

To The Royal Commission,  
Into Misconduct in the Banking, Superannuation and;  
Financial Services Industry  
Re Public Submission – (Round 6)

25<sup>th</sup> October 2018

Re: Response to the Royal Commission regarding policy issues relating to the insurance industry (Round 6).

I would like to formally address the Royal Commission into the misconduct of our recent travel insurance claim that has affected my family and me by the mismanagement of my financial institution.

I was offered an insurance product for travel insurance by my [REDACTED] (underwritten by [REDACTED]) which I thought to be correct at the time. I have been banking with them for many years and trusted that they would provide me with the best advice and do well by me.

I had decided to book a last minute holiday on a cruise ship (The Astor – Cruise and Maritime Voyages) from Adelaide to Hobart and Hobart to Adelaide (departing 28/02/2018 and arriving on the 7/03/2018) with multiple docking locations in Hobart (Port Arthur, Hobart, Burnie). I made a payment at the branch with [REDACTED] for my booking on the 21/02/2018 and was advised that they could provide me with a quote for travel insurance. I showed them my travel itinerary and advised that I needed comprehensive travel insurance (appropriate cover) before I could board the ship. I specifically mentioned that I wanted to be covered in the event I was ill on the ship (i.e. from sea sickness, any unexpected medical concerns etc). I decided to proceed with the quote they provided as I believed that they were a reputable insurance representative and if an issue arose they would be there to support me.

I fell ill a few days into the cruise and was air lifted from the cruise ship to Royal Hobart Hospital in an emergency situation on the 3<sup>rd</sup> of March 2018 (only a few days into the trip). I was in a bad way and had suffered 3 heart attacks while traveling on board the ship, however was originally diagnosed with sea sickness. On my arrival to Royal Hobart Hospital I went into emergency, had surgery undertaken quickly and then ended up in intensive care for approx. 1 ½ weeks, fighting my greatest battle. I had sever blockages to all arteries and only one was able to be unblocked with a stent. I remained at the Royal Hobart Hospital for approximately 3 weeks until I was stable enough to take a short direct commercial flight back to Adelaide, where I would need further treatment and another surgery in my home town in Adelaide. I arrived back in Adelaide on the 24<sup>th</sup> of March 2018.

While I was in intensive care, my daughter [REDACTED] arrived into Hobart a few days after my admission into Royal Hobart Hospital. She was unable to organise any accommodation, food or assistance for my wife through the insurer and took 3 weeks off from work in organising all accommodation, food and covering all expenses while taking care of my wife during this delicate time. My daughter was advised that all expenses for medical, accommodation and flights home would be an out of pocket expense and would need to be claimed back once I was discharge from the Royal Hobart Hospital and given the all clear by my insurer re no previous medical history. At no point did the insurer advise my daughter that there was an incorrect travel insurance policy taken out and had her chase down my main doctor in Adelaide for a medical history report to be provided ASAP and was requested to complete a flight requirement evaluation form to be completed by my main doctor in Royal Hobart Hospital, so that I could be covered on the flight if any emergency landing was required. At no time did First Assistance advise me that we had incorrect cover apart from making sure that a flight

requirement evaluation had to be sent to them prior to flying back to Adelaide otherwise we could be held negligent in the event an emergency landing of the plane was required. The facilitation of all these concerns with myself in intensive care placed a difficult strain on my family.

I have now been advised by [REDACTED] that my Bank, [REDACTED] should have taken out an international travel policy on my behalf ([REDACTED]) rather than the [REDACTED] [REDACTED] which only covers me for delays to my trip, delays to booked tours, etc, however no unexpected medical expenses while on the ship.

I am very disappointed with how the situation has turned out and find it appalling that a company that I held high regard towards would let me down by selling an incorrect product to me with no due care. There seems to be a lack of experience from [REDACTED] part and am sceptical whether these insurance products should be sold via Banks where they lack appropriate training, systems or skills. At the end of the day, I entrusted [REDACTED] to make sure the cover for my trip was appropriate and would cover my wife and I in a medical emergency while traveling on board the Astor cruise ship. I have now incurred over \$30,000 of unplanned medical expenses and being a pensioner now have further debt that I am unable to afford. I am worried as these outstanding medical bills remain unpaid and that further action could be taken against me for these expenses.

I would be grateful if you could take these concerns into account when reviewing the policy issues relating to the insurance industry (Round 6).

I have attached the following documentation in support of my statement and have withheld any private/personal details:

- [REDACTED] auto transfer receipt for travel booking (Transferred 21/02/2018)
- [REDACTED] Quote for Travel Insurance (Issued 21/02/2018)
- [REDACTED] Certificate of Insurance (Issued 21/02/2018)
- Letter from [REDACTED] rejecting the cover of medical expenses incurred on board the ship and disembarkment in a medical emergency (Issued 15/10/2018)
- Larger Medical Expenses incurred and still outstanding (Final Notice Issued 31/08/2018)

Kind Regards,

[REDACTED]



















