***you*** make a claim for cancelling ***your trip*** before departure under Section A – Cancellation, ***your*** travel insurance policy won't cover ***you*** for travel on different dates; another travel insurance policy will need to be purchased for a new ***trip***.
- A new policy is not needed if ***you*** reschedule ***your trip*** and ***you*** are still travelling within ***your*** original ***trip*** dates.
- Where an airline ticket was purchased using frequent flyer or similar air points, ***we*** will pay ***you*** the frequent flyer or similar air points lost following cancellation of ***your*** air ticket. The amount payable will be calculated as follows:
    (i) If the airline will not refund ***your*** points, ***we*** will pay ***you*** the cost of equivalent class air ticket based on the quoted retail price at the time the ticket was issued.
    (ii) If the airline will only refund a portion of ***your*** points, ***we*** will pay ***you*** the cost of the equivalent class air ticket based on the quoted retail price at the time the ticket was issued, less the value of the portion of ***your*** points refunded back to ***you***.
- If ***you*** need to return ***home*** to New Zealand earlier than planned and ***you*** want ***us*** to pay, ***you*** must contact Medical and Travel Emergencies as soon as possible to obtain approval from ***us*** (please see 24/7 Medical and Travel Emergencies). ***Our*** approval will not be unreasonably withheld.
- ***We*** will only pay if ***you*** are not being reimbursed for these expenses under any other benefit in this policy including Section C1, C3, or O2.

What you are not covered for Applicable to Section A

In addition to General exclusions, under Sections A1 and A2, ***you*** are not covered for:

1. The excess as shown in the Table of benefits.
2. Any change of plans because ***you*** or ***your travelling companion*** change ***your*** mind and decide not to proceed with ***your*** original ***trip*** or choose not to travel.
3. Any costs that would not have been incurred had ***you*** told the appropriate travel provider, including but not limited to tour operators, travel agents, transport providers, or accommodation providers, as soon as ***you*** knew ***you*** had to cancel ***your trip***.
4. Any claims arising from cancellation, delay or rescheduling of ***your public transport*** for operational reasons, mechanical breakdown or maintenance.
5. ***You*** being unable to travel due to a failure to obtain the passport or visa needed for the planned ***trip***. This includes a failure to obtain ESTA approval when required at ***your*** destination.

6. ***You*** failing to check in according to ***your*** itinerary or the times advised to ***you***.
7. Costs which ***you*** have paid on behalf of any other person, unless that person is also an ***insured person*** named on ***your certificate of insurance***. (An excess will still be applied to each person who the costs relate to.)
8. Any ***terrorist act*** or any loss incurred as a result of any intentional use of military force or other intervention by a government or official authority to intercept, prevent, or mitigate any known or suspected ***terrorist act*** except as specified in Section A2.
9. Claims arising from ***your*** business (other than severe damage to ***your*** business premises as specified in Section A1) or employment (other than as specified in Section A2), including but not limited to, not being able to take leave from that employment.
10. Claims arising from ***your*** financial or contractual obligations or those of ***your travelling companion***, ***relative*** or ***business associate***.
11. Any amounts that can be reimbursed from another source.
12. Claims relating to an event that was known or ongoing at the time ***you*** purchased ***your*** policy or at the time ***you*** make ***your*** travel arrangements.
13. The non-refundable unused portion of travel or accommodation arrangements where the alternative cost is paid for by ***us*** under Section C – Additional trip costs.

Section B – Medical

Please note: This section does not apply to Domestic policies or domestic ***trips*** under an International Annual Multi-Trip policy apart from expenses incurred on board a ***cruise*** within New Zealand territorial waters where ***you*** have purchased the *Cruise* add-on and this is shown on ***your certificate of insurance*** (please see Cruising in New Zealand Waters for full details).

There is no cover for any medical costs incurred within New Zealand.

Section B1 – Medical and other expenses outside of New Zealand

What you are covered for

We will pay up to the amount shown in the Table of benefits for the necessary and reasonable costs incurred outside of New Zealand as a result of ***you*** becoming ill, being injured or dying during ***your trip***. This includes:

1. Emergency medical, surgical and hospital treatment and ambulance costs.
2. The cost of ***your*** return to New Zealand earlier than planned if this is medically necessary following medical advice.
3. If ***you*** cannot return to New Zealand as ***you*** originally planned ***we*** will pay for:
   a. Reasonable extra accommodation (room only) and transport expenses (economy class unless a higher grade of travel is confirmed as medically necessary) to allow ***you*** to return to New Zealand if this is necessary due to medical advice; and
   b. Reasonable extra accommodation (room only) and transport expenses for someone to stay with ***you*** and travel ***home*** with ***you*** if this is necessary due to medical advice; or
   c. Reasonable accommodation (room only) and transport expenses for one ***relative*** or friend to travel from New Zealand to stay with ***you*** and travel ***home*** with ***you*** if this is necessary due to medical advice.

In addition, ***we*** will pay:

- Up to $50,000 (or up to €30,000 for Schengen countries) for the cost of returning ***your*** body or ashes to New Zealand or up to $20,000 for the cost of the funeral and burial expenses in the country in which ***you*** die if this is outside New Zealand.
- Up to the amount shown in the Table of benefits the plan ***you*** have selected for emergency dental treatment for the immediate relief of pain only.
- On the Platinum plan, a lump sum payment of $3,000 if ***you*** are medically repatriated by ***us*** from overseas to a hospital in New Zealand.

IMPORTANT INFORMATION

- If *you* are admitted into hospital as an inpatient for more than 24 hours someone must contact Medical and Travel Emergencies on *your* behalf as soon as possible (please see 24/7 Medical and Travel Emergencies or the back cover of this Policy Wording for contact details).
- If the claim relates to *your* return travel to New Zealand and *you* do not hold a return ticket, *we* will deduct from *your* claim an amount equal to *your* original carriers published one-way airfare (based on the same class of travel as that paid by *you* for *your* outward *trip*) for the route used for *your* return.

What you are not covered for

In addition to General exclusions, under Section B1, *you* are not covered for:

1. The excess as shown on ***your certificate of insurance***.
2. Any treatment or surgery which is not immediately medically necessary and can wait until *you* return *home*, including any routine medical, dental or prenatal visits.
3. The extra cost of a single or private hospital room unless this is medically necessary.
4. Any search and rescue costs (costs charged to *you* by a government, regulated authority or private organisation connected with finding and rescuing an individual. This does not include medical evacuation costs by the most appropriate transport).
5. Any costs for the following:
   a. telephone calls (other than calls to Medical and Travel Emergencies to notify them of the medical problem);
   b. taxi fares (unless a taxi is being used in place of an ambulance to take *you* to or from a hospital); or
   c. food and drink expenses (unless these form part of *your* hospital costs if *you* are kept as an inpatient).
6. Medical expenses in New Zealand, including any treatment, medication or any other additional expenses as detailed under section B1 that occur after *you* return back to New Zealand.
7. Any extra costs after the time when, in *our* medical advisor's opinion, *you* are fit to return to New Zealand (or *your* final country if *you* are on a one-way *trip*).
8. Any expenses incurred more than 12 months from the time *you* first received treatment for the *injury* or illness.
9. Any medical treatment that *you* receive after *you* have refused the offer of returning to *your home*, when, Medical and Travel Emergencies reasonably considered *you* were fit to return *home* (or to *your* final destination if on a one-way *trip*) according to the available medical advice. If *you* refuse to come back to New Zealand upon *our* request or follow any other reasonable advice or instruction, *we* will only be responsible for costs and expenses incurred up until the day of *our* request.
10. Any medical treatment that *you* receive on *your trip* despite *you* being medically advised not to travel.
11. Any claims that are not confirmed as medically necessary by the treating doctor overseas or Medical and Travel Emergencies.
12. Any claim resulting from *your* pregnancy or childbirth after the 30th week of pregnancy.
13. Any claim that comes from pregnancy or childbirth, unless a qualified medical practitioner confirms that the claim comes from ***complications of pregnancy and childbirth.***
14. Private medical treatment where satisfactory public care or treatment is readily available in any country under any reciprocal health agreement between New Zealand and any foreign governments unless *we* have agreed this is medically necessary.
15. Any medical treatment that *you* receive because of a medical condition or any illness related to a medical condition which *you* knew about at the time of taking out this insurance. This applies to *you*, a ***relative***, ***business associate*** or person *you* are travelling with, and any person *you* were depending on for the *trip*.
16. Any medical treatment or tests *you* have planned or expect to have.
17. Cosmetic treatment, unless *we* have agreed that this treatment is necessary as the result of an *injury* covered under this policy.
18. Cosmetic treatment, unless *we* have agreed that this treatment is necessary as the result of an *injury* covered under this policy.

19. Any costs that are as a result of a tropical disease, if ***you*** have not had the recommended vaccinations or taken the recommended medication.
20. Any claim arising from ***you***, ***your partner***, ***relative*** or ***your travelling companion*** using drugs other than as advised by ***your*** treating medical professional.

Section B2 – Hospital Incidentals

What you are covered for

We will pay ***you*** for each day for extra necessary expenses incurred, if after an ***injury*** or illness that is covered under Section B1 – Medical and other expenses outside of New Zealand of this insurance, ***you*** go into hospital as an inpatient overseas.

