CGU SEE IT THROUGH.

TAX AUDIT INSURANCE

NOTIFICATION OF CIRCUMSTANCES OUT OF WHICH A CLAIM MIGHT ARISE

Please attach any supplementary information and relevant correspondence.

Insured's details

1. Name(s) of the Insured Taxpayer

2. Insured Taxpayer's address

Postcode

3. Insured Taxpayer's contact name

Telephone no.

4. Email address

5. Accountant's address

Postcode

6. Accountant's contact name

Telephone no.

7. Policy number

8. Period of insurance from D D / M M / Y Y to D D / M M / Y Y

9. Is the Insured Taxpayer registered for GST purposes?

No ☐ Yes ☐ ▶ What is your ABN?

10. 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 %

11. If applicable please provided the Insured Taxpayers EFT details as follows:

Account Name | BSB | Account Number

Claim details

12. Date when the Return was completed.

D D / M M / Y Y

13. Date when the Insured Taxpayer first received written notification of an intention that an Audit was to be undertaken.

D D / M M / Y Y

14. The estimate of the possible Audit costs. **Approx** $

15. The estimate of any other fees, charges or disbursements that are likely to be incurred by any other outside consultants that might also be engaged in respect of this Audit. **Approx** $

16. What type of Audit is being undertaken, e.g. Personal Income or Company Tax; GST; CGT; FBT; Wholesale Sales Tax; Payroll Tax, etc.

17. Please provide a brief description of the services being provided by the accountant with respect to the Audit

18. Please provide a copy of the actual return that was submitted to the relevant Statutory Authority and which is now the subject of this Audit.

Please cross (X) when copy is attached

19. Please provide a copy of the actual written notification received commencing the Audit.

Please cross (X) when copy is attached

20. Should this Audit now be completed, please provide a copy of the final letter from the relevant Statutory Authority advising that the Audit has been finalised and a copy of the itemised costs incurred in completing the Audit

Please cross (X) when copy is attached

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

D D / M M / Y Y

On completion of this form, please print and sign.
When ready, please return the form to CGU Claims via mail, fax or e-mail.

Claims Department
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

CGU SEE IT THROUGH.

Insurer
CGU Insurance Limited
ABN 27 004 478 371