

LIABILITY CLAIM FORM

IN THE EVENT OF A CLAIM

- Take precautions to ensure that no further damage or loss occurs to this property.
- This Claim Form should be completed and returned to your Broker as soon as possible with any relevant photos and attachments.
- Contact your Broker if you are unsure about any matters relating to completion of this Claim Form.
- No repairs are to be commenced without the consent of SURA Commercial.

PLEASE NOTE

- Every question must be answered fully.
- Incomplete, illegible or unclear answers will delay processing of your claim.
- If insufficient space is provided, please attach separate sheet(s) and sign and date each sheet attached.
- To ensure prompt action ALL documentation is to be submitted by email to claims@sura.com.au.

POLICY DETAILS

Insured

ABN Policy No.

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

Address

City State Postcode

Contact Name

Telephone Mobile

Fax Email

INSURANCE BROKER

Name of your Insurance Broker

Address

City State Postcode

Contact Name

Telephone Mobile

Fax Email

THIRD PARTY DETAILS

Full Name

Address

City State Postcode

Telephone Mobile

Fax Email

PARTICULARS OF ACCIDENT/INCIDENTS

Day of Incident

Date of Incident / / Time AM PM

Location of Accident/Incident

Please describe what happened

Please provide details of damaged property and/or injuries suffered?

Date Reported to you / / Time AM PM

If you have admitted responsibility in any way, please give details

Were emergency services such as ambulance, police or fire brigade contacted? Yes No

If yes, please provide details

HOW REPORTED

Reported by (Name)

Address

City State Postcode

Telephone Mobile

Fax Email

How? In Person By Telephone By Letter Other

Cause

PRODUCT

Does the claim involve a product that you manufactured/supplied to another person? Yes No

If yes, please provide details

MOTOR VEHICLE

Did the accident or injury arise out of the use of a motor vehicle? Yes No

Was the motor vehicle registered or required to be registered? Yes No

Type of Vehicle _____ Registration No. _____

If unregistered, was the vehicle insured under a motor vehicle/other insurance policy? Yes No

Drivers Name _____

Drivers Address _____

Owners Name _____

Owners Address _____

PLANT AND EQUIPMENT

Did the incident arise out of the use of plant or equipment? Yes No

Describe the plant or equipment and its uses _____

ANIMAL

Did the incident arise out of the actions of an animal? Yes No

Please describe type of animal _____

Does this animal belong to you? Yes No

If not, please provide owners name and address _____

How long have you owned this animal? _____

Is the animal usually confined behind fences? Yes No

Has the animal been involved in any incidents of a similar nature? Yes No

If yes, please provide details _____

INDIVIDUAL

Was the accident due to the actions of any individual?

Yes No

Please provide their name and address and relationship to you? (Member of family, employee, sub-contractor, claimant etc.)

NAME	ADDRESS	RELATIONSHIP
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PROPERTY

Description of property damaged

Nature and extent of damage

Do you own the property?

Yes No

If no, please advise name and address of owner

Do you occupy the property?

Yes No

If no, please advise name of tenant and details of tenancy

What caused the accident (Building defect, spilt liquid etc.)

Had any defect or hazard been notified to you by your tenant/agent?

Yes No

If yes, advise date reported / /

Who reported defect or hazard?

Please describe type of defect/hazard reported

WITNESSES

NAME	ADDRESS	RELATIONSHIP	CONTACT NO.

POLICE

Did police attend the accident/incident?

Yes No

Date Reported / /

Crime Report No.

If yes, name of police officer

Name of Police Station

Did police lay any charges or intimate action may be taken?

Yes No

If yes, please supply full details. (Please attach a copy of the police report.)

GENERAL INSURANCE CODE OF PRACTICE

In accordance with our binding authorities, where we act on behalf of the insurer, we are bound by the General Insurance Code of Practice. The Code is designed to set minimum standards of practice and service in the insurance industry. Further information about the Code can be obtained from www.codeofpractice.com.au

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 the Financial Ombudsman Service (FOS) including their contact information, when you lodge your complaint with us or at any time upon your request.

AGENT OF INSURERS

In accordance with the requirements of the Corporations Act 2001, SURA Commercial in arranging or effecting this insurance or dealing with or settling claims will be acting under an authority given to it by certain insurers. Accordingly SURA Commercial will be acting as an agent of the insurers and not an agent of the insured.

DECLARATION AND AUTHORISATION

I/We declare that the information provided on this form and in any attached documentation is true and correct and that I/We have not withheld any relevant information.

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 Commercial or its agent will be unable to process my/our claim.

I/We authorise SURA Commercial 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.