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# NEW ZEALAND VISITOR PLAN

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**Travel and Medical Insurance Policy Wording.**  
Covers working holiday and visitor visa applicants  
for work and travel in New Zealand.



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This Policy, issued/insured by nib nz limited (“nib”), consists of this policy wording and the **Certificate of Insurance**. . All cover is subject to payment of the required premium, and is also subject to all the terms, conditions and exclusions of the Policy This Policy does not cover any event which happens to **You** unless, at the date of such event, **You** are aged 65 years or under.

## **Your Duty of Disclosure**

Before **You** enter into this Policy **You** have a duty to disclose to **Us** every matter that **You** know, or could reasonably be expected to know, is relevant to **Our** decision (or the decision of a prudent insurer in the circumstances) of whether to accept the risk of the insurance and if so on what terms. **You** have the same duty to disclose those matters to **Us** before **You** renew, extend, vary or reinstate this Policy.

**Your** duty does not extend to matters;

- *that diminish the risk to be undertaken by Us.*
- *that are of common knowledge.*
- *that We know or in the ordinary course of Our business ought to know.*
- *where compliance of Your duty is waived by Us.*

If **You** fail to comply with this duty of disclosure, **We** may be entitled to reduce **Our** liability under this Policy in respect of a claim, or may cancel this Policy retrospectively.

## Maximum Benefits Payable

(SUMMARY ONLY – SEE CERTIFICATE OF INSURANCE)

The following table is a summary only of the maximum benefits and limits available. They apply per Insured Person and are based on a maximum period of insurance of 365 days from the **Policy Start Date**. They apply to **Your** Policy regardless of:

- whether **Your Period of Insurance** is a different period, and
- the number of Policies **You** arrange with **Us** over those 365 days.

Please refer to each Policy section for specific conditions of cover and a detailed explanation of coverage under each section and the Schedule of Benefits in NZ\$ in the **Certificate of Insurance**.

### Cover

#### Maximum over 12 months

SECTION 1: Medical and Related Expenses (Including Evacuation, Repatriation and Cancellation)	Unlimited
<i>Sub-limits</i>	
Alternative Medical Treatment	\$500
Continuing Treatment in Country of Origin	\$20,000
Loss of Deposits	\$100,000
Resumption of Travel	\$30,000
Accompanying Relatives	\$100,000
In Hospital Personal Cash	\$10,000 (\$100 per day)
Funeral Expenses	\$100,000
False Arrest	\$10,000
Hijack Cash	\$10,000 (\$100 per day)
Rental Vehicle Return	\$1,000
Travel Delay	\$10,000
Denial of boarding due to suspicion of contracting Covid-19	\$1,400 (\$200 per day)
SECTION 2 LUGGAGE AND PERSONAL EFFECTS	\$30,000
<i>Sub-limits</i>	
Deprivation of Luggage	\$1,000
Replacement of Travel Documents	\$,3000
Unauthorised use of Travel Documents	\$5,000
Money lost or stolen	\$1,000
Maximum Individual Item Value (unless specified and additional premium paid)	\$2,500
SECTION 3 MISSED TRANSPORT CONNECTION	\$25,000
SECTION 4 DEATH OR DISABLEMENT BY INJURY	\$50,000
Death for under 16 years of age	\$10,000
SECTION 5 PERSONAL LIABILITY	\$2,500,000
SECTION 6 KIDNAP AND RANSOM	\$250,000
SECTION 7 RENTAL VEHICLE EXCESS	\$5,000

For family policies, the maximum limits available are two times the limit shown in this table (unless something else is provided in the remainder of this Policy or **Your Certificate of Insurance**) and the limits are shared between all family members on a Policy.

## Your Policy

This Policy is designed to provide cover for non-New Zealand residents aged 65 years or under who **Travel** to visit, work and temporarily reside in New Zealand. The Policy consists of:

- This policy wording and
- The **Certificate of Insurance**.

They are to be read together as one contract.

The benefit amounts shown in the Schedule of Benefits in NZ\$ (in the **Certificate of Insurance**) are the maximum amounts payable over the 365 days from the **Policy Start Date**, regardless of the number of Policies **You** arrange with **Us** over that 365-day period. However, **Your** cover under this Policy always ends in accordance with the **Period of Insurance** for **Your** selected Policy. Sub-limits apply to some Sections.

## General Conditions

**APPLICABLE TO ALL SECTIONS  
UNLESS SPECIFIED OTHERWISE**

### 1. AUTOMATIC EXTENSIONS

- a. **We** will automatically extend the **Period of Insurance** for up to 3 consecutive months from the **Policy End Date**, if **Your** return to **Your Country of Origin** is put back due to a delay of transport or **Your** inability to **Travel** due to a **Sickness** or **Injury** for which a claim is payable under this Policy.
- b. **You** are covered up to 9 days, each way, in transit between **Your Country of Origin** and New Zealand during the **Period of Insurance**.

### 2. CANCELLATION

This Policy may be cancelled by **You** by **You** by giving notice to **Us** either:

- a. between the Date of Issue stated on **Your Certificate of Insurance** and the **Policy Start Date** or
- b. within 14 days of the **Policy Start Date** providing **You** have not claimed.

Upon cancellation of this Policy by **You** **We** will refund premium as follows:

- i. If cancellation takes place within 14 days of the Date of Issue and **You** have not claimed or commenced

travel, **We** will retain 30% of the premium for administration purposes and the period during which Loss of Deposits and Cancellation cover was in force.

- ii. If cancellation takes place within 14 days of the **Policy Start Date**, **Your** Policy is for a period of 90 days or longer and **You** have not claimed, **We** will refund the unused premium to **You** on a pro-rata basis less 30% for administration purposes and the period during which Loss of Deposits and Cancellation cover was in force.

**We** can cancel this Policy by giving **You** 14 days' notice in writing if:

- a. **You** fail to comply with the duty of the utmost good faith.
- b. **You** fail to comply with the duty of disclosure.
- c. **You**, at the time when the contract was entered into, made a misrepresentation to **Us** during the negotiations for the contract but before it was entered into.
- d. **You** fail to comply with a provision of the contract, including a provision with respect to payment of the premium.
- e. **You** make a fraudulent claim under the contract or under some other contract of insurance (whether with **Us** or with some other insurer) that provides insurance cover during any part of the period during which the first-mentioned contract provides cover

### 3. CLAIM OFFSET

Except for Section 4 Events 1 & 2 inclusive there is no cover under this Policy for any loss or event or liability that is covered:

- under any other insurance policy, health or medical scheme or Act of Parliament,
- under any free health care or treatment that is readily available in New Zealand or under any reciprocal health agreement between the Government of New Zealand and the Government of any other country or is payable by any other source or a health insurance policy obtained as a condition of **Your** entry visa into New Zealand.

