

LIABILITY 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.
- If anyone holds you responsible for their accident/injury, insist their claim must be in writing.
- Any communication received must be forwarded to SURA Hospitality immediately.
- Do not admit liability. Please do not disclose to Claimants the existence of a policy.

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 could delay processing 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 the completion of this form.

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

Number of Employees

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

Insurance Details

PARTICULARS OF ACCIDENT/INCIDENT

Day of Accident/Incident

Date of Accident/Incident Time AM PM

Location of Accident/Incident

Please describe what happened

Please provide details of damage to property and/or injuries sustained

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

REPORTING DETAILS

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

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.