

LEVEL 14 / 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.

For further information on the Code, please visit www.codeofpractice.com.au or alternatively you can request a brochure on the Code from SURA Film and Entertainment Pty Ltd.

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.

The information provided in this document and any other documents provided to us will be dealt with in accordance with our Privacy Policy. By executing this document you consent to collection, use and disclosure of your personal information in accordance with our Privacy Policy. If you do not provide the personal information requested or consent to its use and disclosure in accordance with our Privacy Policy, your application for insurance may not be accepted, we may not be able to administer your services/products, or you may be in breach of your duty of disclosure.

Our Privacy Policy explains how we collect, use, disclose and handle your personal information including transfer overseas and provision to necessary third parties 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 of our Privacy Policy mailed to you, please ask us.

If you wish to access your file please ask us.

COMPLAINTS AND DISPUTE RESOLUTION

We view seriously any complaint made about Our products or services and will deal with it promptly and fairly.

If You have a complaint please first try to resolve it by contacting the relevant member of Our staff.

If the matter is still not resolved, please then contact Our Internal Disputes Resolution Officer on (02) 9930 9500, or by email at IDR@SURA.com.au or by writing to Us at the address for SURA given above. They will seek to resolve the matter in accordance with the General Insurance Code of Practice and Our Dispute Resolution procedures.

If the matter is still not resolved, or You are not satisfied with the way a complaint has been dealt with we will provide you with information about Lloyd's Australia and the Australian Financial Complaints Authority (AFCA) including their contact information.

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
-
5. Number of Employees
-

INSURANCE BROKER

6. Name of Insurance Broker
-
7. Address
-
- City State Postcode
-
8. Contact Name
-
- Telephone Mobile
-
- Fax Email
-

DESCRIPTION OF LOSS

9. Date of Incident / / Time of Loss AM PM
-
10. Please describe what happened
-
-
-
-
-
11. Where did the loss, theft or damage occur?
-
-
12. Who discovered the loss, theft or damage?
-
-
13. Are you the owner of the property being claimed for? Yes No
-
- If no, give details
-
-
-
-
-

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

If yes, give details

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

If yes, give details

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

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

SECURITY DETAILS

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Key window locks on all accessible windows | <input type="checkbox"/> Grilles on all accessible windows and doors | <input type="checkbox"/> Fixed safe |
| <input type="checkbox"/> Double keyed deadlocks on all perimeter doors | <input type="checkbox"/> Perimeter alarm | <input type="checkbox"/> Free standing safe |
| <input type="checkbox"/> Back to base (please attach activity report) | <input type="checkbox"/> Internal alarm | <input type="checkbox"/> None |

Did the device activate as a result of theft? Yes No

POLICE

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

20. Date Reported / / Crime Report No.

21. Name of Police Officer

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

Please attach a copy of police report

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

DETAILS OF PREVIOUS LOSS, THEFT OR DAMAGE

24. 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
	/ /	\$
	/ /	\$
	/ /	\$
	/ /	\$
	/ /	\$

25. 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

26. Name of Third Person

27. Occupation

Age

28. Address

City

State

Postcode

Telephone

Mobile

Fax

Email

29. Nature and extent of injuries or damage sustained

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

Yes No

If yes, please state the relationship

31. 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.