



# TICKET INSURANCE

Combined Product Disclosure Statement  
(including Policy Wording)  
and Financial Services Guide

Effective date 21 September 2015

Global Assistance

Allianz 

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# PART 1 - PRODUCT DISCLOSURE STATEMENT

## ABOUT THIS PRODUCT DISCLOSURE STATEMENT

A Product Disclosure Statement is a document required by the Corporations Act 2001 (Cth) and contains information designed to help **you** decide whether to buy this product and to compare it with other products **you** may be considering.

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This **PDS** sets out the cover available and the terms and conditions which apply. Please note that any recommendations or opinions in this document are of a general nature only and do not take into account **your** objectives, financial situation or needs.

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If **we** are unable to offer **you** the cover **you** seek, it will be because the particular product offered is not designed to cover a particular risk or risks including, but not limited to, some geographical regions, some **pre-existing medical conditions** or some ages. In such a case, if **you** would like to discuss **your** options please use the contact details on the back cover of this **PDS**.

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

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## UNDERSTANDING THIS PRODUCT AND ITS IMPORTANT TERMS AND CONDITIONS

To properly understand this product's significant features, benefits, limits, conditions and exclusions **you** need to carefully read:

- **PURCHASING THIS PRODUCT** – this contains important information on who can purchase this product, age limits and cover types available to **you**; on applicable **excesses**, the period of cover and extensions of cover;
- About the cover, and limits on the amount **we** will pay, that applies to each plan in the **TABLE OF BENEFITS**, when **we** will pay a claim under each section applicable to the cover **you** choose (**YOUR POLICY COVER**), any options purchased by **you** under **ADDITIONAL OPTIONS** and **PRE-EXISTING MEDICAL CONDITIONS** (remember, certain words have defined meanings – see **OUR DEFINITIONS**);
- **IMPORTANT MATTERS** - this contains important information on **your** duty of disclosure (including how the duty applies to **you** and what happens if **you** breach the duty), **our** privacy notice and dispute resolution process, the Financial Claims Scheme, when **you** can choose **your** own doctor, when **you** should contact **Allianz Global Assistance** concerning 24 hour medical assistance, **overseas** hospitalisation or medical evacuation, and more;
- When **we** will not pay a claim under each section applicable to the cover **you** choose (**YOUR POLICY COVER**) and **GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS**; and
- **CLAIMS** - this sets out important information about how **we** will consider claims. It also sets out certain obligations that **you** and we have. If **you** do not meet them **we** may refuse to pay a claim.

## APPLYING FOR COVER

When **you** apply for **your policy**, **we** will confirm with **you** things such as the period of cover, **your** premium, what cover options and **excesses** will apply, and whether any standard terms are to be varied.

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

This PDS sets out the cover **we** are able to provide **you** with. **You** need to decide if the benefit limits, type and level of cover are appropriate for **you** and will cover **your** potential loss. If **you** have any queries, want further information about this product or want to confirm a transaction, please use the contact details on the back cover of this **PDS**.

## ABOUT YOUR PREMIUM

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

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

## COOLING-OFF PERIOD

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

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

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

## WHO IS YOUR INSURER?

This product is underwritten by Allianz Australia Insurance Limited ABN 15 000 122 850 AFS Licence No. 234708, 2 Market Street, Sydney 2000.

## WHO IS ALLIANZ GLOBAL ASSISTANCE?

**Allianz Global Assistance** is a trading name of AGA Assistance Australia Pty Ltd ABN 52 097 227 177 AFS Licence No. 245631. **Allianz Global Assistance** has been authorised by **Allianz** to enter into the **policy** and deal with and settle any claims under it, as the agent of **Allianz**, not as **your** agent. **Allianz Global Assistance** acts under a binder which means that it can do these things as if it were the insurer. It administers all emergency assistance services and benefits of this insurance. **You** may contact **Allianz Global Assistance** in an emergency 24 hours a day, 7 days a week.