The maximum amount ***we*** will pay for all claims under this Section is the amount shown in the Table of benefits by reference to the plan ***you*** have selected.

IMPORTANT INFORMATION

- ***You*** may be entitled to claim under Sections B2 or C1, but ***you*** may not claim under more than one of these sections for the same event.
- This reimbursement is only payable for the time that ***you*** are kept as an inpatient overseas and ceases if ***you*** go into hospital upon ***your*** return to New Zealand. This amount is meant to help ***you*** pay any extra expenses such as taxi fares and phone calls.
- ***You*** must keep all receipts for the extra expenses ***you*** pay.

What you are not covered for

In addition to General exclusions, under Section B2, ***you*** are not covered for:

1. Any claim where ***you*** are unable to provide appropriate evidence e.g. receipts or bank statements for the extra expenses being claimed.

Section C – Additional trip costs

Section C1 – Additional emergency expenses

What you are covered for

We will pay up to the amount shown in the Table of benefits for ***your*** reasonable and necessary additional accommodation, meal and travelling expenses (including emergency personal telephone calls), incurred after departure, that are over and above what ***you*** had originally budgeted to pay, if ***your trip*** is disrupted, or ***you*** are required to return to ***your home*** in New Zealand, because of:

- the treating doctor overseas or Medical and Travel Emergencies certifying that ***you***, or ***your travelling companion***, are unfit to continue with ***your*** original itinerary.
- the unexpected death of, or sudden serious ***injury*** or illness of, ***your***, or ***your travelling companion's relative*** who is a ***resident*** in New Zealand or Australia, or of ***your business associate*** who is a ***resident*** in New Zealand.
- ***your*** passport or travel documents being lost or stolen (applies to Gold and Platinum cover only)
- serious damage to ***your home*** or business premises in New Zealand.
- an ***accident*** involving ***your*** means of transport (pre-booked flights, ***cruise*** and regularly scheduled buses or coaches only).

We will pay up to the amount shown in the Table of benefits for ***your*** additional reasonable and necessary transport expenses, incurred after departure, that are over and above what ***you*** had originally budgeted to pay, where ***you*** need to catch-up to ***your*** original schedule if ***your trip*** is disrupted due to:

- the cancellation, delay or diversion of ***your*** scheduled transport but only those expenses where ***you*** have not been offered alternatives.
- a ***natural disaster***.

In these events ***we*** will not pay costs higher than for the class of airfare of ***your*** original itinerary

In these events ***you*** may be also entitled to claim additional meals and accommodation expenses under Section D – Travel delay expenses.

IMPORTANT INFORMATION

- If ***you*** require ***us*** to pay for any additional emergency expenses ***you*** must call Medical and Travel Emergencies as soon as possible to obtain approval from ***us*** (please see 24/7 Medical and Travel emergencies for contact details). ***Our*** approval will not be unreasonably withheld.
- If the claim relates to ***your*** return travel to New Zealand and ***you*** do not hold a return ticket, ***we*** will deduct from ***your*** claim an amount equal to ***your*** original carrier's published one-way airfare (based on the same class of travel as that paid by ***you*** for ***your*** outward ***trip***) for the route used for ***your*** return.
- ***You*** may be entitled to claim under Sections C1 or B2 if ***you*** are hospitalised, but ***you*** may not claim under more than one of these sections for the same event.
- ***We*** will only pay if ***you*** have already departed ***your home*** in New Zealand and are not being reimbursed for these expenses under any other benefit in this policy including Section A – Cancellation.
- ***You*** must get written confirmation from the appropriate authority stating full details of the incident.
- ***You*** must claim from the transport company first and provide ***us*** with written confirmation of any refunds or rescheduling offered to ***you***.
- ***You*** must provide ***us*** with written confirmation from the transport company of the cause and period of disruption.
- ***We*** will only pay ***you*** the reasonable additional expenses less the amount ***you*** would have ordinarily paid had the event not occurred, less any refunds owed to ***you***.
- ***You*** must keep all receipts for the extra expenses ***you*** pay.

Section C2 – Resumption of your trip

Please note: This section does not apply to the Silver plan.

What you are covered for

If ***you*** have to cut ***your trip*** short after ***you*** have commenced travelling due to an event that has been covered under Section A – Cancellation, ***we*** will pay up to the amount shown in the Table of benefits for the cost of ***your*** airfare to resume ***your trip*** before the ***end date*** of ***your*** policy.

We will pay up to the amount shown in the Table of benefits for the cost of the airfare to return ***you*** to resume ***your trip***, if after an event that is covered under Section A – Cancellation, ***you*** resume ***your*** original overseas ***trip***.

We will pay for ***your*** return to the airport closest to the location ***you*** were scheduled to be at the same class as per ***your*** original itinerary.

IMPORTANT INFORMATION

- This benefit covers ***you*** to resume ***your trip*** before the end of ***your*** original itinerary.
- If ***we*** agree to cover ***you*** to resume ***your trip***, ***your*** cover under the policy will resume to cover ***your*** original itinerary up to ***your*** policy ***end date*** or to the maximum ***trip*** duration selected for ***your*** Annual Multi-Trip policy.
- ***You*** must resume ***your trip*** within 60 days of returning to New Zealand and ***you*** must contact ***us*** before ***you*** resume ***your trip*** as transport costs under this section may only be incurred with ***our approval. Our approval will not be reasonably withheld***.

Section C3 – Special events

Please note: This section does not apply to the Silver plan.

What you are covered for

If ***your*** scheduled ***public transport*** is delayed or diverted when ***you*** are travelling for the purpose of a wedding, 25th or 50th anniversary, funeral, or a prepaid conference, concert, music festival or sporting event, that cannot be delayed for ***your*** late arrival, ***we*** will pay up to the amount shown in the Table of benefits for the cost of ***your*** reasonable additional ***public transport*** expenses to get to the event on time.

> **IMPORTANT INFORMATION**
>
> ***You*** may also be entitled to claim under Sections C1, D, or O2 but ***you*** may not claim under more than one of these sections for the same event.

What you are not covered for, applicable to Section C

In addition to General exclusions, under Sections C1 to C3, ***you*** are not covered for:

1. The excess as shown on ***your certificate of insurance***.
2. Any change of plans because ***you*** or ***your travelling companion*** change ***your*** mind and decide not to proceed with ***your*** original ***trip***, or choose not to travel, or any disinclination to travel.
3. Any costs incurred after ***your end date.***
4. Any claims arising from cancellation, delay or rescheduling of ***your public transport*** for operational reasons, mechanical breakdown or maintenance (except as specified under C3).
5. Any additional transport expenses where ***you*** have been offered alternatives from the transport provider (except as specified under C3).
6. Any search and rescue costs (costs charged to ***you*** by a government, regulated authority or private organisation connected with finding and rescuing an individual. This does not include medical evacuation costs by the most appropriate transport).
7. Any costs for disembarkation of a ***cruise*** if the on-board medical practitioner does not confirm it is necessary.
8. Any additional expenses that would not have been incurred had ***you*** told the relevant travel provider, including but not limited to tour operators, travel agents, transport providers, or accommodation providers, as soon as ***you*** knew ***you*** had to change ***your*** plans.
9. ***You*** being unable to continue with ***your*** travel due to failure to obtain the passport, visa or other travel authorisation required for the planned ***trip.***
10. Any cost incurred where ***your*** scheduled transport is delayed by less than 4 hours (except as specified under C3).
11. Any claim that results from ***you*** missing a connection where the stopover was originally scheduled on ***your*** itinerary at less than 3 hours.
12. ***You*** failing to check in according to ***your*** itinerary or the times advised to ***you***.
13. Costs which ***you*** have paid on behalf of any other person, unless that person is also an ***insured person*** named on ***your certificate of insurance***. (An excess will still be applied to each person who the costs relate to.)
14. Any expenses that ***you*** can get back from the appropriate travel provider, including but not limited to tour operators, travel agents, transport providers, or accommodation provider.
15. Any additional expenses caused by planned medical procedures, cosmetic treatments, or other non-emergency medical treatments.
16. Any cost for telephone calls and mobile data (other than calls to Medical and Travel Emergencies to notify them of the emergency).
17. Any claim resulting from ***you*** travelling against the advice of the appropriate national or local authority.
18. The cost of a return ticket if ***you*** have not purchased a return air ticket to New Zealand. ***We*** will deduct from ***your*** claim the cost of the fare between ***your*** last intended place of departure to New Zealand, at the same cabin class as ***your*** initial departure fare.
19. Additional travelling or accommodation expenses if ***you*** have been reimbursed for the original unused travel or accommodation costs under Section A during the same period of time.
20. Any ***terrorist act*** or any loss incurred as a result of any intentional use of military force or other intervention by a government or official authority to intercept, prevent, or mitigate any known or suspected ***terrorist act.***

21. Claims arising from ***your*** business (other than severe damage to ***your*** business premises) or employment, including but not limited to, not being able to take leave from that employment. This exclusion will not apply to ***you*** being involuntarily retrenched from ***your*** usual full time employment in New Zealand.
22. Claims arising from ***your*** financial or contractual obligations or those of ***your travelling companion***, ***relative*** or ***business associate***.
23. Any amount that could be potentially be claimed under the ***Winter sports*** section whether ***you*** have purchased this add-on or not.

