

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

Business telephone no.

4. Email address

5. Policy number

Period of insurance

From DD / MM / YY to DD / MM / YY

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%?

No Yes

▶ Please specify your percentage entitlement

 %

Claim details

8. Date when allegedly defamatory act occurred, out of which a Claim has been/might be made against the Insured

9. 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

10. Have you received a demand for compensation?

No ▶ Go to Q11.

Yes ▶ Was it a written demand? No ▶ Go to Q11.

Yes ▶ Please attach copy of the demand and go to Q11

11. Name of claimant/possible claimant

Name of publisher

Name of author

Name of printer

To whom published

Insured medium

12. If no written demand has been received, please provide details of anticipated allegations of Defamation

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

Approx. \$

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 or on behalf of a company or partnership

Date

D	D	/	M	M	/	Y	Y
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On completion of this form, please print and sign.

When ready, please return the form to CGU Professional Risks Claims via mail, fax or email.

Level 12 181 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



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