

DIRECTORS & OFFICERS LIABILITY

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.

4. Email Address

5. Policy Number

6. Period of insurance

From / / to / /

7. Are you registered for GST purposes?

No Yes What is your ABN?

8. 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

9. Date when Wrongful Act committed, out of which a Claim has been/might be made against the Insured / /

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 was it a written demand? No Go to Q12.

Yes Please attach copy of the demand and go to Q13.

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

CGU Professional Risks
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