

Domestic Comprehensive Travel Insurance Policy Wording

Effective 18 October 2023

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Part 1: More than just a travel insurance policy

Air New Zealand wants You, Your family and loved ones to travel in safety, wherever You go. We've partnered with Cover-More Travel Insurance so You can relax and take comfort in knowing that should something go wrong, We have an experienced team available to help You, no matter what time of the day.

For full details of the terms and conditions of the cover offered make sure You read all sections of this document which will help You understand the policy and provide You with information to make an informed decision about whether this insurance is suitable for You.

About this cover

This Air New Zealand Domestic Comprehensive Travel Insurance Policy is for residents of New Zealand with an extensive range of benefits with single trip or annual multi-trip options for travel solely within New Zealand.

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.

The policy wording document details:

- the benefits – read these together with the options 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 document and the Certificate of Insurance we'll give You in a safe and accessible place for future reference.

How to buy

- Online at insurance.airnewzealand.co.nz
- Phone our Contact Centre on 0800 737 000 or +64 (9) 308 2122

Part 2: The cover

Benefits table

Following is a summary of the benefits provided. Please read this document carefully to understand what this policy covers. Importantly, please note that conditions, exclusions, limits and sub-limits apply.

An excess of \$25 applies to any claim arising from a separate event in respect of Sections 1, 2, 3, 4, 5, 8 and for Section 15 where relevant.

Policy benefits		Excess applies?	Domestic Comprehensive Travel Insurance Annual Multi-Trip Plan or Single Trip Plan
			Limit per adult unless stated otherwise
1*	Medical and dental expenses (including ambulance transportation)	Yes	\$1,500~*
2*	Additional expenses	Yes	\$15,000~*
3*	Amendment or cancellation costs	Yes	\$15,000
4*	Baggage, personal effects and travel documents	Yes	\$6,000•
	Travel documents and credit cards		\$2,000
	Camera or video camera - limit per item•		\$1,500
	Mobile phones or smart phones - limit per item•		\$1,500
	Laptop or tablet computer - limit per item•		\$1,500
	Artificial limb, removable dental appliance, dentures or medical device e.g. hearing aids, CPAP machine - limit per item•		\$1,000
	Any other item - limit per item•		\$1,000
5	Delayed baggage allowance	Yes	\$500
	Transport allowance for baggage retrieval		\$100
6	Rental Vehicle insurance excess	No	\$10,000
7*	Travel delay	No	\$1,000
8	Missed connections	Yes	\$1,000
9*	Loss of income	No	\$2,250 (Up to \$250 per month)*
10*	Disability	No	\$10,000#
11*	Accidental death	No	\$10,000#
12	Legal expenses	No	\$5,000
13	Personal liability	No	\$250,000
14	Optional snow skiing, snowboarding and snowmobiling cover ^ – Ski lift passes – Ski run closure – Replacement snow equipment hire	No	\$200
			\$500
			\$500
			\$500
15	COVID-19 benefits	Yes - as applicable	See pages 21-22 for details

~Cover will not exceed 12 months from onset of the illness, condition or injury.

*Sub-limits apply. Refer to the policy wording.

^Optional. Applies if additional premium is paid.

•Item limit applies for any one item, set or pair of items including attached and unattached accessories.

#Liability collectively for Sections 9, 10 and 11 is \$10,000.

Featured benefits

24 hour emergency assistance: 24/7 access to a team of experts with a global network of doctors, nurses and logistical staff.

Medical cover: Cover for hospital, medical, surgical, nursing, ambulance expenses and emergency dental expenses. Our medical cover also assists You to find treatment and if necessary medical evacuation.

Cancellation cover: If You need to cancel the Journey as a result of an unforeseeable event outside Your control. You can cancel or amend, whichever is the lesser of the two.

Additional expenses: Cover for emergency accommodation and transport expenses as a result of certain events including injury, sickness, disease, natural disasters, strikes and lost travel documents.

Rental Vehicle insurance excess: If You hire a car or moped/ motorcycle with an engine capacity of 250cc or less and happen to have an accident, cover is included for the Rental Vehicle insurance excess only.

Please read this policy wording carefully to understand what this policy covers. Importantly, please note that conditions, exclusions, limits and sub-limits apply.

The plans We have available

Domestic travel – Single trip plan or annual multi-trip plan

Available to residents of New Zealand, You can choose a plan to cover:

- **one single trip** for Journeys within New Zealand up to 12 months; or
- **an annual multi-trip** plan for frequent travellers who are aged 69 years or less at the issue date shown on the Certificate of Insurance. The annual multi-trip plan is a great option to consider if You are planning on getting away more than once over the next 12 months. It provides annual cover for an unlimited number of trips and there is a maximum duration limit to any one trip of 30 days provided Your travel is to destinations over 100 km from Your Home or, if less than that, Your trip must include at least one night paid accommodation booked with an accommodation supplier or provider (including a hotel, Bed & Breakfast (B&B), serviced apartment or peer to peer service such as Airbnb).

Areas of travel

This policy is available for travel within New Zealand.

Policy inclusions and choices

No Additional charge for Accompanied Children

Your own children, grandchildren and one other non-related child who are under 21 years of age, financially dependent on You and not in full-time employment, are automatically covered when travelling with You. If the Accompanied Children are not travelling with an insured adult under Our policy, an individual premium will have to be paid.

Your excess

The excess on the Domestic Comprehensive policy is \$25.

The excess is the first amount of a claim which We will not pay for. The excess, which is indicated on Your Certificate of Insurance, applies to any claim arising from a separate event under any section of the policy.

When You make a claim arising from the one event, an excess (if applicable) will only be applied once.

Extending Your Journey

Annual Multi-Trip Plan: The maximum duration per Journey is 30 days and cannot be extended. If Your Journey is longer than 30 days please refer to insurance.airnewzealand.co.nz or ask Air New Zealand for a quote for an alternative policy.

Single Trip Plan: If You are travelling and wish to be insured for longer than the original period shown on Your original Certificate of Insurance, You need to purchase a new policy by calling or emailing the Air New Zealand contact centre or Cover-More prior to the expiry date.

Please note:

- Should a medical condition present itself before the new policy is issued, it may be considered an Existing Medical Condition under a new policy. Therefore it may not be covered by the new policy. Purchasing a longer duration up front may avoid this risk.
- Restrictions on the duration of the new policy may apply.
- If You can't return Home on Your original date due to an unforeseeable circumstance outside Your control, the policy will automatically extend. See policy condition 9. Free extension of insurance on page 14 for details.

Cover cannot be extended:

- for any new medical conditions you suffered during the Period of Insurance of Your original policy; or
- where You have not advised Us of any circumstances that have given (or may give) rise to a claim under Your original policy.

Cooling-off period

You can cancel or change Your policy at any time before You leave Home. If You cancel this policy for any reason within the cooling-off period which is within 21 calendar days of the date of purchase, We will give You Your money back.

Our cooling-off period 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 Cover-More within the cooling-off period.

Options to vary cover

Existing Medical Conditions and pregnancy

See Travel and health pages 5-8.

Baggage and personal effects

It is Your responsibility to provide Us with evidence to support Your claim for an item. This is 'proof of ownership'.

- We will accept the original or a copy of a purchase receipt, invoice and/or bank statement showing the purchase, the date of the purchase and the amount paid.
- We may consider valuation certificates (issued within 12 months or less prior to the Relevant Time) and ATM receipts with accompanying bank statement of purchases.
- We will not accept photographs, packaging or instruction manuals as proof of ownership.

Safety of Your belongings

- Don't check in Your Valuables – keep them with You as they're not covered by Us when checked in with the Transport Provider (unless security regulations meant You were forced to check them in).
- Items left Unattended in any motor vehicle (for example, a car, campervan or motorhome) or towed land vehicle between 6am and 10pm are not covered, unless they are stored in the Concealed Storage Compartment of the locked motor vehicle or towed land vehicle and forced entry was gained. A limit of \$500 per item and a maximum of \$2,000 in total applies.
- Don't leave items Unattended in any motor vehicle or towed land vehicle between 10pm and 6am, as they're not covered.
- Don't walk away from or leave Your belongings Unattended in a Public Place. They're not covered by Us if left Unattended in a Public Place.
- Report any loss or theft to the police within 7 days of when You first become aware of the incident. A police report is required so We can validate that the incident occurred. Also, Your belongings may have been handed in and may be recovered or the police may have a chance to follow up an alleged crime.
- Additionally, We require the relevant report from the related party. For example, an airline Property Irregularity Report (PIR) is also required if Your items were lost or stolen when travelling with an airline.
- If You are unable to provide Us with a copy of the relevant report, You must provide Us with a reasonable explanation and details of the time and place You made the report, including their contact details.

Baggage item limits automatically included in Your cover

We provide cover for any one item, set or pair of items (including attached and unattached accessories), up to the following limits, after taking into account depreciation. See page 11 for an example of how a claim is calculated.

Baggage item limits	Domestic Comprehensive Travel Insurance
Camera or video camera	\$1,500*
Mobile phone or smart phone	\$1,500*
Laptop or tablet computer	\$1,500*
Artificial limb, removable dental appliance, dentures or medical device e.g. hearing aids, CPAP machine - limit per item	\$1,000*
Any other items	\$1,000*

*Item limit applies for any one item, set or pair of items including attached and unattached accessories.

