

EQUIPMENT BREAKDOWN CLAIM FORM

IN THE EVENT OF A CLAIM

- The issue of this form does not constitute an admission of liability on the part of the insurer.
- Any communication received must be forwarded to SURA Engineering P/L immediately.

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

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 arranging or effecting this insurance or dealing with or settling claims, SURA Engineering P/L will be acting under an authority given to it by the insurer. Accordingly SURA Engineering P/L will be acting as an agent of the insurer and not as your agent.

To ensure prompt action ALL documentation is to be submitted by email to claims@sura.com.au.

INSURED DETAILS

Insured		
ABN	ITC percentage on premium for this policy section	%
Address		
City	State	Postcode
Work	Mobile	
Home	Email	

INCIDENT DETAILS

Reported by	Representing (IE Broker, Insured)		
Date	Time	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Location			
Date of incident	Time of accident	<input type="checkbox"/> AM	<input type="checkbox"/> PM

DETAILS OF DAMAGED ITEM(S)

Type of Equipment, including description of damage

Describe Incident, including cause and circumstances

REPAIRS

Have repairs commenced? Yes No Invoiced/estimated cost \$

Please attach repair quotation/invoice

Name of repairer	Address
Contact name	Telephone

ELECTRONIC FUNDS TRANSFER DETAILS

Following SURA Engineering 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)
