

Policy Wording Endorsement

Applies to policies issued on or after 10 September 2020

This endorsement:

- is issued by Zurich Australian Insurance Limited (ACN 000 296 640, an overseas registered company incorporated in Australia) (ZAIL), trading as Zurich New Zealand; and
- supplements the Policy Wording issued by ZAIL,

and should be read together with the following Policy Wording:

- Cover-More Essentials Travel Insurance, with effective date 11 September 2019.

This endorsement applies to all policies issued on or after 10 September 2020.

Terms defined in the Policy Wording have the same meaning where used in this endorsement.

The Policy Wording is amended as follows:

Please refer to the General Exclusions section

Insert the following new exclusion at the end of the general exclusions. This exclusion applies to all sections of the policy.

We will not pay for:

- claims directly or indirectly arising from or caused by COVID-19, including the threat or perceived threat, of COVID-19.

Cover·More

TRAVEL INSURANCE

ESSENTIALS
TRAVEL
INSURANCE

*keep
travelling*

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The insurer of this product is Zurich Australian Insurance Limited (ACN 000 296 640, an overseas registered company incorporated in Australia) (ZAIL), trading as Zurich New Zealand.

More than just a travel insurance policy

We know travel and we know it's about having an amazing experience, enjoying yourself even when you are a million miles from home. We are as enthusiastic about travel as you, that's why we want to make it as easy as possible for you. We've created a range of inclusions, all of which have been designed with your travel experience in mind.

The purpose of the Policy Wording

This document provides information to help you understand this travel insurance policy, compare cover and make an informed decision about whether to buy a policy. Please read the policy wording document carefully to ensure it provides the cover you need. If you have any questions please contact us using the details below.

The policy wording document details:

- the benefits – read these together with the add-ons to vary cover;
- requirements if you have an Existing Medical Condition or are pregnant;
- obligations in relation to your duty of disclosure;
- definitions of 'words with special meaning' where they are used in the policy; and
- what is and isn't covered.

When you purchase a policy, keep a copy of this policy wording document and the Certificate of Insurance we give you in a safe place for future reference.

How to buy

To obtain a quote or purchase a policy ask Your agent.

Contact us

Customer service

Call: 0800 500 225

Email: enquiries@covermore.co.nz

Mail: PO Box 105-203, Auckland City
Auckland, New Zealand 1010

Claims

Call: 0800 500 225 (or +64 9 308 2120)

Email: claims@covermore.co.nz

24 hour emergency assistance

See page 20 for further details.

Benefits table

Below is a summary of the benefits We provide and their maximum limits.

Policy Benefits	
1	Medical and dental expenses
2*	Additional expenses
3*	Amendment or cancellation costs
4*	Luggage and travel documents
5*	Delayed luggage allowance
6	Money
7*	Travel delay
8	Hijacking
9*	Loss of income
10*	Disability
11*	Accidental death
12	Personal liability

Cruise Cover Add-on

Mandatory if You are cruising. The additional benefits (i)-(vii) below will also be included.

(i)	Onboard Medical and Dental Cover
(ii)	Ship to Shore Medical Cover
(iii)	Sea Sickness Cover
(iv)	Cabin Confinement
(v)	Missed Port
(vi)	Missed Shore Excursions
(vii)	Self-Skippered Boat insurance excess

~Medical and dental cover will not exceed 12 months from onset. Medical and dental expenses cover is limited to \$1,500 for treatment provided in New Zealand.

#For customers 70 years or over reduced maximum limits may apply. Limits will be shown on the Certificate of Insurance.

*Sub-limits apply. Refer to the Policy Wording pages 26-51.

International Plan IE
Single Trip or Annual Multi-Trip Maximum benefit limits (per adult)
\$Unlimited#~
\$Unlimited#
Cover chosen#^
\$4,000†
\$500
\$250
\$1,000
\$2,000
\$500 per month Up to \$4,500#0
\$5,000#0
\$5,000#0
\$2,500,000

\$Unlimited~
\$Unlimited
\$Unlimited~
\$100 per day Up to a maximum of \$1,500
\$1,000
\$1,000
\$3,500

^Cover chosen applies per policy, see page 6.

†Item limits apply. See page 8.

0Maximum liability collectively for Sections 9, 10 and 11 is \$5,000.

Cruise cover add-on

Mandatory if You are travelling on a multi-night cruise

Unless You purchase Cruise Cover add-on, claims directly or indirectly related to Your multi-night cruise, and multi-night cruise travel or that arise whilst on a multi-night cruise are specifically excluded by this policy.

To obtain cover under this policy for Your cruise and cruise travel, You must select Cruise Cover and pay an additional premium. Cruise Cover will be shown on Your Certificate of Insurance. Please ask for a quote.

For all cruise travel: Benefits 1-12 only apply if Cruise Cover is selected and additional premium is paid.

The Cruise Cover benefits will also be included. See pages 45-47 for details of the cover.

Policy inclusions and options

Single Trip or Annual Multi-Trip

You can choose a policy to cover one Single Trip or, if You are a frequent traveller, rather than buying a Single Trip policy each time You travel, You may want to buy an Annual Multi-Trip policy.

With Our Annual Multi-Trip policy You can select from the available choices, a Journey duration to suit Your needs and be covered for an unlimited number of Journeys, more than 250 kilometres from Home during the Period Of Insurance up to the maximum Journey duration chosen.

Areas of travel

Single Trip: You will need to choose the main destination based on where You will spend the most time on Your Journey.

Annual Multi-Trip: You will need to choose the area which will cover all of Your trips for the year. If You select an international area, this also includes cover for travel in New Zealand over 250 kilometres from Home.

Note: If 20% or more of any Journey will be spent in the Americas or Antarctica, You must nominate the area including these countries as the main destination.

Choose Your excess

When travelling internationally You can choose the excess. The higher the excess chosen, the lower the premium.

The excess will be shown on Your Certificate of Insurance and only applies in the event of a claim.

Cancellation cover

This policy does not automatically include cancellation cover however, You can add the amount of cancellation cover that suits You.

Select an amount from the options available at the time of applying for cover.

The level of cancellation cover You choose will influence Your premium. Typically people look to choose an amount that will cover all prepaid travel tickets, hotels, tours or other travel related expenses for all travellers on the policy.

The level of cover You choose will be the total amount of cover available under Section 3, on a per policy basis and will be shown on Your Certificate of Insurance.

Luggage

Your belongings

When You're at Home, You look after Your belongings. When You travel it should be no different. Unfortunately, many claims We see for loss or theft are caused by people being careless with their belongings. If You do not take good care of Your belongings We may not be able to pay Your claim. Not all belongings are covered by the policy.

What does this mean?

- Keep Valuables with You (where security regulations allow You to do so) rather than checking them in with the Transport Provider.
- Do not leave Valuables in a motor vehicle at any time. "Valuables" means articles made of or containing gold, silver or precious metals; binoculars; jewellery; mobile phones; photographic, audio, video, tablet computer, computer and electrical equipment of any kind (including computer games, portable navigation equipment or media); precious stones; smart phones; telescopes and watches.
- A maximum limit of \$2,000 applies to any other items left during the day in the boot of a locked motor vehicle. Also, don't leave items in a motor vehicle overnight as they are not covered.
- Report any loss or theft to the police within 24 hours as an original police report is required for any claim involving loss or theft.
- Additionally, We require the relevant report from the related party. For example, an Airline Property Irregularity Report (P.I.R.) is also required if Your items were lost or stolen when travelling with an airline.

Luggage item limits

The following limits apply to any one item, set or pair of items (including attached and unattached accessories):

	Cameras & video cameras	Laptop or tablet computers	Other items
Plan IE	\$750	\$750	\$750

Activities included in Your cover

We know that not all travellers enjoy the same activities whilst travelling so We have a comprehensive list of activities which are covered while You are on Your Journey.

This policy automatically cover:

- Abseiling
- Archery
- Ballooning
- Bungy Jumping
- Flying Fox
- Horse Riding
- Jet Boating
- Jet Skiing
- Kayaking
- Parasailing
- Paragliding
- Snorkelling
- White Water Rafting
- Working Holidays

Your participation in any of the activities listed is subject to the terms of cover and in particular General exclusions 27-29 on pages 50-51 and Section 12 Personal liability exclusions 3 and 4 on page 44.

For more adventurous activities like parachuting and trekking above 4,000 metres, speak to us about other policies available.

Motorcycle/moped riding

If You wish to be covered for this activity during Your Journey and be able to hire a motorcycle (including a moped) as the driver or a pillion passenger, You will only be covered if:

- whilst in control of a motorcycle or moped You hold a valid New Zealand motorcycle licence or New Zealand motor vehicle driver licence, and You hold a licence valid in the relevant country;
- whilst You are a pillion passenger the driver holds a licence valid in the relevant country;
- the engine capacity is 200cc or less;
- You are wearing a helmet;
- You are not participating in a Professional capacity;
- You are not racing; and
- You are not participating in motocross.

Note: No cover will apply under Section 12 Personal Liability. This means You are responsible to pay costs associated with damage to the motorcycle, moped or property or injury to another person.

Snow skiing, snowboarding and snowmobiling

Claims involving participation by You (during the Journey) in snow skiing, snowboarding or snowmobiling are specifically excluded from this policy.

If You wish to be covered for these activities during Your Journey, You must pay an extra premium. Please ask for a quote.

Even if You pay the extra premium, You will only be covered if:

- You are skiing or snowboarding On-Piste;
- You are not racing; and
- You are not participating in a Professional capacity.