Activities included in Your cover

We have a comprehensive list of automatically included activities while You are on Your Journey

Activities included in Your cover

- Abseiling
- Archery
- Ballooning
- Bungy Jumping
- Flying Fox
- Horse Riding
- Jet Boating
- Jet Skiing
- Kayaking
- Paragliding
- Parasailing
- 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 22-25 on page 23 and SECTION 13: Personal liability exclusions 3 and 4 on page 20.

Motorcycle/moped riding cover

You may wish to hire a motorcycle (including a moped) as the driver or a pillion passenger during Your Journey.

You will only be covered if:

- the engine capacity is 250cc or less;
- while in control of a motorcycle or moped You hold a valid New Zealand motorcycle rider's licence or New Zealand motor vehicle driver's licence;
- while You are a pillion passenger the driver holds a valid licence for riding that vehicle;
- 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 13: Personal liability on page 20. This means You are responsible to pay costs associated with damage to the motorcycle, moped, property or injury to another person.

Snow skiing, snowboarding and snowmobiling cover

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

To obtain cover for snow skiing, snowboarding or snowmobiling while You are travelling, You must pay an additional premium.

Cover starts from the time the additional premium is paid.

Even if You pay the additional premium for snow skiing, snowboarding and snowmobiling, You will only be covered if:

- You are snow skiing, snowboarding or snowmobiling On-Piste, or cross-country skiing;
- You are not participating in a Professional capacity; and
- You are not racing.

The benefits under Section 14 will also apply if You pay the extra premium to add on cover for snow skiing, snowboarding or snowmobiling.

Part 3: Travel and health

Do You have an Existing Medical Condition?

Claims which in any way relate to, or are 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 disclose 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 which in any way relate to, or are 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 such cover is applied for and approved, an extra 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 12 months.
- 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; or
 - iv. consultation with a specialist.
- c) Has:
 - i. been medically documented involving the brain, circulatory system, heart, kidneys, liver, respiratory system or cancer; or
 - ii. required surgery involving the abdomen, back, brain, joints or spine that required at least an overnight stay in hospital.
- 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.

Existing Medical Conditions which cannot be covered

This policy does not provide cover for claims arising from, or exacerbated by:

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

If You are unsure whether You have an Existing Medical Condition, please call Cover-More on 0800 500 248 for assistance.

Medical conditions that are undiagnosed or awaiting specialist opinion

We are unable to offer cover for medical conditions You were aware of, or a person in Your circumstances reasonably should have been aware of, or arising from signs or symptoms* that You were aware of or a person in Your circumstances reasonably should have been aware of, at or before the Relevant Time, and for which at that time:

- You had not yet sought a medical opinion regarding the cause; • You were currently under investigation to define a diagnosis; or
- You were awaiting specialist opinion. You will still be eligible for the other benefits provided by the policy but You may not apply for cover for any Existing Medical Conditions. There will be no cover for claims which in any way relate to, or are exacerbated by, any Existing Medical Condition or any condition where the points listed in this section apply.

If You receive a diagnosis before You depart on Your Journey, You may be able to complete a health assessment and, if approved, add Existing Medical Condition cover to Your policy by paying Us the required premium.

*Examples of signs or symptoms include, but are not limited to, chest pain, shortness of breath, pain or discomfort in any part of Your body, a persistent cough or unexplained bleeding.

Existing Medical Conditions We automatically include

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

- **all Your Existing Medical Conditions are on this list;**
- 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; and
- Your condition satisfies the criteria in the table following.

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

Condition	Criteria
Acne	No additional criteria.
ADHD (Attention Deficit Hyperactivity Disorder)	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).
Anxiety	You have not been diagnosed with Depression in the last 3 years. In the last 12 months, Your prescribed medication hasn't changed. You are not currently waiting to see a mental health clinician (e.g. psychologist or psychiatrist). You have not previously been required to cancel or curtail Your travel plans due to Your Anxiety.
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 prescribed oxygen outside of a hospital. You don't have a chronic lung condition or disease (whether chronic or otherwise) including 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	No additional criteria.
Congenital Blindness	No additional criteria.
Congenital Deafness	No additional criteria.
Depression	You have not been hospitalised for this condition in the last 2 years. In the last 12 months, Your prescribed medication hasn't changed. You are not currently waiting to see a mental health clinician (e.g. psychologist or psychiatrist). You have not previously been required to cancel or curtail Your travel plans due to Your Depression.
Diabetes Glucose Intolerance	You were diagnosed 6 months ago. You haven't had any complications of this condition in the last 6 months. You have a HbA1C score of mmol/ mol 75 or less. You aren't currently undergoing any treatment for kidney, eye or nerve complications.

Condition	Criteria
Ear Grommets	You don't have an ear infection.
Epilepsy	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 12 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.
Migraine	No additional criteria.
Peptic Ulcer Gastric 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.

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 which in any way relate to or are 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 which in any way relate to or are 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 which in any way relate to, or are 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.

What happens if I have an existing medical condition but do not take steps to cover it under my travel insurance policy?

We will not pay any claims which in any way relate to, or are exacerbated by, Your Existing Medical Condition if:

- You do not apply for this cover for that Existing Medical Condition at the Relevant Time or, at the latest, before You depart on Your Journey;
- You apply for this cover for that Existing Medical Condition and We do not agree to provide cover; or
- We agree to provide cover for that Existing Medical Condition and You do not pay the required extra premium.

How to complete a health assessment

You can complete an online health assessment as part of Your travel insurance quote on insurance.airnewzealand.co.nz by contacting Air New Zealand on 0800 737 000 or by calling Cover-More on 0800 500 248 for additional assistance. If cover is accepted by Us, an additional premium may apply.

- 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. Telling Us about all Your Existing Medical Conditions is important. If You leave off any Existing Medical Condition it may jeopardise the outcome of Your claim if You need to make one.

- We will provide Your assessment outcome and a number.
- If We can approve Your health assessment, You must pay an extra premium to add cover for Your Existing Medical Conditions to the policy.
- 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.

Pregnancy

Our policy provides limited cover for pregnancy.

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 Cover-More on 0800 500 248 for assistance.

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 can be expensive.

Health of other people impacting Your travel (non-traveller)

This policy has cover if You need to change Your trip due to the health of a Relative or Your business partner who is not travelling. In some circumstances the maximum We will pay is \$1,000.

What is covered?

We will pay for claims arising from the sudden Disabling Injury, Sickness or Disease or death of a Relative or Your business partner who is not travelling if, at the Relevant Time, that person:

- a) in the last 12 months, had not been hospitalised (including day surgery or emergency department attendance) for a condition that was in any way related to, or exacerbated by, the condition that gave rise to the claim;
- b) was not residing in a facility such as a nursing home, an aged care facility, a residential aged care home, a high and/or low care facility, a privately owned accommodation facility or, a residential care facility;
- c) was residing independently at home or in a retirement home or village, including independent living arrangements, and they did not require home care or flexible care services;
- d) was not on a waiting list for, or did not know they needed surgery, inpatient treatment or tests at a hospital or clinic;
- e) did not have a drug or alcohol addiction; and
- f) did not have a Terminal Illness.

What are the restrictions and limits?

If any point a)-f) cannot be met e.g. if Your non-travelling Relative was in a nursing home or did have a Terminal Illness, the maximum We will pay is \$1,000 under all sections of the policy combined.

- For Your reference, “Relative” means a person who is Your spouse, de facto; parent, parent-in-law, stepparent, guardian; grandparent; child, foster child, grandchild; brother, brother-in-law, half-brother, stepbrother, sister, sister-in-law, half-sister, stepsister; daughter, daughter-in-law, stepdaughter, son, son-in-law, stepson; fiancé, fiancée; uncle, aunt; or niece, nephew.

What isn't covered?

- Claims related to non-travellers who aren't a Relative or Your business partner.
- Claims where You are aware of a circumstance which is likely to give rise to a claim.
- Claims which in any way relate to circumstances You knew of, or a person in Your circumstances would have reasonably known or foreseen, at the Relevant Time, that could lead to the Journey being delayed, abandoned or cancelled.

Examples

- Jim's father was hospitalised after a serious accident. After hearing the bad news, Jim cancelled his upcoming trip and received a 50% refund.

He then bought a travel insurance policy so he could claim the rest of the money back. When Jim bought the policy, he knew that his father had already suffered a serious accident so his claim would not be covered.

- Khalida's mother had been unwell for several months and Khalida was aware that her mother was booked to have medical tests. Khalida organised a holiday and travel insurance. Unfortunately, the test results showed her mother had a serious sickness so Khalida cancelled her holiday to spend time with her mother. Because her mother was having tests after being unwell when Khalida bought her policy, her claim would not be covered as she knew at that time, or a person in her circumstances would have reasonably known or foreseen, that she may need to cancel her trip due to her mother's health.

Part 4: Assistance and claims

24 hour emergency assistance

We hope You have a great trip but should something go wrong, We're here to help.

When travelling, You have access to Our emergency assistance team of doctors, nurses, case managers and travel agents 24 hours a day, 365 days a year.

Certain services are subject to Your claim being approved.

You, or someone on Your behalf, should phone Our emergency assistance team as soon as possible if You require hospitalisation, if Your medical expenses will exceed \$2,000 or if You want to return early.

