

Employment Practices Liability

Notification Of Circumstances Out Of Which A Claim Might Arise

The issue of this form does not constitute an admission of liability on the part of the insurer.

Are you registered for GST purposes? Yes No

Have you claimed an input tax credit on the GST amount applicable to this policy? . Yes No

Is the amount claimed less than 100% of the GST applicable to the premium? Yes No

Specify the percentage amount claimed

What is your ABN?

INSURED'S DETAILS

Full Name

Street Address

Suburb/City

State

Postcode

Work Phone

Work Fax

Mobile

Home Phone

Email

CLAIM DETAILS

Date of incident out of which a Claim has been or might be made against the Insured.

If more than one, provide full details overleaf.

Date when the Insured:

a. first became aware that there existed a set of circumstances which may result in a Claim being made D D / M M / Y Y

b. first received a notice of intention of any party to make a Claim

Details of claimant/possible claimant

Name

Age

Gender

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.

If no written demand has been received, please provide details of allegations anticipated to be made against the Insured.

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.

Insured/Policyholder declaration and acknowledgement

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.

Date: _____

Signature: _____