Extending Your Journey

Having too much fun? If You're having too much fun on Your Journey and wish to be insured for longer than the original period You will need to purchase a new policy through the original issuing agent prior to the expiry date shown on Your original Certificate of Insurance. It is not an extension of the previous policy.

It is important to note that should a medical condition present itself prior to the time of issue of the new policy, it may be considered an Existing Medical Condition under the new policy and therefore may not be covered by the new policy. Purchasing a longer duration policy up front may avoid this risk.

Note: Restrictions on durations may apply.

Money back guarantee

If You cancel this policy for any reason within the cooling off period which is within 15 working days (excluding public holidays) of the date of purchase, We will give You Your money back.

Our money back guarantee ensures a refund of the entire premium unless You have already:

- made a claim under the policy; or
- departed on Your Journey.

If You wish to cancel Your policy and receive a full refund, please contact the providing agent within the cooling off period.

Travel and health

Do You have an Existing Medical Condition?

Claims directly or indirectly arising from or exacerbated by an Existing Medical Condition or related new infections are specifically excluded from this policy unless Your Existing Medical Condition is approved by Us.

What does this mean?

If You have an Existing Medical Condition and for example take medication to keep that condition in check, it doesn't mean You can't purchase travel insurance.

It does however, mean that You should tell Us about all Your Existing Medical Conditions including anything for which medication is prescribed so We can complete an online health assessment and, if We approve, offer You cover.

If You choose to declare some conditions and not others or choose not to declare any conditions, You run the risk of a claim being denied. See Existing Medical Conditions for more information.

Assessing Your health

So We can assess the risk, We may also require You to answer some questions about Your general health as well as completing an online health assessment at the time of applying for this travel insurance.

Existing Medical Conditions

(Of You or Your travelling companion)

Cover for claims directly or indirectly arising from or exacerbated by an Existing Medical Condition or related new infections are specifically excluded from this policy. However, We may separately provide cover for an Existing Medical Condition. If additional cover is applied for and approved, an additional premium may apply.

What is an Existing Medical Condition?

“Existing Medical Condition” means a disease, illness, medical or dental condition or physical defect that at the Relevant Time meets any one of the following:

- a) has required an emergency department visit, hospitalisation or day surgery procedure within the last two years;
- b) requires
 - (i) prescription medication from a qualified medical practitioner or dentist;
 - (ii) regular review or check-ups;
 - (iii) ongoing medication for treatment or risk factor control;
 - (iv) consultation with a specialist;
- c) has
 - (i) been medically documented involving the brain, circulatory system, heart, kidneys, liver, respiratory system or cancer;
 - (ii) required surgery involving the abdomen, back, joints or spine;
 - (iii) shown symptoms or signs however, a medical opinion or investigation has not been sought to confirm or provide a diagnosis; or
- d) is
 - (i) chronic or ongoing (whether chronic or otherwise) and medically documented;
 - (ii) under investigation;
 - (iii) pending diagnosis; or
 - (iv) pending test results.

“Relevant Time” in respect of:

- a) Single Trip policies means the time of issue of the policy.
- b) Annual Multi-Trip policies means the first time at which any part of the relevant trip is paid for or the time at which the policy is issued, whichever occurs last.

If You are unsure whether You have an Existing Medical Condition, please call Cover-More on 0800 500 225 for assistance.

Getting cover for Existing Medical Conditions

There are three categories of medical conditions:

- Conditions We automatically include
- Conditions We need to assess
- Conditions which cannot be covered.

Please review each of these categories to determine which category applies.

Existing Medical Conditions We automatically include

We automatically include the Existing Medical Conditions listed in the table following provided:

- You have not been hospitalised or required treatment by a medical practitioner in the last 12 months for any of the listed conditions;
- You are not under investigation for any of the listed conditions;
- You are not awaiting investigation, surgery, treatment or procedures for any of the listed conditions;
- Your condition satisfies the criteria in the table following; and
- all Your Existing Medical Conditions are on this list.

All time frames are measured in relation to the Relevant Time, unless specified otherwise.

Condition	Criteria
Acne	No additional criteria.
Allergy	In the last 6 months, You haven't required treatment by a medical practitioner for this condition. You have no known respiratory conditions (e.g. Asthma).
Asthma	You are less than 60 years of age when you purchase the policy. In the last 12 months, You haven't had an Asthma exacerbation requiring treatment by a medical practitioner. You have been a non-smoker for at least the last 18 months. You don't need oxygen outside of a hospital. You don't have a chronic lung condition or disease (whether chronic or otherwise) including Chronic Asthma, Chronic Bronchitis, Chronic Obstructive Pulmonary Disease (COPD), Emphysema or Pulmonary Fibrosis.
Bell's Palsy	No additional criteria.
Bunions	No additional criteria.

Carpal Tunnel Syndrome	No additional criteria.
Cataracts Glaucoma	In the last 90 days, You haven't had an operation for this condition. You have no ongoing complications of this condition.
Coeliac Disease	In the last 6 months, You haven't been treated by a medical practitioner for this condition.
Congenital Blindness	No additional criteria.
Congenital Deafness	No additional criteria.
Diabetes Glucose Intolerance	You were diagnosed over 6 months ago. You haven't had any complications of this condition in the last 6 months. You have a HbA1C score of 75 mmol/mol or less. You aren't currently undergoing any treatment for kidney, eye or nerve complications.
Ear Grommets	You don't have an ear infection.
Epilepsy	In the last 2 years, You haven't required medical treatment for this condition. You don't have an underlying medical condition (e.g. previous head trauma, Brain Tumour or Stroke).
Gastric Reflux	Your Gastric Reflux doesn't relate to an underlying diagnosis (e.g. Hernia/Gastric Ulcer).
Goitre	No additional criteria.
Graves' Disease	No additional criteria.
Gout	No additional criteria.
Hiatus Hernia	No additional criteria.
Hip Replacement Knee Replacement Shoulder Replacement Hip Resurfacing	The procedure was performed more than 6 months ago and less than 10 years ago. You haven't had any post-operative complications related to that surgery. Post-operative complications include joint dislocation and infection.

Hypercholesterolaemia (High Cholesterol)	You don't have a known heart or cardiovascular condition.
Hypertension (High Blood Pressure)	You don't have a known heart or cardiovascular condition. You don't have Diabetes (Type I or Type II). Your Hypertension is stable and managed by Your medical practitioner. In the last 12 months, Your prescribed blood pressure medication hasn't changed. You aren't suffering symptoms of Hypertension. You aren't having investigations related to blood pressure.
Menopause	You don't have Osteoporosis.
Migraine	No additional criteria.
Gastric Ulcer Peptic Ulcer	In the last 12 months, the Peptic/Gastric Ulcer has been stable.
Plantar Fasciitis	No additional criteria.
Raynaud's Disease	No additional criteria.
Skin Cancer	Your Skin Cancer isn't a Melanoma. You haven't had chemotherapy or radiotherapy for this condition. Your Skin Cancer does not require any follow up treatment e.g. chemotherapy, radiotherapy or further excision.
Stenosing Tenosynovitis (Trigger Finger)	No additional criteria.
Urinary Incontinence	No additional criteria.
Underactive Thyroid Overactive Thyroid	The cause of Your Underactive/Overactive Thyroid wasn't a tumour.

Existing Medical Conditions We need to assess

If Your condition:

- does not meet the criteria above;
- You have one or more conditions which are not listed in the table of conditions we automatically include; or
- a combination of both the above points

You will need to complete an online health assessment by declaring all Your Existing Medical Conditions to Us.

To be clear, the conditions We automatically include only apply if You do not have other Existing Medical Conditions beyond those on this list.

Completing a health assessment

You can complete an online health assessment with Your consultant or by using a weblink Your consultant can give You. You may also call 0800 500 225 or email enquiries@covermore.co.nz for assistance.

- You'll need to have sufficient knowledge about each Existing Medical Condition to be able to complete a full declaration so We can assess the risk.
For example, We need to know the name of the medical condition You take medication for, rather than the name of the medication. Check with Your doctor first if unsure.
- Check all Existing Medical Conditions have been disclosed to Us.
- We will provide Your assessment outcome and a number.
- If We can approve Your health assessment, for cover to apply You must pay the required extra premium.
- An approval number for this cover will then be listed on the Certificate of Insurance We give You. Special conditions, limits and excesses may apply depending on Your Existing Medical Condition, age, trip destination and duration. This will be stated on Your Certificate of Insurance or separately advised to You in writing.

Conditions to pay particular attention to

Chronic lung conditions

If You have a chronic lung condition*, unless You complete a health assessment for that condition at the Relevant Time which is then approved by Us and You pay the required extra premium, You won't be covered for claims directly or indirectly arising from or exacerbated by:

- that condition;
- a respiratory infection e.g. Influenza; or
- a lung infection e.g. Pneumonia.

*Chronic lung condition includes Chronic Asthma, Chronic Bronchitis, Chronic Obstructive Pulmonary Disease (COPD), Emphysema or Pulmonary Fibrosis.

What does this mean?

For example, if You have COPD and are diagnosed with a respiratory infection, Your claim will not be covered because We consider the respiratory infection to complicate and be a complication of the underlying Existing Medical Condition, COPD.