## UPDATING THE PDS

**We** may need to update this **PDS** from time to time if certain changes occur where required and permitted by law. **We** will issue **you** with a new **PDS** or a supplementary PDS to update the relevant information except in limited cases. Where the information is not something that would be materially adverse, from the point of view of a reasonable person considering whether to buy this product, **Allianz Global Assistance** may issue **you** with notice of this updated information (**you** can get a paper copy free of charge by calling the contact number shown on the back cover of this **PDS**).

## PREPARATION DATE

The preparation date of this **PDS** is 9 September 2015.

# OUR DEFINITIONS

When the following words and phrases appear in this **PDS**, **your Certificate of Insurance** or any other document **we** tell **you** forms part of **your policy**, they have the meanings given below. The use of the singular shall also include the use of the plural.

### Accident

means an unexpected event caused by something external and visible.

### Allianz

means Allianz Australia Insurance Limited ABN 15 000 122 850, AFSL 234708.

### Allianz Global Assistance

means AGA Assistance Australia Pty Ltd ABN 52 097 227 177, AFSL 245631.

### Arise, arises or arising

means directly or indirectly arising or in any way connected with.

### Certificate of Insurance

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

### Companion

means the intended recipient of a **ticket** for an **event** **you** have booked and intend to attend.

### Country of Residence

means the country of which **you** are a permanent resident.

### Date of issue

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

### Epidemic

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

### Event

means an event that is due to take place at a venue in Australia or New Zealand and which is specified in **your Certificate of Insurance**.

### Excess

means the deduction **we** will make from the amount otherwise payable under **your policy** for each claimable incident or event.

### Home

means the place where **you** normally live in Australia.

### Injure or injured or injury

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

### Medical adviser

means a qualified doctor or dentist, other than **you** or a **relative**, holding the necessary certification in the country in which they are currently practising.

### Mental illness

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

### Pandemic

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

### PDS

means Product Disclosure Statement.

## Policy

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

## Pre-existing medical condition

means at the time of **policy** issue:

- a] an ongoing medical or dental condition, or related complications or symptoms;
- b] a medical or dental condition that is currently being, or has been investigated, or treated by a health professional (including dentist or chiropractor) at any time in the past;
- c] any condition for which prescribed medicine is taken;
- d] any condition for which surgery has been performed;
- e] any condition for which the attention of a medical specialist is required; or
- f] pregnancy.

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

## Relative

means for the purposes of this **policy, your** or **your companion's** mother, mother-in-law, father, father-in-law, step parent, step parent-in-law, sister, sister-in-law, brother, brother-in-law, wife, husband, son, son-in-law, daughter, daughter-in-law, step child, foster child, grandparent, grandchild, partner, fiancé(e), spouse or guardian only if they are under 85 years of age and resident in Australia or New Zealand.

## Sick or sickness

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

## Ticket

means an admission ticket purchased in advance by **you** from [www.moshtix.com.au](http://www.moshtix.com.au) or [www.theticketgroup.com.au](http://www.theticketgroup.com.au).

## We, our, us

means Allianz Australia Insurance Limited ABN 15 000 122 850, AFSL 234708.

## You, your and insured person

means each person named on the **Certificate of Insurance**.

# PURCHASING THIS PRODUCT

## WHO CAN PURCHASE THIS PRODUCT?

Cover is only available to purchasers of **event tickets** from [www.moshtix.com.au](http://www.moshtix.com.au) or [www.theticketgroup.com.au](http://www.theticketgroup.com.au).

## AGE LIMITS

Available to all ages.

## PERIOD OF COVER

**We** will confirm the issue of **your policy** by providing **you** with a **Certificate of Insurance**. The period **you** are insured for is set out in the **Certificate of Insurance**.

Cover begins on the **date of issue** of **your Certificate of Insurance** and ends when the **event** begins (or when the **event** begins on the last day of the **event** if the **event** has a duration of more than one day) or a claim is made, whichever occurs first.

