

# Deakin University Travel Insurance

## Summary of Cover

*This document is provided purely as a summary of the Policy Coverage and is not to replace the Policy Schedule and Wording in the event of making a claim against this policy.*

**Insurer** Chubb Insurance Australia Limited

**Policy Number** 02PP027626

**Period of Insurance** From: 4:00PM on 1 November 2025

To: 4:00PM on 1 November 2026

**Covered Person(s)** All staff, students, alumni and authorised travellers of the Policyholder.

**Scope of Cover** Cover under this Policy applies whilst a Covered Person is on a Journey

**Journey Definition** Journey means a business trip involving travel exceeding a radius of one hundred (100) km from the Covered Persons normal place of residence or business premises, undertaken and authorised by the Policyholder, and shall start from the time of leaving home or normal place of business (whichever is left last) and continue until arrival back at home or normal place of business (whichever is reached first). Every day commuting shall not be regarded as a Journey. The maximum duration of any one trip shall be three hundred & sixty five (365) days.

**Geographical Limits** Worldwide

**Claims Administrator** Chubb

| SECTION 1 - PERSONAL ACCIDENT AND SICKNESS                          |    |                   |
|---|----|-------------------|
| <b>PART A - LUMP SUM BENEFITS</b>                                   |    |                   |
| <b>Event 1 – Accidental Death</b>                                   |    |                   |
| Lump Sum Benefit  | \$ | 300,000           |
| Dependent Children  | \$ | 25,000            |
| Accompanying Spouse/Partner   | \$ | 300,000           |
| <b>Event 2-19</b>   |    |                   |
| Lump Sum Benefit  | \$ | 300,000           |
| Dependent Children  | \$ | 300,000           |
| Accompanying Spouse/Partner   | \$ | 300,000           |
| <b>PART B - BODILY INJURY RESULTING IN SURGERY BENEFITS</b>         |    |                   |
| Lump Sum Benefit  | \$ | 20,000            |
| Weekly Benefits   | \$ | 2,500 X 156 weeks |
| Not Exceeding % of Covered Persons Salary                           |    | 85%               |
| Excess Period   |    | 14 days           |
| <b>PART C - SICKNESS BENEFITS</b>                                   |    |                   |
| Resulting in Surgery - Events 27-30                                 | \$ | 20,000            |
| Weekly Benefits - Events 31-32                                      | \$ | 2,500 X 156 weeks |
| Not Exceeding % of Covered Persons Salary                           |    | 85%               |
| Excess Period   |    | 14 days           |
| <b>PART D - FRACTURED BONES</b>                                     |    |                   |
| Lump Sum Benefits - Events 33-41                                    | \$ | 10,000            |
| <b>PART E - LOSS OF TEETH OR DENTAL PROCEDURES</b>                  |    |                   |
| Lump Sum Benefits   | \$ | 5,000             |
| Limit per Tooth   | \$ | 250               |
| <b>ADDITIONAL COVER UNDER SECTION 1</b>                             |    |                   |
| 1.13 Corporate Image Protection                                     | \$ | 15,000            |
| 1.15 Dependent Child Supplement                                     |    |                   |
| Lump sum per dependent Child  | \$ | 10,000            |
| Maximum benefit any one Family                                      | \$ | 30,000            |
| 1.23 Independent Financial Advice                                   | \$ | 7,500             |
| 1.30 Partner Accidental Death benefit                               | \$ | 25,000            |
| 1.31 Spouse / Partner Retraining Benefit                            | \$ | 15,000            |
| 1.34 Tuition or Advice Expenses                                     |    |                   |
| 1.15 Dependent Child Supplement                                     |    |                   |
| Per month (Maximum 6 months)  | \$ | 750               |
| <b>SECTION 4 – MEDICAL, CANCELLATION &amp; CURTAILMENT EXPENSES</b> |    |                   |
| <b>Medical &amp; Additional Expenses</b>                            |    |                   |
| Sum Insured   |    | Unlimited         |
| Excess  |    | Nil               |
| Dentures  | \$ | 2,500             |
| Ongoing Medical Expenses outside of Australia                       | \$ | 50,000            |
| Reasonable Funeral Expenses   | \$ | 50,000            |
| <b>Cancellation &amp; Curtailment Expenses</b>                      |    |                   |
| Sum Insured   |    | Unlimited         |
| Excess  |    | Nil               |