Cardiovascular Disease

If You have a condition involving Your heart and blood vessels, collectively known as Cardiovascular Disease*, unless You complete a health assessment for that condition at the Relevant Time which is then approved by Us and You pay the required extra premium, You won't be covered for claims directly or indirectly arising from or exacerbated by:

- that condition; or
- another heart/cardiovascular system problem including a Heart Attack or Stroke.

*Cardiovascular Disease includes Aneurysms, Angina, Cardiac Arrhythmias (disturbances in heart rhythm) Cardiomyopathy, Cerebrovascular Accident (CVA or Stroke), previous heart surgery (including valve replacements, bypass surgery or stents), Myocardial Infarction (Heart Attack) or Transient Ischaemic Attack (TIA).

What does this mean?

For example, if You have ever been diagnosed with Coronary Artery Disease, also known as Ischaemic Heart Disease (IHD), it is considered a life-long condition. The risk of disease is elevated whether or not You have been treated with bypass surgery or coronary artery stent insertion. If You haven't told Us about Your condition, We haven't approved it and You haven't paid the additional premium, We won't be able to consider Your claim if something goes wrong before or during Your Journey with respect to these conditions.

Reduced immunity

If You have reduced immunity at the Relevant Time (e.g. as the result of a medical condition or medical treatment), unless You complete a health assessment which is then approved by Us and You pay the required extra premium, We won't be able to approve claims directly or indirectly arising from or exacerbated by the underlying medical condition or a new infection.

What does this mean?

For example, if You currently suffer from a condition that is associated with significant immunosuppression or You require medication that significantly impairs immune function (e.g. Methotrexate, Azathioprine or high dose steroids), You should tell Us about Your condition, otherwise We won't be able to cover Your claim if You develop an opportunistic infection with respect to these conditions.

Other Existing Medical Conditions which cannot be covered

Under no circumstances is cover available on this policy for claims directly or indirectly arising from or exacerbated by:

- Your Terminal Illness;
- conditions involving drug or alcohol dependency;
- travel booked or undertaken against the advice of any medical practitioner;
- routine or cosmetic medical or dental treatment, even if Your Existing Medical Condition has been approved; or
- conditions for which You are travelling to seek advice, treatment or review or to participate in a clinical trial.

Travel and the health of other people (non-traveller)

When booking a trip and buying travel insurance please carefully consider the health of loved ones not travelling with You.

We can only consider claims by You arising from the health or death of a Relative or Your business partner who are not travelling with You if at the Relevant Time that person:

- had not been hospitalised in the previous 2 years for a condition that was directly or indirectly arising from or related to the condition that caused the claim;
- did not reside in a nursing home or require similar home care assistance;
- was not on a waiting list for, or did not know they needed surgery, inpatient treatment or tests at a hospital or clinic;
- did not have a drug or alcohol addiction; and
- did not have a Terminal Illness.

Claims caused by the health of other people (those people not listed above) are not covered by the policy.

Pregnancy

Are You pregnant?

If You know You are pregnant at the Relevant Time, You will need to apply for cover if:

- there have been complications with this pregnancy or a previous pregnancy;
- You have a multiple pregnancy e.g. twins or triplets; or
- the conception was medically assisted e.g. using assisted fertility treatment including hormone therapies or IVF.

“Relevant Time” in respect of:

- a) Single Trip policies means the time when the policy is issued.
- b) Annual Multi-Trip policies, means the first time when a part of the relevant trip is paid for or the time when the policy is issued, whichever occurs last.

Please complete additional questions in an online medical assessment in order to determine eligibility and obtain a quote. If You have any questions about the online assessment or prefer to talk with a customer service agent, please call 0800 500 225 or email enquiries@covermore.co.nz for assistance. If cover is accepted by Us, an additional premium will apply.

Pregnancy restrictions

Whether or not You have to apply for pregnancy cover, the following restrictions apply to claims arising in any way from the pregnancy of any person.

- Cover is only provided for serious, unexpected pregnancy complications that occur up until the 24th week of pregnancy i.e. up to 23 weeks, 6 days. Gestational age is measured in weeks and days and is calculated from the last known date of Your menstrual period or calculated from staging ultrasound.
- Childbirth is not covered.
- Costs relating to the health or care of a newborn child are not covered, irrespective of the stage of pregnancy when the child is born.

What does this mean?

Expectant mothers should consider if Our products are right for them when travelling after 20 weeks gestation as costs for childbirth and neonatal care overseas can be expensive.

24 hour emergency assistance

All policyholders have access to Our emergency assistance team when travelling.

24 hours a day, 365 days a year, Our team of doctors, nurses, case managers and travel agents provide the following services:

- **Help to find a medical facility and monitor Your medical care**
- **Paying bills**
Becoming ill overseas can be very expensive so those significant medical expenses can be paid by Us directly to the hospital if Your claim is approved.
- **Keeping You travelling or getting You Home**
Our team can decide if and when it is appropriate to move You or bring You Home and will coordinate the entire exercise.
- **Help if passports, travel documents or credit cards are lost**
If You need assistance in contacting the issuer of the document, Our emergency assistance team can help.
- **Help to change travel plans**
If Your travel consultant is not available to assist with rescheduling in an emergency, Our team can help.

Certain services are subject to Your claim being approved.

You must phone Our emergency assistance team as soon as possible if You are admitted to hospital or if You anticipate Your medical or related expenses will exceed \$500.

When You call, please have the following information:

- Your policy number
- a phone number to call You back on

Please call DIRECT and TOLL FREE from:

USA **1866 309 2267** Canada **1866 773 9318**

UK **0808 234 1526** Australia **1800 242 579**

Charges apply if calling from a pay phone or mobile phone.

From all other countries or if You experience difficulties with the numbers above:

Call direct: +61 (0) 2 8907 5240

Fax: +61 (0) 2 9954 6250

Claims

How to make a claim

Complete an online claim

Visit claims.covermore.co.nz and follow the prompts; or

Fill in a claim form

Download, print and complete a claim form from covermore.co.nz

Add receipts and other supporting documents

Follow the checklist for the supporting documents You need to send with Your completed claim.

Submit the claim online or post it

Upload Your scanned documents and submit the claim online; or

Post the completed claim form and original supporting documents to:

Cover-More Travel Insurance Claims Department
PO Box 105-203
Auckland City
Auckland 1143

We need original documents, so please hold on to Your documents as We may request them. If You are posting them, keep a copy.

For additional assistance:

Call: 0800 500 225 or +64 9 308 2120

Email: claims@covermore.co.nz

When will I hear back about the claim?

You will hear back within 10 working days from the time We receive Your claim. We may approve and settle, investigate or decline the claim or request further information.

Important information

Who is the insurer?

The insurer of this product is Zurich Australian Insurance Limited (ACN 000 296 640, an overseas registered company incorporated in Australia) (ZAIL), trading as Zurich New Zealand.

References to “Us”, “We” and “Our” in this Policy Wording refer to Zurich New Zealand.

ZAIL is part of the Zurich Insurance Group, a leading multi-line insurer that serves its customers in global and local markets. Zurich provides a wide range of general insurance and life insurance products and services in more than 210 countries and territories. Zurich’s customers include individuals, small businesses, and mid-sized and large companies, including multinational corporations.

As at the date of issue of this document, ZAIL has an insurer financial strength rating of A+ from Standard & Poor’s (Australia) Pty Ltd. This rating shows that the company has strong financial security characteristics. This is reviewed annually and may change from time to time, so please refer to www.zurich.co.nz/content/zurich_nz/about_us/financial-strength to ensure it has not changed.

Standard & Poor’s rating scale for an insurer’s financial strength, together with a summary of Standard & Poor’s description is: AAA (Extremely Strong), AA (Very Strong), A (Strong), BBB (Good), BB (Marginal), B (Weak), CCC (Very Weak), CC (Extremely Weak), R (Regulatory Supervision), NR (Not Rated). Ratings from ‘AA’ to ‘CCC’ may be modified by the addition of a plus (+) or minus (-) sign to show relative standing within the major rating categories. Further information on these ratings is available from www.standardandpoors.com.

An overseas policyholder preference applies. Under Australian law, if ZAIL is wound up, its assets in Australia must be applied to its Australian liabilities before they can be applied to overseas liabilities. To this extent, New Zealand policyholders may not be able to rely on ZAIL’s Australian assets to satisfy New Zealand liabilities.

Who is Cover-More?

Cover-More (NZ) Limited (Cover-More) administers the policy (including customer service, medical assessments and claims management) and will usually arrange for the issue of the insurance, either directly or through one of Cover-More’s representatives.

Change of terms and conditions

From time to time and where permitted by law, We may change parts of the Policy Wording document. We will issue You with an endorsement or other document to update the relevant information except in limited cases. Any updates which are not materially adverse to You from the view of reasonable person deciding whether to buy this insurance, may be found on covermore.co.nz. You can obtain a paper copy of any updated information without charge by calling 0800 500 225.

Your duty of disclosure

You have a legal duty of disclosure to Us whenever You apply for, or change an insurance policy.

What You must tell Us

You have a general duty to disclose to Us everything that You know, or could reasonably be expected to know, is relevant to Our decision whether to insure You and, if We do, on what terms.

However, Your duty does not require You to disclose anything:

- that reduces the risk to be undertaken by Us;
- that is generally well known;
- that We know or, in the ordinary course of Our business, ought to know; or
- in respect of which We have waived Your duty.

If You do not tell Us

If You do not answer Our questions honestly or do not properly disclose to Us, We may reduce or refuse to pay a claim or may cancel the policy. If You act fraudulently in answering Our questions or not disclosing to Us, We may refuse to pay a claim or treat the policy as never having existed.

