

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

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 Engineering.

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.

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 Engineering P/L. 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 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 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	%
Policy Number		
Address		
City	State	Postcode
Work	Mobile	
Home	Email	
Number of Employees		

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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)