**We** will however pay the difference between what is payable under the other insurance policy, health or medical scheme or Act of Parliament or reciprocal health agreement or such other source and what **You** would be otherwise entitled to recover under this Policy.

#### 4. DUTIES AND RESPONSIBILITIES

- (a) Upon the happening of an event potentially covered under this Policy, **You** must immediately:
- i. Do as much as **You** can to prevent any loss or liability.
  - ii. Contact nib nz limited at [assist@nibtravel.com](mailto:assist@nibtravel.com) or via telephone toll free in New Zealand 0800 864227 (0800 UNICARE) or if you are outside New Zealand on +64-4-381 8166 (collect) if **You** are to be **Hospitalised**, evacuated or repatriated or have lost all of **Your Luggage and Personal Effects** or money.
  - iii. Direct all claims communications to: Email: [claims@crombie.co.nz](mailto:claims@crombie.co.nz), Telephone in New Zealand telephone toll free 0800 864 277 (0800 UNICARE) or if you are outside New Zealand telephone: +64 4 381 8166 . Post nib nz limited, P.O. Box 91630 Victoria Street West, Auckland, New Zealand 1142.
  - iv. When **You** have completed a claim form, return it to the address shown above, making sure **You** provide the Policy number, supporting reports and documentation: such as police reports, doctor's reports, transport provider's reports, receipts, valuations or proof of ownership .
  - v. As soon as possible after suffering **Injury** or **Sickness** obtain and follow proper medical advice from a **Medical Practitioner**.
  - vi. Lodge a written claim against any person, party, hotel or transport provider who may be legally liable for loss arising from **Your, Injury** or **Sickness**.
  - vii. Contact the claims department for prior approval of any claim requiring surgery, or any claim where the

costs are expected to exceed \$1,000.

- (b) **You** must not admit liability in respect of any loss to other people.

#### 5. CURRENCY

All amounts stated in the Policy including the Schedule of Benefits are in New Zealand dollars. For reimbursement and payments into an international/overseas bank account a fee will be applied. No fee is applied to New Zealand Bank Accounts.

#### 6. LAW

This Policy shall be governed by New Zealand law and any dispute or action in connection with this Policy- will be conducted and determined in New Zealand.

#### 7. PROOF OF LOSS AND PHYSICAL EXAMINATION

**You** or any other person covered by this Policy, must provide **Us** immediately with full particulars of any claim made against **You** by any other person and all legal documents served on **You** or any other person covered by this Policy. **We** may at **Our** own expense conduct any medical examination or arrange for an autopsy to be carried out.

#### 8. RENEWAL

This Policy may be renewed, with **Our** consent, by payment of the applicable renewal premium. **You** are unable to renew **Your** Policy retrospectively so **You** must advise **Us** if renewal is required before **Your Policy Expiry Date**.

When **You** renew **Your** Policy (with no gaps or lapse in cover) **We** will continue to cover any accepted **Injury** or **Sickness** that has arisen while insured by **Us**. However, **We** have the option to repatriate **You** to **Your Country of Origin** if **You** are no longer, in **Our Medical Practitioner's** opinion, medically fit to remain in New Zealand for the purpose of study. Should **You** refuse to follow the advice of **Our Medical Practitioner** **We** will no longer pay for any ongoing related medical costs in New Zealand from the date of recommendation for repatriation.

## 9. REQUIRED INFORMATION

All claims must be notified to **Us** as soon as practicable and all medical certificates, accounts, receipts and information required by **Us** shall be furnished in such form and in such reasonable time as **We** require. Original documents must be produced.

## 10. LEGAL DEFENCE/ SUBROGATION

**We** have the right to commence or take over legal proceedings in **Your** name, for the defence or settlement of any claim, or to sue or prosecute any other party to recover any monies payable by them at law. **You** must cooperate with **Us** and do nothing to hinder **Our** rights. **We** may choose the lawyer to defend **You** and **You** waive privilege in any communications with **Our** lawyer.

## 11. UNTRUE OR INCOMPLETE INFORMATION

**You** are covered under this Policy provided that the information **You** supply relevant to **Your** application is both complete and factual. If any information is untrue, incomplete, misleading or is not disclosed to **Us**, **We** do have the right to void this Policy and **We** are not obliged to pay **Your** claim.

Insurance fraud is illegal and comes at a cost to all policy holders. If **You** have made a false or misleading claim please contact **Us** immediately to withdraw the claim. No penalty is applied when **You** withdraw a claim.

## 12. GOVERNMENT CHARGES

All premium costs include GST and NZ Government Fire Service and other Government fees (if applicable) that **You** are legally required to pay

## 13. CLAIMS EXCESS

An **Excess** is the amount that **You** must pay first for all **Your** covered losses arising from a single event before **You** can claim under **Your** policy.

An **Excess** applies to the below sections of the policy:

- Section 1A (Medical and Related Expenses) and 1B (Additional Expenses) where there is an Excess of \$75
- Section 2 (Luggage and Personal Effects) where there is an **Excess** of \$200 for **Technology Items** and \$100 for other claims under section 2; and

- Section 2 (Luggage and Personal Effects) where there is an **Excess** of \$16,000 for loss or damage due to a natural disaster (as defined in the Earthquake Commission Act 1993).
- Section 5 (Personal liability) where there is an **Excess** of \$100.

### WHAT SHOULD I DO IF I HAVE A MEDICAL EMERGENCY?

If you experience a medical emergency in New Zealand call 111, or in Australia call 000 or visit the nearest medical facility. If you have been admitted to hospital please call our 24/7 emergency assistance team on +64-4-381 8166 as soon as possible

### HOW DO I SUBMIT A CLAIM?

To submit a claim please complete your claim form in English and send this to [claims@crombie.co.nz](mailto:claims@crombie.co.nz). Please include any supporting documents including medical reports, receipts or police reports. Claims forms are available in multiple languages but it is important that you complete them in English. Please provide the required supporting documents when submitting a claim. Please ensure these are in English. Translation costs (if applicable) are not claimable and at your own expense

### HOW CAN I CHANGE OR UPDATE MY POLICY?

Please contact the Crombie Lockwood policy administration team on either: +64 9 362 4039 or via email [insure@uni-care.org](mailto:insure@uni-care.org)

## Definitions

In this Policy the following definitions apply to the words in bold font.

The definitions apply to all derivatives of the words defined.

**Alternative Medical Treatment** means reasonable expenses necessarily incurred by **You** within 12 calendar months of sustaining **Injury** or **Sickness** in respect of medical advice or treatment by Chiropractors, Acupuncturists, Osteopaths, Podiatrists, Dieticians, Nutritionists and Dermatologists provided they are registered members of a recognised professional body for that type of Alternative Medical Treatment provider.

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**Certificate of Insurance** means the latest Certificate of Insurance attaching to this Policy and forming part of it. It contains the Schedule of Benefits in NZ dollars.

