

PROFESSIONAL INDEMNITY

NOTIFICATION OF CIRCUMSTANCES OUT OF WHICH A CLAIM MIGHT ARISE

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. Insured's address

 Postcode

3. Contact name

Telephone no.

Email address

4. Policy number

5. Period of insurance

From / / to / /

6. Are you registered for GST purposes?

No Yes What is your ABN?

7. 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 %

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.

b. Allegations anticipated against the Insured.

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

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 declare that I am the person completing and executing this form and am authorised by the insured/policyholder to do so and that to the best of my knowledge and belief the information supplied by me herein is true and correct and I have not withheld any relevant information.

I agree that, by submitting this form, the personal information I provide to CGU Insurance Limited in this form or otherwise may be collected, held, used and disclosed in the manner set out in the CGU Privacy Policy found at www.cgu.com.au/privacy, including for processing this claim.

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

Date

On completion of this form, please print and sign.

When ready, please return the form to CGU Claims via mail, fax or e-mail.

Level 12 181 William Street Melbourne VIC 3000
GPO Box 4609 Melbourne VIC 3001
Tel. (03) 9601 8709
Fax (03) 9602 5578
Email priclaims@cgu.com.au

CGU Professional Risks



Insurer
CGU Insurance Limited
ABN 27 004 478 371
AFSL 238291