Section D – Travel delay expenses

Please note: This section does not apply to the Silver plan.

What you are covered for

We will reimburse the cost of ***your*** necessary additional meals and accommodation expenses up to the amount shown in the Table of benefits, if during a ***trip***, ***any*** individual leg of ***your trip***, is delayed for more than 12 hours as long as ***you*** eventually go on the holiday.

Sub limits are applicable for each 12-hour period. The limits and sub limits are specified in the Table of benefits.

What you are not covered for

In addition to General exclusions, under Section D ***you*** are not covered for:

1. Any claim where ***you*** are unable to provide appropriate evidence e.g. receipts or bank statements for the additional meals and accommodation expenses being claimed.
2. Any ***terrorist act*** or any loss incurred as a result of any intentional use of military force or other intervention by a government or official authority to intercept, prevent, or mitigate any known or suspected ***terrorist act***.
3. Any claim that results from ***you*** missing a connection where the stopover was originally scheduled on ***your*** itinerary for less than 3 hours.
4. Any claim that results from ***civil unrest***.
5. Any claim that results from a delay due to an event which the public knew about, at the time ***you*** made ***your*** travel arrangements for the ***trip*** or at the time that ***you*** purchased ***your*** policy, whichever is the latter.

Section E – Luggage

Section E1 – Personal belongings and baggage

What you are covered for

We will pay up to the amount shown in the Table of benefits for items owned (not rented) by ***you*** which are stolen, damaged or permanently lost during ***your trip***. ***We*** will only pay for items which accompanied ***you*** for ***your*** individual and personal use during ***your trip***.

Please see the Table of benefits for the sub limits which apply to the level of cover ***you*** have selected.

The maximum ***we*** will pay for any property which is lost or stolen from an ***unattended motor vehicle*** is up to $500 per item up to the amount shown in the Table of benefits for the plan ***you*** have selected. ***We*** will only pay if the vehicle was locked and the property was kept in a concealed compartment, for example a boot, and there is evidence of forced entry to the vehicle.

IMPORTANT INFORMATION

- No depreciation applies to items under 12 months old.
- For items purchased more than 12 months ago, payment will be based on the depreciated value of the property. An allowance will be made for wear, tear and loss of value depending on the age of the items. This is listed in the depreciation table.

Depreciation table

Items	Yearly Depreciation	Maximum Deduction
Phones, electrical devices, communication devices, all computers, photographic ***equipment***, tablets, electronics ***equipment*** and clothing	20%	90%
Jewellery	5%	90%
All other items	10%	90%

- ***We*** will consult with ***you*** to determine whether ***we*** provide a repair, replacement or cash settlement.
- ***We*** will not pay any claim relating to a mobile phone or device with phone capabilities if ***you*** are unable to supply the IMEI (International Mobile ***Equipment*** Identity). ***You*** are also required to block the IMEI number (by New Zealand telecommunication providers) of the stolen or lost mobile phone or device.
- The maximum amount ***we*** will pay for any one item, ***pair/set of items*** is shown in the Table of benefits, unless ***you*** have selected the Increased luggage sub-limit option, and this is shown on ***your certificate of insurance.*** See the Increased luggage sub-limit option and Section E2 for details.
- It is the responsibility of the ***insured person*** to provide ***proof of ownership*** of any lost, stolen or damaged items and ***we*** are under no obligation to make payment without this ***proof of ownership***.

We will pay up to the value of the item, to the maximum of $5,000 on the Silver plan and $6,000 on the Platinum plan.

IMPORTANT INFORMATION

- The most ***we*** will pay is limited to the sub-limit applicable for the plan ***you*** have selected or the value of the item, whichever is lower.
- Receipts and/or valuation certificates need to be provided.
- Depreciation applies in accordance with the table in Section E1.
- Selecting this option does not increase the total benefit limit of Section E1 for the plan ***you*** have selected.
- The sub-limit as per Section E1 will apply whilst ***your*** luggage is left in an ***unattended motor vehicle***.

Section E2 – Increased luggage sub-limit option

Please note: This option is not available on the Silver plan.

What you are covered for

Additional cover limits are available for luggage and personal effects by selecting the optional add on (for Gold and Platinum plans only) and paying an additional premium when ***you*** buy ***your*** policy.

This option replaces the sub-limit for any item or ***pair/set of items*** for claims under Section E1. This replaced limit will not apply to luggage left in an ***unattended motor vehicle***.

Section E3 – Delayed baggage

Please note: This section does not apply if ***you*** have purchased the Silver plan.

What you are covered for

We will pay up to the amount shown in the Table of benefits for the reasonable cost of buying essential items whilst ***your*** baggage is not in ***your*** possession if ***your*** baggage is delayed by an airline or transport company during ***your trip*** for more than 8 hours.

Sub limits are applicable depending on ***your*** level of cover and the length of time that ***your*** luggage is delayed. The sub limits are specified in the Table of benefits.

IMPORTANT INFORMATION

- There is no cover under this section if ***your*** baggage is delayed on the last leg of ***your trip***.
- ***You*** must get written confirmation of the length of the delay from the appropriate airline or transport company and ***you*** must keep all receipts for the essential items ***you*** buy. If ***your*** baggage is permanently lost ***we*** will deduct any payment ***we*** make for delayed baggage from ***your*** overall claim for baggage.

Section E4 – Passport and travel documents

Please note: This section does not apply if ***you*** have purchased the Domestic Silver plan.

What you are covered for

We will pay up to the amount shown in the Table of benefits for the cost of replacing the following items belonging to ***you*** if they are lost, stolen or damaged during ***your trip***:

- Passport;
- Travellers cheques (if these cannot be refunded by the provider);
- Credit Cards; and
- Visas.

We will also pay up to the amount shown in the Table of benefits for ***your*** liability for the illegal use of these documents if they are lost or stolen during ***your trip***.

IMPORTANT INFORMATION

The cost of replacing ***your*** passport includes the necessary and reasonable costs ***you*** pay overseas associated with getting a replacement passport to allow ***you*** to return back to New Zealand.

Section E5 – Money

Please note: This section does not apply if ***you*** have purchased the Silver plan.

What you are covered for

We will pay up to the amount shown in the Table of benefits for replacing ***your*** personal money (notes and coins) if it is lost or stolen.

It is the responsibility of the ***insured person*** to provide ***proof of ownership*** of any lost or stolen personal money and ***we*** are under no obligation to make payment without this ***proof of ownership***.

IMPORTANT INFORMATION FOR SECTION E:

- ***You*** must act in a reasonable way as if uninsured to look after ***your*** property and not leave it ***unattended*** or unsecured in a ***public place***.
- ***You*** must carry ***valuables*** and ***electronics*** with ***you***, including as carry-on luggage whilst ***you*** are travelling by air.
- ***You*** must get a written report from the police or appropriate authority as soon as reasonably practical.
- ***You*** must get a written report from the relevant airline or transport company within 72 hours of discovering any loss, theft, damage or delay to personal belongings and baggage, or as soon as practicable. In the case of an airline, a property irregularity report will be required. If the loss, theft or damage to ***your*** property is only noticed after ***you*** have left the airport, ***you*** must get a written report from the airline with full details of the incident as soon as practical.
- ***You*** must obtain a report stating that the item is damaged beyond economic repair or send the damaged item to ***us*** for assessment if ***you*** are unable to provide a damage report.

What you are not covered for applicable to Section E

In addition to General exclusions ***you*** are not covered for:

1. The excess as shown on ***your certificate of insurance*** (this does not apply if ***you*** are claiming under Sections E3 or E4).
2. Claims where ***you*** are unable to provide ***proof of ownership***.
3. Property ***you*** leave ***unattended*** in any ***public place*** or with someone ***you*** do not know looking after it without ***you*** taking reasonable precautions to prevent the property becoming lost or stolen. This exclusion will not apply where leaving the property ***unattended*** or with someone ***you*** do not know was unavoidable (for example, due to ***you*** suffering a medical emergency that requires ***you*** to urgently leave a ***public place***).
4. Luggage left in an ***unattended motor vehicle*** between sunset and sunrise.
5. Any item for which ***you*** did not get a written police report within 72 hours, or as soon as reasonably practicable, after discovering it was lost or stolen.
6. Any item for which ***you*** did not get a written report from the authorities, transport provider or tour operator within 72 hours, or as soon as reasonably practicable, after discovering it was damaged.
7. Any property left with a motorcycle. This includes in locked compartments.
8. Any loss, theft or damage to ***valuables*** or ***electronics*** which ***you*** do not carry in ***your*** hand luggage while ***you*** are travelling unless ***you*** are forced to check in these devices to the cargo hold due to government regulation.
9. Passports, traveller's cheques, travel or event admission tickets and travel documents such as visas which ***you*** do not carry with ***you*** unless they are being held in locked safety deposit facilities.
10. Claims arising due to an unauthorised person fraudulently using ***your*** credit or debit cards except as allowed for in Section E4.
11. Breakage or scratching of fragile objects or breakage of sports equipment while being used (unless ***your*** claim is for damage to ***winter sports equipment*** and ***you*** have purchased the ***Winter sports*** option).
12. Breakage or scratching of drones or other unmanned flying objects while being used.
13. Damage due to scratching or denting unless the item has become unusable as a result of this.
14. Losses due to devaluation or depreciation of currency.
15. If ***your*** property is legally delayed, held or confiscated by Customs, the police or other officials.
16. If ***your*** baggage is delayed on ***your*** final inward journey returning ***home***.
17. Loss of jewellery (other than wedding rings) while swimming or taking part in physical, sporting or adventure activities.
18. Loss of data or losses caused by mechanical or electrical breakdown or damage caused by leaking powder or fluid carried within ***your*** baggage.
19. Loss, theft or damage to sunglasses, dentures, paintings, household ***equipment*** (e.g. kitchen appliances or televisions), mobile phone prepaid minutes ***you*** have not used, mobile rental charges or payments, bicycles and ***their*** accessories, motor vehicles and ***their*** accessories, marine craft and ***equipment*** or items of a perishable nature (meaning items that can decay or rot and will not last for long, for example, food).
20. Cash and other negotiable items, gold or precious metals, precious unset or uncut gemstones, bonds, coupons, stamps, negotiable instruments, deeds, manuscripts, securities of any kind, bullion, tools of trade, traveller's samples, or property of any kind used wholly or partially for business. This exclusion does not apply to Section E5 – Money.
21. Any claims in relation to luggage that is transported separately to ***you*** including:
    a. unaccompanied luggage (unless ***your*** airline carrier has to transfer ***your*** luggage to a different carrier or flight for reasons other than the luggage being over the allowable weight limit)
    b. luggage sent under any freight agreement or items sent by postal or courier services.
22. Wear and tear, depreciation in value or gradual deterioration, damage by moth, vermin, insects, atmospheric or climatic conditions, or any process of cleaning, dyeing, ironing, repairing, restoring or like actions.
23. Any loss which ***you*** have claimed or are claiming for under another section of this policy.
24. Any claims where there is a provision to claim under the ***Winter sports*** section.

25. Any amount ***you*** have been refunded by another source.
26. Any claim relating to a mobile phone or device with phone capabilities if ***you*** are unable to supply the IMEI (International Mobile ***Equipment*** Identity) or other appropriate evidence of ownership.

Section F – Accidental death and permanent disability

Please note: This section does not apply if ***you*** have purchased the Silver plan.

What you are covered for

If while on ***your trip***, ***you*** suffer an ***injury*** (or illness directly resulting from medical or surgical treatment for an ***injury***), that within 12 consecutive months directly results in:

- Death of ***insured person***; or
- Permanent Paraplegia or Quadriplegia; or
- Permanent Total Loss of sight of one or both eyes; or
- Permanent Total Loss of, or loss of use of, one or more limbs,

we will pay ***you*** or ***your*** estate the amount as stated in Table of benefits for ***your*** selected level of cover.

If an ***insured person*** disappears and after 12 consecutive months it is reasonable for ***us*** to believe they have died due to an ***injury*** (as defined), ***we*** will pay the benefit as shown for Event 1 (Death) subject to receipt of a signed undertaking by ***you*** or the deceased ***insured person's*** estate that any such payment shall be refunded if it is later demonstrated that the ***insured person*** did not die as a result of an ***injury***.

Definitions relating to this section

Limb
The entire limb between the shoulder and the wrist or between the hip and the ankle.

Paraplegia
Permanent and entire paralysis of both legs and part or whole of the lower half of the body.

Permanent
Lasting 12 consecutive months and at the end of that period is certified by a legally qualified medical practitioner who is not a family member as being beyond hope of improvement.

Quadriplegia
Permanent and entire paralysis of both legs and both arms.

Total Loss
Where the body part is a limb, as referenced in the list of events for Section F (above), the total permanent physical loss or permanent loss of use of that body part.

Where the body part is an eye, total loss means loss of sight in one or both eyes, meaning physical loss of an eye or the loss of a substantial part of sight of an eye. A substantial part means the degree of sight after the ***injury*** has been reduced to 3/60 or less on the Snellen scale after correction with spectacles or contact lenses. At 3/60 on the Snellen scale something can be only seen at 3 foot or less which should be seen at 60 foot.

What you are not covered for

In addition to General exclusions, under Section F, ***you*** are not covered for:

1. Any claim arising from illness or disease.
2. Any claims arising from any sports and activities that:
   a. exclude this section under Special conditions (see Sports and Activities, Action pack and Winter sports), or
   b. are listed as excluded sports and activities.
3. Any claim arising from ***you***, ***your partner***, ***relative*** or ***your travelling companion*** using drugs other than as advised by ***your*** treating medical professional.

Section G – Personal liability

What you are covered for

We will pay up to the total amount shown in the Table of benefits if, during ***your trip***, ***you*** become legally liable for accidentally:

- injuring someone; or
- damaging or losing someone else's property.

IMPORTANT INFORMATION

- ***You*** must give ***our*** claims department notice of any cause for a legal claim against ***you*** as soon as ***you*** know about it, and send them any documents relating to a claim;
- ***You*** must help ***our*** claims department and give them all the information they need to allow them to take or defend any action on ***your*** behalf;
- ***You*** must not offer or promise compensation, negotiate, pay, settle, admit or deny any claim or liability unless ***you*** get ***our*** claims department's permission in writing. ***Our*** approval will not be unreasonably withheld;
- ***We*** will have control over any legal representatives appointed and any proceedings, and ***we*** will be entitled to take over and carry out in ***your*** name ***your*** defence of any claim or to prosecute for ***our*** own benefit any claims for indemnity, damages or otherwise against anyone else;
- ***You*** may give details of ***your*** name, address and travel insurance; and
- ***You*** must take photographs and videos, and get details of witnesses if ***you*** can.

What you are not covered for

In addition to General exclusions, under Section G, ***you*** are not covered for:

1. The excess as shown on ***your certificate of insurance***.
2. Any liability arising from an ***injury*** or loss or damage to property:
   a. owned by ***you***, a member of ***your*** family or household or a person ***you*** employ; or
   b. in the care, custody or control of ***you*** or of ***your*** family or household or a person ***you*** employ.
3. Any liability:
   a. to another ***insured person***, members of ***your*** family or household, or a person ***you*** employ;
   b. arising in connection with ***your*** trade, profession or business;
   c. arising in connection with a contract ***you*** have entered into unless such liability would have arisen in the absence of the contract;
   d. arising due to ***you*** acting as the leader of a group taking part in an activity;
   e. arising due to ***you*** owning, possessing, using or living on any land or in buildings, except temporarily for the purposes of the ***trip***; or
   f. arising due to ***you*** owning, possessing or using mechanically propelled vehicles, cars, watercraft or aircraft of any description, animals (other than horses, domestic cats or dogs), firearms or weapons.
4. Judgments which are not established by a court in New Zealand or the country in which the event occurred giving rise to ***your*** liability (unless ***we*** otherwise provide ***our*** express prior written agreement to settle or compromise an action).
5. Any claim for exemplary, punitive or aggravated damages.
6. Any claims arising from any sports and activities that:
   a. exclude this section under Special conditions (see Sports and Activities, Action pack and and Winter sports), or
   b. are listed as excluded sports and activities.

Section H – Legal expenses

Please note: This section does not apply to Domestic Silver or Gold plans, or International Silver plans.

What you are covered for

We will pay up to the amount shown in the Table of benefits for legal expenses incurred:

- in seeking compensation or damages following ***your*** death or ***injury*** during ***your trip***, or
- for necessary legal consultation following ***your injury*** or wrongful death during ***your trip***; or
- if ***you*** are falsely arrested or wrongfully detained by any government or foreign power during ***your trip***

provided that all expenses are incurred with ***our*** prior written consent and ***we*** have control over the selection and appointment of ***your*** legal representatives and the conduct of the proceedings.

IMPORTANT INFORMATION

- ***We*** will have control over any legal representatives appointed and any proceedings; and
- ***You*** must follow ***our*** advice or that of ***our*** agents in handling any claim.

What you are not covered for

In addition to General exclusions, under Section H, ***you*** are not covered for:

1. The excess as shown on ***your certificate of insurance***.
2. Any legal action against ***us***, EAA or ***our*** EAA related bodies corporate and related entities, a tour operator, travel agent, accommodation supplier, or carrier involved in the arrangement or provision of ***your*** travel or accommodation for the ***trip***.
3. Any expenses incurred without ***our*** prior written consent.
4. Any legal action where ***we*** have been prejudiced against because the claim is reported to ***us*** more than 6 months after the ***accident*** causing ***your*** death or personal ***injury***.
5. Any legal action where a qualified legal practitioner considers there would be no likelihood of success or no benefit in seeking compensation or damages.
6. Any legal action against any insurance company or representative of an insurance company.
7. Any legal action by ***you*** against another ***insured person.***
8. The costs of following up a claim for bodily ***injury***, loss or damage caused by or in connection with ***your*** trade, profession or business, under contract or arising out of ***you*** possessing, using or living on any land or in any buildings.
9. Any claims arising out of ***you*** owning, possessing or using mechanically propelled vehicles, cars, watercraft or aircraft of any description other than as a passenger, animals, firearms or weapons.

Section I – Hijack

Please note: This section does not apply to Domestic policies or International Silver policies.

What you are covered for

We will pay up to the amount shown in the Table of benefits if the aircraft or sea vessel in which ***you*** are travelling is hijacked during ***your trip*** for more than 24 hours. The maximum ***we*** will pay per each 24-hour period is up to the daily limit listed in the table of benefits of $2500 per day.

IMPORTANT INFORMATION

You must give ***us*** a written statement from an appropriate authority confirming the hijack and how long it lasted.

Section J – Pet care

Please note: This section does not apply to Domestic or International Silver policies.

What you are covered for

We will pay up to the amount shown in the Table of benefits for extra kennel or cattery fees if ***your*** final inward journey returning ***home*** by aircraft or sea vessel is delayed during ***your trip*** for more than 24 hours due to poor weather conditions, a strike, industrial action or mechanical breakdown.

IMPORTANT INFORMATION

You must get written confirmation from the appropriate transport company or authority stating the reason for the delay and how long the delay lasted. ***You*** must keep all receipts for the extra kennel or cattery fees ***you*** pay.

What you are not covered for

In addition to General exclusions, under Section J, ***you*** are not covered for:

1. Any kennel or cattery fees ***you*** have to pay as a result of quarantine regulations.

Section K – Rental car excess waiver

Please note: This section does not apply to the Silver plan.

Definitions relating to this section

Rental car:
In this section, ***rental car*** means the following vehicle types:

- Campervan or motorhomes under 6 tonnes; or
- Coupe, 4WD, hatchback, minibus, people mover, sedan, station wagon or SUV; or
- Motorcycles or mopeds,

with less than 9 seats, owned by a licensed rental company or agency, which ***you*** have agreed to hire from them according to the terms of ***your*** rental agreement.

You, your:
Each ***insured person*** shown on the ***certificate of insurance*** who is authorised in writing in the rental contract, or own motor vehicle insurance policy, to drive the vehicle.

What you are covered for

We will reimburse the ***rental car*** insurance excess charged to ***you*** through the ***rental car*** company, if a ***rental car*** is involved in a motor vehicle ***accident*** while ***you*** are driving, or is damaged or stolen while in ***your*** custody.

On Domestic Platinum plans, ***we*** will also reimburse the lesser of ***your*** insurance excess or the actual cost of damages up to $2,500 if ***your*** own car or motorcycle is involved in a motor vehicle ***accident*** while ***you*** are driving, or is damaged or stolen while in ***your*** custody during ***your trip***.

IMPORTANT INFORMATION

- This cover does not take the place of rental vehicle insurance or third party damage insurance and only provides cover for the excess component up to the applicable benefit limit.
- In the event of a claim for ***rental vehicle*** excess ***you*** must provide ***us*** with a copy of:
  a. ***Your*** rental agreement;
  b. The authorised driver's driving licence;
  c. Original inspection report and the incident/damage report; and
  d. Repair invoice; and
  e. Written statement from the rental company or agency advising that ***you*** are liable to pay the excess or liability fee;
  f. Details of any other insurance ***you*** may have that may cover this cost.
- If ***you*** are claiming for ***your*** own vehicle excess ***you*** will need to provide:
- Details of ***your*** insurance claim and the excess ***you*** were liable for;
- Repair invoice; and
- Details of any other insurance ***you*** may have that might cover this cost.

What you are not covered for

1. Any claim arising from ***you*** operating or using the ***rental car*** in violation of ***your*** rental agreement or ***your*** own insurance policy if ***you*** are claiming for ***your*** own vehicle.
2. Any claim for costs other than the excess charged to ***you*** under the terms of ***your rental car*** agreement.
3. Any claim involving someone who is not listed as a driver on the rental agreement or ***your*** own insurance policy if ***you*** are claiming for ***your*** own vehicle.
4. Any claim for any of the following type of vehicles: commercial vehicles, buses, trucks, full-size vans mounted on truck chassis, caravans, trailers, any other vehicle having fewer than four wheels, and limousines.

5. Any claim:
   a. for a vehicle with more than 9 seats;
   b. the occurs whilst ***you*** are driving offroad;
   c. where ***you*** have acted intentionally or in a non-accidental nature; or
   d. from any kind of illegal activity or acts.
6. Any damage relating to:
   a. wear and tear, freezing, gradual deterioration or mechanical or electrical breakdown or failure.
   b. blowouts or tyre damage, unless damaged by fire, malicious mischief or vandalism, or theft; or unless the tyre damage arises from a covered loss.

Section L – Loss of income

Please note: This section does not apply to the Silver plan.

What you are covered for

We will pay ***you***, up to the amount shown in the Table of benefits, 75% of ***your*** average monthly net of tax income that ***you*** lose for up to a maximum of 6 months if ***you*** suffer an ***injury*** that occurs during ***your trip*** and:

- ***you*** become unable to attend ***your*** usual full time or part time contracted occupation or business within 30 days of the ***injury***; and
- ***you*** are unable to return to ***your*** normal work or suitable alternative work for more than 28 days from the time ***you*** return to ***your home*** in New Zealand due to the ***injury***.

IMPORTANT INFORMATION

- ***You*** must provide ***us*** with a medical report from ***your*** treating doctor overseas confirming the ***injury*** causing disablement occurred during ***your trip***.
- ***You*** must provide ***us*** with documentation confirming ***your*** usual monthly income.

What you are not covered for

In addition to General exclusions, under Section L, ***you*** are not covered for:

1. any inability to work as a result of illness.
2. any loss of income as a result of ***your*** death.
3. the first 28 days from the time ***you*** return ***home***.

Section M – COVID–19 expenses

Definitions relating to this section

Close relative
Your partner, or ***your*** or ***your partner's***; parent, brother, sister, son, daughter, (including adopted or fostered children), son-in-law, daughter-in-law, stepparent, stepchild, stepbrother or stepsister.

COVID-19
Coronavirus (COVID-19); severe acute respiratory syndrome coronavirus (SARS-COV-2); or any mutation or variation of these.

Section M1 – COVID-19 cancellation or trip disruption

What you are covered for

We will provide cover under this section if the cancellation or amendment of ***your trip*** is necessary and unavoidable as a result of:

- ***you*** being medically diagnosed with COVID-19 after ***you*** purchase the policy.
- ***your close relative***, who is a ***resident*** in New Zealand or Australia, being diagnosed with COVID-19 after ***you*** purchase the policy and the treating doctor confirms in writing the level of infection is life threatening.
- ***your travelling companion*** being medically diagnosed with COVID-19 after purchasing the policy.

We will pay up to the amount shown in the Table of benefits for:

- travel and accommodation expenses and pre-paid meal expenses which ***you*** have paid or have agreed to pay under a contract and which ***you*** cannot reasonably recover from any sources;
- the cost of excursions, tours and activities which ***you*** have paid for and which ***you*** cannot reasonably recover from any sources; and

- ***your*** additional reasonable and necessary travel and accommodation expenses outside of New Zealand, incurred after departure, that are over and above what ***you*** had originally budgeted to pay, where ***you*** need to catch-up to ***your*** original schedule.

IMPORTANT INFORMATION

You are not able to change the dates on ***your certificate of insurance*** if ***you*** make a claim under Section M1. Therefore, ***you*** may need to purchase another travel insurance policy if ***you*** amend ***your trip***.

We will only pay ***you*** the reasonable additional ***trip*** disruption expenses less the amount ***you*** would have ordinarily paid had the event not occurred, less any refunds owed to ***you***.

If ***you*** require ***us*** to pay for any expenses ***you*** must call Medical and Travel Emergencies as soon as possible to obtain approval from ***us*** (please see 24/7 Medical and Travel Emergencies for contact details).

Section M2 – COVID-19 medical expenses outside New Zealand

Please note: This section does not apply to Domestic policies or domestic ***trips*** under an International AMT policy apart from expenses incurred on board a ***cruise*** within New Zealand territorial waters (please see Cruising in New Zealand Waters for full details).

There is no cover for any medical costs incurred within New Zealand.

What you are covered for

We will pay up to the amount shown in the Table of benefits for the necessary and reasonable medical costs incurred outside of New Zealand as a result of ***you*** being medically diagnosed with ***COVID-19***. This includes emergency medical, surgical, hospital and ambulance costs where necessary.

You will also be covered for:

- up to $50,000 (or up to €30,000 for Schengen countries) for the cost of returning ***your*** body or ashes to New Zealand; or
- up to $20,000 for the cost of the funeral and burial expenses in the country in which ***you*** die if this is outside New Zealand.

What you are not covered for applicable to Section M

In addition to General exclusions, under Section M1 and M2, ***you*** are not covered for:

1. The excess as shown on ***your certificate of insurance***.
2. Any claim for cancellation where ***you*** are unable to provide evidence of the diagnosis such as the results of a ***COVID-19*** positive test taken by ***you*** or ***your travelling companion*** within 2 weeks of the scheduled departure date ***of your trip***.
3. Any claim where ***you*** are unable to provide evidence of the diagnosis such as the results of a ***COVID-19*** positive test taken by ***you*** or ***your travelling companion*** whilst on ***your trip***.
4. Any claims arising from or related to ***COVID-19*** where coverage is not specifically listed under sections M1-M2.
5. Any claims arising from ***you*** knowingly failing to follow reasonable ***COVID-19*** instructions provided by health authorities, governments or any accredited health institution.
6. Any claims arising from or relating to any government travel bans, "Do not travel" warnings; government directed border closure; or mandatory quarantine or self-isolation requirements related to cross border, region or territory travel.
7. Any quarantine that is imposed by a government or other official body which is not as a result of ***your***, or ***your travelling companion's***, diagnosis of ***COVID-19***.
8. Expenses ***you*** incur after ***you*** return to New Zealand.
9. Costs which ***you*** have paid on behalf of any other person, unless that person is also an ***insured person*** named on ***your certificate of insurance***.
10. Any claim where ***you***, or ***your travelling companion***, are awaiting the results of a ***COVID-19*** test prior to purchasing ***your*** policy.
11. Any claim for the cost of a ***COVID-19*** test.

Section N – Winter sports cover

Please note: The following sections only apply if ***you*** have purchased the ***Winter sports*** option and this is shown on ***your certificate of insurance***.

You do not have cover for any ***winter sports*** activity if ***you*** have not purchased this upgrade and if the option is not shown on ***your certificate of insurance***.

The ***Winter sports*** add-on is not available on the Silver plan.

Definitions relating to this section

Winter sports equipment
Skis, poles, ski boots and bindings, ski helmets, snowboards, snowboard boots and bindings.

Backcountry/off-piste
Is skiing in the backcountry on ungroomed and unmarked slopes or pistes, including skiing in unmarked or unpatrolled areas either inside or outside of a ski resorts boundaries, sometimes in the woods. Unlike groomed cross-country and alpine skiing, the land and the snow pack are not monitored, patrolled, or maintained. This is applicable to all types of skiing/snowboarding activities – inclusive of big foot skiing, cat skiing, glacier skiing, heli skiing, mono skiing etc.

Ski/snowboard fun parks
An area of a piste, or ski trail, created for freestyle skiers and boarders to use/undertake half pipes, moguls, jumps, rails, skier cross tracks etc.

Section N1 – Winter sports equipment

What you are covered for

We will pay up to the amount shown in the Table of benefits for ***winter sports equipment*** owned by ***you*** (not borrowed or hired) which is lost, stolen or damaged during ***your trip***.

IMPORTANT INFORMATION

An allowance will be made for wear, tear and loss of value on claims made for ***winter sports equipment*** as follows.

Winter sports equipment depreciation

Months old	Percentage depreciation applicable
Up to 12	10%
Up to 24	30%
Up to 36	50%
Up to 48	70%
Up to 60	80%
Over 60 months	No cover

- The maximum amount ***we*** will pay for any one item, ***pair/set of items*** is shown in the Table of benefits.
- For the purposes of Section N1 (***Winter sports equipment***), ***pair or set of items*** means a number of associated pieces of ***winter sports equipment*** being similar or complementary or used together. (E.g. a pair of skis and bindings, a pair of ski boots.)

You must make any claim for lost, stolen or damaged ***winter sports equipment*** that was lost, stolen or damaged while being held by an airline, from the airline first.

Any money ***you*** get under this policy will be reduced by the amount of compensation ***you*** receive from the airline for the same event.

Section N2 – Winter sports equipment hire

What you are covered for

We will pay up to the amount shown in the Table of benefits for the cost of hiring ***winter sports equipment*** that is necessary to continue with ***your*** original itinerary if ***winter sports equipment*** owned by ***you*** is:

- delayed in reaching ***you*** during ***your trip*** on ***your*** outward international journey for more than 12 hours; or
- lost, stolen or damaged during ***your trip***.

Section N3 – Lift pass

What you are covered for

We will pay up to the amount shown in the Table of benefits for the loss or theft of ***your*** lift pass during ***your trip***. Claims are calculated according to the expiry date of the lift pass – depending upon how many days there were left to run on the original lift pass, an unused pro-rata payment will be made of its original value.

IMPORTANT INFORMATION FOR SECTIONS N1-N3

- ***You*** must get a written report from the relevant airline or transport company within 72 hours of discovering any loss, theft, damage or delay to ***winter sports equipment***, or as soon as reasonably practicable. In the case of an airline, a property irregularity report will be required. If the loss, theft or damage to ***your winter sports equipment*** is only noticed after ***you*** have left the airport, ***you*** must get a written report from the airline with full details of the incident within seven days
- ***You*** must get a written report from the appropriate authority within 72 hours of the incident occurring, or within 72 hours of discovering any loss or theft, or as soon as reasonably practicable.
- ***You*** must provide receipts or other reasonable ***proof of ownership*** wherever possible for the items being claimed..

What you are not covered for applicable to Sections N1-N3

In addition to General exclusions, ***you*** are not covered for:

1. The excess as shown on ***your certificate of insurance*** (this does not apply if ***you*** are claiming under Section N2).
2. Any item that within 72 hours, or as soon as reasonably practicable, after discovering it was lost or stolen ***you*** did not get a written police report.
3. Any ***winter sports equipment*** that ***you*** lost or was stolen or damaged during a journey, unless ***you*** report this to the carrier and get a property irregularity report at the time.
4. ***Winter sports equipment you*** left ***unattended*** in a ***public place,*** unless the claim relates to skis, poles or snowboards and ***you*** have taken all reasonable care to protect them by leaving them in a ski rack between 8am and 6pm.
5. Claims where ***you*** are unable to provide receipts or other reasonable ***proof of ownership*** wherever possible for the items being claimed.
6. Any claims relating to any ***winter sports*** unless that ***winter sport*** is included under the list of Covered winter sports.

Section N4 – Ski pack

Definitions relating to this section

Ski pack
Means ski school fees or ski tuition fees, ***your*** lift pass and ***winter sports equipment*** that ***you*** have hired.

What you are covered for

We will pay up to the amount shown in the Table of benefits for the unused percentage of ***your ski pack*** which ***you*** have already paid for and cannot get back if ***you*** become ill or are injured during ***your trip*** and cannot take part in the ***winter sports*** activities as planned.

IMPORTANT INFORMATION

- ***Your*** claim will be assessed based on the number of complete days ***you*** have not used and an unused pro-rata payment will be made of the original value.
- ***You*** must get written confirmation of the nature of ***your*** illness or ***injury*** from the treating doctor overseas along with confirmation of how many days ***you*** were unable to ski.

Section N5 – Piste closure

What you are covered for

We will pay up to the amount shown in the Table of benefits if, during ***your trip***, as a result of not enough snow, too much snow or high winds in ***your*** booked holiday resort, all lift systems are closed for more than 12 hours while ***you*** are at the resort. ***We*** will pay for either:

- the cost of transport to the nearest resort up to the daily limit specified in the Table of benefits; or
- a benefit for each complete 24-hour period that ***you*** are not able to ski if there is no other ski resort available.

IMPORTANT INFORMATION

- This section only applies between 1 December and 15 April for travel to the Northern hemisphere or between 1 July and 30 September for travel to the Southern hemisphere.
- ***You*** must get written confirmation from the management of the resort stating the reason for the closure and how long the closure lasted.

Section N6 – Avalanche cover

What you are covered for

We will pay up to the amount shown in the Table of benefits for the necessary and reasonable extra travel and accommodation expenses that ***you*** need to pay overseas if ***you*** are prevented from arriving at or leaving ***your*** booked ski resort during ***your trip*** for more than 12 hours from the scheduled arrival or departure time because of an avalanche.

IMPORTANT INFORMATION

You must get written confirmation from the appropriate authority stating the reason for the delay and how long the delay lasted.

What you are not covered for

In addition to General exclusions, under Section N6, ***you*** are not covered for:

1. The excess as shown on ***your certificate of insurance***.

Section O – Cruise

Please note: ***You*** do not have cover any expenses relating to travel aboard a ***cruise*** unless ***you*** have purchased this option and it is shown on ***your certificate of insurance***.

The following sections only apply if ***you*** have purchased the *Cruise* add-on and this is shown on ***your certificate of insurance***.

The ***Cruise*** option is not available on Domestic policies or the Silver plan.

Section O1 – Cabin confinement

What you are covered for

We will pay up to the amount shown in the Table of benefits for each 24hr period that ***you*** are confined by the ship's medical officer to ***your*** cabin for medical reasons during the period of ***your trip***.

IMPORTANT INFORMATION

You must provide ***us*** a written statement from the ship's medical officer confirming the confinement and how long it lasted.

What you are not covered for

In addition to General exclusions, under Section O1, ***you*** are not covered for:

1. The excess as shown on ***your certificate of insurance***.
2. Any confinement to ***your*** cabin which has not been confirmed in writing by the ship's medical officer.

Section 02 – Missed cruise departure

What you are covered for

We will pay up to the amount shown in the Table of benefits for ***your*** reasonable and necessary additional travelling expenses incurred after ***you*** leave ***your home*** address in New Zealand, that are over and above what ***you*** had originally budgeted to pay and are needed to continue with ***your original*** itinerary, if ***you*** missed the scheduled departure of ***your*** pre-booked ***cruise*** from New Zealand due to:

- a road, air or marine ***accident*** involving ***your*** means of transport;
- the cancellation, delay or diversion of ***your*** scheduled transport but only those expenses that ***you*** cannot claim from someone else and where ***you*** haven't been offered alternatives; or
- a ***natural disaster***. (This does not include those which were known at the time of purchasing this insurance.)