## EXTENSION OF COVER

**You** cannot extend the period of cover provided by this **policy**.

## EXCESS

**Your** standard **excess** is shown on **your Certificate of Insurance**.

# IMPORTANT MATTERS

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

## CONFIRMATION OF COVER

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

## JURISDICTION AND CHOICE OF LAW

**Your policy** is governed by and construed in accordance with the law of Queensland, Australia and **you** agree to submit to the exclusive jurisdiction of the courts of Queensland. **You** agree that it is **your** intention that this Jurisdiction and Choice of Law clause applies.

## YOUR DUTY OF DISCLOSURE

Before **you** enter into this insurance with **us**, **you** have a duty of disclosure under the Insurance Contracts Act 1984.

The Act imposes a different duty the first time **you** enter into a contract of insurance with **us** to that which applies when **you** vary, extend or reinstate the contract.

This duty of disclosure applies until the contract is entered into (or varied, extended or reinstated as applicable).

### YOUR DUTY OF DISCLOSURE WHEN YOU ENTER INTO THE CONTRACT WITH US FOR THE FIRST TIME

When answering our specific questions that are relevant to our decision whether to accept the risk of the insurance and, if so, on what terms, **you** must be honest and disclose to **us** anything that **you** know and that a reasonable person in the circumstances would include in answer to the questions.

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.

### YOUR DUTY OF DISCLOSURE WHEN YOU VARY, EXTEND, OR REINSTATE THE CONTRACT

When **you** vary, extend or reinstate the contract with **us**, **your** duty is to disclose to **us** every matter that **you** know, or could reasonably be expected to know, is relevant to our decision whether to accept the risk of the insurance and, if so, on what terms.

### WHAT YOU DO NOT NEED TO TELL US

**Your** duty however does not require disclosure of any matter:

- that diminishes the risk to be undertaken by **us**; or
- that is of common knowledge; or
- that we know or, in the ordinary course of business as an insurer, ought to know; or
- as to which compliance with **your** duty is waived by **us**.

### NON-DISCLOSURE

If **you** fail to comply with **your** duty of disclosure, we may be entitled to reduce our liability under the contract in respect of a claim, cancel the contract or both.

If **your** non-disclosure is fraudulent, we may also have the option of avoiding the contract from its beginning.

## FINANCIAL CLAIMS SCHEME

In the unlikely event Allianz Australia Insurance Limited were to become insolvent and could not meet its obligations under **your policy**, a person entitled to claim may be entitled to payment under the Financial Claims Scheme.

Access to the Scheme is subject to eligibility criteria - for more information see the APRA website at [www.apra.gov.au](http://www.apra.gov.au) or call the APRA hotline on 1300 55 88 49.

## GENERAL INSURANCE CODE OF PRACTICE

**Allianz** and **Allianz Global Assistance** proudly support the General Insurance Code of Practice.

The Code sets out the minimum standards of practice in the general insurance industry. For more information on the Code please call the contact number on the back cover of this **PDS**.

## DISPUTE RESOLUTION PROCESS

In this section “we”, “our” and “us” means **Allianz** and **Allianz Global Assistance**.

If **you** have a complaint or dispute in relation to this insurance, or our services or our representatives, please call us using the contact details on the back cover of this **PDS**, or put the complaint in writing and send it to The Dispute Resolution Department, PO Box 162, Toowong, Queensland 4066. We will attempt to resolve the matter in accordance with our Internal Dispute Resolution process. To obtain a copy of our procedures, please contact us.

A dispute can be referred to the Financial Ombudsman Service Limited (**FOS**), subject to its terms of reference. The **FOS** provides a free and independent dispute resolution service for consumers who have general insurance disputes falling within its terms. The contact details for the **FOS** are:

### Financial Ombudsman Service Limited

GPO Box 3, Melbourne Victoria 3001

Phone: 1300 780 808

Fax: (03) 9613 6399

Website: [www.fos.org.au](http://www.fos.org.au)

Email: [info@fos.org.au](mailto:info@fos.org.au)

## CLAIMS

In the event of a claim, immediate notice should be given to **Allianz Global Assistance** using the contact details on the back cover of this **PDS**.

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

**Allianz Global Assistance** will consider **your** claim within 10 business days of receiving a completed claim form and all necessary documentation. If they need additional information, a written notification will be sent to **you** within 10 business days.

