

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 the services were rendered out of which an Audit has been notified.

9. Date when you first received notification of an intention that an Audit was to be undertaken.

10. Your estimate of the possible Audit costs.

Approx

\$

11. Your 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

\$

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

13. Brief description of the services being provided – Australian Taxation Office Audit or other Federal, State or Territory Government Audit.

14. 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 attach

15. 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.

Please attach

Please read and sign the Declaration on the next page.

Declaration

I declare that I am the person completing and executing this form and I 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 Professional Risks 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 prclaims@cgu.com.au

CGU Professional Risks



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