When You call, please have the following information at hand:

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

Please call DIRECT and TOLL FREE

If within NZ 0800 167 011

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

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

Call direct: +61 2 8907 5597

Claims

How to make a claim

Submit the claim online

Visit claims.covermore.co.nz

Follow the prompts to complete Your claim and the checklist to gather the supporting documents You need to submit with it.

Upload Your scanned supporting documents when submitting the claim online, or if You are unable to upload documents, still submit the claim online, but post or email the documents to Us. We will give You a claim number to note on the original supporting documents. Please note: We need original supporting documents, so if You are uploading Your documents, please hold on to them as We may request them. If You are posting them, keep a copy.

Download and print a claim form

You may also download, print and complete a claim form from insurance.airnewzealand.co.nz.

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

We need original documents, so please keep a copy of any documents before sending them in.

Send the completed claim form and/or any additional documents to support Your claim to:

Air New Zealand Travel Claims
C/o Cover-More Travel Insurance
PO Box 105-203
Auckland City, Auckland 1143
New Zealand

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 Cover More on 0800 500 248 (or +64 9 308 2122) or email airnz-claims@covermore.co.nz

When will I hear back about the claim?

We try to process claims as quickly as possible.

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

Part 5: Important information

Who is the insurer?

Zurich Australian Insurance Limited

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, 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 AA- from Standard & Poor's (Australia) Pty Ltd. This rating shows that the company has very strong financial security characteristics. This is reviewed annually and may change from time to time, so please refer to <https://www.zurich.co.nz/about-Us/financial-strength.html> 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), SD (Selective Default), D (Default), 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 and the providing entity?

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 the appointment of distributors or authorised representatives. Alternatively, another financial services licensee or its authorised representatives may arrange for the issue of this insurance.

The person who provides You with this policy wording is the providing entity.

Who is Air New Zealand?

Air New Zealand Ltd, its employees and contact centre staff may arrange the issue of the insurance to You as an authorised representative of Cover-More, on behalf of the insurer.

Your duty of disclosure

Before You enter into this contract of insurance, You have a duty of disclosure. The duty applies until (as applicable) We first enter into the policy with You, or We agree to a variation, extension or reinstatement with You.

Answering Our questions

When answering Our questions, You must be honest and answer any questions correctly. In all cases, if We ask You questions that are relevant to Our decision to insure You and on what terms, You must tell Us anything that You know and that a reasonable person in the circumstances would include in answering the questions.

It is important that You understand You are answering Our questions in this way for Yourself and anyone else that You want to be covered by the contract.

Examples of information You may need to disclose include:

- anything that increases the risk of an insurance claim;
- any criminal conviction subject to the Criminal Records (Clean Slate) Act 2004;
- if another insurer has cancelled or refused to insure or renew insurance, has imposed special terms, or refused any claim; or
- any insurance claim or loss made or suffered in the past.

Variations, extensions and reinstatements

For variations, extensions and reinstatements You have a broader duty to tell Us anything that You know, or could reasonably be expected to know, may affect Our decision to insure You and on what terms.

If You do not tell Us something

If You do not tell Us anything You are required to tell Us, We may cancel Your contract or reduce the amount We will pay You if You make a claim, or both. If Your failure to tell Us is fraudulent, We may refuse to pay a claim and treat the contract as if it never existed.

When and how benefits are provided

The benefits for which You are insured under this policy are payable:

- when an insured event occurs during the Period of Insurance causing You to suffer loss or damage or incur legal liability; and
- Your claim is accepted by Us.

After calculating the Amount Payable We will either:

- pay for specified Additional expenses;
- pay the person or provider to whom You are legally liable;
- pay the cash value, repair cost or arrange replacement of Your personal items (after deducting depreciation where applicable); or
- pay You.

The amount You pay for this insurance

You can obtain a quote from the providing entity. The amount We charge You for this insurance policy is the total amount of the premium that We calculate to cover the risk and any relevant government charges, such as Goods and Services Tax (GST). These amounts add up to the total amount You must pay.

Once the policy is issued Your total premium and any relevant government charges are shown on the Certificate of Insurance. If You wish to change Your policy in any way please contact Us.

How various factors affect the Amount Payable

We consider a number of factors in calculating the total Amount Payable. The following is a guide on these key factors, how they combine and how they may impact the assessment of risk and therefore Your premium.

- **Departure date and trip duration** – the longer the period until You depart and the longer Your trip duration, the higher the cost may be.
- **Adding cover for Existing Medical Conditions and pregnancy** (where available) – additional premium may apply if a medical assessment is completed and cover is accepted by Us.
- **Options to vary cover** (where available) – additional premium applies.

How a claim settlement is calculated

When We pay a claim We consider a number of aspects in calculating the settlement. These include:

- the amount of loss or damage or liability;
- the excess;
- the maximum benefit limits and sub-limits;
- depreciation; and
- the terms and conditions of the policy.

The following is an example to show how We will calculate claim settlement.

- Your new video camera with an original purchase price of \$4,000 is stolen from a hotel room.
- You are travelling on a Domestic Comprehensive policy.
- The excess shown on Your Certificate of Insurance is \$25.

The claim settlement would be calculated as follows:

- Consider the original purchase price of the video camera – \$4,000 (no depreciation applies because the video camera was new).
- Consider the overall maximum benefit limit for Baggage and Travel Documents – \$6,000.
- Consider the maximum item limit payable for cameras and video equipment – As We will not pay more than the relevant item limit for any one item, the maximum We will pay for the video camera in this example is \$1,500.
- Consider the excess of \$25. As the excess in this example is \$25, an excess of \$25 is deducted. This results in a claim settlement of \$1,475 (\$1,500 less \$25 excess). Alternatively, We may replace the item and ask You to pay the \$25 excess to the supplier or to Us. Our choice will have regard to the circumstances of Your claim and consider any preference You may have.

Part 6: Policy wording

The benefits described in this policy wording should be read in conjunction with Policy inclusions and choices (page 3), Options to vary cover (page 4), Travel and health (pages 5-8), Your duty of disclosure (page 10), Words with special meaning (pages 11-13), Policy conditions (pages 13-14) and General exclusions (pages 22-23).

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.

It is a condition of the 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, Your Journey is undertaken solely in New Zealand;
- If You purchase the Annual Multi-Trip policy, cover will only extend to a Journey:
 - to a destination more than 100 kilometres away from Your Home; or
 - that includes at least one night paid accommodation booked with an accommodation supplier or provider (including a hotel, Bed & Breakfast (B&B), serviced apartment or peer to peer service such as Airbnb); and
 - the length of each Journey cannot exceed the maximum duration shown on Your Certificate of Insurance.

Words with special meaning

In this policy wording the following words have the meanings shown below. The use of the singular shall also include the use of the plural and vice versa.

“We”, “Our”, “Us” means Zurich Australian Insurance Limited (ZAIL) or Cover-More (NZ) Limited.

“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 baggage item limits which shall be as per a single policy;

In respect of organised groups, each child not travelling with their usual guardian must purchase a separate 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 any act by a person, alone or with an organisation or foreign government, who:

- a) uses or threatens force or violence;
- b) aims to create public fear; or
- c) aims to resist or influence a government, or has ideological, religious, ethnic or similar aims.

“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 for this insurance cover and the amount shown on Your Certificate of Insurance.

“Computer System” means any computer, hardware, software, communications system, electronic device (including, but not limited to, smart phone, laptop, tablet, wearable device), server, cloud or microcontroller including any similar system or any configuration of the aforementioned and including any associated input, output, data storage device, networking equipment or back up facility, owned or operated by the coach, airline, shipping line, cruise line or railway company that You were due to travel on.

“Concealed Storage Compartment” means a boot, glove box, enclosed centre console, or concealed cargo area.

“Cyber Act” means an unauthorised, malicious or criminal act or series of related unauthorised, malicious or criminal acts, regardless of time and place, or the threat or hoax thereof involving access to, processing of, use of or operation of any Computer System.

“Cyber Incident” means any:

- a) Cyber Act or error or omission or series of related errors or omissions involving access to, processing of, use of or operation of any Computer System; or
- b) Cyber Act including any partial or total unavailability or failure or series of related partial or total unavailability or failures to access, process, use or operate any Computer System.

“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 or dentist.

“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 12 months.
- 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; or
 - iv. consultation with a specialist.
- c) Has:
 - i. been medically documented involving the brain, circulatory system, heart, kidneys, liver, respiratory system or cancer; or
 - ii. required surgery involving the abdomen, back, brain, joints or spine that required at least an overnight stay in hospital.
- 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. On an Annual Multi-Trip policy, Your destination must be more than 100 kilometres from Home or, if less than that, Your trip must include at least one night paid accommodation staying at a registered accommodation provider.

“Kidnapped” or “Kidnapping” means You being illegally seized by force and held captive by a previously unknown and unrelated party for the purpose of demanding payment or concessions in return for Your release.

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

“Natural Disaster” means a major adverse event resulting from natural processes of the Earth; examples are bushfire, hurricane, tornado, volcanic eruption, earthquake, tsunami, falling object from space (including a meteorite), and in general any extraordinary atmospheric, meteorological, seismic, or geological phenomenon. It does not mean an Epidemic or Pandemic.

“On-Piste” means on 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 with 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;
 - 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: Amendment or cancellation costs begins from the time the policy is issued. The dates on Your Certificate of Insurance can only be changed with Our consent.

