

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.
- Repairs should not be commenced without first obtaining consent from Cinesure Global 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.

Agent of Insurers

Cinesure Global Pty Ltd acts as the agent of the insurer and not as your agent when issuing insurance policies, dealing with or settling any claims. This is an important document, please read it carefully.

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 Cinesure Global Pty Ltd.

Complaints and Dispute Resolution

Our complaints process

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

If you are dissatisfied with any aspect of your relationship with us including our products or services, and wish to make a complaint, we ask you first try to resolve it by contacting the relevant member of our team who are trained to handle complaints fairly and efficiently. Please provide us with your claim or policy number (if applicable) and as much information as you can about the reason for your complaint.

If the matter is still not resolved after 5 business days, your complaint will automatically be referred to our complaints team to review. The complaints team members are independent and are committed to reviewing complaints objectively, fairly and efficiently.

You can contact our Internal Disputes Resolution Officers on (02) 9930 9500, or by email at IDR@Cinesureglobal.com or by writing to us at the address for Cinesure Global Pty Ltd provided in the policy wording. The issues raised in your complaint will be investigated and we will advise you if further information is required to complete the review. They will seek to resolve the matter within thirty (30) days, in accordance with the General Insurance Code of Practice and our dispute resolution procedures.

If we are unable to reach a decision within this time frame, we will provide you with the reasons for the delay prior to the expiry of this time frame. In this case or in cases where further information or investigation is required, we will work with you to agree reasonable alternative time frames.

If we cannot agree, or your complaint remains unresolved after thirty (30) calendar days, your complaint is now considered a dispute and you may refer your dispute to the Australian Financial Complaints Authority (AFCA) as detailed below, subject to its Rules. If your complaint or dispute falls outside the AFCA Rules, you can seek independent legal advice or access any other external dispute resolution options that may be available to you.

Should you wish to request copies of any information that we have relied upon to come to our decision, we will provide it (to the extent allowable by law) within ten (10) business days of your request.

You can contact us if you want more information on our procedures.

AFCA

If you are dissatisfied with your complaint or dispute determination, or your complaint or dispute has not been resolved to your satisfaction within thirty (30) calendar days, you may refer your complaint or dispute to AFCA.

The AFCA is a free independent external disputes resolution service provided to customers to review and resolve complaints where we have been unable to satisfy your concerns, subject to its Rules. For further details you can visit their website at www.afca.org.au or contact them:

Australian Financial Complaints Authority
GPO Box 3
Melbourne VIC 3001
Telephone: 1800 931 678
Email: info@afca.org.au

A complaint can be referred to AFCA at any time subject to its Rules.

AFCA only considers complaints (otherwise covered by its Rules) referred to it within 2 years of our final decision, unless AFCA considers special circumstances apply. If AFCA tells you that under its Rules it cannot assist you or consider your dispute, then you can seek independent legal advice. You can also access any other external dispute resolution or other options that may be available to you.

Policy Details

1. Insured

2. Address

City/Suburb

State

Postcode

3. Policy Number

4. ABN

To what extent can you claim an input tax credit on your insurance premiums?

%

5. Contact Name

Telephone Number

Mobile Number

Email Address

6. Number of Employees

Insurance Broker

7. Insurance Broker

8. Address

City/Suburb

State

Postcode

9. Contact Name

Telephone Number

Mobile Number

Email Address

Description of Loss

10. Date of Incident

/ /

Time of loss

☐ AM

☐ PM

11. Please describe what happened

12. Where did the loss, theft or damage occur?

13. Who discovered the loss, theft or damage?

14. Are you the owner of the property being claimed for?

☐ Yes

☐ No

If no, please give details

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

☐ Yes

☐ No

If yes, please give details

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

☐ Yes

☐ No

If yes, please give details

17. Do you know who is responsible for the loss, theft of or damage to your property?

☐ Yes ☐ No

If yes, 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?

- ☐ Key window locks on all accessible windows ☐ Grilles on all accessible windows and doors ☐ Fixed safe
- ☐ Double keyed deadlocks on all perimeter doors ☐ Perimeter alarm ☐ Free standing safe
- ☐ Back to base (please attach activity report) ☐ Internal alarm ☐ 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 Number

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, please 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, please 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/Suburb

State

Postcode

Telephone Number

Mobile Number

Email Address

29. Nature and extent of injuries or damage sustained

30. Is the third party any relationship to you? (e.g. relative or employee)

☐ Yes ☐ No

If yes, please state the relationship

Electronic Funds Transfer Details

Following Cinesure Global'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 Number

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 Cinesure Global 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, Cinesure Global Pty Ltd may not be able to process my claim.

I consent to Cinesure Global 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 Cinesure Global 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 Cinesure Global Pty Ltd or its agent will be unable to process my/our claim.

I/We authorise Cinesure Global 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

/ /