## PRIVACY NOTICE

To arrange and manage **your** travel insurance, we (in this Privacy Notice “we”, “our” and “us” includes AGA Assistance Australia Pty Ltd trading as **Allianz Global Assistance** and its duly authorised representatives) collect personal information including sensitive information from **you** and those authorised by **you** such as **your** family members, **travelling companions**, **your** doctors, **hospitals**, as well as from others we consider necessary including our agents.

Any personal information provided to us is used by us to evaluate and arrange **your** travel insurance. We also use it to administer and provide the insurance services and manage **your** and our rights and obligations in relation to those insurance services, including managing, processing and investigating claims. We may also collect, use and disclose it for product development, marketing, research, IT systems maintenance and development, recovery against third parties and for other purposes with **your** consent or where authorised by law.

This personal information may be disclosed to third parties involved in the above process, such as travel agents and consultants, travel insurance providers and intermediaries, authorised representatives, reinsurers, claims handlers and investigators, cost containment providers, medical and health service providers, overseas data storage and data handling providers, legal and other professional advisers, **your** agents and our related and group companies including **Allianz**. Some of these third parties may be located in other countries such as France and India to name just two. **You** agree that while those parties will often be subject to confidentiality or privacy obligations, they may not always follow the particular requirements of Australian privacy laws.

Unless **you** opt out, we may contact **you** on an ongoing basis by telephone, mail, electronic messages (including email), online and via other means with promotional material and offers of products or services that we consider may be relevant and of interest to **you** (including financial and insurance products and roadside assistance services). If **you** do not want to receive such offers from us (including product or service offerings from us on behalf of our agents, intermediaries and/or our business partners) or do not want us to disclose **your** personal information to our related and group companies and business partners for marketing purposes, **you** can opt out at any time by calling us on 1800 023 767.

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

- that **you** will or may provide their personal information to us;
- of the types of third parties to whom the personal information may be provided to;
- of the relevant purposes we and the third parties we will disclose it to, will use it for;
- of how they can access it; and
- of the other matters in this Privacy Notice.

We rely on **you** to have obtained their consent on these matters. If **you** do not, **you** must tell us before **you** provide the relevant information.

**You** can seek access to and correct **your** personal information by contacting us. **You** may not access or correct personal information of others unless **you** have been authorised by their express consent or otherwise under law, or unless they are **your** dependants under 16 years of age.

If **you** have a complaint about **your** privacy, please contact:

Privacy Officer, **Allianz Global Assistance**, PO Box 162, Toowong, QLD 4066 or **you** can contact the Privacy Commissioner at the Office of The Australian Information Commissioner, GPO Box 2999, Canberra, ACT 2601.

For more information about our handling of personal information, including further details about access, correction and complaints, please see our privacy policy available on request or via [www.allianz-assistance.com.au](http://www.allianz-assistance.com.au).

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

# GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS

The Exclusion column is a summary for reference only and does not affect interpretation.