“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, bus terminals, buses, cruise ships, planes, stations, taxis, trains, wharves and beaches, galleries, hostels, hotels, hotel foyers and grounds, museums, private car parks, public toilets, shops, streets, restaurants and general access areas.

“Relative” means a person who is Your spouse, de facto; parent, parent-in-law, stepparent, guardian; grandparent; child, foster child, grandchild; brother, brother-in-law, half-brother, stepbrother, sister, sister-in-law, half-sister, stepsister; daughter, daughter-in-law, stepdaughter, son, son-in-law, stepson; fiancé, fiancée; uncle, aunt; or niece, 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.

“Rental Vehicle” means a campervan/motorhome that does not exceed 6 tonnes, SUV, sedan, station wagon, hatchback, people mover, coupe, convertible, four-wheel drive, mini bus, moped or motorcycle rented from a licensed motor vehicle or motorcycle rental company or agency.

“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, cruise line, shipping line or railway company.

“Unattended” means not on Your person or within Your sight and reach.

“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 but not limited to devices such as drones, 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. It is deducted from Your claim if it is approved by Us.

The excess applies per event i.e. If You fall over and need medical treatment, and smashed Your smart phone in the fall, the excess will be deducted once.

Claim example: You have a \$25 excess on Your policy. If You made a claim for \$1,500 under SECTION 1: Medical and dental expenses, You already paid the expenses and We approve Your claim, We would deduct the \$25 excess from the claim before We paid You. If, via Our emergency assistance team, We approved a claim directly with a medical provider, We may ask You to pay the \$25 excess directly to the provider at the time or request You to pay it to Us before We can finalise Your claim with the provider. In any event, the total claim We pay is \$1,475.

The excess, if applicable, applies to any claim arising from a separate event in respect of Sections 1, 2, 3, 4, 5, 8 and for Section 15 where relevant. The excess is the amount shown on Your Certificate of Insurance.

An additional or higher excess may apply in certain circumstances.

2. Limits of liability

The limits of Our liability for each section of the policy are the amounts shown in the relevant table for the plan purchased as shown on page 2 except:

- a) where additional baggage cover has been affected;
- b) the maximum liability collectively for Sections 9, 10 and 11 shall not exceed \$10,000;
- c) where We have notified You in writing of different limits; or
- d) where cover is subject to special conditions, limitations, excesses and amounts payable dependent on Your age, duration and destination. This will be stated on Your Certificate of Insurance.
- e) In some circumstances, prior to Your entry into the policy or when You apply for cover for Your Existing Medical Conditions, whichever occurs later, We may impose an extra or increased excess for claims arising from Existing Medical Conditions. We will inform You in writing if this applies: These will be set out in Your Certificate of Insurance or in a letter from Our medical assessment team.

3. Claims

- a) You must report any loss or theft of baggage, personal effects, travel documents or money to the police, the Transport Provider or accommodation provider as relevant within 7 days of You first becoming aware of the loss or theft. You should obtain a report confirming the incident to submit to Us with Your claim.
- b) You must take all reasonable steps to prevent or minimise a claim.
- c) You must not make any offer, promise of payment or admit any liability without Our consent.
- d) 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 sending a completed claim form.
- e) You must at Your own expense, supply any documents in support of Your claim which We may request, such as a police report, a Property Irregularity Report (PIR), receipts, valuations, a repair quote, a death certificate and/or medical certificate.
- f) You must co-operate fully in the assessment or investigation of Your claim.
- g) When making a claim, You are responsible for assisting Us and acting in an honest and truthful manner. 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.
- h) If We agree to pay a claim under Your policy We will base any claim payment on the GST inclusive costs (up to the relevant limits of liability).
- i) We will be entitled, at Our expense, to have You medically examined or, in the event of death, a post-mortem examination carried out. We will give You or Your legal representative reasonable notice of the medical examination.

4. If You are able to claim from another party

If You are able to claim against a household insurer, private health fund, Transport Provider, hotel, 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 remaining amount.

5. You must help Us to make any recoveries

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

6. 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.

7. 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.

8. 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, Air New Zealand, Cover-More or Us.
- c) If Your trip involves travel to a country or part of a country the New Zealand Government on the SafeTravel.govt.nz website* has issued an "Avoid non-essential travel" or a "Do not travel" advice or warning, We may not be able to provide You with emergency assistance in that country. For example, in a case where You travel to a war zone, the airspace may be closed which may prevent Us from arranging emergency repatriation for a covered claim. This condition applies regardless of whether Your claim relates to the warning.

*Or the equivalent authority responsible in Your country of residence for setting advisories for citizens and/or residents.

9. 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 for up to a maximum period of 6 months (unless a longer period is approved by Us in writing) until You are physically able to travel Home by the quickest and most direct route. The Period of Insurance will not be extended for any other reason.

Cover cannot be extended:

- under Section 10 and Section 11 for any period in excess of 12 months from the start date shown on Your original Certificate of Insurance, in any circumstances; or
- for any new medical conditions You suffered during the Period of Insurance of Your original policy; or
- where You have not advised Us of any circumstances that have given (or may give) rise to a claim under Your original policy.

10. 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 5-8 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 an extra premium to Us. 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.

11. Automatic reinstatement of sums insured

If You purchase the Annual Multi-Trip Policy the limits of liability 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.

12. Policy conditions applying to Sections 1 and 2 only

- a) In all cases the cost of evacuation or to bring You back to New Zealand will only be met if Your claim is approved by Us and it was arranged by and deemed necessary by Our emergency assistance network.
- b) If You are hospitalised We will pay for a share room. If a share room is not available We will pay to upgrade You to a single room.
- c) 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 for repatriation expenses.

13. Policy conditions applying to Sections 9, 10 and 11:

- 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.

14. Already travelling

If You purchase this policy on Your trip after leaving Home, this cover is subject to a 3 day no-cover period. This means there is no cover under any section of the policy for any event that has occurred already or that arises within the first 3 days of buying the policy.

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 (including emergency repatriation/evacuation)

Medical and dental expenses

If during the Period of Insurance You suffer a Disabling Injury, Sickness or Disease We will pay the usual and customary cost of medical, emergency dental treatment and ambulance transportation which is provided in New Zealand by or on the advice of a qualified medical practitioner.

Also includes the usual and customary cost of emergency repatriation or evacuation. In all cases the cost of evacuation in New Zealand will only be met if Your claim is approved by Us and it was arranged by and deemed necessary by Our emergency assistance network.

Please note

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

If any costs or expenses are incurred without Our approval and before contacting Us, We will only cover any such costs or expenses or for any evacuation/repatriation or airfares if We would have approved them up to an amount We would have otherwise incurred, had contact been made and approval provided.

Medical and dental expenses cover may end less than 12 months from the date of suffering the Disabling Injury, Sickness or Disease as We do not provide cover if these expenses are incurred outside the Period of Insurance. In certain circumstances The Period of Insurance will automatically extend for a period of time – see Policy condition 9. Free extension of insurance on page 14 for more information.

The maximum benefit limit for this section and its sub-sections is:

Domestic Comprehensive Travel Insurance	
Medical and dental expenses	\$1,500

We will not pay for:

- more than \$1,500 for medical and emergency dental treatment which is provided in New Zealand.
- dental expenses involving the use of precious metals, whitening or involving cosmetic dentistry.
- the continuation or follow-up of treatment (including medication and ongoing immunisations) started prior to Your Journey.
- routine medical or dental treatment or prenatal visits.
- private medical or hospital treatment in New Zealand where public funded services or care is available unless We agree to the private treatment.

Also refer to: **General exclusions – pages 22-23.**

Policy conditions – pages 13-14.

SECTION 2: Additional expenses

1. If You become sick

Cover is subject to the advice of the treating qualified medical practitioner and acceptance by Our emergency assistance team. If Your claim is coverable, We or Our emergency assistance team will not unreasonably withhold or delay Our acceptance.

If during the Period of Insurance 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:

- 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.

- 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.
- 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.

Room rate only means that other expenses You may incur such as food, drinks, groceries, laundry etc. are not included.

2. If You die

We will pay the reasonable cost of returning Your remains to New Zealand if You die during the Period of Insurance. The maximum amount We will pay in total will not exceed \$10,000.

3. If a Relative or Your business partner not travelling with You becomes sick

We will pay reasonable Additional transport expenses at the same fare class as originally booked if You are required to return Home due to the sudden Disabling Injury, Sickness or Disease or death of a Relative or Your business partner who are not travelling.

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

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

5. Return of Your Rental Vehicle

We will pay up to \$500 for the reasonable costs to return Your Rental Vehicle to the nearest depot if You suffer a Disabling Injury, Sickness or Disease provided that, on the advice of the treating qualified medical practitioner, You are unfit to drive it.

6. Other circumstances

We will pay Your 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:

- 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;
- disruption of Your scheduled transport because of a Cyber Incident provided You act reasonably in avoiding Additional costs;
- loss of passport or travel documents except involving government confiscation or articles sent through the mail;
- a Natural Disaster;
- a collision of a motor vehicle, watercraft, aircraft or train in which You are travelling;
- Your scheduled transport being delayed for at least 12 hours due to severe weather conditions. We will pay up to \$300 providing confirmation from the Transport Provider has been obtained.