Your general duty applies to changes

Your general duty applies in full when You change or reinstate the insurance policy.

Who needs to tell Us

It is important that You understand You are disclosing to Us and answering Our questions for Yourself and anyone else You want to be covered by the policy.

We respect Your privacy

We adhere to the Privacy Act 1993 when We collect and handle Your personal information. You have the right to access and correct Your personal information. We collect personal information for the purposes of providing insurance services to You, including:

- evaluating Your Insurance application;
- evaluating any request for a change to any Insurance provided;
- providing, administering, and managing the Insurance services following acceptance of an application; and
- investigating and if covered, managing claims made in relation to any Insurance You have with Us or other companies within the same group.

For further information on Our privacy policy refer to covermore.co.nz.

Data sharing consent

In order to provide a seamless insurance service globally, Cover-More transfers data to Zurich New Zealand, the Insurer. Zurich New Zealand may transfer any data it has received from and any data it holds on You ("policyholder") to other units of Zurich Insurance Group Ltd, such as branches, subsidiaries, or affiliates within Zurich Insurance Group Ltd, cooperative partners of Zurich Insurance Group Ltd, coinsurance and reinsurance companies located in the country of the policyholder or abroad.

Cover-More, Zurich New Zealand and such recipients may use, process and store the data, in particular for the purpose of risk evaluation, policy execution, premium setting, premium collection, claims assessment, claims processing, claims payment, statistical evaluation or to otherwise ensure Zurich's global insurance service delivery.

If Cover-More or their agent is acting on Your behalf, Zurich New Zealand is authorised to use, process and store data of the policyholder received from Cover-More or such agent, and to forward to Cover-More or such agent data of the policyholder relating to the execution of the policy and the collection of premiums and payment of claims.

Cover-More or Zurich New Zealand may procure data from government offices and third parties relating to the policyholder to assess a claim in the event of loss or damage.

Zurich New Zealand's contact details are:

Mail: Zurich New Zealand

PO Box 497, Shortland Street, Auckland 1140

Information about other products

Cover-More may provide information to You regarding other insurance products. Cover-More may also provide Your contact details to the providing agent so that they can provide information to You regarding certain products. If You do not wish to receive this information please contact Cover-More quoting Your policy number.

The Fair Insurance Code

Zurich New Zealand is a signatory to the Fair Insurance Code. The Fair Insurance Code is a code of practice that:

- sets minimum service standards for insurance companies
- describes the responsibilities that You and Your insurance company have to each other, and
- encourages professionalism in the insurance industry.

The Code covers all insurance products except health insurance and life insurance. The Code only applies to individuals and entities with 19 or fewer employees. Further information about the Code can be obtained from icnz.org.nz.

Resolving complaints

If You think We have let You down in any way, or Our service is not what You expect (even if through one of Our representatives), please tell Us so We can help. If You have a complaint:

- Contact Cover-More by phone on 0800 500 225 or email enquiries@covermore.co.nz. You will be put in contact with someone who can help resolve Your complaint.
- Visit covermore.co.nz for details of Our complaints process.

We aim to resolve Your complaint fairly and promptly. However, if You are not satisfied You can refer the matter to the Insurance & Financial Services Ombudsman (IFSO), an independent body whose services are free to You. As a member We agree to accept the IFSO's decision where We are bound to do so.

You can contact the IFSO by:

Mail: Insurance & Financial Services Ombudsman
PO Box 10-845 Wellington 6143 NEW ZEALAND

Call: 0800 888 202 or +64 (04) 499 7612

Fax: +64 (04) 499 7614

Website: ifso.nz

Email: info@ifso.nz

Policy Wording

The benefits described in this policy wording should be read in conjunction with The cover (pages 4-9), Travel and health (pages 10-19), Your duty of disclosure (page 23), Words with special meaning (pages 26-29), Policy conditions (pages 30-33) and General exclusions (pages 48-51).

THE POLICY IS NOT VALID UNLESS THE CERTIFICATE OF INSURANCE IS ISSUED TO YOU.

We will give You the insurance cover described in the policy in return for receiving the total Amount Payable.

The policy is issued on the basis that, and it is a condition of this policy that:

- You are not aware of any circumstance which is likely to give rise to a claim;
- You are a resident of New Zealand and will be returning to Your Home at the completion of the Period of Insurance and within 12 months of the Journey commencing;
- if You purchase the Annual Multi-Trip policy, cover will only extend to a Journey that involves travel to a destination which is more than 250 kilometres from Home and the length of each Journey cannot exceed the maximum duration shown on Your Certificate of Insurance.

Words with special meaning

In this policy the following words have the following meanings:

“We”, “Our”, “Us” means Zurich New Zealand.

“You”, “Your”, “Yourself” means the people listed as adults on the Certificate of Insurance and includes Accompanied Children. Where more than one person is listed as an adult on the Certificate of Insurance all benefits, limitations, conditions and exclusions will be interpreted as if a separate policy was issued to each of the persons listed as an adult other than:

- a) in the event a claim arising from the one event is made, an excess (if applicable) will only be applied once
- b) in the case of luggage item limits which shall be as per a single policy
- c) for Section 3 where the limit chosen applies per policy.

“Accompanied Children” means Your children or grandchildren plus one non-related child per adult policyholder who are identified on the Certificate of Insurance and travelling with You on the Journey, provided they are not in full-time employment, they are financially dependent on You and they are under the age of 21 years.

“Act Of Terrorism” means an act, including but not limited to the use of force or violence, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), which from its nature or context is done for, or in connection with, political, religious, ideological, ethnic or similar purposes or reasons, including the intention to influence any government and/or to put the public, or any section of the public in fear.

“Additional” means the cost of the accommodation or transport You actually use less the cost of the accommodation or transport You expected to use had the Journey proceeded as planned.

“Amount Payable” means the total amount payable shown on Your Certificate of Insurance.

“Disabling Injury, Sickness or Disease” means a disabling injury, sickness or disease which first shows itself during the Period Of Insurance and which requires immediate treatment by a qualified medical practitioner.

“Epidemic” means a fast-spreading contagious or infectious disease or illness in an area as documented by a recognised public health authority.

“Existing Medical Condition” means a disease, illness, medical or dental condition or physical defect that at the Relevant Time meets any one of the following:

- a) has required an emergency department visit, hospitalisation or day surgery procedure within the last two years;
- b) requires
 - (i) prescription medication from a qualified medical practitioner;
 - (ii) regular review or check-ups;
 - (iii) ongoing medication for treatment or risk factor control;
 - (iv) consultation with a specialist;
- c) has
 - (i) been medically documented involving the brain, circulatory system, heart, kidneys, liver, respiratory system or cancer;
 - (ii) required surgery involving the abdomen, back, joints or spine;
 - (iii) shown symptoms or signs however, a medical opinion or investigation has not been sought to confirm or provide a diagnosis; or
- d) is
 - (i) chronic or ongoing (whether chronic or otherwise) and medically documented;
 - (ii) under investigation;
 - (iii) pending diagnosis; or
 - (iv) pending test results.

“Home” means Your usual place of residence in New Zealand.

“Insolvency” means bankruptcy, provisional liquidation, liquidation, insolvency, appointment of a receiver or administrator, entry into a scheme of arrangement, statutory protection, presentation of a petition for the compulsory winding up of, stopping the payment of debts or the happening of anything of a similar nature under the laws of any jurisdiction.

“International Waters” means waters outside the jurisdiction territory of any country.

“Journey” means the period commencing at the time You leave Home and ceasing at the time You return Home.

“Limbs” means a hand at or above the wrist or a foot at or above the ankle.

“On-Piste” means a marked trail or slope prepared for the purpose of skiing or snowboarding within the boundary of the ski field or ski resort and used in accordance to any regulations published by the ski field or ski resort.

“Pandemic” means an Epidemic that is expected to affect an unusually large number of people or involves an extensive geographic area.

“Period Of Insurance” means:

- a) In respect of Single Trip policies from the time You commence the Journey or the travel start date shown on Your Certificate of Insurance (whichever is later) until the time You complete the Journey or the travel end date shown on Your Certificate of Insurance (whichever is the earlier).
- b) In respect of Annual Multi-Trip policies from the time You commence each Journey or the travel start date shown on Your Certificate of Insurance (whichever occurs last) until the earliest of the following times:
 - (i) the time that You complete the Journey; or
 - (ii) the expiry of the maximum insured duration per Journey (this maximum duration is shown on Your Certificate of Insurance); or
 - (iii) 12 months from the travel start date shown on Your Certificate of Insurance.

Cover under Section 3 begins from the time the policy is issued.

“Permanent” means a period of time lasting 12 consecutive months after the expiry of which We consider there is no reasonable prospect of improvement.

“Professional” means undertaking any activity for which financial payment is received from another person or party.

“Public Place” means any place the public has access to including but not limited to airports, beaches, hotel foyers and grounds, ports, private car parks, restaurants, shops and streets.

“Registered Psychologist or Psychiatrist” means a psychologist registered with the New Zealand Psychologists Board, or a psychiatrist registered with and accredited by the Medical Council of New Zealand, or if You are overseas, an equivalent regulatory body which governs psychologists or psychiatrists in the jurisdiction in which You seek medical assistance.

“Relative” means Your spouse, de facto, parent, grandchild, brother, sister, son-in-law, daughter-in-law, parent-in-law, grandparent, child, step-parent, brother-in-law, sister-in-law, fiancé(e), first cousin, aunt, uncle, niece and nephew.