**We** will not pay under any circumstances if:

NO.	EXCLUSION	WORDING
1	Event Cancellation	The <b>event</b> is cancelled, abandoned, postponed, or relocated by the artist, performer, band, venue, organisers or promoters of the <b>event</b> .
2	Aware of circumstances	At the time of purchasing this product, <b>you</b> were aware of something that would give rise to <b>you</b> making a claim under <b>your policy</b> .
3	Loss Mitigation	<b>You</b> do not do everything <b>you</b> can to reduce <b>your</b> loss as much as possible.
4	Epidemic/pandemic	<b>Your claim arises from, is related to or associated with:</b> <ul style="list-style-type: none"> <li>• an actual or likely <b>epidemic</b> or <b>pandemic</b>; or</li> <li>• the threat of an <b>epidemic</b> or <b>pandemic</b>.</li> </ul> Refer to <a href="http://www.who.int">www.who.int</a> and <a href="http://www.smarttraveller.gov.au">www.smarttraveller.gov.au</a> for further information on <b>epidemics</b> and <b>pandemics</b> .
5	Government warning	<b>Your claim arises from, or is associated with, travel to countries or parts of a country for which:</b> <ol style="list-style-type: none"> <li>1 a). an advice or warning has been released by the Australian Government Department of Foreign Affairs and Trade or any other government or official body, and</li> <li>1 b). the advice or warning risk rating is “Reconsider <b>your</b> need to travel” or “Do not travel” (or words to that effect) or the advice or warnings advise against all non-essential travel to or in that location or advise against specific transport arrangements or participation in specific events or activities, or</li> <li>2. the mass media has indicated the existence or potential existence of circumstances (including circumstances referred to in 1 a) and 1 b) above) that may affect <b>your</b> travel;</li> </ol> And <ol style="list-style-type: none"> <li>3. <b>you</b> did not take appropriate action to avoid or minimise any potential claim under <b>your policy</b> (including delay of travel to the country or part of the country referred to in the relevant advice(s), warning(s) and/or mass media statement(s) ).</li> </ol> Circumstances, in this case, includes but are not limited to strike, riot, weather event, civil protest or contagious disease (including an <b>epidemic</b> or <b>pandemic</b> ).
6	Obligations	<b>Your claim arises from any business, financial or contractual obligations other than with respect to a claim under clause 1.1 k) or 1.1 l).</b>
7	Government prohibition or regulation	<b>Your claim arises from prohibition or regulation by any government.</b>
8	Terrorism	<b>Your claim arises from an act or threat of terrorism.</b>
9	War	<b>Your claim arises from any act of war, whether war is declared or not, or from any rebellion, revolution, insurrection or taking of power by the military.</b>
10	Nuclear	<b>Your claim arises from a nuclear reaction or contamination from nuclear weapons or radioactivity.</b>
11	Chemical/biological	<b>Your claim arises from biological and/or chemical materials, substances, compounds or the like used directly or indirectly for the purpose to harm or to destroy human life and/or create public fear.</b>
12	Pre-existing medical	<b>Your claim arises directly or indirectly from, or is in any way connected with, any pre-existing medical condition suffered by a relative.</b>
13	Blood thinning medication	<b>Your claim arises directly or indirectly from, or is in any way connected with, you or your companion taking a blood thinning medication such as Warfarin (also know under the brand names Coumadin, Jantoven, Marevan and Waran).</b>
14	Metastatic/terminal prognosis	<b>Your claim arises from any medical condition where a metastatic or terminal prognosis was made prior to the issue of your Certificate of Insurance.</b>
15	Pregnancy	<b>Your claim arises directly or indirectly out of pregnancy, childbirth or related complications after the 26th week of pregnancy.</b>
16	Mental/nervous conditions	<b>Your claim arises from or is in any way related to mental illness including:</b> <ul style="list-style-type: none"> <li>• dementia, depression, anxiety, stress or other mental or nervous condition; or</li> <li>• conditions that have resulted in behavioural issues; or</li> <li>• a therapeutic or illicit drug or alcohol addiction.</li> </ul>
17	Alcohol or substance abuse	<b>Your claim arises directly or indirectly from, or is in any way connected with, your alcohol or substance abuse, or conditions or physical complications related to your alcohol or substance abuse.</b>
18	Suicide	<b>Your claim arises from suicide or attempted suicide of any person.</b>
19	STD	<b>Your claim arises directly or indirectly from a sexually transmitted disease.</b>

# YOUR POLICY COVER

You must also check **GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS** for reasons why **we** will not pay.

## SECTION 1 TICKET COVER

### 1.1 WE WILL PAY

**We** will pay the cost of **your** or **your companion's ticket** that **you** cannot recover in any other way if **you** or **your companion** are unable to attend an **event** because of any of the following circumstances that are neither expected nor intended by **you**, and are outside **your** control:

- a] the **injury** or **sickness** of **you** or **your companion** which needs immediate treatment from a **medical adviser** who certifies in writing that **you** or **your companion** are unfit to attend the **event**;
- b] the **injury** or **sickness** of a **relative** that requires **you** or **your companion** to provide primary care to that **relative** and there is no other family member available to provide primary care. The **relative** must be examined by a **medical adviser**, within 24 hours of **you** or **your companion** commencing to provide the primary care, and who certifies in writing that the primary care was medically necessary;
- c] the death of **you**, **your companion** or a **relative**;
- d] an **accident** involving **your** or **your companion's** mode of transport, used by **you** to travel from **your** or **your companion's home** to the **event**, which results in bodily **injury** that prevents **you** or **your companion** from attending the **event**. **You** must have written confirmation of the **accident** from an official body in the country in which the **accident** happened and written certification from a **medical adviser** that **you** or **your companion** are unfit to attend the **event**;
- e] the vehicle **you** or **your companion** are travelling in breaks down or is damaged as a result of an **accident** and is not driveable in the 48 hours prior to the scheduled commencement time of the **event**;
- f] after **you** have purchased **your ticket**, **your** or **your companion's** scheduled or connecting transport is cancelled, delayed, shortened or diverted because of strike, riot, hijack, civil protest, weather or natural disaster;
- g] **your** or **your companion's home** or place where **you** or **your companion** carry on business in **your country of residence** is rendered uninhabitable by fire, explosion, weather, natural disaster, burglary or vandalism;
- h] **you** or **your companion** are the victim of an assault causing bodily **injury**. The assault must be reported to the police within 24 hours and a copy of the report must be provided to **us**;
- i] **you** are, or **your companion** is, required to do compulsory jury duty; and
- j] **you** are, or **your companion** is, unable to attend the **event** because of military orders.

**We** will also pay the cost of **your** or **your companion's ticket**, that **you** cannot recover in any other way, if in the 72 hours prior to the scheduled commencement time of the **event**:

- k] **you** are, or **your companion** is, made redundant from fulltime permanent employment in **your country of residence** and the person made redundant was not aware before **your policy** was issued that the redundancy was to occur; and
- l] **you** are, or **your companion** is, in full time employment and is required by **your** employer to relocate more than 100 kilometers from **your**, or their, usual place of work.

The most **we** will pay is the cost of the unused **ticket** (excluding handling or transaction fees) as shown on **your Certificate of Insurance**.

If the duration of the **event** is more than one day, **we** will only pay the unused portion of the **ticket** on a pro rata basis.

### 1.2 WE WILL NOT PAY

**We** will not pay for any handling or transaction fees that apply to the **ticket** or cancellation of the **ticket**.

## SECTION 2 PREPAID ACCOMMODATION AND TRAVEL

### 2.1 WE WILL PAY

If **we** agree to pay **your** claim under **SECTION 1 TICKET COVER**, then, in relation to the relevant **event**, **we** will also pay:

- a] **your** or **your companion's** cancellation fees and lost deposits for accommodation and travel arrangements that **you** have paid in advance and cannot recover in any other way.
- b] for the value of frequent flyer points, air miles, loyalty card points, redeemable vouchers or other similar schemes lost by **you** as a result of cancelling the services paid for with those points, air miles, vouchers or schemes, but only if **you** cannot recover **your** loss in any other way. **We** calculate the amount **we** pay **you** as follows:
  - i] for frequent flyer points, air miles or loyalty card points:
    - the cost of an equivalent booking based on the same advance booking period as **your** original booking less any payment **you** made toward the booking, multiplied by
    - the total number of points or air miles lost, divided by the total number of points or air miles used to make the booking.
  - ii] for vouchers, the face value of the voucher or current market value of an equivalent booking whichever is the lesser.



# CLAIMS

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

## HOW TO MAKE A CLAIM

**You** must give notice of **your** claim as soon as possible by completing a claim form and sending it to the address shown on the back cover of this **PDS** or by calling the contact number also shown on the back cover of this **PDS**. **You** can download a claim form from [www.travelclaims.com.au](http://www.travelclaims.com.au)

If there is a delay in claim notification, or **you** do not provide sufficient detail for **Allianz Global Assistance** to consider **your** claim, **we** can reduce any claim payable by the amount of prejudice **we** have suffered because of the delay.