If You are unable to provide Us with a copy of the relevant report confirming the delay, You must provide Us with a reasonable explanation and details of the time and place the delay occurred, including any contact details You were provided with for the provider of the scheduled transport.

Room rate only means that other expenses You may incur such as food, drinks, groceries, laundry etc. are not included.

The maximum benefit limit for this section is \$15,000.

The following sub-limits apply:

Domestic Comprehensive Travel Insurance		
2.1	If You become sick	\$10,000
2.2	If You die - repatriation of remains	\$10,000
2.3	If a Relative or Your business partner becomes sick	\$10,000
2.4	If Your Home is destroyed by fire, earthquake or flood	\$10,000
2.5	Return of Your Rental Vehicle	\$500
2.6	Other circumstances: a)-e)	\$10,000
	Other circumstances: f)	\$300

Note: 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 claims caused by:

- any costs or expenses incurred prior to You being certified by a qualified medical practitioner as unfit to travel.

We will not pay for claims (under Section 2.3) caused by:

- an Epidemic, Pandemic or outbreak of an infectious disease or any derivative or mutation of such viruses.
- the sudden Disabling Injury, Sickness or Disease or death of a Relative or Your business partner who is not travelling, unless at the Relevant Time that person:
 - in the last 12 months, had not been hospitalised (including day surgery or emergency department attendance) for a condition that was in any way related to, or exacerbated by, the condition that gave rise to the claim;
 - was not residing in a facility such as a nursing home, an aged care facility, a residential aged care home, a high and/or low care facility, a privately owned accommodation facility or, a residential care facility;
 - was residing independently at home or in a retirement home or village, including independent living arrangements, and they did not require home care or flexible care services;
 - 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.

If any point a)-f) cannot be met e.g. if Your non-travelling Relative was in a nursing home or did have a Terminal Illness, which means Your claim would otherwise be excluded, We will pay no more than \$1,000 under all Sections of the policy combined.

We will not pay for claims (under Section 2.6) caused by:

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

Also refer to: General exclusions – pages 22-23.

Policy conditions – pages 13-14.

SECTION 3: Amendment or cancellation costs

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

- You have to rearrange Your Journey prior to leaving Home, We will pay the 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); or
- You have to cancel the Journey (where You cannot rearrange it prior to leaving Home) We will pay You:
 - the value of the unused portion of Your prepaid travel or accommodation arrangements that are non-refundable and not recoverable in any other way;

- the travel agent's commission (this is limited to the lesser of \$1,500 or the amount of commission the agent had earned on the prepaid refundable amount of the cancelled travel arrangements); and
 - the value of frequent flyer or similar flight reward points, air miles, redeemable vouchers or similar schemes lost by You following cancellation of the services paid for with those points, if You cannot recover Your loss in any other way. The amount We will pay is calculated as follows:
 - For frequent flyer or similar flight reward points, loyalty card points, air miles:
 - The cost of an equivalent booking as per the date the claim is processed, based on the same advance booking period as Your original booking. We will deduct any payment You made towards the booking and multiply it by the total number of points or air miles lost, divided by the total number of points or air miles used to make the booking
 - For vouchers, the face value of the voucher or current market value of an equivalent booking, whichever is the lesser.
- Your prepaid tour is cancelled due to a lack in the number of persons required to commence the tour, We will pay the lesser of the cancellation or amendment costs of Your unused, prepaid airline tickets purchased to reach the departure point and returning from the end point of the tour as per Section 3.1 and Section 3.2 above.

The proportion of any trip costs for a travelling companion not insured on this policy is not claimable. This applies even if the trip was paid for by someone insured on this policy.

The maximum benefit limit for this section is:

Domestic Comprehensive Travel Insurance	
Amendment or cancellation costs	\$15,000

Note: 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:

- Transport Provider caused cancellations, delays or rescheduling other than when caused by strikes.
- Your or any other person's unwillingness or reluctance to proceed with the Journey or deciding to change plans.
- You cancelling or amending Your Journey prior to being certified by a qualified medical practitioner as unfit to travel.
- the death or sudden Disabling Injury, Sickness or Disease of a Relative or Your business partner who is not travelling, unless at the Relevant Time that person:
 - in the last 12 months, had not been hospitalised (including day surgery or emergency department attendance) for a condition that was in any way related to, or exacerbated by, the condition that gave rise to the claim;
 - was not residing in a facility such as a nursing home, an aged care facility, a residential aged care home, a high and/or low care facility, a privately owned accommodation facility or, a residential care facility);
 - was residing independently at home or in a retirement home or village, including independent living arrangements, and they did not require home care or flexible care services;
 - 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.

If any point a)-f) cannot be met e.g. if Your non-travelling Relative was in a nursing home or did have a Terminal Illness, which means Your claim would otherwise be excluded, We will pay no more than \$1,000 under all sections of the policy combined.

5. the health or death of any other person (not listed in point 4).
6. any contractual or business obligation or Your financial situation. This exclusion does not apply to claims where You are involuntarily made redundant from Your permanent full-time or permanent part-time employment in New Zealand and where You would not have been aware before, or at the Relevant Time, that the redundancy was to occur.
7. failure by You or another person to obtain the relevant visa, passport or travel documents.
8. errors or omissions by You or another person in a booking arrangement.
9. the standards or expectations of Your prepaid travel arrangements being below or not meeting the standard expected.
10. the failure of Your travel agent, Our agent who issued this policy, any tour operator, transport or accommodation supplier or provider (including but not limited to peer to peer service such as Airbnb and Uber), person or agency to pass on monies to operators or to deliver promised services.
11. a request by Your employer, Your leave application being denied, or Your leave being revoked. This exclusion does not apply if You are a full-time member of the New Zealand Defence Force or emergency services (e.g. police, fire, ambulance paramedic) and Your leave is revoked.
12. 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.
13. a lack in the number of persons required to commence any tour except as specified in Section 3.3 above.
14. customs and immigration officials acting in the course of their duties or You travelling on incorrect travel documents.
15. an Act of Terrorism.
16. an Epidemic, Pandemic or outbreak of an infectious disease or any derivative or mutation of such viruses.

**Also refer to: General exclusions – pages 22-23.
Policy conditions – pages 13-14.**

SECTION 4: Baggage and travel documents

1. Loss, theft or damage

If during the Period of Insurance Your baggage or personal effects are lost, stolen or damaged, after deducting depreciation, We will repair the item if it is practical and economic to do so. If it is not practical and economic to repair the item and depreciation is not applicable, We will replace the item or provide You with a replacement voucher if the item is available from Our usual suppliers. If the above do not apply, We will pay You the monetary value of the item.

If Your claim for loss or theft can be approved but Your items are found in the meantime and can be posted to You, We will instead pay up to \$500 for postage costs.

It is Your responsibility to provide Us with evidence to support Your claim for an item. This is 'proof of ownership'.

- We will accept the original or a copy of a purchase receipt, invoice and/or bank statement showing the purchase, the date of the purchase and the amount paid.
- We may consider valuation certificates (issued prior to the Relevant Time) and ATM receipts with accompanying bank statement of purchases.
- We will not accept photographs, packaging or instruction manuals as proof of ownership.

Depreciation

This policy operates on an indemnity basis which means settlement of Your claim is based on the value of an item at the time of the loss.

Depreciation takes into account the amount paid originally for the item, its age, wear and tear and advances in technology.

We will reduce the value of the items because of age, wear and tear, and advances in technology.

Depreciation will not be deducted from items less than 2 years old at the time of loss. Items greater than 2 years old will have a percentage amount deducted.

Item limits

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:

Domestic Comprehensive Travel Insurance	
Baggage item limits	
Camera or video camera	\$1,500*
Mobile phones or smart phones	\$1,500*
Laptop or tablet computer	\$1,500*
Artificial limb, removable dental appliance, dentures or medical device e.g. hearing aids, CPAP machine - limit per item*	\$1,000*
Any other items	\$1,000*

*Item limit applies for any one item, set or pair of items including attached and unattached accessories.

The following are examples of items considered as one item for the purpose of this insurance (an item limit will apply):

- Camera, lenses, tripods and camera accessories (attached or not)
- Smart phone and cover/case
- Matched or unmatched set of golf clubs, golf bag and buggy
- Necklace and pendant
- Charm bracelet and charms.

2. Travel document replacement

We will pay You up to \$2,000 towards the cost of replacing travel documents and credit cards lost or stolen on the Journey. We will also pay 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.

3. Automatic reinstatement of sum insured

In the event that a claimable loss, or damage to Your baggage and personal effects is incurred, We will allow You one automatic reinstatement of the sum insured, stated in the plan purchased, while on Your Journey.

The maximum benefit limit for this section is:

Domestic Comprehensive Travel Insurance		
4.1	Loss, theft, damage - refer to table of baggage item limits on page 4	\$6,000
4.2	Travel document replacement	\$2,000
4.3	Automatic reinstatement of sum insured	Once per Journey

We will not pay for:

1. loss or theft that is not reported to the:
 - a) police or security personnel;
 - b) responsible Transport Provider (if Your items are lost or stolen while travelling with a Transport Provider); or
 - c) accommodation provider.

All cases of loss or theft must be reported as soon as possible and within 7 days. A copy of the relevant report must be submitted for any claim involving loss or theft. If You are unable to provide Us with a copy of the relevant report, You must provide Us with a reasonable explanation and details of the time and place You made the report, including their contact details.