In these events the airfare will be at Economy Class and will not be Business Class or First Class.

In these events ***you*** may be also entitled to claim additional meals and accommodation expenses under Section D.

What you are not covered for

In addition to General exclusions, under Section 02, ***you*** are not covered for:

1. The excess as shown on ***your certificate of insurance***.
2. Any claim that results from ***you*** missing a connection where the stopover was originally scheduled on ***your*** itinerary at less than 3 hours.

IMPORTANT INFORMATION

- ***You*** may be entitled to claim under Sections C1, C3 or D if ***you*** miss ***your cruise***, but ***you*** may not claim under more than one of these sections for the same event.
- ***You*** must get written confirmation from the appropriate authority stating full details of the incident.
- ***You*** must claim from the transport company first, and provide ***us*** with written confirmation of any refunds or rescheduling offered to ***you***.
- ***You*** must provide ***us*** with written confirmation from the transport company of the cause and period of disruption.
- ***We*** will only pay ***you*** the reasonable additional expenses less the amount ***you*** would have ordinarily paid had the event not occurred, less any refunds owed to ***you***.
- ***You*** must keep all receipts for the extra expenses ***you*** pay.

Section 03 – Missed port

What you are covered for

We will pay ***you*** the amount shown in the Table of benefits if ***your cruise*** docks at fewer than the number of ports scheduled on ***your*** original ***cruise*** itinerary. To avoid doubt, there is no cover under this section if ***your cruise*** docks at another port due to the cancellation of a port as this cover only applies if the total number of docked ports during ***your cruise*** is less than the number of ports scheduled.

IMPORTANT INFORMATION

- ***You*** must get a written statement from the ***cruise*** company or relevant authority confirming the full amended itinerary including details of the missed port.
- ***You*** must be able to provide ***your*** original itinerary that details the scheduled ports.

What you are not covered for

In addition to General exclusions, under Section 03, ***you*** are not covered for:

1. Any claim where ***your cruise*** docks at an alternative port during a ***trip*** in replacement of ***your*** scheduled port.

Section 04 – Missed shore excursion

What you are covered for

We will pay ***you*** the amount shown in the Table of benefits for ***your*** unused non-refundable prepaid tours and excursions if ***your cruise*** does not dock at a port scheduled on ***your*** original ***cruise*** itinerary, or if a scheduled tender is cancelled by the provider.

> **IMPORTANT INFORMATION**
>
> - This section covers missed excursions where ***your cruise*** fails to stop at a port. For details of the cover available if ***you*** miss an excursion due to events including illness, or ***injury*** see Section A – Cancellation.
> - ***You*** must get a written statement from the ***cruise*** company or relevant authority confirming the full amended itinerary including details of the missed port.
> - ***You*** must be able to provide ***your*** original itinerary that details the scheduled ports.
> - ***You*** must seek a refund from the operator first.

What you are not covered for

In addition to General exclusions, under Section 04, ***you*** are not covered for:

1. The excess as shown on ***your certificate of insurance***.
2. Any claim that is covered under Section A – Cancellation. ***You*** cannot claim under both this section and Section A for the same loss.
3. Excursions that are included in the cost of ***your cruise*** ticket.
4. Costs which ***you*** have paid on behalf of any other person, unless that person is also an ***insured person*** named on ***your certificate of insurance***. (An excess will still be applied to each person who the costs relate to.)
5. Any ***terrorist act*** or any loss incurred as a result of any intentional use of military force or other intervention by a government or official authority to intercept, prevent, or mitigate any known or suspected ***terrorist act***.
6. Any amounts that can be reimbursed from another source.

Section 05 – Formal attire

Please Note: This section only applies if ***you*** have purchased the Platinum plan and the Cruise add-on.

What you are covered for

We will pay up to the amount shown in the Table of benefits for cleaning, repairing, buying or renting formal attire if during ***your trip your*** formal attire is:

1. Delayed by ***your*** transport provider before ***you*** board and does not make it onto the ship; or
2. Damaged, lost or stolen.

> **IMPORTANT INFORMATION**
>
> - ***You*** may also be entitled to claim these expenses under Section E1 or E3, but ***you*** may not claim for the same expenses under more than one section.
> - ***You*** must get written confirmation of the delay from the appropriate airline or transport company and ***you*** must keep all receipts.

What you are not covered for

In addition to General exclusions, under Section 05, ***you*** are not covered for:

1. Claims for jewellery, watches or cufflinks.
2. Claims where ***you*** are unable to provide proof of ***your*** loss.
3. Any loss that occurs after ***you*** have completed ***your cruise***.

4. Property ***you*** leave ***unattended*** in any ***public place*** or with someone ***you*** do not know looking after it without ***you*** taking reasonable precautions to prevent the property becoming lost or stolen. This exclusion will not apply where leaving the property ***unattended*** or with someone ***you*** do not know was unavoidable (for example, due to ***you*** suffering a medical emergency that requires ***you*** to urgently leave a ***public place***.
5. Any item that ***you*** did not get a written report within 72 hours, or as soon as reasonably practicable, after discovering it was damaged, lost or stolen.
6. If ***your*** property is legally delayed, held or confiscated by Customs, the police or other officials.

Section P – Change of mind add-on

Please note: The following section only applies if ***you*** have purchased the Change of mind add-on option and this is shown on ***your certificate of insurance***.

This option is available on the Platinum plan for International Single Trip and Domestic Single Trip policies.

Definitions relating to this section

Excluded events
War, civil ***war***, dispersal of biological or chemical materials, nuclear related events, an ***epidemic*** or ***pandemic***, government imposed border closure or travel restrictions.

What you are covered for

If ***you*** choose to cancel all or part of ***your trip*** more than 7 days before ***your trip start date*** for a personal circumstance that is not covered by Section A – Cancelling your trip, this section will cover up to 75% of ***your*** non-refundable ***trip*** costs up to the lesser of $10,000 per policy or the cancellation limit ***you*** have chosen.

We will cover ***you*** for the lesser of:

- 75% of ***your*** non-refundable ***trip*** costs;
- $10,000 per policy; or
- The cancellation limit ***you*** have chosen for ***your*** policy, which is shown on ***your certificate of insurance***.

What you are not covered for

Under Section P, ***you*** are not covered:

1. if prior to the time ***you*** cancel ***your trip***, a region ***you*** are travelling in, to or through is declared "Do not travel" by the New Zealand Government through the Ministry of Foreign Affairs and Trade – www.safetravel.govt.nz due to an ***excluded event***.
2. if prior to the time that ***you*** cancel ***your trip***, an ***excluded event*** impacts ***your*** travel arrangements including courses, tours or a function ***you*** were planning to attend or ***your*** pre-paid transport or accommodation.
3. if prior to the time ***you*** cancel ***your trip, your*** travel arrangements, including transport or accommodation are cancelled or rescheduled by the provider.
4. for amounts that ***you*** can reasonably recover from another source.
5. for any claim that is covered under Section A – Cancellation. ***You*** cannot claim under both this section and Section A for the same loss.

IMPORTANT INFORMATION

In the event of a claim ***you*** will need to submit a copy of ***your*** original itinerary, along with documentation that may be relevant to the reasons for cancelling ***your trip***.

You must make reasonable attempts to recover any deposits or money ***you*** have paid towards ***your trip*** from ***your*** travel services provider. There is no cover for amounts that ***you*** can reasonably recover from another source.

This Section covers pre-***trip*** cancellation initiated by ***you*** due to personal circumstances, there is no cover if an ***excluded event*** impacts ***your*** ability or choice to travel, for example:

Examples of cover

- ***You*** have a ***pre-existing medical condition***. ***Your*** condition worsens and ***you*** decide to cancel ***your trip*** on the Ghan on ***your*** doctor's recommendation. ***You*** cancel ***your trip*** and submit a claim. As ***you*** did not apply for cover for this ***pre-existing medical condition***, it is not covered under Section A, but ***you*** may be covered under this section subject to other terms and conditions of the policy for the lesser of:
  - 75% of ***your*** non-refundable ***trip*** costs;
  - $10,000 per policy; or
  - The cancellation limit ***you*** have chosen for ***your*** policy, which is shown on ***your certificate of insurance***.
- ***You*** have booked a holiday to Greece well in advance, however, ***your*** favourite K-Pop group announces the Australian leg of ***their*** farewell during the dates ***you*** had planned to travel; this is a once in a lifetime opportunity to see them perform, so ***you*** cancel ***your*** holiday and book a ticket to the show. If ***you*** cancel ***your*** Greece ***trip*** more than 7 days from the commencement of the scheduled ***trip you*** may be covered under this section.

Examples of exclusions

- ***You*** have booked a ***trip*** to visit family. ***War*** breaks out in the region in which they live, and it is declared 'Do Not Travel' by Smartraveller. Although ***your*** flights are still going ahead and ***you*** can still stay with ***your*** mother-in-law as planned, ***you*** don't know who will take care of ***your*** cats if something happens to ***you***. ***You*** cancel ***your trip***. As the region was declared 'Do Not Travel' before ***you*** cancelled and ***war*** is an ***excluded event***, ***your*** cancellation would not be covered under this section.
- There is an ***accident*** at a nuclear power facility near where ***you*** were planning to stay on ***your*** family ***trip***, although ***your*** flights are still going ahead, ***your*** accommodation is closed and ***you*** are no longer comfortable travelling to ***your*** destination at this time. As the nuclear event has occurred prior to ***you*** deciding to cancel, ***your*** cancellation would not be covered under this section, as an ***excluded event*** has occurred.

