

b. Allegations anticipated against the Insured.

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

14. Have you received a request to attend an Official Investigation or Inquiry 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

DD /
 MM /
 YY

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

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