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. items left Unattended in any motor vehicle (for example, a car, campervan or motorhome) or towed land vehicle between 10pm and 6am even if they were in a Concealed Storage Compartment.
4. items left Unattended in any motor vehicle (for example, a car, campervan or motorhome) or towed land vehicle between 6am and 10pm, unless they were stored in a Concealed Storage Compartment of a locked motor vehicle or towed land vehicle and forced entry was gained.
5. any amount exceeding \$500 per item and \$2,000 in total for all items left Unattended in any motor vehicle (for example, a car, campervan or motorhome) or towed land vehicle.
6. items left Unattended in a Public Place.
7. loss, theft or damage to drones (including attached and unattached accessories) while in use.
8. sporting equipment (including bicycles) damaged, lost or stolen while in use.
9. items sent under the provisions of any freight contract or any baggage forwarded in advance or which is unaccompanied. This exclusion for unaccompanied items will be waived if Your claim for lost stolen items can be approved but Your items are found in the meantime and can be posted to You.
10. 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.
11. 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.
12. damage caused by atmospheric or climatic conditions, wear and tear, vermin or any process of cleaning, repairing, restoring or alteration.
13. electrical or mechanical fault or breakdown.
14. information stored on any electronic device or other media, including digital photos, downloaded files, electronic applications, programmed data, software or any other intangible asset.
15. bonds, coupons, gift cards, stamps, vouchers, warranties, pre-loaded or rechargeable cards including but not limited to phone, debit or stored value cards.
16. bullion, deeds, insurance premiums, manuscripts, negotiable instruments, precious metals or securities.
17. gold or precious metals, precious unset or uncut gemstones.
18. items described in SECTION 6: Money.
19. trade items, trade samples or Your tools of trade or profession.

**Also refer to: General exclusions – pages 22-23.
Policy conditions – pages 13-14.**

SECTION 5: Delayed baggage allowance

If all Your baggage is delayed by a Transport Provider whilst You are overseas during the Journey for more than 12 hours We will reimburse You up to:

- \$500 for underwear, socks, toiletries, non-prescription medication and change of shoes and clothing (and a bag) You bought due to Your baggage being delayed for a minimum of 12 hours and before Your baggage was returned to You; and

- \$100 for transport to retrieve Your baggage.

The original receipts for the items and confirmation of the length of delay from the Transport Provider must be produced in support of Your claim.

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

What You must do if You want to make a claim

- Notify Your Transport Provider or their handling agents of the situation as soon as possible after arriving at the destination. The quicker You report the fact Your baggage has been delayed, the better chance the Transport Provider has of finding it and reuniting it with You promptly.
- Obtain a report from them as soon as possible to give to Us with Your claim so We have evidence of what happened.
- Get receipts for the essential items You bought to tide You over. You need to give Us the receipts proving the amount You spent buying essential items while Your baggage was delayed for more than 12 hours before it was returned to You. We need receipts so We can reimburse You.

The maximum benefit limit for this section is:

Domestic Comprehensive Travel Insurance	
Delayed baggage allowance	\$500
Transport allowance for baggage retrieval	\$100

We will not pay for:

1. delay that is not reported to the responsible Transport Provider. All reports must be confirmed in writing by the Transport Provider at the time of making the report. If You are unable to provide Us with a copy of the Transport Provider's report, You must provide Us with a reasonable explanation and details of the time and place You made the report, including their contact details.

**Also refer to: General exclusions – pages 22-23.
Policy conditions – pages 13-14.**

SECTION 6: Rental Vehicle insurance excess

This cover applies if during the Period of Insurance You:

- a) hire a Rental Vehicle;
- b) are the nominated driver on the Rental Vehicle agreement; and
- c) have comprehensive motor vehicle insurance for the Rental Vehicle for the hire period.

If the Rental Vehicle is damaged or stolen while in Your control during the Journey We will pay the lower of the Rental Vehicle insurance excess or the repair costs to the Rental Vehicle that You become liable to pay.

It is Your responsibility to provide the final loss/repair report to substantiate Your claim.

The word "Rental Vehicle" should be interpreted to include motorcycle or moped.

Please note: refer to Motorcycle/moped riding cover on page 4 as eligibility conditions apply.

The maximum benefit limit for this section is:

Domestic Comprehensive Travel Insurance	
Rental Vehicle insurance excess	\$10,000

We will not pay for:

1. damage or theft, arising from the operation of a Rental Vehicle in violation of the terms of the rental agreement.
2. administration costs or loss of use penalties.

**Also refer to: General exclusions – pages 22-23.
Policy conditions – pages 13-14.**

SECTION 7: Travel delay

If during the Period of Insurance Your pre-booked, prepaid transport is temporarily delayed during the Journey for at least 6 hours due to an unforeseeable circumstance outside Your control (including a Cyber Incident),

We will reimburse You:

1. the reasonable Additional accommodation (room rate only) expenses You incur; and
2. the cost of the unused, prepaid accommodation (if You have to pay for new accommodation) less any refund You are entitled to from the supplier of the original accommodation.

Our reimbursement will be up to \$400. We will also reimburse up to \$400 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 confirmation from the Transport Provider of the cause and period of the delay and the amount of compensation offered by them. If You are unable to obtain confirmation from the Transport Provider, You must provide Us with a reasonable explanation and details on Your request of this information, including their contact details.

You must also provide Us with receipts for the Additional accommodation (room rate only) expenses incurred.

The maximum benefit limit for this section is:

Domestic Comprehensive Travel Insurance	
Travel delay	\$1,000

We will not pay claims:

1. an Epidemic, Pandemic or outbreak of an infectious disease or any derivative or mutation of such viruses.

**Also refer to: General exclusions – pages 22-23.
Policy conditions – pages 13-14.**

SECTION 8: Missed connections

For missed connections during the Period of Insurance.

Cover applies where You have prepaid, scheduled transport or a cruise to meet Your pre-booked connection. That pre-booked connection is a flight, cruise or multi-night tour.

If within 72 hours of Your scheduled departure time, Your prepaid, scheduled transport or cruise is cancelled, delayed or rescheduled which means You won't make it in time to get Your pre-booked connection, We will pay:

1. the Additional public transport and accommodation costs You incur to arrive in time to catch the pre-booked connection or to catch up with Your scheduled itinerary (if You are unable to arrive in time), less any refunds or credits from the scheduled transport or cruise provider. This includes flights and transport to the next port of Your cruise and any accommodation costs;
2. \$50 per day for meals; and
3. up to \$300 for accommodation per missed prepaid accommodation or cruise night.

We only cover You if You have allowed sufficient time for transferring to the connection. Sufficient time to Us is the minimum connection time as stated by the port or airport between connections.

The maximum benefit limit for this section is:

Domestic Comprehensive Travel Insurance	
Missed connections	\$1,000

You must claim from the Transport Provider first, and provide Us with confirmation from the Transport Provider of the cause and period of the delay and the amount of compensation offered by them.

If You are unable to obtain confirmation from the Transport Provider, You must provide Us with a reasonable explanation and details on Your request of this information, including their contact details.

You must also provide Us with receipts for the Additional accommodation (room rate only) expenses incurred.

For approved claims under this Section and any other Section 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:

1. where the leg of transport that is initially delayed arrives at its destination less than the stated minimum connection time later than originally scheduled.
2. where the Transport Provider provides an alternative mode of transportation without additional cost to You that would get You there in time to meet Your connection or to catch up with Your scheduled itinerary.
3. Transport Provider caused cancellations, delays or rescheduling other than when caused by mechanical failure or strike.
4. caused by an Act of Terrorism.
5. caused by an Epidemic, Pandemic or outbreak of an infectious disease or any derivative or mutation of such viruses.

**Also refer to: General exclusions – pages 22-23.
Policy conditions – pages 13-14.**

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 \$250 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.

Cover for loss of income is limited to 9 months.

The maximum benefit limit for this section is:

Domestic Comprehensive Travel Insurance	
Loss of income	\$2,250

*Maximum liability collectively for Sections 10, 11 and 12: \$10,000.

**Also refer to: General exclusions – pages 22-23.
Policy conditions – pages 13-14.**

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:

Domestic Comprehensive Travel Insurance	
Disability	\$10,000

*Maximum liability collectively for Sections 10, 11 and 12: \$10,000.

**Also refer to: General exclusions – pages 22-23.
Policy conditions – pages 13-14.**

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.

The maximum benefit limit for this section is:

Domestic Comprehensive Travel Insurance	
Accidental death	\$10,000

*Maximum liability collectively for Sections 10, 11 and 12: \$10,000.

**Also refer to: General exclusions – pages 22-23.
Policy conditions – pages 13-14.**

SECTION 12: Legal expenses

We will pay Your reasonable legal expenses if You are falsely arrested or wrongfully detained by any government or foreign power.

The maximum benefit limit for this section is:

Domestic Comprehensive Travel Insurance	
Legal expenses	\$5,000

**Also refer to: General exclusions – pages 22-23.
Policy conditions – pages 13-14.**

SECTION 13: 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:

Domestic Comprehensive Travel Insurance	
Personal liability	\$250,000

We will not pay for:

- 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.
- liability arising from loss or damage to property which is in Your legal custody or control.
- liability arising from the conduct by You of any profession, trade or business.
- liability arising out of the use or ownership by You of any aircraft, drone, firearm, waterborne craft or mechanically propelled vehicle.
- liability arising out of occupation or ownership of any land, buildings or immobile property.
- liability arising out of any wilful or malicious act.
- liability arising out of the transmission of an illness, sickness or disease.
- liability involving punitive, exemplary or aggravated damages or any fine or penalty.
- 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 22-23.
Policy conditions – pages 13-14.**

SECTION 14: Snow skiing, snowboarding and snowmobiling

This Section only applies if You have paid the appropriate extra premium for participation in snow skiing, snowboarding and snowmobiling.