“Relevant Time” in respect of:

- a) Single Trip policies means the time of issue of the policy.
- b) Annual Multi-Trip policies means the first time at which any part of the relevant trip is paid for or the time at which the policy is issued, whichever occurs last.

“Terminal Illness” means a medical condition for which a terminal prognosis has been given by a qualified medical practitioner and which is likely to result in death.

“Transport Provider” means a properly licensed coach operator, airline, shipping line or railway company.

“Unattended” means:

- a) You did not observe the loss/theft; or
- b) at a distance from You such that You do not have a good chance of preventing any attempted theft.

“Valuables” means articles made of or containing gold, silver or precious metals; binoculars; jewellery; mobile phones; photographic, audio, video, tablet computer, computer and electrical equipment of any kind (including computer games, portable navigation equipment or media); precious stones; smart phones; telescopes and watches.

Policy conditions

1. Excess

The excess is the first amount of a claim which We will not pay for. The excess, if applicable, applies to any claim arising from a separate event in respect of Sections 1, 2, 3, 4 and 5 of the policy only. The excess is the amount shown on Your Certificate of Insurance. An additional excess may apply in certain circumstances, such as cover for Existing Medical Conditions where You do not meet the provisions on pages 11-19. If an additional excess applies, We will notify You in writing.

2. Limits of liability

The limits of Our liability for each Section of the policy are the amounts shown in the benefits table (on pages 4-5) except:

- a) for the policy limit for Section 3 which will be shown on Your Certificate of Insurance;
- b) the maximum liability collectively for Sections 9, 10 and 11, shall not exceed \$5,000; or
- c) where We have notified You in writing of different limits.

3. Cooling off period/refund of Amount Payable

You have the right to cancel the policy by notifying the providing agent who issued this policy in writing within 15 working days (i.e. Monday to Friday excluding public holidays where You are) of the date the policy was issued to You (cooling off period). Provided the circumstances specified in paragraphs a) or b) below do not apply, You are entitled, during the cooling off period, to a complete refund of the amount You have paid for the policy. You are not entitled to a complete refund if, during the cooling off period, You:

- a) make a claim under the policy; or
 - b) cancel the policy after the commencement of the Journey.
- We will not refund any of the Amount Payable if notified outside the cooling off period. We may give a partial refund if You change Your policy before You depart for Your Journey.

4. Claims

- a) The loss or theft of luggage, personal effects, travel documents or money must be reported within 24 hours to the police and responsible Transport Provider (where applicable) and a written report must be obtained at that time.
- b) If You are admitted to hospital or You anticipate Your medical expenses and Additional Expenses are likely to exceed \$500 You must phone the emergency assistance number as soon as physically possible.
- c) You must take all reasonable steps to prevent or minimise a claim.
- d) You must not make any offer, promise of payment or admit any liability without Our written consent.

- e) You must advise Us of any claim or occurrence which may give rise to a claim as soon as possible and within 60 days of the return date shown on Your Certificate of Insurance by submitting a completed claim form. See page 21 - How to make a claim for details.
- f) You must at Your own expense, supply any documents in support of Your claim which We may request, such as an original police report, a Property Irregularity Report (P.I.R.), receipts, valuations, a repair quote, a death certificate and/or medical certificate.
- g) You must co-operate fully in the assessment or investigation of Your claim.
- h) If You make or try to make a false, exaggerated or fraudulent claim or use any false, exaggerated or fraudulent means in trying to make a claim, We will not pay Your claim, Your cover under this policy will be voided (without any return of the amount You have paid), We may report You to the appropriate authorities and You may be prosecuted.
- i) If We agree to pay a claim under Your policy We will base any claim payment on the Goods and Services Tax (GST) inclusive costs (up to the relevant policy limit).
- j) You must supply a medical certificate showing Your diagnosis for any medical expenses You wish to claim for.

5. If You are able to claim from another party

If You are able to claim against a household insurer, private health fund, hotel, carrier, workers' compensation scheme, travellers' compensation fund, New Zealand Accident Compensation Scheme (application is compulsory for all injuries incurred overseas) or other statutory fund or anyone else for monies otherwise payable under this policy You must do so and the policy will only cover the balance of Your claim.

6. You must help Us to make any recoveries

We have the right to sue any other party in Your name to recover money payable under the policy or to choose to defend any action brought against You. You must provide reasonable assistance to Us.

7. Claims payable in New Zealand dollars

All amounts payable and claims are payable in New Zealand dollars at the rate of exchange applicable at the time the expenses were incurred.

8. Policy interpretation and dispute resolution

The policy shall be interpreted in accordance with the law of New Zealand. The parties submit to the jurisdiction of the courts of New Zealand.

9. Emergency assistance

- a) Where Your claim is excluded or falls outside the policy coverage, the giving of emergency assistance will not in itself be an admission of liability.
- b) The medical standards, sanitary conditions, reliability of telephone systems and facilities for urgent medical evacuations differ from country to country. Responsibility for any loss, medical complication or death resulting from any factor reasonably beyond Our control cannot be accepted by Our emergency assistance network, Cover-More or Us.

10. Free extension of insurance

Where Your Journey is necessarily extended due to an unforeseeable circumstance outside Your control, Your Period Of Insurance will be extended until You are able to travel Home by the quickest and most direct route. The Period Of Insurance will not be extended for any other reason.

11. Special conditions, limitations, excesses and Amounts Payable

If You:

- a) want cover for an Existing Medical Condition or pregnancy which does not satisfy the provisions set out on pages 10-19, You will need to complete a health assessment. We will notify You of the outcome.
If We are able to approve cover for the condition(s) or pregnancy You must pay the required extra premium to Us for cover. Cover may be subject to special conditions, limitations, limits and excesses.
- b) in the last 5 years have:
 - (i) made 3 or more travel insurance claims;
 - (ii) had insurance declined or cancelled or had a renewal refused or claim rejected; or
 - (iii) been in prison or had any criminal conviction (other than driving offences)cover must be separately applied for and accepted by Us, and it may be subject to special conditions, limitations, excesses and amounts payable.

We will notify You in writing of these before We issue the policy.

12. Automatic reinstatement of sums insured

If You purchase a Single Trip policy, in the event of a claimable loss, or damage to Your luggage is incurred, We will automatically reinstate the sum insured (once only) in respect of Section 4.

If You purchase the Annual Multi-Trip policy the sums insured under each Section of the policy are automatically reinstated on completion of each Journey and in respect of Section 4, also once on each Journey.

13. Policy conditions applying to Sections 1 and 2 only

- a) We have the option of returning You to New Zealand if the cost of medical and/or Additional Expenses overseas are likely to exceed the cost of returning You to New Zealand subject always to medical advice. We also have the option of evacuating You to another country.
- b) In all cases the cost of evacuation or to bring You back to New Zealand will only be met if it was arranged by and deemed necessary by Our emergency assistance network.
- c) If We request that You be moved to another hospital, return to New Zealand or be evacuated to another country and You refuse, We will only consider:
 - (i) Your costs and expenses per Sections 1 and 2 (as applicable) incurred up to the time of Our request; and
 - (ii) the lesser of:
 - an amount equivalent to the costs and expenses per Sections 1 and 2 (as applicable) that You would have incurred after Our request had You moved to another hospital, returned to New Zealand or been evacuated to another country as requested; or
 - Your costs and expenses actually incurred after Our request.
- d) If You are hospitalised We will pay for a share room. If a share room is not available We will, at Our discretion and that of Our medical advisors, pay to upgrade You to a single room.
- e) If You do not hold a return airline ticket an amount equal to the cost of an economy class one way ticket will be deducted from Your claim.

14. Policy Conditions applying to Sections 9, 10 and 11 only

- a) If the conveyance You are travelling in disappears, sinks or crashes and Your body has not been found after 12 months You will be presumed to have died.
- b) You must obtain and follow advice and treatment given by a qualified doctor as soon as possible after suffering a disabling injury, during the Period Of Insurance.

15. Sanctions regulation

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 any applicable trade or economic sanctions, law or regulation.

The benefits

SECTION 1: Medical and dental expenses

If You suffer a Disabling Injury, Sickness or Disease We will pay the usual and customary cost of medical treatment, ambulance transportation and emergency dental treatment which is provided outside New Zealand by or on the advice of a qualified medical practitioner or dentist. In these circumstances We will also pay the reasonable Additional cost of medically required transportation.

Upon Your return Home We will also pay up to \$1,500 for continued medical, surgical and hospital treatment. If no treatment was sought overseas, We will also pay up to \$1,500, but You must seek treatment within 72 hours of Your arrival in New Zealand.

Cover applies for a maximum of 12 months from the date of suffering the Disabling Injury, Sickness or Disease.

The maximum benefit limit for this section is: \$Unlimited

We will not pay for:

1. more than \$1,500 for medical or dental treatment which is provided in New Zealand.
If You are cruising and have paid the additional premium for Cruise Cover, this exclusion does not apply to medical treatment provided whilst on a ship (including cruise ship, passenger ship or passenger ferry) even if that ship is within New Zealand territorial waters. However, this additional benefit does not apply to any medical treatment provided on New Zealand inland waterways or whilst the ship is tied up in a New Zealand port.
2. dental treatment caused by or related to the deterioration and/or decay of teeth or associated tissue; involving the use of precious metals; or involving cosmetic dentistry.
3. the continuation or follow-up of treatment (including medication and ongoing immunisations) started prior to Your Journey.
4. routine medical or dental treatment or prenatal visits.
5. private medical treatment in New Zealand when public care or treatment is available.
6. private medical treatment overseas where public care or treatment is available under any reciprocal health agreement between the New Zealand and foreign governments unless We agree to the private treatment.

