

- Please do not include any statement or comment on this form which could be construed as an admission of fault.
- Please attach any supplementary information and relevant correspondence.

**Insured's details**

1. Name(s) of the Insured

2. Are you registered for GST purposes?  
No  Yes  What is your ABN?

3. (a) Are you entitled to an Input Tax Credit on 100% of the GST paid on your insurance premium?  
No  Yes   
(b) Is your entitlement 100%? Yes  No  Please specify your percentage entitlement  %

4. Insured's address  
  
 Postcode

5. Contact name  Telephone  Fax

6. Policy number

7. Period of insurance  
From  To

**Claim details**

8. Date when services rendered, out of which a Claim has been/might be made against the Insured

9. Brief description of service provided

10. Date when the Insured:  
(a) first became aware that there existed a set of circumstances which may result in a Claim being made   
(b) first received a notice of intention of any party to make a Claim

11. Have you received a demand for compensation? No  Go to Q12.  
Yes  (a) was it a written demand? No  Yes  Please attach copy of the demand and go to Q13.  
(b) was it a verbal demand? No  Yes  Please complete the following:  
(c) Date of verbal demand   
(d) Name of person making the verbal demand   
(e) Name of person who received the verbal demand

(f) Allegations made


(g) Compensation sought


12. If no demand has been received, please provide:

(a) Name of possible claimant.

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(b) Allegations anticipated against the Insured.


13. Your opinion of possible rectification costs OR potential amount of possible Claim

Approx \$
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14. Have you received a request to attend any Enquiry into the circumstances notified in this report?

No  Yes  Please attach copy of the request.

**Declaration**

I/we declare that to the best of my/our knowledge and belief the information in this form is true and correct and I/we have not withheld any relevant information.

I/we consent to CGU Insurance using my/our personal information I/we have provided on this form for the purpose of processing my/our claim. I/we understand that if I/we choose not to provide the required details, this is my/our choice, however, CGU Insurance may not be able to process my/our claim.

I/we consent to CGU Insurance disclosing my/our personal information to other insurers, an insurance reference service or as required by law. I/we consent to CGU Insurance also disclosing my/our personal information to and/or collecting additional information about me/us, from investigators or legal advisors. Where I/we have provided information about another individual (for example, an employee or client), I/we declare that the individual has been or will be made aware of that fact and the contents of the Policy (which includes the section on "The way we handle your personal information").

**Signature of the insured or person with authority to sign for and on behalf of a company or partnership**

**Date**

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**Claims Department**

Level 15 181 William Street Melbourne VIC 3000  
GPO Box 4609 Melbourne VIC 3001  
Tel. (03) 9601 8709 Fax (03) 9602 5578  
Email prclaims@cgu.com.au

**CGU Professional Risks**

CGU Insurance Limited ABN 27 004 478 371