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

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

- a] give **us** any information **we** ask for to support **your** claim, such as, but not limited to, **your** original **ticket** (or the barcode for the **ticket** if it is an electronic ticket), police reports, medical reports or original receipts; and..
- b] submit full details of any claim in writing within 30 days of the incident giving rise to the claim.

## CLAIMS ARE PAYABLE IN AUSTRALIAN DOLLARS TO YOU

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

Payment will be made by direct credit to an Australian bank account nominated by **you**.

## YOU MUST NOT ADMIT FAULT OR LIABILITY

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

## YOU MUST HELP US TO RECOVER ANY MONEY WE HAVE PAID

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

## IF YOU CAN CLAIM FROM ANYONE ELSE, WE WILL ONLY MAKE UP THE DIFFERENCE

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

## OTHER INSURANCE

If any loss, damage or liability covered under this **policy** is covered by another insurance policy, **you** must give **us** details. If **you** make a claim under one insurance policy and **you** are paid the full amount of **your** claim, **you** cannot make a claim under the other policy. If **you** make a claim under another insurance policy and **you** are not paid the full amount of **your** claim, **we** will make up the difference, up to the amount this **policy** covers **you** for, provided **your** claim is covered by this **policy**. **We** may seek contribution to amounts **we** have paid, or must pay, from **your** other Insurer. **You** must give **us** any information **we** reasonably ask for to help **us** make a claim from **your** other Insurer.

## SUBROGATION

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

## RECOVERY

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

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

Once **we** pay **your** total loss **we** will keep all money left over.

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

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

## BUSINESS TRAVELLERS – HOW GST AFFECTS YOUR CLAIM

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

## TRAVEL WITHIN AUSTRALIA ONLY

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

## FRAUD

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

**You** can help by reporting insurance fraud by calling **Allianz Global Assistance** on 1800 453 937. All information will be treated as confidential and protected to the full extent under law.

## PART 2 - FINANCIAL SERVICES GUIDE

This Financial Services Guide (**FSG**) has been designed to help **you** make an informed decision about the financial services that the Authorised Representative and AGA Assistance Australia Pty Ltd ABN 52 097 227 177 AFS Licence No 245631) of 74 High Street, Toowong, Queensland 4066 (**Allianz Global Assistance**) can provide to **you**. It also contains information about how they and others are remunerated for providing these financial services and how **your** complaints are dealt with.

The distribution of this **FSG** has been authorised by **Allianz Global Assistance**.

Where they arrange an insurance policy for **you**, they will give **you** a Product Disclosure Statement (**PDS**) when required. The **PDS** is designed to provide important information on the significant features and benefits of the policy and is designed to assist **you** in making an informed decision about whether to buy the product. It may consist of more than one document.

Any advice that is provided to **you** is general in nature and does not take into account **your** individual objectives, financial circumstances or needs. Before **you** make any decisions about the product, **you** should read the **PDS** carefully to ensure that it is suitable for **you**.

### ABOUT ALLIANZ GLOBAL ASSISTANCE

**Allianz Global Assistance** is an Australian Financial Services Licensee authorised to deal in and provide general advice on general insurance products. **Allianz Global Assistance** has been authorised by the insurer, Allianz Australia Insurance Limited (**Allianz**) ABN 15 000 122 850 AFS Licence No 234708 of 2 Market Street, Sydney, New South Wales, 2000, to act on its behalf to deal in and provide general advice and handle and settle claims in relation to travel insurance products underwritten by **Allianz**.

**Allianz Global Assistance** has a binding authority which means it can enter into, vary or cancel these insurance products and handle and settle claims without reference to **Allianz** provided it acts within the binding authority. When providing these services, **Allianz Global Assistance** acts for **Allianz** and does not act on **your** behalf.

### ABOUT THE TICKET GROUP PTY LTD

The Ticket Group Pty Ltd ABN 72 076 980 955 Authorised Representative No. 416598, PO Box 1272, Darlinghurst, NSW 1300 (**The Ticket Group**) is an authorised representative of **Allianz Global Assistance**.