General exclusions

General exclusions apply to all sections of this policy with the exception of Section P – Change of mind add-on.

What you are not covered for

1. Claims arising from ***your pre-existing medical condition*** unless it is listed as an Automatically covered pre-existing medical condition in this Policy Wording or ***you*** have applied for additional cover for ***your*** condition, ***we*** have accepted it and ***you*** have paid any additional premium ***we*** require. Phone ***us*** on +64 9 872 5013 to find out more.
2. Any claims that arise from:
   a. any medical condition which, at the time ***you*** take out this insurance, ***you*** are experiencing signs or symptoms of but have yet to receive a clinical diagnosis, including if ***you*** are receiving or waiting for medical tests or treatment for that condition; or
   b. travel against the advice of a medical practitioner or travel to get medical treatment or advice; or
   c. any medical condition ***you*** have been told will cause ***your*** death and the terminal prognosis is expected prior to the ***end date***.
3. This policy will not cover any claims under Section A1 – Cancelling your trip, or Section C1 – Additional emergency expenses that result directly or indirectly from any ***pre-existing medical condition*** known to ***you*** before the ***policy issue date*** and that affects:
   a. a ***relative*** who is not travelling with ***you***;
   b. ***your travelling companion***.
4. Any claim relating to circumstances which ***you***, or a reasonable person in ***your*** position, ought to have been aware of at the ***policy issue date*** or at the time ***you*** make ***your*** travel arrangements.
5. Any claims (except claims under Section A and M1) relating to an incident prior to ***you*** leaving ***your home*** to commence ***your trip***.
6. Any claim arising from:
   a. ***your***, ***your partner***, ***relative*** or ***your travelling companion's*** suicide, attempted suicide, self-harm or self-***injury***;
   b. ***you*** deliberately putting ***yourself*** in danger (unless trying to save a human life); or
   c. ***your partner***, ***relative*** or ***your travelling companion*** deliberately putting themselves in danger (unless trying to save a human life).

7. Any claim arising directly or indirectly from ***you***, ***your partner***, ***relative*** or ***your travelling companion*** having a blood alcohol limit of above 0.15% (150mg/100ml) or driving a vehicle when ***you*** have a blood alcohol limit that is above the legally allowed limit in the destination in which ***you*** are travelling; or where:
   a. there is a medical practitioner or forensic expert report;
   b. a witness report of a third party;
   c. ***your*** own admission; or
   d. the description of events ***you*** described to ***us*** or the treating medical professional (e.g. paramedic, nurse, doctor) as documented in ***their*** records;

   which indicated alcohol consumption being a contributing cause of ***your*** claim.
8. Any claim arising from ***you***, ***your partner***, ***relative*** or ***your travelling companion*** using drugs other than as advised by ***your*** treating medical professional.
9. Any claim arising out of ***war***, civil ***war***, invasion, insurrection, revolution, use of or threatened use of military power, usurpation of government or military power.
10. Any claim arising from civil riots, blockades, strikes or industrial action of any type (except for those which were not public knowledge when ***you*** booked ***your trip***).
11. Any claim resulting from ***you*** travelling in, to, from, or through a country or area that was subject to "Do not travel" advice by the New Zealand Government through the Ministry of Foreign Affairs and Trade – www.safetravel.govt.nz/ or those countries subject to an embargo from the UN Security Council or from any other international organisation to which New Zealand belongs, as well as events occurring in any international conflicts or interventions involving the use of force or coercion;
12. Any claim where providing cover, payment, service or benefit, or any activity of ***yours*** would violate or otherwise expose ***us*** to any applicable trade or economic sanctions, law or regulation, including but not limited to sanctions, laws or regulations issued by the United Nations, European Union, United States of America, mainly through the Office of Foreign Assets Control of the ***US*** Department of Treasury, United Kingdom, France, Australia and New Zealand.
13. Loss or damage to any property, or any loss, expense or liability arising from any nuclear explosion including all effects thereof; or radioactive contamination caused by ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste caused by the combustion and/or ongoing combustion of nuclear fuel; or the radioactive, toxic, explosive or other hazardous properties of any nuclear ***equipment*** or component thereof.
14. Any claim arising from the dispersal or application of pathogenic or poisonous biological or chemical materials; or the release of pathogenic or poisonous biological or chemical materials.
15. Any claim arising from the use of a two-wheeled or three-wheeled motor vehicle unless ***you***:
    a. as the rider or a pillion passenger are wearing a crash helmet (this is irrespective of the law in the country ***you*** are in); and
    b. as the rider:
    - hold a valid licence appropriate for the country ***you*** are in; and
    - if using a motorcycle rated 125cc or higher, ***you*** hold a current and valid license required for riding an equivalent rated motorcycle in New Zealand.
16. Any losses, liability or expenses that are for, related to or as a result of any consequential loss, economic or otherwise, loss of enjoyment or other loss not mentioned in this policy.
17. Any claim arising from ***your*** deliberate, malicious, reckless, illegal or criminal act.
18. Any claim involving ***you*** taking part in:
    a. ***manual labour*** in connection with business or trade.
    b. working with animals.
    c. missionary work and related travel.
    d. humanitarian work and related travel.
    e. activities on land in Antarctica unless arranged through ***your cruise*** as a shore excursion.

19. Any claim relating to:
    a. any form of racing other than on foot.
    b. any sport or activity unless that sport or activity is covered under the list of covered sports and activities, but only to the extent that cover is provided under that table.
    c. any sport or activities listed as excluded sports and activities.
    d. ***you*** participating in any ***professional sporting activities***.
20. Any claim relating to ***winter sports*** or Action pack activities unless ***you*** have purchased the required add-on.
21. Any claim relating to travel aboard a ***cruise*** unless ***you*** have purchased the ***Cruise*** add-on.
22. Any costs which ***you*** would have been expected to pay had the reason for the claim not occurred (for example, the cost of food which ***you*** would have paid for in any case).
23. The cost of a return ticket to New Zealand if ***you*** do not hold an original return ticket to New Zealand.
24. Any claim arising as a result of ***you***, or any person for whom ***you*** may cancel or alter ***your*** travel plans, failing to get the inoculations or vaccinations that ***you*** need to travel.
25. Any claim where ***you*** have failed to reasonably follow the advice or instruction of ***us***, or Medical and Travel Emergencies such as when ***you*** refuse to come back to New Zealand when Medical and Travel Emergencies reasonably considered ***you*** were fit to return ***home*** (or to ***your*** final destination if on a one-way ***trip***) according to the available medical advice. If ***you*** refuse to come back to New Zealand upon ***our*** request or follow any other reasonable advice or instruction, ***we*** will only be responsible for costs and expenses incurred up until the day of ***our*** request or the day of the other reasonable advice or instruction.
26. Any claim arising from any government authority seizing, withholding or destroying anything of ***yours***, any prohibition by or regulation or intervention (including but not limited to interference with ***your*** travel plans) of any government, or the operation of legal processes, law enforcement officers or immigration officials acting in the course of their duties.
27. The refusal, failure or inability of any person, company or organisation, including but not limited to any airline, other transportation provider, hotel, car rental agency, tour or ***cruise*** operator, travel wholesaler, booking agent or other provider of travel or tourism related services, facilities or accommodation, to provide services, facilities or accommodation, by reason of ***their*** own ***financial default*** or the ***financial default*** of any person, company or organisation with whom or with which they deal, except as specified in Section A2.
28. Any claim arising from ***your*** tour being cancelled due to insufficient numbers, other operational reasons, or the negligence of a wholesaler or operator, except as specified in Section A2.
29. Any claim which would be covered under workers compensation legislation, an industrial award or agreement, or ***accident*** compensation legislation.
30. Any claim for which ***we*** are prohibited by legislation from providing cover or making payments in respect of claims made under this policy, including but not limited to any legislation which requires ***us*** to be registered in the ***insured person's*** country of citizenship or residence where the event occurs and/or payments are to be made.
31. Any claim arising from errors or omissions in ***your*** booking arrangements by ***you***, ***your*** travel agent or any other person acting on ***your*** behalf.
32. Any loss, ***injury***, damage or legal liability sustained directly or indirectly by ***you*** if ***you*** are:
    a. a terrorist;
    b. a member of a terrorist organisation;
    c. a narcotics trafficker; or
    d. a purveyor of nuclear, chemical or biological weapons.
33. Any claim arising from Novel Coronavirus (COVID-19) or mutations of Novel Coronavirus (COVID-19). This exclusion does not apply to Section M – COVID-19 expenses.
34. Any claim arising from an ***epidemic***, ***pandemic*** or outbreak of an infectious disease or any derivative or mutation of such virus or disease (or arising directly or indirectly from these) or the threat, or what a reasonable person in the circumstances would perceive to be the threat, of any of these. This exclusion does not apply to Section M – COVID-19 expenses.

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Contact information

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