1. Ski lift passes

We will Pay You up to \$200 for Your non-refundable prepaid ski lift passes, ski equipment hire or tuition fees that cannot be used due to Your Disabling Injury, Sickness or Disease sustained during the Period Of Insurance.

2. Ski run closure

If during the Period Of Insurance, You are prevented from skiing or snowboarding at a pre-booked ski resort because inadequate snow or too much snow causes a total closure of the lift system, We will pay You \$100 for each continuous 24 hour period up to a maximum of \$500.

This benefit is only applicable for ski fields at least 1,000 metres above sea level and only during the months of December to March inclusive in the Northern Hemisphere and during the local regional ski season in the Southern Hemisphere.

3. Replacement ski equipment hire

If Your personal ski or snowboard equipment that is owned by You is lost, stolen, damaged or delayed during the Period Of Insurance, We will pay You up to \$500 towards the cost of hiring alternative equipment. You must provide receipts.

The maximum benefit limits for this section are:

Domestic Comprehensive Travel Insurance	
Ski lift passes	\$200
Ski run closure (up to \$100 per day)	\$500
Replacement ski equipment hire	\$500

We will not pay for:

- loss or theft that is not reported to the:
 - police or security personnel;
 - responsible Transport Provider (if Your items are lost or stolen while travelling with a Transport Provider); or
 - accommodation provider.

All cases of loss or theft must be reported as soon as possible and within 7 days. A copy of the relevant report must be submitted for any claim involving loss or theft. If You are unable to provide Us with a copy of the relevant report, You must provide Us with a reasonable explanation and details of the time and place You made the report, including their contact details.

- items left Unattended in a Public Place.

**Also refer to: General exclusions – pages 22-23.
Policy conditions – pages 13-14.**

SECTION 15: COVID-19 Benefits

Cover under this policy is extended under the policy Sections listed to include claims arising from COVID-19 in the circumstances and under the conditions listed.

Please note:

- This policy does not cover claims relating to government travel bans; "Do not travel" warnings; government directed border closure; denied boarding; or mandatory quarantine or self-isolation requirements related to cross area, border, region or territory travel.

COVID-19 Benefits for SECTION 1: Medical and dental (including emergency repatriation/evacuation)

The maximum benefit limit for this section is:

Domestic Comprehensive Travel Insurance	
Medical and dental expenses	\$1,500

~ Cover will not exceed 12 months from onset of the illness.

• If You are diagnosed with COVID-19

This section is extended to include cover if You are diagnosed with COVID-19 by a qualified medical practitioner during the Period of Insurance.

We will not pay for:

- claims directly or indirectly arising due to COVID-19 when You are travelling to any country other than New Zealand.

COVID-19 Benefits for SECTION 2: Additional expenses

Cover is for reasonable Additional accommodation expenses (room rate only) and Additional transport expenses, at the same accommodation standard and fare class as originally booked. Room rate only means that other expenses You may incur such as food, drinks, groceries, laundry etc. are not included.

1. If You Become Sick (If You are diagnosed with COVID-19 on Your trip and admitted to hospital)

This section is extended to include cover if You are diagnosed with COVID-19 by a qualified medical practitioner during the Period of Insurance and are hospitalised as a result.

The maximum benefit limit for this section is:

Domestic Comprehensive Travel Insurance	\$15,000
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We will not pay for:

- claims directly or indirectly arising due to COVID-19 when You are travelling to any country other than New Zealand.
- claims arising from COVID-19 if the country or part of the country You travelled to was subject to "Do not travel" advice on the SafeTravel.govt.nz website at the time You entered the country or part of the country. (This exclusion only applies if the (or one of the) reason(s) for the advice was the presence of COVID-19). This exclusion will not apply if Your trip destination is New Zealand or Australia.

COVID-19 Benefits for SECTION 2: Additional expenses

The maximum benefit limit for this section is:

Domestic Comprehensive Travel Insurance	\$5,000
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1. If You Become Sick (If You are diagnosed with COVID-19)

This section is extended to include cover if You are diagnosed with COVID-19 during the Period of Insurance and certified by a qualified medical practitioner as unfit to travel.

2. If You Die (as the result of COVID-19)

This section is extended to include cover if the cause of death is COVID-19. See Section 2.2 on page 15 for the benefit limit.

3. If a Relative or Your business partner not travelling with You becomes sick (as the result of COVID-19)

This section is extended to include cover if Your non-travelling Relative or business partner who resides in New Zealand or Australia is diagnosed with COVID-19 and the treating doctor confirms in writing the level of infection is life threatening. You must obtain and provide Us with evidence from the qualified medical practitioner and receipts.

Exclusions 2 and 3 of 'We will not pay for claims (under Section 2.3) caused by' on page 16 will be waived in this event.

We will not pay for:

- claims directly or indirectly arising due to COVID-19 when You are travelling to any country other than New Zealand.
- claims directly or indirectly arising due to COVID-19 when Your non-travelling Relative or business partner resides in any country other than New Zealand or Australia.
- claims arising from COVID-19 if the country or part of the country You travelled to was subject to "Do not travel" advice on the SafeTravel.govt.nz website at the time You entered the country or part of the country. (This exclusion only applies if the (or one of the) reason(s) for the advice was the presence of COVID-19). This exclusion will not apply if Your trip destination is New Zealand or Australia.

COVID-19 Benefits for SECTION 3: Amendment or cancellation costs

The maximum benefit limit for this section is:

Domestic Comprehensive Travel Insurance Up to \$5,000 per policy[^]

[^]Limit applies per policy.

- **If You or Your travelling companion are diagnosed with COVID-19 prior to departure**

This section is extended to include cover if You cannot travel because You or Your travelling companion are diagnosed in New Zealand with COVID-19 and certified by a qualified medical practitioner as unfit to travel. Exclusion 16 of 'We will not pay for claims caused by' on page 17 will be waived in this event.

- **If Your non-travelling Relative or business partner residing in New Zealand or Australia becomes sick due to COVID-19**

This section is extended to include cover if You need to amend or cancel Your Journey because Your non-travelling Relative or business partner who resides in New Zealand or Australia is diagnosed by a qualified medical practitioner with COVID-19 and the treating doctor confirms in writing the level of infection is life threatening. Exclusions 4 and 16 of 'We will not pay for claims caused by' on pages 16-17 will be waived in this event.

- **If You are an essential health care worker whose leave is revoked**

This section is extended to include cover if You are deemed an essential health care worker under New Zealand's COVID-19 rules (i.e. a pharmacist, nurse, doctor, paramedic or other health care professional) and Your leave is revoked by Your employer due to COVID-19 related reasons and that means You can't go on Your trip. A letter or email from Your employer is required to support a claim. Exclusions 11 and 16 of 'We will not pay for claims caused by' on page 17 will be waived in this event.

- **If You or Your travelling companion are diagnosed with COVID-19 on Your trip**

This section is extended to include cover if You cannot continue Your trip because You or Your travelling companion are diagnosed with COVID-19 and certified by a qualified medical practitioner as unfit to travel or are individually contacted by a local public health authority and are directed into a period of quarantine during the Period of Insurance. Exclusion 16 of 'We will not pay for claims caused by' on page 17 will be waived in this event.

We will not pay for:

- claims directly or indirectly arising due to COVID-19 when You are travelling to any country other than New Zealand.
- claims directly or indirectly arising due to COVID-19 when Your non-travelling Relative or business partner resides in any country other than New Zealand or Australia.
- claims arising from COVID-19 if the country or part of the country You travelled to was subject to "Do not travel" advice on the SafeTravel.govt.nz website at the time You entered the country or part of the country. (This exclusion only applies if the (or one of the) reason(s) for the advice was the presence of COVID-19). This exclusion will not apply if Your trip destination is New Zealand or Australia.

End of SECTION 15: COVID-19 Benefits

General exclusions

Unless otherwise indicated these exclusions on pages 22-23 apply to all Sections of the policy. They are listed in no particular order.

We will not pay for:

1. any other loss, damage or Additional expenses following on from the event for which You are claiming that is not covered under this insurance. Examples of such loss, damage or Additional expense would be the cost of replacing locks after losing keys, costs incurred in preparing a claim or loss of enjoyment.
2. claims arising from loss, 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.
3. 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.
4. 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.
5. claims which are in any way related to ionising radiation or radioactive contamination caused by nuclear fuel or waste, or the radioactive, toxic explosive or other dangerous properties of any explosive nuclear equipment.
6. claims arising from biological and/or chemical materials, substances, compounds or the like used directly for the purpose to harm or to destroy human life and/or create public fear.
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.
9. claims arising from any government intervention, prohibition, sanction, regulation or restriction or court order.
10. claims which in any way relate to circumstances You knew of, or a person in Your circumstances would have reasonably known or foreseen, at the Relevant Time, that could lead to the Journey being delayed, abandoned or cancelled.
11. claims which in any way relate to, or are exacerbated by, any physiological or psychological signs or symptoms that You were aware of or a person in Your circumstances reasonably should have been aware of at or before the Relevant Time, if You:
 - a) had not yet sought a medical opinion regarding the cause;
 - b) were currently under investigation to obtain a diagnosis; or
 - c) were awaiting specialist opinion.
12. claims 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.
13. claims relating to, arising from, or exacerbated by, any Existing Medical Condition You or Your travelling companion has.
14. claims 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.