**The Ticket Group** is the authorised representative that provides the financial services when **you** purchase this product through the website at [www.moshtix.com.au](http://www.moshtix.com.au) or [www.theticketgroup.com.au](http://www.theticketgroup.com.au) or over the telephone.

**The Ticket Group** are authorised by **Allianz Global Assistance** to deal in and provide general advice on travel insurance products underwritten by **Allianz**. **The Ticket Group** act for **Allianz Global Assistance** and do not act on **your** behalf. The distribution of this **FSG** has been authorised by **Allianz Global Assistance**.

### REMUNERATION

The premium for this travel insurance policy is payable to **Allianz** as the insurer.

**The Ticket Group** receive a commission (inclusive of GST), which is calculated as a percentage of the premium **you** pay for a travel insurance policy issued to **you**. It is only paid if **you** buy a policy.

**Allianz Global Assistance** is also remunerated by **Allianz** for providing services on behalf of **Allianz**. This is a percentage (exclusive of GST) of the premium that **you** pay for an insurance policy and is only paid if **you** buy a policy. Employees and representatives of **The Ticket Group** and **Allianz Global Assistance** receive an annual salary, which may include an annual bonus, which can be based on performance or other criteria.

The above remuneration is included in the premium **you** pay.

If **you** would like more information about the remuneration that **The Ticket Group**, or employees and representatives of **The Ticket Group** or **Allianz Global Assistance**, receives please ask them. This request should be made within a reasonable time after this **FSG** is provided to **you** and before the financial services are provided to **you**.

### PROFESSIONAL INDEMNITY INSURANCE ARRANGEMENTS

**Allianz Global Assistance** and its representatives (including its authorised representatives) are covered under professional indemnity insurance that complies with the requirements of section 912B of the Corporations Act. The insurance (subject to its terms and conditions) will continue to cover claims in relation to **Allianz Global Assistance's** representatives/employees who no longer work for it (but who did at the time of the relevant conduct).

### IF YOU HAVE A COMPLAINT

Should **you** have a complaint or dispute arising out of this insurance, or our employees, authorised representatives or service providers, please call **Allianz Global Assistance** on 1300 725 154 or put the complaint in writing and send it to 74 High Street, Toowong, Queensland 4066.

A dispute may also be referred to the Financial Ombudsman Service Limited (**FOS**), which is an independent external dispute resolution body. For more information or to access the **FOS** process please call 1300 780 808. Alternatively **you** can write to the **FOS** at GPO Box 3, Melbourne Victoria 3001. Access to the **FOS** is free.

### PRIVACY STATEMENT

**Allianz Global Assistance** and **The Ticket Group** are committed to ensuring the privacy and security of **your** personal information. They adhere to the privacy terms set out in **IMPORTANT MATTERS** in the **PDS**.

### HOW TO CONTACT US

**You** can contact **The Ticket Group** or **Allianz Global Assistance** or provide them with instructions using the contact details outlined in this **FSG**. Please keep this document in a safe place for **your** future reference.

### DATE PREPARED

This **FSG** was prepared on 9 September 2015.

**GENERAL ENQUIRIES AND CLAIMS  
PHONE: 1300 725 154**

**THIS INSURANCE IS ISSUED AND MANAGED BY  
AGA ASSISTANCE AUSTRALIA PTY LTD  
TRADING AS ALLIANZ GLOBAL ASSISTANCE  
ABN 52 097 227 177  
AFS LICENCE NO. 245631  
74 HIGH STREET, TOOWONG QLD 4066**

**THIS INSURANCE IS UNDERWRITTEN BY  
ALLIANZ AUSTRALIA INSURANCE LIMITED  
ABN 15 000 122 850  
AFS LICENCE NO. 234708  
2 MARKET STREET, SYDNEY NSW 2000**

**THE TICKET GROUP PTY LTD INCORPORATING MOSHTIX  
ABN 72 076 980 955  
AR NO. 416598  
PO BOX 1272, DARLINGHURST, NSW 1300  
IS AN AUTHORISED REPRESENTATIVE OF ALLIANZ GLOBAL ASSISTANCE**

Global Assistance

**Allianz** 