**Country of Origin** is that country outside New Zealand in which **You** have established permanent residency and/or is where **Your Travel** commenced.

**Eligible Person** means persons who are entitled to access to the New Zealand Public Health System due to Reciprocal Health Agreements with their **Country of Origin** and New Zealand.

**Excess** means the amounts stated in this Policy that **You** must pay first for all **Your** covered losses arising from a single event before **You** can claim under **Your** policy.

**Family** means **You** and/or **Your Spouse** and **Your** financially dependent children and legal wards 18 years of age and under who remain in **Your** full custody and control during the trip. The benefit shown in the schedule of benefits is twice the individual amount shown and is shared by the **Family**, unless provided otherwise in this Policy.

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

**Hazardous** means a risk likely to cause **Injury** or loss

**Hospital** means any institution lawfully operated for the care and treatment of sick or injured persons with organised facilities for diagnosis and surgery and having 24 hours a day nursing service and medical supervision; but does not include any institution used primarily as a nursing or convalescent home, a place of rest, a geriatric care facility, a mental institution, a rehabilitation or extended care facility or a place for the care or treatment of alcoholics or drug addicts.

**Injury** means physical and bodily injury which happens to **You** as a result of accidental and external violence during the **Period of Insurance** and which results solely and directly and independently of any other cause

within 12 calendar months of the date of occurrence of such **Injury**.

**Kidnapping/Kidnapped** means the seizing, detaining or carrying away of **You** by force or fraud for the purpose of demanding **Ransom**.

**Luggage and Personal Effects** means personal items owned by **You** that **You** take travelling with **You** and/or bring with **You** to New Zealand, or any items purchased while in New Zealand. This does not include business samples, trade samples, software or electronic data.

**Manual Work** means skilled and unskilled manual work, other than that of an academic nature.

**Medical Expenses** means reasonable expenses necessarily incurred by **You** within 12 calendar months of sustaining **Injury** or **Sickness** in respect of medical advice or treatment by a **Medical Practitioner**, nurse, **Hospital** and/or ambulance service for medical, surgical, diagnostic services, **Hospital** or nursing treatment, including physiotherapy, the cost of medical supplies and ambulance hire prescribed by a **Medical Practitioner**. It includes **Alternative Medical Treatment** if that treatment has followed referral by a **Medical Practitioner**. This does not extend to cover Chinese or Ayurveda Medicine

**Medical Practitioner** means any person who is, or is deemed to be, registered with the Medical Council of New Zealand as a practitioner of the profession of medicine and who holds a current practicing certificate. This does not extend to cover family councillors or social workers.

**Negligence** means **Your** failure to exercise the care that a reasonable person would exercise in the same circumstance.

**Public Place** means but is not limited to shops, airports, train stations, streets, hotel foyers and grounds, restaurants, beaches, public toilets and any place to which the public has access.

**Period of Insurance** means from the **Policy Start Date** until **Your** return to **Your Country of Origin**, or the **-Policy End Date**, whichever occurs first, except for section 1B(1) where cover shall start on the day the premium is paid or six months prior to the commencement

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of **Your Travel** whichever is the later, provided the cover is granted by **Us**.

**Policy Start Date** means the date shown as the Policy Start Date in the **Certificate of Insurance**.

**Policy End Date** means the date shown as the Policy End Date in the **Certificate of Insurance**.

**Present Day Value** means the purchase amount paid for an item, or the current market value of an item, whichever is the lesser.

**Pre-existing Condition/s** means, in relation to **You** or any other person on whom **Your Travel** depends, any medical or physical conditions or circumstances:

- a) which **You** are aware of, or ought to have been aware of; or
- b) for which advice, care, treatment, medication or medical attention has been sought by **You**
- c) which have been diagnosed as a medical condition, or a **Sickness** or indicative of a **Sickness**; or
- d) which are of such a nature to require, or which potentially may require medical attention; or
- e) which are of such a nature as would have caused a prudent, reasonable person to seek medical attention

prior to the commencement date of **Your** Policy.

**Ransom** means any monetary loss which is incurred in the provision and delivery of cash, marketable goods, services or property to secure the release of **You** when **Kidnapped**.

**Relative** means **Your Spouse**, de-facto **Spouse**, parent or step-parent or guardian, parent-in-law, daughter, son, daughter or son-in-law, brother or sister, provided such person(s) are under 76 years of age and is resident in **Your Country of Origin**.

**Rental Vehicle** means a vehicle, such as a sedan or station wagon, rented from a licensed motor vehicle rental agency.

**Serious Injury or Serious Sickness** (in respect of a **Relative** or any other person on whose state of health the **Travel** depends) means a life threatening medical condition that first manifested itself during **Your Period of Insurance**.

**Sickness** means any illness or disease (including symptoms thereof).

**Spouse** means **Your** husband or wife or the person who cohabits with **You** in a nature of a marital, de-facto or civil union relationship during the 90 days immediately preceding the **Period of Insurance**

**Technology Item** means mobile phones including smart phones, digital cameras, photographic, audio, video and electrical equipment (including CDs, DVDs, video and audio tapes and electronic games), computers, tablets, audio or media players, wireless headphones, wired headphones, electric scooters and drones.

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

**Total Disablement** means disablement which continues for 12 consecutive months and at that time is certified by a **Medical Practitioner** as being beyond hope of improvement which results in **Your** complete inability to engage in or attend to any gainful employment for which **You** may become through rehabilitation and retraining reasonably qualified to perform by reason of education, training or experience.

**Travel** means

- a) Travel undertaken by **You** during the **Period of Insurance** to work, travel and temporarily reside in New Zealand.
- b) In respect of Section 2(5) specifically relating to money acquired for the Travel, 72 consecutive hours prior to the loss and following payment of the premium to **Us**.
- c) In respect to all other sections from the time **You** depart **Your Country of Origin** for commencement of **Your Travel**; and continues until:
  - i) **You** return to **Your Country of Origin**; or



- ii) the expiration of the **Period of Insurance** (unless renewed); or
- iii) the Policy's cancellation date;

whichever occurs first.

**Ultimate Net Loss** means the final amount of **Ransom** cost less any recoveries. If following **Our** payment part or all of the **Ransom** is recovered **You** are required to reimburse **Us** the value of the amount so recovered.

**Unattended** means any of the following  
 a) leaving Your **Luggage and Personal Effects** with a person who is not covered under **Your** Policy or who is not a **Relative** b) leaving it in any position where it can be taken without **Your** knowledge or c) leaving it at such a distance from **You** that **You** are unable to prevent it being taken. This also means leaving **Your Luggage and Personal Effects** behind, forgetting it or walking away from it.  
**Unforeseen** means sudden, unexpected, and unintended.