**Also refer to: General exclusions - pages 48-51.
Policy conditions - pages 30-33.**

SECTION 2: Additional expenses

1. If You become sick

Cover is subject to the written advice of the treating qualified medical practitioner and acceptance by Our emergency assistance team.

If You suffer a Disabling Injury, Sickness or Disease, We will pay the reasonable Additional accommodation (room rate only) expenses and Additional transport expenses, at the same fare class and accommodation standard as originally booked, incurred by:

- a) You. The benefit ceases when You are able to continue Your Journey, travel Home or on the completion of the Period Of Insurance, whichever is the earlier.
- b) Your travelling companion who remains with or escorts You until You are able to continue Your Journey, travel Home or on the completion of the Period Of Insurance, whichever is the earlier.
- c) one person (e.g. a Relative) (if You don't have a travelling companion with You already) who travels to and remains with You following You being hospitalised as an inpatient. The benefit ceases when You are able to continue Your Journey, travel Home or on the completion of the Period Of Insurance, whichever is the earlier.

We will also pay the reasonable expenses incurred in returning Your Rental Car to the nearest depot if You suffer a Disabling Injury, Sickness or Disease provided that, on the written advice of the treating qualified medical practitioner, You are unfit to drive it.

2. If You die

We will pay reasonable overseas funeral or cremation expenses or the cost of returning Your remains to New Zealand if You die during the Period Of Insurance. In either event the maximum amount We will pay in total will not exceed \$10,000.

3. If a Relative or Your business partner becomes sick

We will pay reasonable Additional transport expenses at the same fare class as originally booked if You are required to return Home during the Journey due to the sudden Disabling Injury, Sickness or Disease or death of a Relative or Your business partner.

4. If Your Home is destroyed by fire, earthquake or flood

We will pay the reasonable Additional transport expenses at the same fare class as originally booked for Your early return Home if it is destroyed by fire, earthquake or flood while You are on Your Journey.

5. Missed connection

If during the Period Of Insurance You are on a Journey from or to New Zealand and You miss Your pre-booked connection due to unforeseeable circumstances outside Your control, where You have allowed the minimum connection time between flights as stipulated by Your airline(s), We will pay the reasonable costs to use alternate public transport services to catch up on Your planned itinerary, or get to a special event such as a wedding, sporting event or conference. If You claim under this section, You are not entitled to make a claim under any other section of this policy for the same incident.

We will not pay for:

1. Transport Provider caused cancellations, delays or rescheduling other than when caused by mechanical failure or strike.

6. Other circumstances

We will pay Your reasonable Additional accommodation (room rate only) and Additional transport expenses, at the same fare class and accommodation standard as originally booked, incurred on the Journey due to an unforeseeable circumstance outside Your control and resulting from:

- a) disruption of Your scheduled transport because of riot, strike or civil commotion occurring after the commencement of the Journey provided You act reasonably in avoiding Additional costs;
- b) loss of passport or travel documents except involving government confiscation or articles sent through the mail;
- c) a quarantine regulation You unknowingly breach;
- d) a natural disaster;
- e) a collision of a motor vehicle, watercraft, aircraft or train in which You are travelling; or
- f) Your scheduled transport being delayed for at least 12 hours due to severe weather conditions. We will pay up to \$250 providing written confirmation from the Transport Provider has been obtained.

The maximum benefit limit for this section is: \$Unlimited

For approved claims under this Section and Section 3 for the same or similar Additional expenses or prepaid travel costs over the same period, We pay the higher of the two amounts claimed, not both.

We will not pay for:

1. any costs or expenses incurred prior to You being certified by a qualified medical practitioner as unfit to travel.
2. claims under Section 2.3 or 2.6 caused by or arising from an Epidemic, Pandemic or outbreak of an infectious disease or any derivative or mutation of such viruses, or the threat or perceived threat of any of these.

Also refer to: General exclusions - pages 48-51.

Policy conditions - pages 30-33.

SECTION 3: Amendment or cancellation costs

If due to circumstances outside Your control and unforeseeable at the Relevant Time:

1. You have to rearrange Your Journey prior to leaving Home, We will pay the reasonable cost of doing so (We will not pay more for rearranging Your Journey than the cancellation costs which would have been incurred had the Journey been cancelled).
2. You have to cancel the Journey (because You cannot rearrange it) We will pay You:
 - a) the non-refundable unused portion of all travel costs prepaid in advance including a travel agent's cancellation fee (the travel agent's cancellation fee is limited to the lesser of \$4,000 or the amount of commission the agent had earned on the prepaid refundable amount of the cancelled travel arrangements).
 - b) for frequent flyer or similar flight reward points lost following cancellation of Your airline ticket. The amount We will pay is calculated as follows:
 - (i) the cost of the equivalent class airline ticket, based on the best available advance purchase airfare at the time the claim is processed, less Your financial contribution towards the airline ticket multiplied by
 - (ii) the total amount of points lost divided by
 - (iii) the total amount of points used to obtain the airline ticket.

The maximum benefit limit for this section is: Cover chosen*

*Limit shown on Your Certificate of Insurance.

For approved claims under this Section and Section 2 for the same or similar Additional expenses or prepaid travel costs over the same period, We pay the higher of the two amounts claimed, not both.

We will not pay for claims caused by:

1. Transport Provider caused cancellations, delays or rescheduling other than when caused by strikes. This exclusion only applies to the costs directly incurred by You to rearrange or cancel (if it cannot be rearranged) the service of the Transport Provider who caused the cancellation, delay or rescheduling.
2. the disinclination of You or any other person to proceed with the Journey or deciding to change Your plans.
3. any costs or expenses incurred prior to You being certified by a qualified medical practitioner as unfit to travel.
4. anxiety, depression, mental illness or stress (or arising directly or indirectly from, or exacerbated by, these conditions) unless referred to and diagnosed by a Registered Psychologist or Psychiatrist as a new condition and:

- a) the insured person is certified as unfit to travel by the treating Registered Psychologist or Psychiatrist; or
- b) the treating Registered Psychologist or Psychiatrist certifies that it was medically necessary for the insured person to amend or cancel their journey to assist a relative or another person.

This exclusion does not apply to the insured person in respect of a condition if existing medical condition cover was applied for, approved by us and the required extra premium paid.

5. the insured person cancelling or amending their journey prior to being certified by a qualified medical practitioner as unfit to travel unless the cause of the unfitness is anxiety, depression, mental illness or stress which means the terms of point four above apply.
6. the death, injury, sickness or disease of any person living outside New Zealand unless they are Your Relative or business partner.
7. any contractual or business obligation or Your financial situation.
8. failure by You or another person to obtain the relevant visa, passport or travel documents.
9. errors or omissions by You or another person in a booking arrangement.
10. the standards and expectations of Your prepaid travel arrangements being below or not meeting the standard expected.
11. the failure of Your travel agent, Our agent who issued this policy, any tour operator, transport or accommodation supplier or provider, person or agency to pass on monies to operators or to deliver promised services.
12. a request by a Relative.
13. a request by Your employer unless You are a member of the police force and Your leave is revoked.
14. a lack in the number of persons required to commence any tour, conference, accommodation or travel arrangements or due to the negligence of a wholesaler or operator.
15. customs and immigration officials acting in the course of their duties or You travelling on incorrect travel documents.
16. an Act Of Terrorism (or arising directly or indirectly from it) or the threat, or perceived threat, of an Act Of Terrorism.
17. an Epidemic, Pandemic or outbreak of a contagious disease or any derivative or mutation of such viruses (or arising directly or indirectly from these) or the threat, or perceived threat, of any of these.

**Also refer to: General exclusions - pages 48-51.
Policy conditions - pages 30-33.**

SECTION 4: Luggage and travel documents

1. Loss, theft or damage

If during the Period Of Insurance Your luggage or personal effects are lost, stolen or damaged after deducting reasonable depreciation (where applicable and as determined by Us) We will replace, provide a replacement voucher, repair or pay You the monetary value of the luggage or personal effects. It is Our choice which of these We do.

This policy is an indemnity policy which means settlement of Your claim is based on the value of an item at the time of the loss and not on a 'new for old' or replacement cost basis. Reasonable depreciation takes into account the amount paid originally for the item, its age, wear and tear and advances in technology.

Our payment will not exceed the original purchase price of an item with a limit for any one item, set or pair of items including attached and unattached accessories of \$750.

For example a camera, camera accessories, lenses and tripod (attached or not) are considered one item. A necklace and pendant are considered one item.

2. Travel document replacement

We will pay You for the cost of replacing travel documents (including credit cards) lost or stolen on the Journey. We will also pay You for Your legal liability arising from their illegal use. You must however, comply with all the conditions of the issue of the document prior to and after the loss or theft.

The maximum benefit limit for this section is: \$4,000

We will not pay for:

1. loss or theft which is not reported within 24 hours to the:
 - a) police; and
 - b) responsible Transport Provider (where Your items are lost or stolen whilst travelling with a Transport Provider).

