

ISR 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 Hospitality Pty Ltd.

PLEASE NOTE

- 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 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

Number of Employees

DESCRIPTION OF LOSS

Day of Incident

Date of Incident / / Time AM PM

Please describe what happened

Address of the loss, theft or damage?

Who discovered the loss, theft or damage?

Date Discovered / / Time AM PM

Are you the owner of the property being claimed for?

Yes No

If no, give details

Does any other party have an interest in the property being claimed for?

Yes No

If yes, give details

Is there any other insurance policy which would cover this loss, theft or damage?

Yes No

If yes, give details

Do you know who is the responsible third party for the loss, theft or damage to your property?

Yes No

Full Name

Address

City

State

Postcode

Telephone

Mobile

Fax

Email

Insurance Details

SECURITY DETAILS

Are any of these used to provide security to the premises? Please tick which apply

Key window locks on all accessible windows?

Grilles on all accessible windows and doors?

Double keyed deadlocks on all perimeter doors?

Fixed safe?

Perimeter alarm?

Freestanding safe?

Internal alarm?

None

Did the device activate as a result of theft?

Yes No

POLICE

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

Date of Incident / / Crime Report No.

Name of Police Officer

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

FIRE

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

Where did the fire commence?

DETAILS OF PREVIOUS LOSS, THEFT OR DAMAGE

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

If yes, please give details

TYPE	DATE	TOTAL AMOUNT
		\$
		\$
		\$
		\$
		\$

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

If yes, please give details

INSURER	DATE	TOTAL AMOUNT
		\$
		\$
		\$

DETAILS OF CLAIM

Please return 1 repair quotation where available, if insufficient space, please attach list

DAMAGE TO BUILDING

PARTICULARS	NAME OF REPAIRER	AMOUNT CLAIMED
		\$
		\$
		\$
TOTAL		\$

LOSS OR DAMAGE TO OTHER PROPERTY

DESCRIPTION OF PROPERTY	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. This will help us in assessing your claim as quickly as possible.

ELECTRONIC FUNDS TRANSFER DETAILS

Following SURA Hospitality 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)	

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 Hospitality Pty Ltd.

PRIVACY STATEMENT

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 accordance with the requirements of the Corporations Act 2001, SURA Hospitality Pty Ltd 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 Hospitality Pty Ltd will be acting as an agent of the insurers and not an agent of the insured.

ASSUMED LIABILITY AND WAIVED RIGHTS

If You have entered into an agreement with another party:

- where You are assuming a greater liability than would apply had You not entered into that agreement; or
- which prevents You from taking a recovery action for indemnity or contribution from that party

it may adversely affect Your rights to cover under this Policy.

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 Hospitality Pty Ltd or its agent will be unable to process my/our claim.

I/We authorise SURA Hospitality 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.