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

**We/Our/Us** means nib nz limited.

**You/Your** means the Insured Persons as specified in the Certificate of Insurance.

\*Words in the singular include the plural and vice versa.

## General Exclusions

### APPLICABLE TO ALL SECTIONS UNLESS OTHERWISE SPECIFIED

**We** will not pay under any Section of this Policy for any claim arising directly or indirectly out of:

1. Air travel except as a passenger in any properly licensed passenger carrying aircraft. This does not apply to hot air ballooning.
2. Pregnancy, childbirth, or abortion if the pregnancy existed at the time the Policy was issued.
3. Pregnancy, childbirth, or abortion if the pregnancy commenced after the Policy was issued, except where such costs are

incurred because of unexpected medical complications or emergencies that occur up to and including the 20th week of pregnancy.

4. Infertility or birth control
5. In respect to a child born during the **Period of Insurance We** will not pay for post-natal care or for any amount in excess of \$100,000 under section 1A for the treatment of condition(s) existing prior to or at birth.
6. Sexually transmitted disease or Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV) infection.
7. Any cost relating to medical treatment for hair loss.
8. Any cost relating to a **Relative's Pre-existing Medical Condition**
9. Hunting, racing (other than on foot), playing polo, professional sport, mountaineering, rock climbing using ropes or climbing equipment, pot holing, motorcycling unless the total engine capacity of the motorcycle is 200cc or less (a motorcycle licence must also be held at the time and place where the claim occurred), skydiving (unless under the supervision of a qualified instructor), hang-gliding, ocean yachting (unless cover has been approved by **Us**), or deliberate exposure to exceptional danger, including **Hazardous** pursuits.
10. Radioactive contamination or radioactivity in any form whatsoever whether occurring naturally or otherwise.

11. **War**
12. Intentional use of military force to intercept, prevent or mitigate any known or suspected **Terrorist Act**.
13. Any **Terrorist Act**.

NOTE: Exclusions 12 and 13 do not apply to Sections 1A, 1B2(a), 1B2(b), 1B4, 1B5(a) and 1B5(b).

14. **You Travelling** against medical advice or when **You** are medically unfit to **Travel**.

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15. **Travel** undertaken for the purpose of receiving medical treatment (whether or not this was the sole purpose for such **Travel**) unless agreed to by **Us** prior to the departure date for the **Travel**.
  16. Depression, stress, anxiety, mental or nervous disorder, suicide or attempted suicide or self-injury.
  17. Diving underwater using an artificial breathing apparatus unless **You** hold an open water diving license or **You** were diving under licensed instruction.
  18. **Manual Work** or **Hazardous** work unless **We** have agreed to their inclusion.
  19. **You** being under the influence of alcohol and/or drugs.
  20. **You** engaging in any activity associated with any criminal act.
  21. Government intervention at a national or regional level, or by reference to geographical area(s), population levels, communities or cluster levels, including but not limited to: border closures, mandatory testing, voluntary isolation, mandatory isolation/quarantine, and public lockdowns.
  22. Any loss, injury, damage or legal liability arising directly or indirectly from travel in, to or through an "Avoid non-essential travel" area or "Do not travel" area as listed on the Safe Travel website ([safetravel.govt.nz](http://safetravel.govt.nz)).
  23. Any loss, **Injury**, damage or legal liability suffered or sustained directly or indirectly by **You** if **You** are
    - a. a terrorist;
    - b. a member of a terrorist organisation;
    - c. a narcotics trafficker; or
    - d. a purveyor of nuclear, chemical or biological weapons.
  24. Incurred costs for screenings or investigations where no signs or symptoms are present
  25. Incurred for tests, vaccinations or health screening for immigration/visa requirements.
  26. Incurred costs for screenings or investigations where no signs or symptoms are present
  27. Reinstatement, replacement, loss or damage to any electronic data or software including any consequential loss
  28. The medical treatment costs of injuries caused by accidents in New Zealand that are covered by The New Zealand Accident Compensation Commission (ACC).
  29. **Your** disinclination to **Travel**.
  30. **Travelling** against local or New Zealand Government advice or **Travelling** against **Our** advice.
  31. Likely or actual epidemic/pandemic declared by a government or WHO ([who.int](http://who.int)).

## Section 1a: Medical and Related Expenses

### 1. MEDICAL EXPENSES:

**We** will reimburse **You** for **Medical Expenses** incurred for the treatment of an **Injury** or **Sickness** suffered during the **Period of Insurance** including the costs associated with medical evacuation which has been approved by **Us**.

However, this reimbursement is subject of the limitations contained in subsections (a) to (c) below:

#### a) DENTAL:

**We** will reimburse **You** for the cost of treatment for:

- i) **Injury** to teeth suffered during the **Period of Insurance**, and
- ii) The initial consultation for the relief of sudden and acute pain during the **Period of Insurance** using antibiotics, temporary dressings or extraction, however **We** will not pay for elective treatment or Normal Maintenance as defined below

Normal Maintenance: includes fillings, root canals, polishing and scaling, wisdom teeth extractions, replacement due to loss of dental bridges, restoration work, caps, crowns, precious metal costs or pins and fittings, periodontal, titanium implants or any dental work resulting from lack of regular dental maintenance and/or hygiene.

### b) MENTAL ILLNESS:

Subject to a limit of \$20,000, **We** will reimburse **You** for all **Medical Expenses** incurred for the treatment of depression, stress, anxiety, mental or nervous disorder

#### Note:

*General Exclusion 16 does not apply to 1A 1(c) provided that in the opinion of **Our** medical advisor the condition is of such severity that **You** will not recover sufficiently to continue **Your** studies or complete the purpose for which **You** undertook the **Travel**.*

### c) ALTERNATIVE MEDICAL TREATMENT

**We** will reimburse you for the cost of **Alternative Medical Treatment** up to \$500 over the 12 month period beginning on the **Policy Start Date** but subject overall to **Your Period of Insurance**.

## 2. CONTINUING TREATMENT

Following **Your** permanent return to **Your Country of Origin**, **We** will also pay for **Your** continuing treatment, to a maximum of \$20,000, always provided any costs covered under this Section are incurred within 12 months from the date of **Your** first covered claim relating to the **Injury**, or **Sickness**.

### COVID-19 EXTENSION TO SECTION 1A

Section 1A is extended to include cover if **You** suffer the **Sickness** of Covid-19. To this extent only, General Exclusions 21 and 31 do not apply to this extension.

#### Supporting Documents Required for Your Claim May Include:

- Medical report(s) confirming your diagnosis
- If you are admitted to hospital your discharge report
- Any receipts

*In some cases, we may request additional documents, such as a medical report confirming your pre-existing conditions. This will depend on your individual circumstances.*

## Section 1B: Additional Expenses

### 1) LOSS OF DEPOSITS

**We** will reimburse **You** the non-recoverable unused portion of:

- **Travel**,
- accommodation
- other deposits

paid for in advance by **You**, if **Your Travel** is cancelled, altered or not completed due to:

- a) The **Unforeseen** death, **Serious Injury** or **Serious Sickness** of a **Relative**, close business associate or **Travelling** companion, provided that this person is under 76 years of age.
- b) **You** suffering an **Injury** or **Sickness** during the **Period of Insurance**.

### COVID-19 EXTENSION TO SECTION 1B 1 LOSS OF DEPOSITS

Section 1B 1 is extended to include cover if **You** suffer the **Sickness** of Covid-19 during the **Period of Insurance**.

Please note that this extension excludes the deposits paid for the following:

- educational fees
- campus or student accommodation, and
- isolation/quarantine

To this extent only, General Exclusions 21 and 31 do not apply to this extension.

### 2) REPATRIATION AND ADDITIONAL EXPENSES

**We** will reimburse **You**, or pay on **Your** behalf where **We** agree circumstances necessitate, for the expenses **You** reasonably and necessarily incur in addition to those **You** already budgeted for or were likely to be incur during **Your Travel** as a result of:

- a) **You** having to return to **Your Country of Origin** during the **Period of Insurance** due to the **Unforeseen** death, **Serious Injury** or **Serious Sickness** of a **Relative**, close business associate or **Travelling** companion during the **Period of Insurance**, provided that such a person is under 76 years of age.
- b) **You** suffering an **Injury** or **Sickness** during the **Period of Insurance**.

- c) any other **Unforeseen** circumstance not covered elsewhere in the Policy which is outside **Your** control other than those circumstances described in (a) & (b) above or specifically described elsewhere in the Policy.

less any refund **You** are entitled to for prepaid **Travel** and accommodation arrangements,

### COVID-19 EXTENSION TO SECTION 1B 2 (b) and 2 (c)

Section 1B 2 (b) & 1B 2 (c) above are extended to include cover if **You** suffer the **Sickness** of Covid-19 during the **Period of Insurance**.

Please note that this extension excludes the following expenses:

- educational fees or expenses,
- campus or student accommodation expenses, and
- isolation/quarantine expenses.

Should **You** be denied boarding a plane, or ship due to suspicion of **You** having Covid-19 during **Your Period of Insurance**, **We** will reimburse **You** for additional accommodation and meal expenses up to \$200 per 24-hours, up to a maximum of \$1400.

To this extent only, General Exclusions 21 and 31 do not apply to this extension.

#### Note:

*General exclusion 16 does not apply to 1B 2 provided that in the opinion of **Our** medical advisor the condition is of such severity that **You** will not recover sufficiently to continue **Your** studies or complete the purpose for which **You** undertook the **Travel**. This benefit limit for claims that would otherwise be excluded by exclusion 16 is \$10,000 over the 12-month period beginning on the **Policy Start Date**.*

*We strongly recommend **You** seek pre-approval for claims over \$1,000 prior to incurring expenses to understand what is covered under your Policy*

### 3) RESUMPTION OF TRAVEL

If **You** wish to resume **Your** original **Travel** following a covered claim under clause 2: (Repatriation and Additional Expenses) above, **We** will pay the reasonable additional costs of

economy class air fares to return **You** to the same location and position **You** were in prior to **Your** claim.

Provided:

- a) **Your** resumption of travel takes place within six months of the date of the claims event recorded on **Your** claim for clause 2 and,
- b) at least 28 days of the original **Period of Insurance** were remaining when the event that necessitated **Your** return occurred.
- c) if **Your** resumption of travel is necessary for educational purposes such as completing examinations, lectures or research commitments or an existing academic course, **We** may, at **Our** sole discretion, waive the 28 days requirement of proviso 3(b).

### 4) ACCOMPANYING RELATIVES

If **You** are **Hospitalised** for a **Serious Injury** or **Serious Sickness** and medical circumstances dictate, **We** will pay for the reasonable return airfare (economy class unless otherwise agreed to by **Us**), transportation and accommodation charges incurred, for up to two of **Your Relatives** to attend **You** and/or escort **You** to **Your Country of Origin**, or in the event of **Your** death to accompany **You** remains back to **Your Country of Origin**. The maximum sum payable is \$100,000 over the 12-month period beginning on the **Policy Start Date**, but subject overall to **Your Period of Insurance**,

### COVID-19 EXTENSION TO THIS BENEFIT

Section 1B (4) is extended to include cover if **You** suffer the **Serious Sickness** of Covid-19.

To this extent only, General Exclusions 21 and 31 do not apply to this extension

Note:

*General exclusion 16 does not apply provided that in the opinion of **Our** medical advisor the condition is of such severity that **You** will not recover sufficiently to continue **Your** studies or complete the purpose for which **You** undertook the **Travel**. This benefit limit for claims that would otherwise be excluded by exclusion 16 is \$10,000 over the 12-month period beginning on the **Policy Start Date**.*

*We strongly recommend **You** seek pre-approval for claims over \$1,000 prior to*

*incurring expenses to understand what is covered under your Policy*

## 5) OTHER BENEFITS AND EXPENSES

Refer to the Schedule of Benefits Payable in NZ\$ contained in the **Certificate of Insurance** for the amounts payable. We will pay **You**:

### a) IN HOSPITAL CASH

A cash benefit for every continuous 24 hour period **You** are confined to **Hospital** as an in-patient due to **Injury** or **Sickness**.

### COVID-19 EXTENSION TO THIS BENEFIT

Section 1B 5(a) is extended to include cover if **You** suffer the **Sickness** of Covid-19.

To this extent only, General Exclusions 21 and 31 do not apply to this extension

This benefit is paid at \$100 per 24 hour period with a maximum limit of \$10,000

### b) FUNERAL EXPENSES

The reasonable cost of returning **Your** remains to **Your Country of Origin** or the reasonable funeral and related costs if the body is buried or cremated at the place of death in the event **You** die during the **Period of Insurance**.

This benefit limit is \$100,000.

### Supporting Documents Required for Your Claim may Include:

- Airline ticket or pre-paid expenses confirmation
- Any receipts with refund terms and conditions
- Confirmation of reason for the travel disruption or cancellation

In some cases, we may request additional documents. This will depend on your individual circumstances.

### COVID-19 EXTENSION TO THIS BENEFIT

Section 1B 5(b) is extended to include cover if **You** suffer the **Sickness** of Covid-19.

To this extent only, General Exclusions 21 and 31 do not apply to this extension

### c) FALSE ARREST EXPENSES

The reasonable legal costs actually and necessarily incurred by **You** as a result of **Your** false arrest or wrongful detention, during the **Period of Insurance**, by any legally recognised foreign Government.

This benefit limit is \$10,000.

### d) HIJACK CASH

A cash benefit for every continuous 24 hour period that **You** are detained as a result of the public transport in which **You** are **Travelling** being hijacked during the **Period of Insurance**

This benefit is paid at \$100 per 24 hour period with a maximum limit of \$10,000

### e) RENTAL VEHICLE RETURN

The reasonable costs incurred in returning **Your Rental Vehicle** to the nearest **Rental Vehicle** depot if **You** are unable to return it Yourself due to **Your Sickness, Injury**, or death during the **Period of Insurance** but only where **You** are liable for such costs under the hire agreement.

This benefit limit is \$1,000.

### f) TRAVEL DELAY

If **Your Travel** arrangements are delayed for at least 6 consecutive hours due to any **Unforeseen** cause beyond **Your** control **We** will pay for **Your** reasonable extra costs necessarily incurred due to the delay, including the costs of meals, which are not recoverable from any other source.

This benefit limit is \$10,000.

### EXCLUSIONS APPLYING TO SECTIONS 1A AND 1B.

**We** will not pay for:

- 1) Charges **You** incur if **You** fail to return to **Your Country of Origin** or to an alternative location at **Our** direction once **You** may, in the opinion of **Our** medical adviser, have safely undertaken to do so or after **You** fail to follow **Our** advice or instruction.

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- 2) Expenses relating to the continuation or maintenance of any course of treatment **You** were receiving prior to the **Policy Start Date** or replenishment of prescribed medications being taken by **You** prior to **Your** departure from **Your Country of Origin**, unless the prescribed medication was lost or damaged during the **Period of Insurance**
  - 3) Expenses arising from elective surgery or elective medical treatment, unless otherwise agreed in writing by **Us**.
  - 4) Any expenses incurred more than 12 calendar months after the date of **Injury** or, in the case of **Sickness**, more than 12 calendar months after the date on which the first **Medical Expense** is incurred or the **Policy End Date** whichever occurs last.
  - 5) Disposable contact lenses.
  - 6) Any claim arising from:
    - a) Cancellation, curtailment or diversion of scheduled public transport services, including by reason of strikes or other industrial action, if there had been warning in the news media or current notifications in the local Government "Country Warning" web sites, before the date the **Travel** was booked, that such events were likely to occur.
    - b) Carrier caused delays where the costs are recoverable in full from the carrier.
    - c) Any business or financial or contractual obligation or commitment of **You** or of any other person on whom the **Travel** depends.
    - d) Any change of plans or disinclination to **Travel** on **Your** part or of any other person on whom the **Travel** depends.
    - e) The inability of any tour operator or wholesaler to complete arrangements for any tour due to a deficiency in the required number of persons to commence any tour or journey.
    - f) The refusal, failure or inability of any person, company or organisation, including but not limited to any airline, other transportation provider, hotel, car rental agency, tour or cruise operator, travel wholesaler, booking

agent or other provider of travel or tourism related services, facilities or accommodation, to provide services, facilities or accommodation, by reason of their own **Financial Default** or the **Financial Default** of any person, company or organisation with whom or with which they deal.

- 7) More than one repatriation transit in relation to the same **Relative**, condition or event.
- 8) The **Excess** of \$75.00 of any claim under this section of the policy.

## Section 2: Luggage, Personal Effects, Travel Documents, Money and Credit Cards

**We** will pay **You** should any of the events described below occur during the **Period of Insurance**:

### 1) LOST OR DAMAGED PROPERTY

For accidental loss of or damage to **Your** accompanied **Technology Items** or **Luggage and Personal Effects** which **You** use during the **Period of Insurance** (including papers, specifications, manuscripts and stationery for their face value only).

### 2) DEPRIVATION OF LUGGAGE

For emergency replacement of essential **Luggage and Personal Effects** if **Your Luggage and Personal Effects** is delayed, misdirected or temporarily misplaced by any carrier for more than 8 consecutive hours. Claims must be supported by written confirmation from the carrier responsible and receipts for the replacement items **You** needed to purchase. Claims are limited to a maximum of \$1,000 for an individual or a **Family**.

### 3) REPLACEMENT OF TRAVEL DOCUMENTS

For the non recoverable cost of replacing **Travel** documents, credit cards and **Travellers** cheques accidentally lost or damaged up to a maximum of \$3,000 for an individual or a **Family**.

#### 4) UNAUTHORISED USE OF TRAVEL DOCUMENTS

For **Your** legal liability for compensation arising out of the unauthorised use of **Your** **Travel** documents, credit cards or **Travellers** cheques which are stolen during the **Period of Insurance** by any person other than **You**, **Your Relative** or **Travelling** companion, limited to \$5,000 over the 12-month period beginning on the **Policy Start Date**, but subject overall to **Your Period of Insurance**

#### 5) MONEY

For accidental loss of cash, bank or currency notes, cheques, postal or money orders or other negotiable instruments taken with **You**. Maximum payable is \$1,000, over the 12-month period beginning on the **Policy Start Date** but subject to **Your Period of Insurance**.

#### 6) FIRE DAMAGE

In the event of any loss caused by or arising from fire, the maximum amount payable for any claim during the **Period of Insurance** is \$16,000.

Please note however that sublimits apply:

Cash, bank or currency notes, cheques, postal or money orders or other negotiable instruments destroyed in a fire are limited to \$1000.

Note:

*In regard to Section 2.1:*

a) *the maximum amount **We** will pay for any one item, set or pair of items is \$2,500 unless the item, set or pair of items is specified on the **Certificate of Insurance** and the additional premium has been paid.*

b) *The limit for any specified item, set or pair of items is \$5,000 with a maximum for all specified items of \$30,000.*

c) *In the event of a claim **You** must be able to support **Your** claim with receipts or valuations.*

#### BASIS OF SETTLEMENT UNDER THIS SECTION

For payment under this section **We** have the option, at **Our** sole discretion, to:

- a) pay the replacement cost of the item(s) being claimed; or
- b) choose to repair or replace the item(s) being claimed; or
- c) pay the depreciated value of the items being claimed; or

pay **You** an amount that covers **Your** loss, being the lesser of **Our** reasonable cost to replace the item with an item that is of equivalent age, general condition, quality and capability or the cost of indemnifying **You** under a), b) or c) above.

2. Where **We** elect to pay the depreciated value under this section, depreciation is applied to an item as per the below:

#### Technology Items

Age of Item	Depreciation
Less than 6 months old	NIL
6-12 months old	15%
1-2 years old	30%
2-3 years old	60%
Over 3 years old	80%

All other non **Technology Items** less than 2 years old are paid at **Present Day Value**.

All other non **Technology Items** over 2 years old are paid at **Present Day Value** less 20%.

