

- 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?   
 Have you claimed / are you entitled to claim an ITC for 100% of the GST applicable to the policy premium?  
 Yes  No  Please specify your percentage entitlement  %

3. Insured's address  
  
 Postcode

4. Contact name  Telephone number  Fax number

5. Policy number

6. Period of insurance  
 From  To

### Claim Details

7. Date when wrongful Act Committed, out of which a Claim has been/might be made against the Insured

8. 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

9. Your opinion of possible damages OR potential amount of possible Claim

10. Name of claimant/possible claimant

11. Allegations made/anticipated against Insured

## 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**

**Claims Department**

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GPO Box 4609 Melbourne VIC 3001  
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**CGU Professional Risks Insurance**

A Division of CGU Insurance Limited ABN 27 004 478 371