

LEVEL 13 / 141 WALKER ST
NORTH SYDNEY NSW 2060
PO BOX 1813
NORTH SYDNEY NSW 2059

FILM AND ENTERTAINMENT CLAIM FORM

IN THE EVENT OF A CLAIM

- Take precautions to ensure that no further damage or loss occurs to the machinery or equipment.
- Where possible, have machinery or equipment moved to a secure location for inspection.
- No repairs are to be commenced without first obtaining consent from SURA Film and Entertainment Pty Ltd.

COMPLETING THIS CLAIM FORM

- Please answer every question relevant to this claim, provide full information and return this form to your broker as soon as possible, together with any relevant photos and attachments.
- Incomplete, illegible or unclear answers could delay processing of your claim.
- If insufficient space is provided, please attach separate sheet(s) and sign and date each sheet.
- Contact your broker if you are unsure about any matters relating to completion of this form.

GENERAL INSURANCE CODE OF PRACTICE

We proudly support the General Insurance Code of Practice (the 'Code'). The purpose of the Code is to raise the standards of practice and service in the general insurance industry.

The objectives of the Code are:

- to promote better, more informed relations between insurers and their customers;
- to improve consumer confidence in the general insurance industry;
- to provide fair and effective mechanisms for the resolution of complaints and disputes between insurers and their customers;
- to commit insurers and the professionals they rely upon to higher standards of customer service; and
- to promote continuous improvement of the general insurance industry through education and training.

For further information on the Code, please visit www.codeofpractice.com.au or alternatively You can request a brochure on the Code from Us.

PRIVACY

We are committed to protecting your privacy in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles (APPs), which will ensure the privacy and security of your personal information.

Our Privacy Policy explains how we collect, use, disclose and handle your personal information as well as your rights to access and correct your personal information and make a complaint for any breach of the APPs.

A copy of our Privacy Policy is located on our website at www.sura.com.au. Please access and read this policy.

If you have any queries about how we handle your personal information or would prefer to have a copy mailed to you, please ask us.

If you wish to access your file please ask us.

COMPLAINTS AND DISPUTE RESOLUTION

If you have any complaints about the products or services provided to you we have a complaints and internal dispute resolution process to try and resolve them as quickly as possible. Please contact us and tell us about your complaint.

If you are not satisfied with the outcome of this process we will provide you with information about Lloyd's Australia (if applicable) and the Financial Ombudsman Service Australia's (FOS) dispute resolution services including their contact information, when you lodge your complaint with us or at any time upon your request.

AGENT OF INSURERS

In arranging or effecting this insurance or dealing with or settling claims SURA Film and Entertainment Pty Ltd will be acting under an authority given to it by the insurers. Accordingly SURA Film and Entertainment Pty Ltd will be acting as an agent of the insurers and not as your agent.

POLICY DETAILS

1. Insured

2. ABN Policy No.

3. To what extent can you claim an input tax credit on your insurance premiums? %

Address

City State Postcode

4. Contact Name

Telephone Mobile

Fax Email

INSURANCE BROKER

5. Name of Insurance Broker

6. Address

City State Postcode

7. Contact Name

Telephone Mobile

Fax Email

DESCRIPTION OF LOSS

8. Date of Incident / / Time of Loss AM PM

9. Please describe what happened

10. Where did the loss, theft or damage occur?

11. Who discovered the loss, theft or damage?

12. Are you the owner of the property being claimed for? Yes No

If no, give details

13. Does any other party have an interest in the property being claimed for? Yes No

If yes, give details

14. Is there any other insurance policy which would cover this loss, theft or damage? Yes No

If yes, give details

15. Do you know who is responsible for the loss, theft of or damage to your property? Yes No

16. Please advise name(s) and address(es) of the person(s) responsible

SECURITY DETAILS

17. Are any of these used to provide security to the premises?

Key window locks on all accessible windows

Grilles on all accessible windows and doors

Fixed safe

Double keyed deadlocks on all perimeter doors

Perimeter alarm

Free standing safe

Back to base (please attach activity report)

Internal alarm

None

Did the device activate as a result of theft?

Yes No

POLICE

18. Was this loss, theft or damage reported to the police? Yes No

19. Date Reported / / Crime Report No.

20. Name of Police Officer

21. Name of police station where loss, theft or damage was reported

Please attach a copy of police report

22. If the damage is the result of fire did the fire brigade attend? Yes No

DETAILS OF PREVIOUS LOSS, THEFT OR DAMAGE

23. Have you ever suffered any loss, theft or damage at this address or elsewhere in the last 5 years? Yes No

If yes, give details

TYPE	DATE	AMOUNT
	/ /	\$
	/ /	\$
	/ /	\$
	/ /	\$
	/ /	\$

24. Have you made a claim on any insurer for any of the above-mentioned incidents? Yes No

If yes, give details

TYPE	DATE	AMOUNT
	/ /	\$
	/ /	\$
	/ /	\$
	/ /	\$
	/ /	\$

LOSS OR DAMAGE TO PROPERTY

DESCRIPTION OF PROPERTY (INCLUDE SERIAL NO.)	WHERE PURCHASED	WHEN PURCHASED	VALUE AT TIME OF LOSS	REPLACEMENT VALUE (ATTACH QUOTES)
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
			TOTAL	\$

Where possible attach original invoices, receipts or other proof of purchase to help us in assessing your claim as quickly as possible

LIABILITY CLAIMS

Please provide details of injury to other person or damage to property of others

25. Name of Third Person

26. Occupation

Age

27. Address

City

State

Postcode

Telephone

Mobile

Fax

Email

28. Nature and extent of injuries or damage sustained

29. as the third party any relationship to you? (eg relative or employee)

Yes No

If yes, please state the relationship

30. Have you made any admission of liability?

Yes No

ELECTRONIC FUNDS TRANSFER DETAILS

Following SURA Film and Entertainment P/L's approval of your claim, your claim benefits can be transferred directly into your bank account.

Please provide the following details:

Name of Financial Institution

Account Name

BSB

Account No

Bank SWIFT code (if required)

DECLARATION AND AUTHORISATION

I/We declare that to the best of my knowledge and belief, the information provided on this claim form and in any attached documentation is true and correct and that I/We have not withheld any relevant information.

I consent to SURA Film and Entertainment Pty Ltd using the personal information I have provided for the purpose of processing my claim. I understand that if I choose not to provide the required details, this is my choice; however, SURA Film and Entertainment Pty Ltd may not be able to process my claim.

I consent to SURA Film and Entertainment Pty Ltd disclosing my personal information to other insurers, an insurance reference service, claims adjusters, lawyers and other consultants or as required by law. I also consent to SURA Film and Entertainment Pty Ltd disclosing my personal information to and/or collecting additional information about me, from investigators or legal advisors. I/We acknowledge that I/We have read and understood the Privacy Statement and consent to the collection, storage, use and disclosure of personal and sensitive information to all persons affected by this claim. I/We acknowledge that if I/We do not agree to the collection of this personal information then SURA Film and Entertainment Pty Ltd or its agent will be unable to process my/our claim.

I/We authorise SURA Film and Entertainment Pty Ltd or its agent to give to and obtain from other insurers, insurance reference bureaus and credit reporting agencies any information relating to the insured's credit or insurance history as well as insurance claims information obtained during the course of this contract.

SIGNATURE OF INSURED: _____

DATE: _____

PRINT NAME: _____

SIGNATURE OF WITNESS: _____

DATE: _____

PRINT NAME: _____

Please note: If the insured is a company, partnership or other business venture, this declaration must be made and signed by an authorised person.