#### CONDITIONS APPLYING TO SECTION 2

- 1) It is a condition of payment under this Section that all losses including damage attributable to theft or vandalism be reported to the local police or appropriate authority as soon as possible after the discovery of the loss and a written acknowledgement of the report obtained. Any loss of credit cards, Travellers cheques or **Travel** documents must also be reported as soon as possible to the issuing authority and the appropriate cancellation measures taken.
- 2) **You** shall take all reasonable precautions for the packaging, safety and supervision of any **Technology Item(s)**, portable electronic property, personal effects, **Travel** documents, money and credit cards.
- 3) **You** must not leave any item(s) unlocked or **Unattended** in a **Public Place** or in any unlocked and **Unattended** building or vehicle at any time unless in a locked compartment that is not visible from the outside of the vehicle (for example boot or cubbyhole), nor in a vehicle overnight.

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- 4) All cash or jewellery must either be on **You** in person or in a locked safe. There is no cover if **You** leave jewellery or cash in a room where **You** are not present
  - 5) **You** must secure **Technology Item(s)** and portable electronic property in a locked premise, safe or strong room or out of sight in a locked vehicle and carry such items as personal hand luggage.

**SUPPORTING DOCUMENTS REQUIRED FOR YOUR CLAIM MAY INCLUDE:**

- Proof of ownership including receipts  
*If applicable :*
  - Police report if items are stolen or lost  
OR
  - Lost or delayed baggage reports
- In some cases, we may request additional documents. This will depend on your individual circumstances.*

- 8) The **Excess** of \$200 for any **Technology Item(s)** and the **Excess** \$100 for any other claim under this section of the Policy.

More than \$10,000 for any claim under this Section in respect of insured items left in a vehicle.

- 9) The **Excess** of \$16,000 for loss or damage due to a natural disaster (as defined in the Earthquake Commission Act 1993).

## **EXCLUSIONS APPLYING TO SECTION 2**

**We** will not pay for:

- 1) Scratching or breakage of fragile or brittle items.
- 2) Damage or loss arising from wear and tear, deterioration, atmospheric or climatic conditions, mould or fungus, insects, rodents, vermin, or any process of cleaning, ironing, pressing, repairing, restoring or alteration.
- 3) Any item(s) shipped under a freight agreement, sent by a postal or courier service, or purchased over the internet.
- 4) Losses due to depreciation or devaluation of currency.
- 5) Loss or damage arising from the confiscation or destruction by Customs or any other authority.
- 6) Household furniture or household appliances being used by **You** for domestic use and non-portable **Technology Item(s)**. or electronic equipment.
- 7) Damage to sporting equipment including surfboards, sailboards, boogie boards and bicycles whilst in use.



## Section 3: Missed Transport Connection

We will pay the cost of additional reasonable scheduled public transport services and accommodation if due to an **Unforeseen** circumstance occurring during the **Period of Insurance** and outside **Your** control **You** miss a transport connection and are required to make alternative arrangements to arrive at a special event such as a conference or wedding which cannot be delayed because of **Your** late arrival.

### CONDITIONS APPLYING TO SECTION 3

1. **You** must ensure that all reasonable effort has been made to avoid additional expenses.
2. **You** must remain in **Your** original booking class/cabin (**We** will not accept any cabin upgrades).
3. **You** must seek any refunds on unused tickets/taxes or travel vouchers. Where a refund has been provided, **We** will settle this expense less the amount **You** have been refunded

#### SUPPORTING DOCUMENTS REQUIRED FOR YOUR CLAIM MAY INCLUDE:

- Airline ticket or pre-paid travel expenses confirmation
- Any receipts for additional reasonable scheduled public transport
- Confirmation of reason for missed transport connection

*In some cases, we may request additional documents. This will depend on your individual circumstances.*

### EXCLUSIONS APPLYING TO SECTION 3

We will not pay for:

- 1) Any missed transport connection arising from any business or financial or contractual obligation or commitment of **You** or of any other person on whom the **Travel** depends.
- 2) Claims arising from the inability of any tour operator or wholesaler to complete arrangements for any tour due to a

deficiency in the number of people required to commence any tour or journey.

- 3) Claims arising from a special event which could have been rescheduled to a later time to coincide with **Your** late arrival.
- 4) Any change of plans or disinclination to **Travel** on **Your** part or of any other person on whom the **Travel** depends.
- 5) Claims arising from industrial disputes that **You** were aware of prior to the **Policy Start Date**.
- 6) The **Excess** of \$100 of any claim under this section of the Policy.

## Section 4: Death or Disablement By Injury

### 1) DESCRIPTION OF COVER

In the event of an **Injury** resulting in **Your** death or **Total Disablement** whilst **Travelling** during the **Period of Insurance**, or within 12 calendar months of the **Injury**, **We** will pay the compensation listed under the Schedule of Benefits Payable in NZ\$ stated in the **Certificate of Insurance**.

### 2) EXPOSURE

**We** will pay the compensation listed under the Schedule of Benefits Payable in NZ\$ in the **Certificate of Insurance** if as a result of an **Injury** **You** are exposed to the elements and as the result of that exposure within 12 calendar months suffer death or **Total Disablement**.

### 3) DISAPPEARANCE

If **Your** body is not found within 12 calendar months after an accident involving the conveyance in which **You** were **Travelling**, death will be presumed in the absence of any evidence to the contrary.

#### SUPPORTING DOCUMENTS REQUIRED FOR YOUR CLAIM MAY INCLUDE:

- Medical notes confirming total disablement or death certificate OR
- Evidence supporting your disappearance

*In some cases, we may request additional documents. This will depend on your individual circumstances.*

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#### **CONDITIONS APPLYING TO SECTION 4**

- 1) After the occurrence of ANY of the events, all cover under this Section shall cease.
- 2) Benefits shall not be payable for more than one of the events.
- 3) In the event of the death of a financially dependent child and/or legal ward under the age of 16 years who are **Travelling** under a **Family** Policy a maximum benefit of \$10,000 will apply.
- 4) All Compensation is payable to **You, Your** estate or persons nominated by **You**.

#### **EXCLUSIONS APPLYING TO SECTION 4**

**We** will not pay for any claim which directly or indirectly arises from or is caused by:

- 1) Any type of illness, disease, infection or contagion, even if contracted through an **Injury**. This Exclusion shall not apply to medically acquired infections or blood poisoning.

## Section 5: Personal Liability

**We** will pay all damages, compensation and legal expenses, up to the amount specified in the Schedule of Benefits Payable in NZ\$ for which **You** become legally liable (inclusive of necessary and reasonable defence costs) as a result of **Your Negligence** during the **Travel** causing:

- 1) Bodily **Injury** (including death or illness) of another person.
- 2) Physical **Loss** of or damage to property of others

during the **Period of Insurance**

### CONDITIONS APPLYING TO SECTION 5

It is a condition of payment under this Section that **You** do not admit fault or liability to any other person without **Our** prior written consent.