15. claims 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.
16. claims 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.
17. claims arising from You having elective medical or dental treatment or surgery, a cosmetic procedure or body modification (e.g. tattoos and piercings) during the Journey, such as any complication, even if Your Existing Medical Condition has been approved by Us.
18. claims which in any way relate to Your wilful or self-inflicted injury or illness, suicide or attempted suicide.
19. claims which in any way relate to Your:
 - a) chronic use of alcohol;
 - b) substance abuse, drug abuse (whether over the counter, prescription or otherwise); or
 - c) ingestion of any non-prescription drug or substance (e.g. marijuana, ecstasy, heroin).
20. claims involving, arising from or related to Your impairment due to You drinking too much alcohol:
 - a) which is evidenced by the results of a blood test which show that Your blood alcohol concentration level is the equivalent of 950 micrograms of alcohol per litre of breath or above. (As a point of reference, a breath alcohol limit of 950mg/l is almost four times the legal driving limit range in New Zealand which is currently 250mg/l or 50mg of alcohol per 100ml of blood); or
 - b) taking into account the following, where available:
 - i. the report of a medical practitioner or forensic expert;
 - ii. the witness report of a third party;
 - iii. Your own admission; or
 - iv. the description of events You described to Us or the treating medical professional (e.g. paramedic, nurse, doctor) as documented in their records.
21. 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.
22. claims involving You travelling (during the Journey) in International Waters in a private sailing vessel or a privately registered vessel.
23. claims involving participation by You or Your travelling companion (during the Journey) in hunting; rodeo riding; BASE jumping; hang gliding; polo playing; 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 6,000 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; or, scuba diving if the maximum depth is greater than 50 metres below the surface.
24. claims involving participation by You (during the Journey) in riding a motorcycle with an engine capacity greater than 250cc for any purpose. (See Motorcycle/moped riding cover on page 4 for details of the cover and the terms that apply).
25. claims involving participation by You (during the Journey) in snow skiing, snowboarding or snowmobiling. (See Snow skiing, snowboarding and snowmobiling cover on page 4 for details of optional cover available to purchase and the terms that apply.)
26. claims for costs or expenses incurred outside the Period of Insurance. This exclusion does not apply to the following benefit sections: SECTION 1 sub-section: Continuing medical expenses upon your return Home in New Zealand, SECTION 4: Luggage and Travel Documents, SECTION 6: Rental Vehicle Insurance Excess, SECTION 12: Legal expenses and SECTION 13: Personal liability.
27. any costs or expenses incurred if a government or public health authority mandatory quarantine or isolation order is imposed on You related to cross area, border, region or territory travel. This exclusion only applies to COVID-19 and applies regardless of You being diagnosed with COVID-19 or being directed by a local public health authority into a period of quarantine because they have classified You as having close contact with a person diagnosed with COVID-19.
28. claims arising from or caused by COVID-19, unless cover is extended as stated in SECTION 15: COVID-19 Benefits.
29. claims directly arising from You not following an advice or warning:
 - a) of a "Do not travel" advice issued by the New Zealand Government on the [SafeTravel.govt.nz](https://www.safetravel.govt.nz) website (or the equivalent authority responsible in Your country of residence for setting advisories for citizens and/or residents); or
 - b) published in the mass media;

and the subject of the advice or warning is related to the nature of Your claim. This exclusion does not apply to any events which are independent or unrelated to the reason for the advice or warning.

Part 7: General information

Additional policy information

The insurance We offer You is set out in the policy wording. It is important that You are aware of the:

- limits on the cover provided and the amounts We will pay You (including any excess that applies);
- "Words with special meaning" found in the policy wording on pages 11-13;
- maximum benefit limits shown in the relevant "Benefits tables" on page 2; and
- "Policy conditions" and "General exclusions" found in the policy wording on pages 13-14 and 22-23.

Change of terms and conditions

From time to time and where permitted by law, We may change parts of the policy wording. We will issue a new policy wording or a supplementary policy wording or other compliant document to update the relevant information except in limited cases. Any updates which are not materially adverse to You from the view of a reasonable person deciding whether to buy this insurance, may be found on insurance.airnewzealand.co.nz.

You can obtain a paper copy of any updated information without charge by calling 0800 500 248.

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.

Cancelling Your policy and refunds

If You cancel Your policy within a cooling-off period of 21 calendar days after You are issued Your Certificate of Insurance, You will be given a full refund of the premium You paid, provided You have not started Your Journey or You do not want to make a claim.

After this period You can still cancel Your policy. We will refund to You a proportion of the premium for the unexpired period of cover (less any non-refundable government charges and taxes that We have paid and are not recoverable).

You are not entitled to a refund if You have started Your Journey, You want to make a claim, or exercise any other right under Your cover.

To cancel Your cover please contact Air New Zealand. Alternatively, You may contact Cover-More by calling 0800 500 248 (within New Zealand) or by emailing airnz@covermore.co.nz.

We respect Your privacy

In this Privacy Notice the use of "We", "Our" or "Us" means Cover-More and the insurer, unless specified otherwise.

Why Your personal information is collected

We collect Your personal information (including sensitive information) for the purposes of:

- identifying You and conducting necessary checks;
- determining what services or products We can provide to You and/or others;
- issuing, managing and administering services and products provided to You and/or others including claims investigation, handling and payment; and
- improving services and products e.g. training and development of representatives, product and service research, data analysis and business strategy development.

Cover-More also collects Your personal information for the purpose of providing special offers of other services and products that might be of interest to You.

How Your personal information is collected

We may collect Your personal information through websites from data You, or Your agent or broker, input directly or through cookies and other web analytic tools, via email, by fax, by telephone or in writing.

We collect personal information directly from You unless:

- You have consented to collection from someone else;
- it is unreasonable or impracticable for Us to do so; or
- the law permits Us to collect from someone else.

We also collect additional personal information from other third parties to provide You with Our services and products.

If You provide personal information to Us about another person You must only do so with their consent and agree to make them aware of this Privacy Notice.

Who We disclose Your personal information to

We may disclose Your personal information to other parties and service providers for the purposes noted above.

The other parties and service providers include:

- insurers and reinsurers;
- medical providers, travel providers and Your travel consultant;
- Our lawyers and other professional advisers;
- Our related companies and other representatives or contractors who We have hired to provide services or to monitor the services provided by Us or Our agents, Our products or operations; and/or
- other parties We may be able to claim or recover against or other parties where permitted or required by law.

Additional parties and service providers are detailed in the Cover-More Privacy Policy and the insurer's Privacy Statement. The contractual arrangements that We have in place with these parties and service providers generally include an obligation for them to comply with New Zealand privacy laws.

We may need to disclose personal information about You to other parties and service providers, some of whom may be located in overseas countries. Who they are may change from time to time.

Generally these recipients will be located in the overseas countries You travelled to over the duration of Your policy and Your claim. These recipients would usually be service providers such as medical providers, providers of travel related services, investigators, assessors and facilitators or Our related entities that carry out services on Our behalf in relation to Your policy and Your claim. Further details of these types of recipients are set out in the Cover-More Privacy Policy and the insurer's Privacy Statement.

We may not always be able to take reasonable steps to ensure that these recipients comply with the Privacy Act. Some of the countries where these recipients are based may not offer the same protection or obligations that are offered by the Act in New Zealand. By acquiring the services and products from Us You agree that You may not be able to seek redress under the Act, or from Us and/or from the recipients in overseas countries, or to the extent permitted by law.

You and any other traveller included on the policy consent to these uses and disclosures unless You tell Cover-More, using the contact details following.

Your choices

If You choose not to provide Your personal information and/or choose not to consent and/or withdraw Your consent to the use and disclosure of Your personal information set out in this Privacy Notice at any stage, We may not be able to provide Our services or products or manage and administer services and products to You and/or others.

If You wish to withdraw Your consent including for things such as receiving information on products and offers or Your consultant/ agent/ broker receiving personal information about Your policy and coverage, please call Cover-More on 0800 500 248.

More information

For more information about how Your personal information is collected, used or disclosed, how to access or seek correction to Your personal information or how to make a complaint and how such a complaint will be handled, please contact Us or refer to the relevant website:

covermore.co.nz/privacy-policy.

Contact us

Customer Service

Cover-More (NZ) Limited

Mail: PO Box 105-203 Auckland City Auckland 1143

Email: airnz@covermore.co.nz

Phone: 0800 500 248

Complaints and disputes resolution process

Cover-More are committed to resolving any complaint or dispute fairly.

If You have a complaint about an insurance product We issued or the service You have received (from Us or one of Our representatives), please contact Us. We will put You in contact with someone who can help to resolve the complaint. You can talk over the phone, email or write:

Call: Cover-More on 0800 500 248

Mail: PO Box 105-203, Auckland City, Auckland, 1143, New Zealand

Email: airnz@covermore.co.nz

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