All cases of loss or theft must be confirmed in writing by the police (and Transport Provider where applicable) at the time of making the report and a written report obtained.
2. damage, loss or theft of Valuables placed in the care of a Transport Provider unless security regulations prevented You from keeping the Valuables with You.
3. Valuables left Unattended in any motor vehicle at any time (even if in the boot).
4. items left Unattended in any motor vehicle unless stored in the boot and forced entry is gained.
5. items left Unattended in any motor vehicle between 10pm and 6am (even if in the boot).
6. any amount exceeding \$2,000 in total for all items left Unattended in any motor vehicle.
7. items left Unattended in a Public Place.

8. drones (including attached and unattached accessories) whilst in use.
9. sporting equipment damaged, lost or stolen while in use.
10. furnishings, furniture or household appliances that are lost, stolen or damaged.
11. items sent under the provisions of any freight contract or any luggage forwarded in advance or which is unaccompanied.
12. surfboards or waterborne craft of any description. This exclusion does not apply if the item is lost, stolen or damaged while in the custody of a Transport Provider.
13. damage to fragile or brittle articles unless caused by a fire or motor vehicle collision. This exclusion does not apply to spectacles; lenses in cameras and video cameras; laptop and tablet computers; or binoculars.
14. damage caused by atmospheric or climatic conditions, wear and tear, vermin or any process of cleaning, repairing, restoring or alteration.
15. electrical or mechanical breakdown.
16. information stored on any electronic device or other media, including digital photos, downloaded files, electronic applications, programmed data, software or any other intangible asset.
17. bonds, coupons, gift cards, stamps, vouchers, warranties, pre-loaded or rechargeable cards including but not limited to phone, debit or stored value cards.
18. bullion, deeds, insurance premiums, manuscripts, negotiable instruments, precious metals or securities.
19. items described in Section 6 Money.

**Also refer to: General exclusions - pages 48-51.
Policy conditions - pages 30-33.**

SECTION 5: Delayed luggage allowance

If all Your luggage is delayed by a Transport Provider during the Journey for more than 24 hours We will pay You up to \$500 for essential emergency items of clothing and toiletries You purchase overseas. We will only pay for purchases made before Your luggage is returned to You.

The original receipts for the items and written confirmation of the length of delay from the Transport Provider must be produced in support of Your claim. If Your luggage is not ultimately returned to You any amount claimable under this section will be deducted from any entitlement under Section 4 of this policy.

This section does not apply on the leg of the Journey that returns You Home.

The maximum benefit limit for this section is: \$500

We will not pay for:

1. delay which is not reported to the responsible Transport Provider within 24 hours. All reports must be confirmed in writing by the Transport Provider at the time of making the report and a written report obtained.

**Also refer to: General exclusions - pages 48-51.
Policy conditions - pages 30-33.**

SECTION 6: Money

We will reimburse You for cash, bank or currency notes, postal or money orders accidentally lost or stolen from Your person, or from a locked safe, during the Period Of Insurance.

The maximum benefit limit for this section is: \$250

We will not pay for:

1. loss or theft which is not reported within 24 hours to the:
 - a) police; and
 - b) responsible Transport Provider (where Your items are lost or stolen whilst travelling with a Transport Provider).

All cases of loss or theft must be confirmed in writing by the police (and Transport Provider where applicable) at the time of making the report and a written report obtained.

2. cash, bank or currency notes, postal or money orders not on Your person, or in a locked safe.

**Also refer to: General exclusions - pages 48-51.
Policy conditions - pages 30-33.**

SECTION 7: Travel Delay

If Your pre-booked transport is temporarily delayed during the Journey for at least 6 hours due to an unforeseeable circumstance outside Your control, We will reimburse You up to \$400 for reasonable Additional hotel accommodation expenses. We will also reimburse up to these limits again for each full 24 hour period that the delay continues beyond the initial 6 hour delay.

You must claim from the Transport Provider first, and provide Us with written confirmation from the Transport Provider of the cause and period of the delay and the amount of compensation offered by them. You must also provide Us with receipts for the Additional accommodation (room rate only) expenses incurred.

The maximum benefit limit for this section is: \$1,000

We will not pay for:

1. claims caused by an Act Of Terrorism (or arising directly or indirectly from it) or the threat or perceived threat of an Act Of Terrorism.
2. claims caused by or arising from an Epidemic, Pandemic or outbreak of an infectious disease or any derivative or mutation of such viruses, or the threat or perceived threat of any of these.

**Also refer to: General exclusions - pages 48-51.
Policy conditions - pages 30-33.**

SECTION 8: Hijacking

If whilst on the Journey You are detained on a means of public transport due to it being hijacked by persons using violence or threat of violence We will pay You \$1,000 for each 24 hour period You are forcibly detained by the hijackers.

The maximum benefit limit for this section is: \$2,000

**Also refer to: General exclusions - pages 48-51.
Policy conditions - pages 30-33.**

SECTION 9: Loss of income

If during the Period Of Insurance You suffer an injury caused solely and directly by violent, accidental, visible and external means (not caused by a sickness or disease) resulting in You losing income because You are unable to return to Your usual place of employment in New Zealand, We will pay You up to \$500 per month for Your monthly net of income tax wage, but not in respect of the first 30 days after You originally planned to resume Your work in New Zealand. The benefit is only payable if Your disability occurs within 30 days of the accident. The maximum limit in respect of Accompanied Children is \$1,000 for each child. Cover for loss of income is limited to nine months.

The maximum benefit limit for this section is: \$4,500*

**The maximum liability collectively for Sections 9, 10 and 11 shall not exceed \$5,000*

**Also refer to: General exclusions - pages 48-51.
Policy conditions - pages 30-33.**

SECTION 10: Disability

If during the Period Of Insurance You suffer an injury caused solely and directly by violent, accidental, visible and external means (not caused by a sickness or disease) resulting in Your Permanent total loss of sight in one or both eyes or the Permanent total loss of use of one or more Limbs within one year of the date of the accident, We will pay You the amount shown in the Plan purchased.

The maximum benefit limit for this section is: \$5,000*

**The maximum liability collectively for Sections 9, 10 and 11 shall not exceed \$5,000*

**Also refer to: General exclusions - pages 48-51.
Policy conditions - pages 30-33.**

SECTION 11: Accidental death

If during the Period Of Insurance You suffer an injury caused solely and directly by violent, accidental, visible and external means (not caused by a sickness or disease) resulting in Your death, We will pay Your estate the amount shown in the Plan purchased provided Your death occurs within one year of the accident.

Our limit in respect of Accompanied Children is \$1,000 for each child.

The maximum benefit limit for this section is: \$5,000*

**The maximum liability collectively for Sections 9, 10 and 11 shall not exceed \$5,000*

**Also refer to: General exclusions - pages 48-51.
Policy conditions - pages 30-33.**

SECTION 12: Personal liability

We will provide cover if, as a result of Your negligent act occurring during the Period Of Insurance, You become unintentionally legally liable to pay compensation in respect to damage caused to someone else's property or the injury or death of someone else.

The maximum benefit limit for this section is: \$2,500,000

We will not pay for:

1. liability You become liable to pay to somebody who is a member of Your family or travelling party or employed by You or deemed to be employed by You.
2. liability arising from loss or damage to property which is in Your legal custody or control.
3. liability arising from the conduct by You of any profession, trade or business.
4. liability arising out of the use or ownership by You of any aircraft, drone, firearm, waterborne craft or mechanically propelled vehicle.
5. liability arising out of occupation or ownership of any land, buildings or immobile property.
6. liability arising out of any wilful or malicious act.
7. liability arising out of the transmission of an illness, sickness or disease.
8. liability involving punitive, exemplary or aggravated damages or any fine or penalty.
9. liability arising out of Your liability under a contract or agreement unless You would be liable if that contract or agreement did not exist.

**Also refer to: General exclusions - pages 48-51.
Policy conditions - pages 30-33.**

Additional Cruise Benefits

The following benefits only apply if Cruise Cover is selected and the additional premium for participation in multi-night cruising has been paid.

(i) Onboard Medical and Dental Cover

If during the Period Of Insurance You suffer a Disabling Injury, Sickness or Disease We will pay the usual and customary cost of medical treatment and emergency dental treatment which is provided whilst onboard a cruise ship outside New Zealand by or on the advice of a qualified medical practitioner or dentist.

Upon Your return Home We will also pay up to \$1,500 for continued medical, surgical and hospital treatment If no treatment was sought overseas, We will also pay up to \$1,500, but You must seek treatment within 72 hours of Your arrival in New Zealand. Cover applies for a maximum of 12 months from the date of suffering the Disabling Injury, Sickness or Disease.

The maximum benefit limit for this section is: \$Unlimited

(ii) Ship to Shore Medical Cover

If during the Period Of Insurance You suffer a Disabling Injury, Sickness or Disease We will pay the usual and customary cost of emergency transportation which is provided outside New Zealand by or on the advice of a qualified medical practitioner to evacuate You to the nearest onshore medical facility.

The maximum benefit limit for this section is: \$Unlimited

(iii) Sea Sickness Cover

If during the Period Of Insurance whilst onboard a cruise ship You suffer sea sickness We will pay the usual and customary cost of medical treatment which is provided outside New Zealand by or on the advice of a qualified medical practitioner.

Cover applies for a maximum of 12 months from the date of suffering the Disabling Injury, Sickness or Disease.

The maximum benefit limit for this section is: \$Unlimited

(iv) Cabin Confinement

If during the Period Of Insurance You suffer a Disabling Injury, Sickness or Disease and the treating medical practitioner onboard the cruise ship orders You to be confined to Your cabin We will pay You up to \$100 per day provided that the period of confinement is at least 24 hours.