#### SUPPORTING DOCUMENTS REQUIRED FOR YOUR CLAIM:

- *Proof of event(s) and evidence of damages*
  - *Evidence of damage expense*
- In some cases, we may request additional documents. This will depend on your individual circumstances.*

### EXCLUSIONS APPLYING TO SECTION 5

**We** will not pay damages, compensation or legal expenses in respect of any liability directly or indirectly arising out of or in connection with:

- 1) Bodily **Injury** (including death or illness) to **You** or to any member of **Your Family** ordinarily residing with **You**.
- 2) Bodily **Injury** (including death or illness) to any of **Your** employees arising out of or in the course of employment.
- 3) Physical loss of or damage to property owned by or in the custody or control of **You** or any member of **Your Family** ordinarily residing with **You**.
- 4) Physical loss of or damage to property or bodily **Injury** (including death or illness), arising out of **Your** ownership, use or possession of any mechanically propelled vehicle, aircraft or water-borne craft.

- 5) Loss of or damage to property or bodily **Injury** (including death or illness) arising out of **Your** business or trade or occupation, or out of professional advice given by **You**.
- 6) Any contract unless such liability would have arisen in the absence of that contract.
- 7) Loss or damage or bodily **Injury** (including death or illness) arising from a criminal or illegal act.
- 8) Judgments which are not in the first instance either delivered by or obtained from a court of competent jurisdiction within New Zealand or the country in which the accident occurred giving rise to **Your** liability.
- 9) Aggravated, exemplary or punitive damages.

**We** will not pay the **Excess** of \$100.

## Section 6: Kidnap and Ransom

**We** will pay if **You** are **Kidnapped**:

- 1) The **Ultimate Net Loss** of **Ransom** paid by **You**, or **Your** representative, following the **Kidnapping** of **You** during the **Period of Insurance**.
- 2) The reasonable expenses, actually and necessarily incurred following receipt of a **Ransom** demand after the **Kidnapping** of **You** during the **Period of Insurance**, for:
  - a) The fees and expenses of a security consultant retained as the result of such a demand, provided **We** have given **Our** consent to the appointment of the security consultant.
  - b) interest paid on monies borrowed from a financial institution for the purpose of paying **Ransom**. The amount **We** will pay will be for a term not exceeding from 30 days prior to the payment of the **Ransom** until the first business day after settlement from **Us**, on a principal sum not exceeding \$250,000, and for a rate of interest not exceeding 2% above the contemporary overdraft interest rate changed by the ANZ

Banking Group (New Zealand) Limited.

- c) any other expenses which are incurred for the purpose of investigating, negotiating, or paying a **Ransom** demand or recovering **You**.

### CONDITIONS APPLYING TO SECTION 6

It is a condition of payment under this Section that:

- 1) **You** must keep this insurance cover confidential.
- 2) **We** will not act as an intermediary or negotiator for **You**, nor will **We** offer direct advice on dealing with the **Kidnapper**.
- 3) On advice that **You** have or may have been **Kidnapped**, it will be necessary to:
  - a) determine whether **You** have been **Kidnapped**;
  - b) notify the appropriate law enforcement agency and comply with their recommendations and instructions;
  - c) give **Us** immediate notification of the **Kidnapping** or suspicion of it;
  - d) record the serial numbers or other identifying characteristics of any currency or goods delivered to secure the release of **You**.
- 4) If investigation establishes collusion or fraud by **You**, **You** must reimburse **Us** for any payment **We** have made under this Section.

#### SUPPORTING DOCUMENTS REQUIRED FOR YOUR CLAIM:

- *Police or Security report*  
*In some cases, we may request additional documents. This will depend on your individual circumstances.*

### EXCLUSIONS APPLYING TO SECTION 6

**We** will not pay:

- 1) If **You** have:
  - a) had kidnap insurance declined, cancelled or issued with special conditions in the past;

b) suffered a **Kidnapping** or attempted **Kidnapping** in the past;

- c) had an extortion demand made against **You** in the past.
- 2) For **Kidnapping** occurring in **Your Country of Origin** or any country where there is a “avoid non-essential travel” or “do not travel” area as listed on the safe travel website ([www.safetravel.govt.nz](http://www.safetravel.govt.nz)).

## Section 7: Rental Vehicle Collision Damage and Theft Excess Cover

**We** will reimburse **You** for any excess, deductible, or costs within the excess or deductible, for which **You** become legally liable to pay, limited to the sum listed in the Schedule of Benefits Payable in NZ\$ in respect of loss or damage during the **Period of Insurance** to a **Rental Vehicle** during the rental period.

### CONDITIONS

- 1) The **Rental Vehicle** must be rented from a licensed rental agency.
- 2) As part of the hiring arrangement **You** must take up the Rental Organisation’s comprehensive motor insurance for the duration of the rental period.
- 3) **You** must comply with all of the requirements of the rental organisation under the hire agreement and of the insurer under the insurance.
4. **You** must hold a valid driver’s licence for the country **You** are in. **You** must be legally allowed to drive the **Rental Vehicle** and comply with local diving rules.

### EXCLUSIONS APPLYING TO SECTION 7

**We** will not pay for:

- 1) Liability for loss or damage arising from the operation of the **Rental Vehicle** in violation of the terms of the rental or insurance agreement.
- 2) Wear and tear, gradual deterioration, damage from insects or vermin, inherent vice or damage.
- 3) The Excess of \$100

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## Claims and Emergency Assistance Contacts

Toll free in New Zealand:  
**0800 864 227 (0800 UNICARE)**

Toll free in Australia:  
**1800 864 227 (1800 UNICARE)**

Outside New Zealand and Australia:  
**+64-4-381 8166 (collect)**

Claims: [claims@crombie.co.nz](mailto:claims@crombie.co.nz)

Assistance: [assist@nibtravel.com](mailto:assist@nibtravel.com)

If an emergency arises or you require assistance, contact the Assistance Service immediately to ensure that delays do not occur which might compromise their ability to act on Your behalf.

When you have completed a claim form, post it to the address shown on the form. Include Your policy number, receipts and other documentation necessary to support Your claim.

nib nz limited

P.O. Box 91630 Victoria Street West,

Auckland, New Zealand 1142

### *Financial strength*

nib nz limited has an A- (Strong) Financial Strength Rating from S&P Global Ratings Australia Pty Ltd

Standard & Poor's rating scale

AAA	Extremely Strong
AA	Very Strong
A	Strong
BBB	Good
BB	Marginal
B	Weak
CCC	Very Weak
CC	Extremely Weak
SD or D	Selective Default or Default
R	Regulatory Action
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.

For more information, visit

[www.spratings.com/understanding-ratings](http://www.spratings.com/understanding-ratings)

[uni-care.org](http://uni-care.org)

[insure@uni-care.org](mailto:insure@uni-care.org)

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