| SECTION 4 - EXTENSIONS   |    |                |
|--|----|----------------|
| Continuous Worldwide Bed Confinement                                 |    |                |
| Daily Benefit  | \$ | 200            |
| Maximum Days   |    | 30 days        |
| Financial Insolvency   |    | Not Applicable |
| HIV/AIDS contracted through Bodily Injury or Accident                | \$ | 100,000        |
| Trauma Counselling   |    |                |
| Per Visit  | \$ | 500            |
| Maximum per Covered Person   | \$ | 5,000          |
| SECTION 5 - CHUBB EMERGENCY ASSISTANCE                               |    |                |
| International SOS (ISOS)   |    |                |
| SECTION 6 – Loss of Deposits   |    |                |
| Loss of Deposits   |    |                |
| Sum Insured  |    | Unlimited      |
| SECTION 7 – BAGGAGE AND TRAVEL DOCUMENTS                             |    |                |
| Baggage and Business Property  |    |                |
| Sum Insured  | \$ | 15,000         |
| Limit any one item   | \$ | 5,000          |
| Deprivation of Baggage   | \$ | 3,000          |
| Electronic Equipment   | \$ | 7,500          |
| Excess   | \$ | 250            |
| Fraudulent use of Money/travel Documents                             | \$ | 3,000          |
| Money / Travel Documents   | \$ | 5,000          |
| Excess   |    | Nil            |
| Identity Theft   | \$ | 20,000         |
| Keys & Locks   | \$ | 2,000          |
| SECTION 8 – ALTERNATIVE EMPLOYEE / RESUMPTION OF ASSIGNMENT EXPENSES |    |                |
| Sum Insured  | \$ | 20,000         |
| SECTION 9 - PERSONAL LIABILITY                                       |    |                |
| Sum Insured  | \$ | 10,000,000     |
| SECTION 9 - EXTENSIONS   |    |                |
| Court Attendance Benefit   |    |                |
| Daily Benefit  | \$ | 100            |
| Maximum Payment  | \$ | 1,000          |
| SECTION 10 - RENTAL AND PERSONAL VEHICLE EXCESS                      |    |                |
| Rental Vehicle Excess  | \$ | 5,000          |
| Excess and/or no claim reimbursement                                 | \$ | 2,000          |
| Per Week   | \$ | 500            |
| Maximum Payment  | \$ | 2,500          |
| SECTION 10 - EXTENSIONS  |    |                |
| Towing Expenses  | \$ | 1,000          |
| SECTION 11 - EXTRA TERRITORIAL WORKERS' COMPENSATION                 |    |                |
| Weekly Benefits per covered person                                   | \$ | 1,000          |
| Damages, Costs and Expenses  | \$ | 1,000,000      |
| Extra Territorial Workers' Compensation                              | \$ | 1,000,000      |

|   |    |         |
|---|----|---------|
| <b>SECTION 12 – Missed Transport Connections</b>                |    |         |
| Specialist Security Services                                    | \$ | 5,000   |
| <b>SECTION 13 – OVERBOOKED FLIGHT</b>                           |    |         |
| Sum Insured   | \$ | 5,000   |
| <b>SECTION 14 – POLITICAL &amp; NATURAL DISASTER EVACUATION</b> |    |         |
| Political & Natural Disaster Evacuation                         | \$ | 500,000 |
| Evacuation Expenses   | \$ | 20,000  |
| Reasonable accommodation costs                                  |    |         |
| Per Day   | \$ | 250     |
| Maximum number of days  |    | 14 days |
| <b>SECTION 15 – SEARCH &amp; RESCUE EXPENSES</b>                |    |         |
| Sum Insured   | \$ | 20,000  |
| Aggregate Limit of Liability                                    | \$ | 100,000 |

|  |  |    |            |
|--|--|----|------------|
| <b>Aggregate Limits<br/>of Liability</b> | Any one occurrence - Personal Accident<br>and Sickness             | \$ | 15,000,000 |
|  | Non-Scheduled Flights  | \$ | 1,000,000  |
|  | Any one event with respect to War / Civil War                      | \$ | 500,000    |
|  | Any one (1) Period of Insurance<br>with respect to War / Civil War | \$ | 1,000,000  |