The maximum benefit limit for this section is: \$1,500

For Cruise Benefits (i) – (iv), We will not pay for:

1. more than \$1,500 for medical or dental treatment which is provided in New Zealand.
If You are cruising and have paid the additional premium for Cruise Cover, this exclusion does not apply to medical treatment provided whilst on a ship (including cruise ship, passenger ship or passenger ferry) even if that ship is within New Zealand territorial waters. However, this additional benefit does not apply to any medical treatment provided on New Zealand inland waterways or whilst the ship is tied up in a New Zealand port.
2. dental treatment caused by or related to the deterioration and/or decay of teeth or associated tissue; involving the use of precious metals; or involving cosmetic dentistry.
3. the continuation or follow-up of treatment (including medication and ongoing immunisations) started prior to Your Journey.
4. routine medical or dental treatment or prenatal visits.
5. medical treatment, dental treatment or ambulance transportation which is provided in Your country of residence.
6. private medical or hospital treatment where public funded services or care is available, including medical or hospital treatment under any Reciprocal Health Agreement between New Zealand and the Government of any other country unless We agree to the private treatment.

**Also refer to: General exclusions - pages 48-51.
Policy conditions - pages 30-33.**

(v) Missed Port

If during the Period Of Insurance You are on a Journey from or to New Zealand and due to an unforeseeable circumstance outside Your control You miss:

- a) Your prebooked port; or
- b) Your prebooked connection, where You have allowed the minimum connection time between transport as stipulated by Your Transport Provider

We will pay the reasonable costs to use alternative public transport services to catch up on Your planned itinerary. If You claim under this section, You are not entitled to make a claim under any other section of this policy for the same incident.

The maximum benefit limit for this section is: \$1,000

We will not pay for claims caused by:

1. Transport Provider caused cancellations, delays or rescheduling other than when caused by mechanical failure or strike.
2. an Act Of Terrorism (or arising directly or indirectly from it) or the threat, or perceived threat, of an Act Of Terrorism.

3. an Epidemic, Pandemic or outbreak of an infectious disease or any derivative or mutation of such viruses (or arising directly or indirectly from these) or the threat, or perceived threat, of any of these.

**Also refer to: General exclusions - pages 48-51.
Policy conditions - pages 30-33.**

(vi) Missed Shore Excursions

If due to an unforeseeable circumstance outside Your control You are unable to attend a shore excursion for which You hold a prepaid ticket or pass, We will pay for the non-refundable cost of the unused ticket. The original ticket must be submitted with Your claim.

The maximum benefit limit for this section is: \$1,000

We will not pay for:

1. an Act Of Terrorism (or arising directly or indirectly from it) or the threat, or perceived threat, of an Act Of Terrorism.
2. an Epidemic, Pandemic or outbreak of an infectious disease or any derivative or mutation of such viruses (or arising directly or indirectly from these).

**Also refer to: General exclusions - pages 48-51.
Policy conditions - pages 30-33.**

(vii) Self-Skippered Boat insurance excess

We will pay You for any Self-Skippered Boat insurance excess You become liable to pay as a result of damage to, or theft of, a Self-Skippered Boat, whilst in Your control during the Journey.

The maximum benefit limit for this section is: \$3,500

We will not pay for:

1. any damage or theft arising from the operation of a Self-Skippered Boat in violation of the terms of the rental agreement.

**Also refer to: General exclusions - pages 48-51.
Policy conditions - pages 30-33.**

General exclusions

Unless otherwise indicated, these exclusions apply to all sections of the policy.

We will not pay for:

1. claims for costs or expenses incurred outside the Period Of Insurance.
2. claims involving consequential loss of any kind including, but not limited to, loss of enjoyment or any financial loss not specifically covered in the policy.
3. claims directly or indirectly arising from loss or theft or damage to property, or death, illness or bodily injury if You fail to take reasonable care or put Yourself in a situation where a reasonable person could foresee that loss, theft or damage to property, or a death, illness or bodily injury might happen.
4. claims involving air travel other than as a passenger on a fully licensed passenger carrying aircraft operated by an airline or an air charter company.
5. claims arising as a result of war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection or military or usurped power.
6. claims arising directly or indirectly from any nuclear reaction or contamination, ionising rays or radioactivity.
7. loss or damage caused by detention, confiscation or destruction by customs or other officials or authorities.
8. claims arising from any unlawful act committed by You or if You have not been honest and frank with all answers, the accuracy of information, statements and submissions made in connection with Your insurance application or claim.
9. claims arising from any government intervention, prohibition, regulation or restriction or court order.
10. claims directly or indirectly arising from circumstances You knew of, or a reasonable person in Your circumstances would know or foresee, at the Relevant Time, that could lead to the Journey being delayed, abandoned or cancelled.
11. claims directly or indirectly arising from travel booked or undertaken by You:
 - a) even though You knew, or a reasonable person in Your circumstances would know, You were unfit to travel, whether or not You had sought medical advice;
 - b) against the advice of a medical practitioner;
 - c) to seek or obtain medical or dental advice, treatment or review; or
 - d) to participate in a clinical trial.
12. claims in respect of travel booked or undertaken after Your Terminal Illness was diagnosed.
13. claims directly or indirectly arising from, or exacerbated by, any Existing Medical Condition You or Your travelling companion has.
14. claims directly or indirectly arising from or exacerbated by Your Existing Medical Condition of Cardiovascular Disease, chronic lung condition or other heart/cardiovascular/respiratory system problem and any subsequent condition including an acute respiratory condition, Heart Attack, new infection or Stroke.
15. claims directly or indirectly arising from or exacerbated by Your Existing Medical Condition of reduced immunity.
16. claims directly or indirectly arising from pregnancy of You or any other person if You are aware of the pregnancy at the Relevant Time and:
 - a) where complications of this pregnancy or any previous pregnancy had occurred prior to this time;
 - b) it was a multiple pregnancy e.g. twins or triplets; or
 - c) where the conception was medically assisted e.g. using assisted fertility treatment including hormone therapies or IVF.
17. claims directly or indirectly arising from:
 - a) pregnancy of You or any other person after the start of the 24th week of pregnancy; or
 - b) pregnancy of You or any other person where the problem arising is not an unexpected serious medical complication.
18. claims directly or indirectly arising from childbirth or the health of a newborn child whatever the proximate cause of the claim is. This exclusion applies irrespective of the stage of pregnancy at which the child is born.
19. claims directly or indirectly arising from You having elective medical or dental treatment or surgery, a cosmetic procedure or body modification (including tattoos and piercings) during the Journey.
20. claims involving or directly or indirectly arising from Your suicide, attempted suicide, self-inflicted injury or condition, stress, travel exhaustion, any conduct engaged in whilst under the influence or effect of alcohol or drugs, the effect of or chronic use of alcohol or drugs or the transmission of any sexually transmittable disease or virus.

21. claims directly or indirectly arising from or exacerbated by the health of a Relative or Your business partner who are not travelling, unless at the Relevant Time that person:
 - a) had not been hospitalised in the previous 2 years for a condition that was directly or indirectly arising from or related to the condition that caused the claim;
 - b) did not reside in a nursing home or require similar home care assistance;
 - c) was not on a waiting list for, or did not know they needed surgery, inpatient treatment or tests at a hospital or clinic;
 - d) did not have a drug or alcohol addiction; and
 - e) did not have a Terminal Illness.
22. claims directly or indirectly arising from, or exacerbated by the health of any other person not listed in general exclusion 21.
23. any GST liability or any fine, charge or penalty You are liable for because of a failure to fully disclose to Us Your input tax credit entitlement for the Amount Payable.
24. losses for which insurance is prohibited by law.
25. claims arising from the failure of any travel agent, tour operator, accommodation provider, airline or other carrier, car rental agency or any other travel or tourism services provider to provide services or accommodation due to their Insolvency or the Insolvency of any person, company or organisation they deal with.
26. claims involving You travelling (during the Journey) in International Waters in a private sailing vessel or a privately registered vessel.
27. claims involving participation by You or Your travelling companion in hunting; racing (other than on foot); polo playing; hang gliding; rodeo riding; BASE jumping; motocross; freestyle BMX riding; running with the bulls; sports activities in a Professional capacity; mountaineering using guides, ropes, rock climbing equipment or oxygen; trekking greater than 4,000 metres above sea level; scuba diving to a depth of 30 metres below the surface unless You hold an Open Water Diving Certificate or are diving with a qualified diving instructor; scuba diving if the maximum depth is greater than 30 metres below the surface; parachuting; or skydiving.
28. claims involving participation by You (during the Journey) in motorcycling or moped riding where:
 - a) whilst in control of a motorcycle or moped You did not hold a valid New Zealand motorcycle licence or New Zealand motor vehicle licence, and a licence valid in the relevant country;
 - b) whilst You are a pillion passenger the driver does not hold a licence valid in the relevant country;
 - c) the motorcycle/moped has an engine capacity of more than 200cc; or
 - d) whilst in control of a motorcycle or moped or as a passenger You are not wearing a helmet.
29. claims involving participation by You (during the Journey) in snow skiing, snowboarding or snowmobiling.
(See Snow skiing, snowboarding and snowmobiling on page 9 for details of cover available to purchase and the terms that apply.)
30. claims directly or indirectly arising for or related to Your multi-night cruise, any multi-night cruise travel or that arise whilst on a multi-night cruise.
(See Cruise Cover Add-on on page 7 for details of cover available to purchase and the terms that apply.)

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