SURA MOTOR DEALERS

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SURA MOTOR DEALERS

CLAIM FORM

IN THE EVENT OF A CLAIM

- Take precautions to ensure no further loss or damage occurs.
- This Claim Form should be completed and returned to your Broker as soon as possible following the event.
- Contact your Broker if you are unsure about any matters relating to completion of this Claim Form.
- No repairs are to be commenced without first obtaining consent from SURA Motor Dealers

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.

POLICY DETAILS

Insured:

Policy Number:

Number of Employees:

PARTICULARS OF ACCIDENT/INCIDENT

Date of Incident: / / Time: ☐ AM ☐ PM

Reported by: Date: / / Time:

Location of accident/incident:

Please describe what happened:

Have repairs been completed? ☐ Yes ☐ No

Invoiced/estimated costs: $

Please attach repair quote/invoice.

DAMAGES TO MOTOR VEHICLES

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

Vehicle Details:

Year: Make: Model: Rego:

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

Driver's name:

Driver's address:

Owner's name:

Owner's address:

THIRD PARTY DETAILS

Full Name:

Address:

Telephone/Mobile: Email:

Insurance Details:

Vehicle Details:

Year: Make: Model: Rego:

POLICE

Did police attend the accident/incident? ☐ Yes ☐ No

Date of 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)**

ELECTRONIC FUNDS TRANSFER DETAILS

Following SURA Motor Dealer'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: A/C No: Bank SWIFT Code (if required):

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.

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.

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.

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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 Motor Dealers given below. 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

SURA Motor Dealers 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 Motor Dealers will be acting as an agent of the insurers and not as your agent.

DECLARATION AND AUTHORISATION

I/We declare that:

(a) The information and answers given above are correct to the best of my/our knowledge and belief. I/We have not withheld any information likely to affect SURA Motor Dealers consideration of the claim.

(b) I/We understand that SURA Motor Dealers requires this information (which will be retained by SURA Motor Dealers) to evaluate the claim. I/We understand that the Privacy Act 1988 entitles me/us to have access to, and request the correction of, this information.

(c) SURA Motor Dealers is authorised to disclose information received from me/us to its advisers, reinsurers and to other insurers. I/We authorise SURA Motor Dealers to obtain, from any other party, information that is, in SURA Motor Dealers view, relevant to this claim.

Signature: Date:

Name: (please print) Position: